





“My Cry as an Orphaned Child Living in a Child-headed Household”: A Case of a Rural Community in a Bosheka Village, South Africa

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Abstract:

Background: Child-headed households are homes where parents or guardians are absent, and the children support each other, with the eldest child usually becoming the head of the household. The care of children within African societies often extends beyond just the parents. The extended family plays a crucial role in the upbringing and support of children. It is, therefore, assumed that the extended family and the community would take turns caring for orphaned children; however, sometimes, that is not the case.

Objective: This study aimed to explore the challenges faced by orphaned children living in child-headed households in a selected village in South Africa.

Methodology: The study adopted a qualitative approach using an exploratory phenomenological design. The sample size was comprised of 20 participants, which was determined by data saturation, and a thematic data analysis was performed on the collected data.

Results: Three themes emerged from the data: food insecurity, sexual abuse, and the responsibility of staying alone; hence, children who live in child-headed households face different psychological and socio-economic challenges.

Conclusion: The study found that child-headed families experience various challenges, such as psychosocial needs and lack of financial support. The study recommends that a longitudinal study should be conducted on these children to explore the impact of growing up without parental care on their adult lives.

Keywords: Children, Child-headed household, Challenges, Orphaned child, Rural Community, South Africa.

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1. INTRODUCTION

An estimate from the United Nations Children’s Fund (UNICEF) shows that there are 3.7 million orphans in South Africa, with 150,000 of them believed to be living in Child-Headed Households (CHH) [1]. In 2022, there were 2.8 million orphaned children in South Africa who had lost one or both parents. This includes children without a living biological mother, or father, or both parents, and this represents 14% of all children in South Africa; in addition, over 100 thousand of these children are living in

child-headed households while looking after themselves and their younger siblings [2]. The growing rate of orphans in South Africa is due to the rise in morbidity and mortality rates among adults as a consequence of factors, such as HIV/AIDS, violence, and motor vehicle accidents [3, 4]. These factors have changed the landscape of orphan care, particularly in countries experiencing a high prevalence of HIV/AIDS, high levels of poverty, and HIV-related stigma. These have impacted societal attitudes towards orphaned children, creating a higher likelihood of

residing by themselves in child-headed households [5].

Currently, contrary to our traditional African norms, which expect the extended family to take responsibility for children in the event of parental death, child-headed households have emerged as a reality and a permanent feature in society [6, 7]. This phenomenon has become more apparent after the death of several family members, especially the grandmother, who often substituted as a mother figure [8].

In South Africa, communities have developed systems for caring for and supporting orphaned children. It is customary for extended family members, aunts, senior brothers and sisters, uncles and grandmothers, and grandfathers to take on parental roles when children lose their parents. However, such arrangements for supervision by relatives cannot fully substitute for care by parents. In the past, when younger relatives assisted with CHH care, the elders ensured that minors were separated and placed in homes where adults could look after them. Given the increasing rate of adult fatalities globally, traditional safety nets for orphans are proving to be inadequate. The extended family system can no longer provide accommodation for all children who have lost their parents, even if they have the desire to do so, due mainly to the fact that the standard of living has decreased, especially because of high unemployment rates [4, 9]. Hence, the government needs to establish a strategy for assisting affected youth, as this will protect them from diverse negative circumstances and troublesome behavior.

Traditionally, members of the extended family adopted orphans; however, the phenomenon of child-headed houses has emerged. Child-headed households, thus, stem from children living without adult supervision due to sick/absent/deceased parents or guardians; these children, therefore, are in a household where the person in charge is also a minor or an adolescent. A child-headed household is one where there are no adult carers available, and the children live on their own. Typically, an older child will care for the younger siblings, cousins, nephews, or nieces. These households are also created by children who have absent parents. Therefore, they do not have parental supervision or an adult taking care of them and their basic needs [10].

Children in CHHs usually face extremely poorer living conditions than those in mixed-generation homes. It is common to find unsupervised orphans in informal houses, such as wooden huts, and living in unsanitary conditions due to financial constraints. Children without parental or guardian supervision end up abandoned in unstable homes or become street kids [11]. These children face emotional challenges and are at a higher risk of being mistreated and exploited. Compared to children living with their parents, living alone orphaned children demonstrate higher rates of ongoing emotional problems and despair [12, 13]. The emotional burden on these children is immense as they are thrust into parental roles without preparation or support, impeding their potential for future success [4, 9].

