

**TRAPPED IN THE VICIOUS CIRCLE: AN ANALYSIS OF THE SUSTAINABILITY OF THE CHILD-HEADED HOUSEHOLDS' LIVELIHOODS IN WARD 30, GUTU DISTRICT**

**Chigwenya Average, Chuma Maxwell and Nyanga Takupiwa**  
*Great Zimbabwe University*

**Abstract**

*Child-headed household is fast becoming an integral part of our society. It is very difficult for these households to pursue livelihoods adopted by their parents due to various reasons. They tend to adopt new livelihood strategies. What remains untested is the sustainability of these livelihood strategies. Usually the death of parents marks the genesis of misery to orphaned children. They start to sink into the mucky water of poverty until they are overwhelmed. The study seeks to examine the sustainability of the livelihood strategies that are adopted by child-headed households. The research utilized both quantitative and qualitative research methodologies. In quantitative methodology, questionnaire was the main data collection tool utilized and semi-structured interviews were the qualitative tools used. Questionnaires were administered to 50 randomly chosen child-headed households. Interviews were done with key informants. The results show that child-headed households were the most vulnerable group of our society. Their livelihood strategies were not only failing to give them a descent source of living, but were a major threat to their lives. Stakeholders in childcare should therefore refocus their interventions to try and offer alternative livelihoods that are not sustainable, but descent. This is because child-headed households are fast imposing itself as a permanent feature of our society due to the HIV and AIDS scourge.*

**Background**

Child-headed household is a new phenomenon in many societies, mainly because in the past there were institutions, like extended family, that took care of the orphaned children. This phenomenon was first noted in the Reikai District in Uganda in the late 1980s.

Up until this time, it was assumed that there was no such a thing as child-headed households (Foster & Mafuka, 1992). It was generally assumed that orphaned children would be easily looked after within the extended family structures. These structures acted as the social security system, protecting the vulnerable members of the community, giving care for the poor and the sick, and transmitting the traditional values. Now due to the advent of HIV and AIDS scourge, this new structure is fast becoming a reality and a permanent feature of our society. Relatives and neighbors used to provide safety nets for such vulnerable groups by providing care, but nowadays the spread of civilization has led to the breakdown of those social networks, thereby exposing these children to the vagrants of the harsh socio-economic and political environment. Globally, figures have shown that more than 15 million children under the age of 15 had lost one or both parents, and the figure is estimated to reach 25 million by 2010, with the majority of them being in the Sub-Saharan Africa (Gregson et. al, 1994). In Zimbabwe, it was estimated that 8% of the children under the age of 15 were motherless due to the HIV and AIDS scourge; it is estimated to reach between 24 and 40% by 2011 (Gregson et. al, 1994). By 1995, Zambia and Uganda had recorded 3.8 and 2.4%, respectively, and the figures were expected to reach 5.5 and 3.4% by 2000 (Michael, 1994). Prior to the emergence of the HIV and AIDS scourge, only 2% of the children in the developing world were orphans, but by 1997 the figure had risen to 7% in Africa (UNAIDS, 1999). The HIV and AIDS pandemic has led to a decrease in the proportion of adult population (Gregson et. al, 1994; Foster et. al, 1995). As a result, this had caused a change in care-giving arrangements where children at tender ages (less than 10 years old) were taking adult responsibilities.

## **Statement of the Problem**

Child-headed households are fast becoming a reality in our society. The conditions under which these households are living are not only deplorable but also very risky. They continue to be trapped under very vicious conditions of poverty and there seems to be no immediate solution to their plight. They have since assumed the status of the most vulnerable group of the society. The death of parents usually heralds the breakdown of livelihood strategies, mainly because these children cannot adopt and continue with livelihoods pursued by their parents. What remain undocumented are the levels of sustainability of these livelihood strategies. This study seeks to examine the sustainability of some of the livelihood strategies adopted by child-headed households.

## **Justification of the Study**

The study is going to show how the livelihood strategies engaged by child-headed households are giving them a source of living. It will highlight the contribution of these livelihoods strategies to the lives of these children, and also the problems that they are encountering. This information is going to help stakeholders that are involved in support of child-headed households. Government, non-governmental organizations, and the community are going to find this information useful, as it will help improve their intervention initiatives.