Due to the nonexistence of adult supervision, these children lack care and security, have poor access to services and social grants, as well as lower wages if they do find employment [8]. Children in CHHs are deprived of fully experiencing childhood stages; for example, instead of playing with friends, they are expected to be at home, fulfilling adult duties of taking care of themselves and their siblings, and have minimal interactions with their peers unless they are at school [14]. They often have negative child developmental experiences, especially those that mar their adulthood [15]. These children must take care of themselves, with the firstborn child assuming the parenting role, being a caregiver, and fending for his /her siblings [10]. In this context, these children end up in vulnerable situations, such as being a child labourer or early child marriage [16].

Children from CHH have increased responsibility, from caring for their siblings and, sometimes, to caring for sick adults in the family [7]. Section 28 of the Bill of Rights in the South African Constitution of 1996 (Van Heerden, 1996) contains all the rights and responsibilities of children, whereby it addresses the emotional, physical, educational, and moral well-being of children below the age of 18 years. Children in these households, however, must carry parental duties and neglect what they must engage in as children, such as going to school; this situation goes against the stipulations of the Bill of Rights [17].

Children living in homes where there is no supervision are likely to face unemployment later in life because of poverty, poor education, and lack of skills; they are more likely to get involved in prostitution, crime, and early pregnancy, contract various deadly diseases, and show lack of information about their rights [10]. The saddest part is the fact that these children are taking the role of parents, yet they themselves still require parenting; they, too, need care and emotional support like any other child who is staying with both parents. Rural children in these households have a great challenge in gaining access to social grants to alleviate their extreme poverty and meet their basic needs. Most of them have no access to social grants due to incomplete supporting documents, and there are no organizations to guide them on what to do when they are without the required documentation, such as birth or death certificates, or not knowing the whereabouts of one parent (if he/she is alive). So many challenges are faced by orphaned children living in CHHs, and these motivated the researchers to conduct this study.

1.1. Theoretical Framework: Erik Erikson's Psychosocial Theory of Social Development

The present study was guided by Erik Erikson's eight-stage psychosocial theory of social development as its theoretical framework. Erikson's [18] psychosocial theory recommends that an individual's thoughts, feelings, behaviors, and development are influenced by their interactions with the social structures, forces, and relationships within their environment. Development does not happen to people automatically; it depends on their

active involvement with and exploration of their physical and social world [19-21].

In this study, the focus was on the fifth stage of development, called identity *versus* role confusion, which usually happens between the ages of 13 and 18. Erikson explained that a child who successfully goes through this stage is expected to develop a strong sense of identity and understand their role in life. On the other hand, failure to do so could lead to what Erikson regards as role confusion. For example, an orphaned child who is expected to take on the role of a parent may end up having role confusion as he/she is not developmentally ready to be a parent. Germann [21] stated that these children lack the social and practical skills required to take on the role of a parent. Such an unsuitable role can lead to frustration, anger, and a fragile sense of identity. The researcher applied Erik Erikson’s psychosocial theory, focusing specifically on the fifth stage of identity *versus* role confusion, as a way to understand the experiences of children in CHH.

This study indicated that in CHH, the eldest child typically assumes the role of the caregiver, taking on the responsibilities of a mother and/or father. The most central challenge is to balance the role of a child with the extra role of being a child-parent. An orphaned child living in a CHH faces stress from physical maturation, dealing with peer pressure, and making lasting friends. These children always question who they are and what role they should have in their environment or community. Orphaned children in CHH always have a problem with how to be excellent big sisters/brothers to their younger siblings.

2. METHODOLOGY

2.1. Design and Study Setting

A qualitative approach with a descriptive phenomenological design was used to explore and understand the challenges faced by orphans living in child-headed households.

2.2. Study Setting and Population

This study was conducted in a selected rural community in the Capricorn District of Limpopo, South Africa; the area was targeted due to its high number of CHHs. The language spoken in the community is Sesotho sa Leboa. There is little to no development in this area regarding infrastructure, schools, houses, and roads, and the extremely high number of child-headed households has led to many social issues faced in the village. The population of this study consisted of male and female children between the ages of 13 and 18 years old, orphaned by any cause, and living in a CHH.

2.3. Sampling and Recruitment of Participants

The population of this study consisted of orphaned children between the ages of 13 and 18 who are living in child-headed households. In this study, a non-probability purposive sampling was used to select participants. The inclusion criteria, therefore, were that participants should be orphaned children between 13 and 18 years old, the

head of the household, and taking care of their siblings. The village, as indicated earlier, was purposively selected because of the high number of orphaned children living in CHHs. The study participants were identified and recruited with the assistance of local traditional leaders together with the Community Health-Care Workers (CHWs) with substantial knowledge of the residents in the area. Twenty household heads were interviewed, which is consistent with the phenomenological approach.

2.4. Data Collection

Data was collected using a semi-structured interview guide with participants using the common local language, Sesotho sa Leboa. Section A of the guide requested socio-demographic details of the participants, including age, gender, educational status, and number of siblings; section B focused on participants’ factual information about CHHs under the variables being investigated; hence, the guide was constructed in line with the study objectives. Consistent with phenomenological interviewing, the researchers asked three open-ended key questions that allowed participants to express their viewpoints extensively and for follow-up questions to be asked.

This approach enabled the participants to respond freely about the challenges that they are facing as heads living in CHHs and the strategies they have employed in coping. The participants were asked key questions about what circumstances had led them to be the heads of households, the challenges faced by children in a CHH, and the strategies used to cope with these challenges. In addition, probes and follow-up questions were posed, based on the responses of the participants, to get a comprehensive understanding of the phenomenon. Permission to collect the data was sought from the traditional Council of Chief Molepo in Boshega Village before the commencement of the study. After a thorough explanation of the nature of the study, a written, signed informed consent was obtained from each participant before the interviews took place. Participants under the age of 18 years signed an assent form, and social workers acted as their legal guardians countersigned the consent forms.

Data was collected at participants’ homes from the oldest child responsible for the siblings in CHH. Participants were informed that notes would be taken during the interviews, and these were audio recorded, with the permission of the participants; each session lasted for 30–45 minutes. Field notes, therefore, were taken, as well as a voice recording of all the sessions. We observed and took note of any non-verbal cues during the interviews. The participants were also informed of their right to withdraw from the study at any point if they desired. In addition, they were informed that they could choose not to respond to any question during the interview if they felt threatened, intimidated, or uncomfortable by it. The researchers were with a social worker, and counseling services were available in case any participant needed them. In addition, during the sessions, the social workers

took advantage of offering further interventions, such as assisting with filling out forms for social grants and feeding schemes, to assist the participants.

2.5. Data Analysis

All the authors were involved in data analysis, thus ensuring that the interpretation was free of bias due to the guidance of the second author, who has good experience in qualitative research. The first and third authors have already acquired skills in data analysis during their doctoral study. The transcripts were translated into English by the second author, who is fluent in Sesotho sa Leboa and English; the first and third authors also checked the translated interviews for accuracy. Thematic analysis in a phenomenological study starts with a search for meaning and patterns of meanings. All the authors read the transcripts, repeatedly and independently, to develop familiarity with the data and searched for statements of meaning that pertain to challenges experienced by orphans in CHHs. The researchers further explored how the emerging patterns can be organized into themes that describe the participants' lived experiences in CHHs. Throughout the process, all authors regularly met to discuss and verify the accuracy of the emerging themes and their meaning. They defined, labelled, and characterized the themes by switching back and forth between the emerging ones; finally, the emerging themes were combined and organized into coherent wholes representing a comprehensive account of participants' experiences. The transcripts were further re-coded by an independent coder, an expert in qualitative research. A consensus meeting with all the authors was conducted to compare whether the themes, categories, and sub-categories represented, accurately the data that the participants provided.

2.6. Data Quality

To ensure that the study's findings accurately reflected the participants' experiences, the researchers employed four criteria to establish trustworthiness: credibility, dependability, transferability, and confirmability. These criteria were utilized to describe different dimensions of trustworthiness. The study's credibility was established through the researchers' prolonged engagement with participants, spending time with them during data collection, and not displaying any act of being in a hurry. Furthermore, the researcher neither omitted nor altered any information provided by the participants. The interaction fostered a positive rapport between the researchers and the participants. Throughout the data collection process, the interviewers verified with the participants that the findings accurately reflected their views. To ensure dependability, auditable trials and tape recordings were utilized to enhance the reliability of all data collected. Additionally, results were discussed with an independent coder to ensure confirmability. Furthermore, an audit procedure was utilized in which all interview details were recorded. Detailed descriptions of all the study procedures, including methodology, findings, and interview extracts, were provided to ensure

transferability. In addition, the expertise of an experienced qualitative researcher was enlisted to review the material and assist in identifying themes and subthemes.