## **Aims and Objectives**

The major aim of the study was to examine the sustainability of livelihoods of child-headed households.

### **Specific Objectives**

- To discover and document the livelihood strategies adopted by child-headed households.
- To examine the sustainability of these livelihood strategies.
- To analyze the problems faced by child-headed households in their strive for livelihood.

### **Research Methodology**

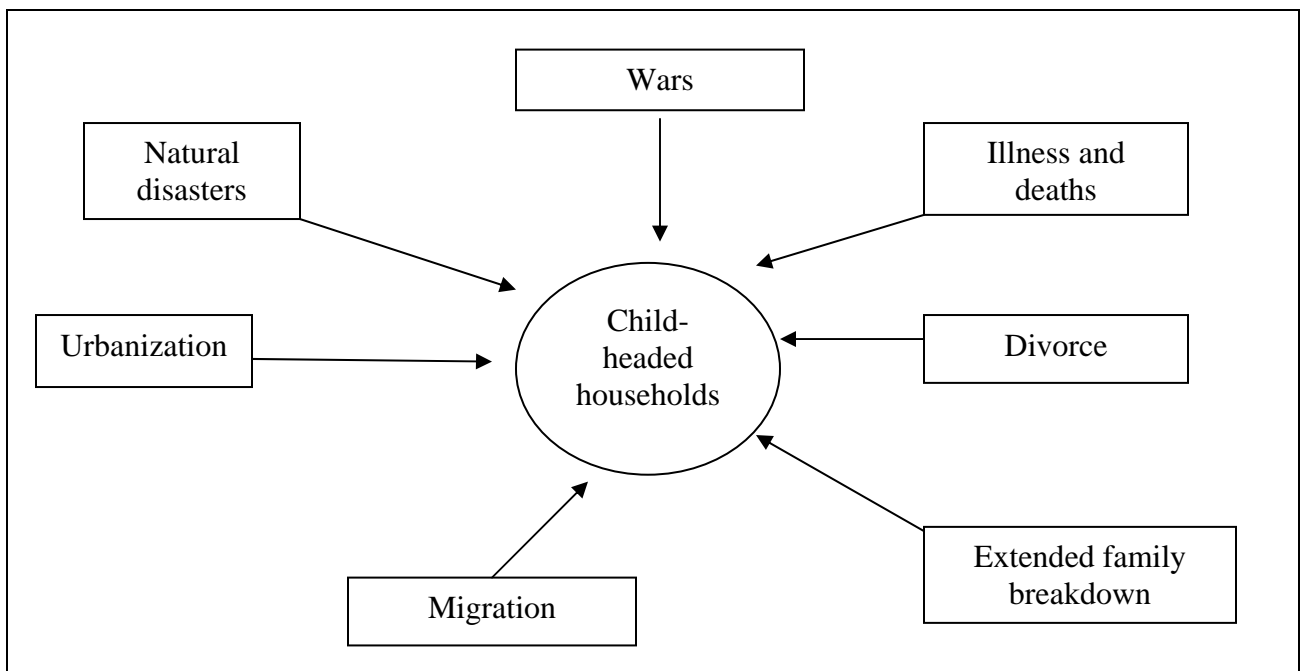
The study utilized a combination of quantitative and qualitative research methodologies. A questionnaire was the main data collection tool used in the quantitative methodology and it was administered to randomly selected child headed households. A register from community care-givers was used as the population frame. It consisted of 150 child-headed households of which 50 were randomly selected. The questionnaire collected data on the demographic characteristics, nature of livelihood strategies pursued, and the problems they faced. Some semi-structured interviews were held with the various stakeholders, which include the non-governmental organizations, government officials, and the community leaders to collect data on the type of care they are giving to these child-headed households and the problems they face. The collected data was analyzed using an Excel computer package and presented in form of frequency tables, histograms, and pie charts.

### **The Conceptual Framework**

*Causes of Child-headedness:* The concept of child-headed households is a fairly new concept, but it is fast imposing itself as a permanent feature in our society, mainly due to the devastating effects of HIV and AIDS. Orphans in Africa had risen from a mere 2% before the

HIV and AIDS pandemic to 7% (UNICEF, 2000). According to Ali (1999), more than 50,000 children were orphaned by AIDS; this figure was estimated to reach a 1.2 million by 2005. There are various factors that can lead to orphanage and child-headedness. These factors are depicted in Figure 1.