2.7. Ethical Consideration

The Ethics Committee of the University of Venda granted ethical clearance (SHS/22/PH/09/1409), and the traditional leader of the selected village also gave consent. Permission was also sought from the participants, and they were comprehensively informed about the research processes before they signed a consent form. The participants were given pseudonyms to ensure anonymity, and it was also guaranteed that the information they provided would be kept confidential and that only the researchers would have access to it. Participation was voluntary as no one was compelled to take part; participants were informed of their right to withdraw at any stage of the study if they chose to. Additionally, consent was obtained to record the one-on-one interviews before the sessions.

2.8. Study Findings

This section outlines the participants' profiles, the study's findings, and the themes, categories, and sub-categories that surfaced from the collected data. Participants were asked to supply their demographic details, including gender, age, grade in school, and number of siblings in that household, as mentioned in Table 1.

Table 1. Demographic profile of the study participants (n=20).

Participant Number	Gender	Age in Years	Grade in School	Number of Siblings
1	Male	17	Grade Twelve	3
2	Female	15	N/A	2
3	Male	15	Repeating Grade 9	1
4	Male	16	Repeating Grade 9	4
5	Female	14	Grade 8	3
6	Male	18	Repeating Grade 10	3
7	Male	17	Grade 12	3
8	Female	14	Grade 8	2
9	Male	18	N/A	1
10	Female	17	Grade 12	2
11	Male	15	N/A	1
12	Female	17	Grade 10.	4
13	Male	15	Grade 8	2
14	Female	13	Grade 7	1
15	Male	17	N/A	4
16	Female	18	Grade 11	2
17	Male	16	Grade 9	2
18	Male	17	Grade 11	4
19	Male	16	N/A	3
20	Female	14	Grade 8	3

The sample consisted of 20 participants who were all heads of CHHs and caring for their siblings. Participants were aged 13-18 years old and comprised twelve males and eight females. Half of the participants were aged

between 14 and 16, while the youngest was only 13. Sixteen participants were still attending school, while four were either working or had dropped out of school. Concerning their sources of income, 12 participants reported that they had no income; 4 were receiving child support grants on behalf of their siblings, and 4 reported that their source of income was part-time jobs.

These details provided the background of the participants. The emerged themes, categories, and sub-categories from the analysed data are presented below in Table 2.

Table 2. Categories of themes and sub-categories of the study findings.

Categories of Themes	Sub-categories
1.1. Factors Leading to Child-Headed Households	<ul style="list-style-type: none"> • Parental death • Lack of extended family support
1.2. Socio-Economic Challenges	<ul style="list-style-type: none"> • Financial constraints • Shortage of food • Low earnings from part-time work
1.3. Psychosocial Challenges	<ul style="list-style-type: none"> • Burden of responsibility • Absence of parental guidance • Sexual abuse

2.9. Main Theme: Experiences of Orphaned Children Living in Child-headed Households (CHHs)

The study findings revealed that participants experienced various life challenges in their daily lives. The following categories emerged from the study: factors leading to CHHs and socio-economic and psychosocial challenges.

2.10. Category 1: Theme: Factors Leading to Child-headed Households

This section focused on the events that resulted in the eldest child assuming a leadership role in a CHH. The question on the circumstances leading to the establishment of child-headed households brought various responses from the participants.

The following sub-categories emerged from this category: parental loss and lack of extended family support.

2.11. Parental Death

It was revealed during the interviews that parental loss has contributed to many children heading households. Participants elaborated that long illnesses, motor vehicle accidents, and gender-based violence (GBV) were some of the causes that led to the death of their parents; however, others could not remember exactly what had happened to their parents. Participants said:

“My mother was very sick for a long time, and she later died at the hospital and left me with two children, a 5-year-old girl and a 13-year-old boy. It is so frustrating” (Participant 12).

“I still remember the day when my mother was killed by her drunkard boyfriend in front of me and my younger brother. I think I was doing Grade 7. Yoo, my mother died a painful death!” (Participant 18).

My parents were involved in a car accident and died on the same day. I would not be in this situation if my parents were still alive. I am so hopeless” (Participant 13).

“My mother looked very much emaciated and weak before she died in the hospital. I heard people saying that my mother had AIDs and that she will never feel better. Such stories broke my heart” (Participant 7).