**Figure 1: The Framework of Causes of Child-headed Households**



As shown in Figure 1 (above), there are various factors that can lead to child headedness; including natural disasters, wars, illness, urbanization, divorce, westernization migration and breakdown of extended family networks. Prior to the advent of HIV and AIDS pandemic, natural deaths was the major cause of orphanage, and the figures were as low as only 2% in Africa. However, now due the devastating effects of HIV and AIDS the figures have risen to 7% (UNICEF, 2000). This scourge had caused untold suffering and distress among children under these conditions as they are forced to take nursing responsibilities and

other household chores at a very tender age. As chronic illness continues it will drive family members to sell assets in search of funds to pay medical bills, farther aggravating their conditions, and sometimes leaving them with virtually nothing by the time they die (UNICEF, 1998). In Zimbabwe there has been an unprecedented increase in the number of children orphaned by HIV and AIDS. According to UNICEF's 2005 figures, there were 50,000 cases of child-headed households in Zimbabwe; three years later the figure had skyrocketed to 318,000, representing 3% of the households (IRIN, 2005).

The influence of westernization had led to gradual weakening of extended family ties, leading to a breakdown of traditional forms of authority which kept marriages intact and this has led to increased divorce cases, which in turn resulted in abandonment and eventual destitution of children (Bourdillan, 2000). Children are abandoned into grandparents' custody whose frail health conditions can no longer allow them to do anything leaving children to do all household duties. There is a general feeling that marriage had lost its traditional values and this has contributed to high divorce rate. Also fuelling high divorce rate is that young people are entering into marriages at early ages usually without adequate preparations and this has also contributed to high rates of divorce, (Bourdillan, 2000). This resulted in children taking parental responsibilities of heading the family at very tender ages. In the African traditional societies, the extended family networks acted as social safety nets for orphaned children, where aunts and uncles take them into their families and provide care and guidance (Bourdillan, 2000).

Migration also significantly influenced the growth of child-headed households. Movements of relatives into towns, or into "the Diaspora", seeking better employment opportunities left children alone assuming parental roles. According to UNICEF (2000),

urban-bound migration resulted in reduction of contact between surviving relatives and the orphans. This had been exacerbated by economic independence associated with urban life, which had encouraged breakdown of extended family networks, thereby exposing the orphans to social and economic hardships. For those who move into “the Diasporas”, it might take considerable time before they get employment; forcing children back home to assume parental roles, which might force them to adopt new livelihood strategies.

*Challenges faced by Child-headed Households:* Child-headed households day-in and day-out come face-to-face with a multiplicity of problems, which range from stigmatization, discrimination, lack of skills, and in some cases, face the agony of having their parent’s property taken by greedy relatives. Children whose parents died of HIV and AIDS related illness are often discriminated and stigmatized by their peers, teachers, and even the community. This exerts untold distress and social isolation, both before and after the death of their parents. This is mainly because of the fears the community associates with HIV and AIDS (Aids Action, 2004). They further argued that, these children are exposed to a host of other problems, like raising school fees and buying other educational material, such as exercise books, pens, or pencils. Faced with this situation, they are usually forced to drop out of school, initiating them into a life of poverty. They become disadvantaged on the job market, as they will be having inferior educational qualification, since they dropped out of school at elementary stages. This usually does not allow them to undergo any formal skills training.

Greedy relatives sometimes also add salt to injury as they occasionally take all that has been left by their parents. They take advantage of the powerless and voiceless status of children, in most traditional societies, and bulldoze their decisions usually at the expense of

the surviving children (Banana, 1990). In most cases the decisions made by family members are detrimental to the welfare of surviving children, especially when it comes to the distribution of their parents' property. More often, these greedy relatives take their land, and other valuable possessions, thereby driving them into a circle of perpetual poverty (Aids Action, 2004). Sometimes, the precarious financial conditions under which these households continue to exist often prevent these children from maintaining the houses that their parents had left, and this sometimes results in the loss of their only shelter or forces them to live under dilapidated conditions (Foster & Mufuka, 1992). UNCEF (1999) posits that in some cases greedy relatives invade the deceased's house, driving the children out of their parents' homes, mostly into the streets, resulting in them leading a destitute life. Most of these children end up involved in juvenile delinquencies, mainly because of the unfavorable conditions they are subjected to.

With the introduction of the neo-liberal development policies, by most governments in developing countries, most governments have seen reductions in their involvement in direct production and costing of goods and services. As a result, governments are contracting out some of its responsibilities to private sectors, and introducing user fees where people are expected to pay for social services, such as health and education. These policies have negatively affected child-headed households, who in most cases are exposed to the vagrants of these harsh economic policies. Child-headed households are now failing to access social services, such as health and education, because they cannot afford to pay for these services; these neo-liberal policies have no safety nets.

Chronic illness and eventual death of parents greatly reduces the capacity of child-headed households to carry out their daily needs. Their productive capacity in agriculture and



other income generating projects is severely strained (Jackson, 1992). Much of the resources will have been used up in nursing and treating the ailing parents. All these factors will lead to food insecurity and expose these households to risks of malnutrition. In some cases it had pushed them into informal trading or involvement in illicit activities, which in turn contribute to increase in social vices.

The long periods of illness and the eventual death of parents exposes children to severe traumatic conditions (Kirya, 1996). This will also lead to the loss of consistent nurturing of these children, which again can affect the mental and physical development of these children. Children can drop out of school, taking nursing responsibilities over their ailing parents, and this usually results in them witnessing the eventual death of them. In such conditions they are exposed to serious psychological problems, which often prevent them from interacting with other children.

*Sources of Livelihoods for Child-Headed Households:* Child-headed households are engaged in various activities that form their livelihoods. These sources of livelihoods include; vending, joining food-for-work programs, and, in some cases, involving themselves in dangerous activities, such as prostitution. Those in the vending business were trading in an assortment of activities, which include selling of roasted maize, and fruits, such as oranges and bananas (Narayana et. al, 2000). In the Philippines, child-headed households are involved in activities such vending, laundering, sewing, and other menial jobs. According to Todaro and Smith (2003), children and women are involved in various income-generating activities, including production of goods they will sell at village market places. Some of these goods are region-specific, but there are common activities that cut across the regional divide, including beer brewing, processing of food, and making of hand rafts and textiles.

Food-for-work programs are becoming permanent survival strategies among the disadvantaged groups of the rural society. In these programs, people (mainly children and women) can carry out some community development works and are paid in form of food handouts. Their work includes; construction and maintenance of infrastructure, such as roads, irrigation structures, and dams. According to UNICEF (1998), food-for-work programs had played a very important role in the developing world, where governments are facing severe financial constrains. For example, in Bangladesh, the government found non-governmental organizations' role in food-for-work programs practical in poverty alleviation. Vulnerable groups of the society are benefiting immensely from such programs through provision of basic nutritional requirements and, in some cases, where these programs are paid in cash; they have been very useful in affording them access to health and educational services.

The informal sector is another form of livelihood child-headed households and female-headed households adopt as their livelihood. The informal activities include selling of fruits, food (cakes, sauces, soft drinks, and butter), household goods (such as soap), and traditional handcrafts. They are also involved in activities, such as poultry and livestock rearing (ISIS, 1983).

Some child-headed households engage in risky activities, such as prostitution and gambling (Jackson, 1992). This practice is common among female-headed households. According to Jackson, this form of livelihood is the third largest source of livelihood after agriculture and beer brewing, among rural women and children

*Stakeholders in Support of Child-headed Households:* There are so many stakeholders that are involved in the provision of care to child-headed households, including; non-governmental organizations, government, and the community. Non-governmental

organizations are providing services, such as health, education, and welfare services, and in some cases, psychosocial support. Some non-governmental organizations went one step further to provide these households with shelter and material support, especially to those affected by HIV and AIDS. They are also involved in assisting school-going children with school fees and providing supplementary food requirement.