2.12. Lack of Extended Family Support

It was discovered during the participants' interview that members of the extended families did not want to stay with the orphans or even invite them, occasionally, to their homes, citing economic challenges. Following are some excerpts from the participants:

“My aunt told me to stay at my home and take care of my siblings because there would be no one who would come and stay with me. Things are tough outside; it is not like the olden days. Everyone for himself. This is your parents’ home” (Participant 5).

“I thought my aunt would take us in to stay with her because she was so close to my father, especially because my other sister was still very young (3 years old), but she refused to take her or let alone come and stay with us. Other relatives also promised to come and take one of my siblings, but since that day, no one has ever come and visited us again. We last saw them on the day of my mother's funeral because my father died two years before my mother” (Participant 10).

2.13. Category 2: Socio-economic Challenges

Throughout the interview, participants expressed concerns about socio-economic challenges as they did not have anyone to assist them financially. A participant said:

“Oh! We don't always have any means to live like any other child in this village, you know? We do not know when it will end” (Participant 18).

The following sub-categories emerged from this category: financial constraints, food insecurity, and low earnings from part-time jobs.

2.14. Financial Constraint

It emerged from the interview that most participants have financial constraints as they do not receive any financial support grants due to them not having proper documentation, such as identity books and birth and death certificates. Only a few of the participants receive financial grants. Below are some responses from participants:

“My father died before I could get my identity document, and I don't have a birth certificate; therefore, I could not apply for a child support grant. I have reported the matter to the social worker who promised to assist me from the beginning of 2023 until today” (Participant 19).

“Myself and my younger sister, we are not all receiving any grant because we do not have any elderly person who can accompany us to the social grant office. It is very far and we don't have money for transport as they are always returning us back. They kept on saying that we should

bring an older person who can apply on our behalf, and we don't have anybody. I feel very bad because both our parents are no more" (**Participant 11**).

Some of the participants revealed that the child grants for their younger siblings were being collected by their relatives, who use the money to cater to their own needs. The following extract confirmed this:

"My two younger twin sisters were getting a child support grant (CSG), but my uncle took the card. He only gives me R100 on the day of getting the grant; after that, you will never see him again until the next date of the grant. He is using our money to support his wife and kids and buy alcohol for himself" (**Participant 7**).

Other orphaned participants disclosed that they lacked sufficient information regarding the eligibility criteria for the child support grant. One said:

"I stayed for a year, not knowing that I was supposed to be getting a child support grant as I was staying with my two siblings, for both our parents died two years ago. I did not know about that information until I heard it over the radio" (**Participant 2**).

2.15. Shortage of Food

Participants' responses revealed that they had a challenge in obtaining sufficient food. The inability to access adequate food can lead to malnutrition. Most child-headers reported that they struggle to obtain food, money to buy clothes, paraffin, and firewood for lighting and cooking; for most of them, their inability to satisfy their basic needs has caused them tremendous worries.

"The greatest challenge my siblings and I face is food shortage. We cannot afford to buy enough food to last us a month, and we depend on the meals provided by our school" (**Participant 9**).

"We sometimes go to bed on an empty stomach because there is no food to cook, as I do not have money to buy food, and there is no one to support us" (**Participant 8**).

2.16. Low Earnings from Part-time Work

Participants also mentioned that they had money problems as most of them only had occasional part-time jobs to pay for essential household expenses but usually did not have enough money to buy items like electricity and airtime. Some participants revealed they would "labour for food", meaning they work and get paid with a meal or food parcel. These views are captured in the responses below:

"During weekends, I wash people's clothes and get paid; I always make sure I do a great job so they can recommend me to their friends and other family members. However, I am not paid enough to meet all our needs. I am just grateful that at least I get something" (**Participant 1**).

"There is a food outlet where I usually go on weekends with my siblings to work. We clean dishes and scrub the floor, and they pay us back with cooked food and a small change" (**Participant 14**).

2.17. Category 2: Psychosocial Challenges

Participants in this study narrated psychological challenges resulting from various factors, such as being left alone and stressed because no one was there to help them, watch over them, or encourage them in their daily challenges. One of the participants said:

"Sometimes when one wakes up in the morning, thinking about my younger siblings, especially if you had encountered a problem the previous day...eish! (Moving the head from side to side). You feel stressed when you think you do not know how you will face the day" (**Participant 1**).

The following sub-categories emerged from this category: lack of parental supervision and poor performance at school.

2.18. Absence of Parental Guidance

Participants in this study revealed that they felt neglected as they had no one to supervise or care for them in their everyday lives, no one to discipline them, and no one to cheer them when they do something worthwhile. The participants stressed that they lack sufficient supervision since their parents, who used to be present to reprimand and support them, are no longer around. These next quotations attest to this:

"I feel so lost and lonely without my parents and grandparents; I wish they were here to guide us, provide for us, and be our cheerleaders. This whole situation hurts; I don't want to fail matric and be left behind by my peers" (**Participant 10**).

"It hurts me to see other kids getting dropped at school by their parents in the morning, yet we are just on our own and lonely.... It's sometimes stressful, especially because my siblings are still young" (**Participant 15**).

"There is no one to monitor us at home. My little sister in Grade 9 usually comes back home late during the weekends, and when I try to reprimand her, she doesn't listen to me. She tells me that I'm not her mother. It pains me because I fear that she might end up being pregnant, raped, or contracting diseases....When my friends talk about their parents, it hurts. Because I don't have somebody to lean on; there are moments when I feel alone and depressed" (**Participant 11**).

2.19. Educational Matters

During the interview, the participants disclosed that their concentration at school is negatively affected by fatigue from performing household chores and looking after their younger siblings, who were also attending school. Children from CHHs often struggle with school work, leading to poor results; although a few participants were performing well and had been promoted to the next grade, some were repeating grades. They cited numerous reasons for their poor performance, such as:

"Even though education is free today, we lack funds for transportation since the school is far from our home. School uniforms are not free. It's disheartening to know that I lack what others possess, making it extremely

difficult to concentrate" (**Participant 20**).

"Reading at home can be quite challenging, especially since I must help my little sister with her schoolwork first. After that, I feel so tired and sleepy, just when I need to begin my own schoolwork" (**Participant 17**).

2.20. Sexual Abuse

Participants revealed that they had experienced sexual assault, especially the female participants. This was confirmed by the following excerpts:

"There are men who come to us posing as good Samaritans, helping me with money and groceries, but in the end, they end up demanding sex. I just end up giving in because I fear for my life that they will beat me up when they are demanding the money they have given me back" (**Participant 16**).

"I got a part-time job at a local store where I cleaned the floor and got R700.00 rand per month, which was better because I used that money to buy household necessities ... but the problem started when the shop owner started asking me for sex and threatening me that if I don't, I will lose my job. There was nothing I could do than just do it because I needed the money" (**Participant 6**).

2.21. Burden of Responsibility

Some participants revealed that they were always absent from school, and some had dropped out because of the overwhelming domestic responsibilities. Even though these participants shared some of the responsibilities with their other siblings, the latter could not be given certain household responsibilities because of their age. The older heads of the households were concerned that certain responsibilities may impair their younger siblings' school attendance, resulting in poor performance. These views were supported by the responses below:

"I have three siblings; the youngest is 9 years old, and the other two are twins; they are in Grade eight. I must supervise them and make sure that they have done things properly before they go to school. After that, I start to prepare myself for school as well, and sometimes, I will be already late. At times, I feel like dropping out because everything is overwhelming" (**Participant 3**).

"I ensure that none of my siblings go to bed hungry. I cook for them, fetch water from a distant river, and gather wood from the mountain since we cannot afford electricity. As a child, this feels overwhelming for me, too. There's so much work" (**Participant 4**).

3. RESULT AND DISCUSSION

The current study explored how orphaned children who are household heads respond to the loss of their parents. The lived experiences of children in CHHs revealed a fundamental issue of severe poverty and psychological trauma stemming from the loss of both parents. Consequently, many of these children encounter socio-economic and psycho-social challenges. Orphaned heads in CHHs face several challenges because they have

to assume the role of parents or guardians. The study revealed that more boys than girls head households at the research site. This could be attributed to the common perception of boys as being stronger and more capable of providing physical protection for their younger siblings. Additionally, some girls marry at a very young age to escape the situation, thereby leaving their younger siblings to fend for themselves.