The community is also taking an important role in the support of child-headed households. They help in the provision of food, paying of school fees, and giving social support in an attempt to reduce the impacts of stigmatization associated with child-headed households, especially to those affected by HIV and AIDS. According to UNICEF (2004), the community had been very helpful to the cause of child-headed households. They had been involved in fundraising projects on behalf of households for educational, economic, and other social needs. The devastating effects of HIV and AIDS is that, in most cases, both parents will succumb to the illness, and members of the extended families, especially grandparents are left to take fostering responsibility of these orphans. In Uganda 24% of the children between the age of 5 and 15 are fostered by grandparents (Hunters, 2000). However the extended family, as an institution, had of late been under assault from various quarters thereby weakening it in the process. The family structure worldwide is changing in response to the global and local socio-economic conditions. There has been a general movement towards nuclear families; this movement seriously exposed child-headed households, which traditionally benefited from the social networks of extended families.

There has also been an influx of orphaned children in society, there by creating a security crisis of immense magnitude to the orphaned children. Families had been decimated by HIV and AIDS and are finding it difficult to accommodate orphaned children.

Some children are taken into childcare institutions, owned mainly by churches, usually with the support of the government or non-governmental organizations. These institutions are being over-subscribed and their capacity, especially in heavily infected countries, can take only 1% of the orphans (Hunter, 2000). There is a general observation that children in institutions lack the basic traditionally accepted social and cultural values in society. They have low levels of educational attainment and have problems adjusting to real life outside these, like that offered to children in a 'normal' family set up. Some children raised in institutions usually lookdown upon their own communities as being inferior because they are used to the trappings of usually westernized standards of care in these institutions (Powel, 2006).

*Some Coping Strategies of Child-Headed Households:* Most orphans are at danger of being confronted by overwhelming, cumulative, and usually negative, social changes in their lives and in most case, they have no personal control over them (Sendengo & Nambi, 1997). The condition of most orphans, especially those affected by the AIDS pandemic, is very poor and have very little access to outside assistance; hence having to rely on their own initiatives. Sendengo and Nambi further argued that most of these households relied on their own endowment and aid from extended family members to cope with the situation of hardships of heading households at a tender age.

In some cases, children at tender ages are taking care responsibilities over their ailing parents. These conditions are very stressful and children affected often suffer a decline in mental functioning and develop moods (Kirya, 1996). Kirya further argued that they become uncharacteristically familiar with death. Some will develop a fatalistic attitude towards their condition and learn to live with their condition of helplessness and hopelessness.

Some scholars (Schonteich, 2001) observed that children who grow up without parental guidance are at greater risk of engaging into criminal activities, mainly because they are badly fostered by relatives. They turn to religion, alcoholism, and other social vices, such as illegal enterprises or prostitution.

### **The Research Findings**

*Educational Level of Respondents:* The respondents had attained various levels of education, which cut across the educational continuum. They ranged from illiterate through semi-illiterate to highly literate. The illiterate respondents constituted 26% of the total (16% were female, 10% were male). Equally big were those who had attained only primary education, constituting another 26%, again the females dominated this category (16%). In another semi-illiterate category (those who attained junior certificate level), the males were beginning to feature more than their female counterparts. Of the total 54% they constituted 30% and the females constituted only 24%. There was a gradual decrease of females as we go up the educational ladder. Only 2% attained ordinary level and another 2% attained tertiary level. Overall, there were more child-heads in the semi-illiterate and the illiterate category. They constituted 80% and the majority of them (60%) were females. Very few had managed to go as far as ordinary levels or beyond, and of those who managed to, the majority were boys. Table 1 (below) shows the educational levels of respondents in ward 30, Gutu.

**Table 1: Educational Levels of Respondents**

| <b>EDUCATIONAL LEVEL</b> | <b>% FEMALES</b> | <b>% MALES</b> | <b>TOTAL</b> |
|--------------------------|------------------|----------------|--------------|
| Not Educated             | 16               | 10             | 26           |
| Primary education        | 16               | 10             | 26           |
| ZJC                      | 8                | 20             | 28           |
| “O” Level                | 2                | 6              | 8            |
| Tertiary level           | 2                | 10             | 12           |
| <b>Total</b>             | <b>44</b>        | <b>56</b>      | <b>100</b>   |

Source: survey 2007

*Age-Sex Profile of the Respondents:* Children were taking parental responsibilities at very tender ages, as children of less than eight years had already assumed parental roles. The majority of them were supposed to be at the early morning stages of their educational carriers, however were already household heads. The majority (94%) of the household heads were in the age group of 14 years and below. Female-headed households constituted the majority, as they comprised 52%, compared to 48% male-headed. This shows that the majority of these households are very vulnerable, not only because minors headed them, but because they were headed by individuals who are usually marginalized in society; the female child. They are, therefore, faced with a double tragedy. Table 2 (below) shows the age-sex profile of child-headed households in ward 30, Gutu.