It was revealed in this study that participants lived in child-headed households because of the death of their parents. Some participants could not reveal the actual causes of the death of their parents, while others knew, for instance, those whose parents died because of GBV and motor vehicle accidents; however, for those parents who died due to illness, the cause of death was presumed to be HIV/AIDS-related, which was similar to the findings of studies by Ibebuike *et al.* [9] and Baloyi and Takalani [18]. Other studies have confirmed that the rising number of orphaned children residing in child-headed households in sub-Saharan Africa is a direct result of the HIV/AIDS epidemic. Additionally, Ngonga [19] and Mutasingwa and Mwaipopo [20] have identified GBV as another contributing cause of death among parents, resulting in children leading child-headed households.

Participants complained that extended family members were very reluctant to accommodate or care for orphaned children. However, culturally, communities, grandmothers, aunts, and uncles (as extended family members) were supposed to house these orphaned children in their own homes. This may be because people no longer adhere to the "Ubuntu" values. Raising a child is no longer seen as the communities' and extended family members' responsibility, as it was in the past. Extended family members, particularly grandmothers, often stepped in to assume responsibility for orphaned children living in a child-headed household (CHH), hence taking on the maternal role. Studies have reported that some children in CHHs have been deprived of support from their families and even expelled from their homes [7].

The participants' responses showed that heads in the CHHs encounter financial constraints. Some participants were no longer getting child support as they had reached the cut-off age, which is 18 years old. Some never received it because they did not have the required documents or know who could assist them. Our findings concur with the results of studies by Bengu [4] and Buchner [21], who found that while children living in CHH might be eligible for one or more of the grants available in South Africa, applying for them is time-consuming, and sometimes unsuccessful because of the lack of required documents. This is in line with the findings of a study by Mentjies *et al.* [11], who reported that children in CHH have less access to income support through social grants. Similar results were presented by Gunhidzirai, Makoni, and Tanga [22], who found that social workers and other government officials were unhelpful with social grants' applications. Participants highlighted their inability to buy clothes and food, even paraffin and firewood. Some, therefore, resorted to working for others to earn money; these jobs

included gardening, cleaning houses, tending to animals, fetching water and firewood, and washing cars. Orphaned children were forced to engage in part-time work with low pay to meet their essential needs, as formal employment was not an option due to their underage status, as well as lack of education and skills.

Clothing may be a lesser concern compared to other needs; however, the inability to purchase what society considers quality clothes can cause distress, as children, in particular, often compare their attires with those of their peers. Those in child-headed households frequently view themselves negatively in comparison to other children, when it comes to the issue of attire. For example, observing peers whose parents can provide for all life's necessities, including designer clothes, can make orphaned children feel marginalized and less valued [7, 23].

Responses from participants illustrated that children from CHHs often suffer from malnutrition due to food scarcity since they are unable to purchase sufficient food containing all the necessary nutrients due to their financial constraints. Consistent with past studies, teachers report that children from CHH usually face challenges due to a shortage of food. Consequently, they become malnourished. Diago [10] concluded that children in CHH have limited food and cannot afford meat, protein, fruit, bread, and toiletries. Some participants also reported that they are constantly hungry, despite receiving government social grants, and some because they cannot access them due to a lack of the required documents. Relatives were also named as sometimes abusing the grants awarded to the orphans. Mkhathshwa [14] asserted that in this context, these children are being denied their basic needs and fundamental right to nourishment.

Older children who are responsible for helping their younger siblings frequently find it challenging to concentrate on their own studies because of their dual responsibilities, resulting in poor school performance. The respondents seem to think that completing their education and attaining their goals and degrees was an unattainable dream for them, thereby causing them depression [7, 24].

The researchers learned that children from CHH did informal work to generate income for their basic needs. In sub-Saharan Africa, Agere *et al.* [25] discovered that only the heads of these households worked part-time because the younger siblings usually continued their schooling. Some heads of the households, however, had to work and attend school concurrently with part-time work to pay for the family's maintenance. Unfortunately, many of them failed to manage work and school, resulting in dropping out of school or repeating grades. Responses showed that some heads of household would get up early and work before going to school, making it difficult for them to focus during lessons since they were tired. Those employed do not get skilled jobs other than working as street vendors and cleaners for small wages [15]. Participants lamented that confronting household challenges without income and extended family support was difficult and stressful.

Mothapo [23] also confirmed that heads of CHH encounter numerous problems, including unemployment, due to their young age and lack of education and skills.

According to the findings of the current study, children from CHH felt abandoned and lost since they did not have parents or other support groups to provide them with adequate supervision. It was revealed that these child-heads spend time stressed, lonely, and yearning for their parents' presence, especially their mothers, as they tend to show more kindness than fathers. Numerous studies have reported that children undergo various forms of bereavement after losing a parent [26, 27], and this was demonstrated by the participants' responses in this study.

Children in CHH are expected to take care of themselves without parental supervision; hence, role changes and role overload are recurrent problems that create serious challenges for the heads of these households [7, 28]. Children who are heads in CHHs are prone to skip their developmental stages as they are forced to take up the role of a caregiver. Literature indicates that children of various age groups frequently experience anger and sadness after the loss of their parents; they are forced to mature more rapidly than their peers who have not faced such a loss [29, 30]. Several scholars argue that, as primary caregivers, heads in CHH are compelled to take on leadership roles and make decisions for their siblings; hence, assuming the role of an adult caregiver is demanding, challenging, and stressful for orphaned children [31, 32].

The current study reveals that many female participants reported experiencing sexual abuse in various forms. This issue is widespread among females living in CHH, where their vulnerability frequently results in exploitation and sexual abuse from men. Hence, these girls are at a higher risk of contracting HIV/AIDS and other sexually transmitted diseases [33]. The current study confirms that participants are exposed to physical and psychological health risks over which they have no control due to the absence of an adult figure in the household. This is also consistent with a report by Agere and Tanga [25], who mentioned that girls in CHHs trade sex for their siblings' school fees or to buy food. This exploitation occurs despite the children's young age and pitiful condition, which should rather draw sympathy from the exploiters. In addition to the lack of parental supervision, the immediate environment in which most children in CHH live and spend time contributes to sexual abuse [34]. Mengesha [35] reiterated that impoverished children living in child-headed households frequently encounter various risks and exploitation, including a lack of essentials, such as food, shelter, and safety. Thus, they are forced to exchange sex for cash. Due to their lack of access to resources and protection, these children frequently become exposed to sexual and physical abuse, as well as HIV infection [36].

Some participants had dropped out of school due to the responsibility of working to support their younger siblings, although they also emphasized the value of education and finishing school. Collins *et al.* [37] and

S’lungile *et al.* [38] asserted that expectations and domestic activities are the main causes of high child dropout rates in CHH since the heads had many domestic activities to attend to before going to school, which resulted in them not getting to school on time or not going at all on certain days. Pillay [39] shared similar results in his study. Similarly, in Zimbabwe, Makondo and Tabane [40] concluded that child-headed households have high opportunity costs for children's time because the heads may need to work or stay home to take care of household responsibilities. The participants in this study confirmed that part of the reason for their low performance was that they had lots of responsibilities at home. Hence, they could not focus on schoolwork. In other words, the high volume of parental responsibilities these young heads were required to fulfill meant they did not have enough study time to finish their homework and assignments, and there was no one to assist them with homework. According to Pillay [39], children who live in child-headed households usually forget about the value of education, leading to frequent absences from school.

3.1. Limitations of the Study

The study sample size was small, making it difficult to generalize based on the present findings to the broader South African population. The circumstances that led the child to become a child leader could have been so sensitive that some did not feel comfortable sharing everything that had happened in their lives.

CONCLUSION AND RECOMMENDATIONS

Child-headed families experience various challenges, as pointed out in this study, such as psychosocial needs, poverty, lack of financial support, sexual abuse, difficulty in meeting their educational needs, and lack of support systems. These children, hence, face many challenges that hold them back and prevent them from going through the normal stages of development and focusing on their education. The study recommends that learners from child-headed households must continue to receive grants even after the age of 18, as they still need care and support.

AUTHORS’ CONTRIBUTION

It is hereby acknowledged that all authors have accepted responsibility for the manuscript's content and consented to its submission. They have meticulously reviewed all results and unanimously approved the final version of the manuscript.

LIST OF ABBREVIATIONS

UNICEF = United Nations Children’s Fund
 CHH = Child-Headed Households

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The Ethics Committee of the University of Venda, South Africa granted ethical clearance (SHS/22/PH/09/1409).

HUMAN AND ANIMAL RIGHTS

All human research procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013.

CONSENT FOR PUBLICATION

A written, signed informed consent form was obtained from each participant before the interviews took place. Participants under the age of 18 years signed an assent form, and social workers acted as their legal guardians and countersigned the consent forms. The traditional leader of the selected village also gave consent.

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIAL

All data generated or analyzed during this study are included in this published article.

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None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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