**Table 2: Age-Sex profile of respondents**

| <b>AGE CATEGORY</b> | <b>% FEMALES</b> | <b>% MALES</b> | <b>TOTAL</b> |
|---------------------|------------------|----------------|--------------|
| Below 8 years       | 6                | 2              | 8            |
| 9-10 years          | 18               | 20             | 38           |
| 11-12 years         | 14               | 14             | 28           |
| 13-14 years         | 14               | 6              | 20           |
| 15-16 years         | 4                | 2              | 6            |
| <b>Total</b>        | <b>56</b>        | <b>44</b>      | <b>100</b>   |

Source: Survey 2007

Only 6% were above 14 years of age, and of this 4% were females. Generally in all age groups, there were more households headed by the female child, as they constituted 56%, compared to 44% of their male counter parts. A dominant feature in this study is that most of the household heads were of primary school-going age, as they are 14 years and below. This put them at a very difficult position, as they are to balance the demands of schoolwork and other responsibilities at home. The most likely outcome is that their schoolwork is going to be sacrificed and this will be an initiation into the life of perpetual poverty.

*Factors that led to Child-headedness:* There are several factors that led to child-headedness in ward 30, Gutu; including migration, divorce, and HIV/AIDS-related deaths. HIV and AIDS had already taken its toll in this community and is the single largest contributor of child headed-households, as it is responsible for 70% of the child-headed households. It is followed by divorces, contributing 25%, migration had only 3%, and other causes, like natural disasters, natural illness, and deaths had contributed only 2%. Table 3 (below) shows the various causes of child-headed households in ward 30.

**Table 3: Causes of Child-Headed Household in Ward 30**

| CAUSE        | PERCENTAGE |
|--------------|------------|
| HIV and AIDS | 70         |
| Divorce      | 25         |
| Migration    | 3          |
| Other        | 2          |

Source: Survey 2007

Breakdown of extended family networks destroyed the children's social capital, exposing them to the vagrants of harsh socio-economic environment prevailing in the country. Children are left alone to look after themselves, including finding a livelihood that will sustain the family. The situation of some children is very depressing because they lost

both parents and they do not know of any relative, mainly because their parents lived in the urban areas for all their life and never introduced them to their relatives. These children are more vulnerable, as they do not have any social network to fall back on when they are in need. Their only salvation is the well-wishers and a few friends they had managed to establish in the community. Most of these children end up taking menial jobs, like domestic work, and some even end up in prostitution.

*Family sizes:* These children are looking after households of varying sizes, which range from one to more than seven family members. The majority (92%) of the households are small, ranging from 1 to 4. There are so many factors that may have given this pattern. One of the most possible factors is that the influence of the modern technologies, where people are now using contraceptives in their family planning methods, might be restricting the family sizes. It might also be that the parents are dying at very young ages, when the families are still very small, mainly because HIV and AIDS has a high prevalence in these sexually active young people. Table 3 (below) shows the household sizes of child-headed households in ward 30, Gutu.

**Table 4: Sizes of Households in Ward 30, Gutu.**

| <b>Family Size</b> | <b>Percentages</b> |
|--------------------|--------------------|
| 1-3 people         | 66                 |
| 4-6 people         | 32                 |
| 7 and above        | 2                  |
| <b>Total</b>       | <b>100</b>         |

Source: Survey 2007

### **Survival Strategies of Child-Headed Households in Ward 30, Gutu.**

The children were involved in various activities as they would strive to make a living, ranging from vending to some risky activities, such as prostitution. Prostitution was the most



popular activity, especially among female-headed households, and emerged to be comparatively the major contributor of income among the child-headed households; 50% of the households were involved in this risky livelihood strategy. They argued that it is the easiest way of getting the much-needed cash. Some of the children were into this business on a full-time basis, as there were frequent nightspots at centers as far as Gutu-Mupandawana growth point, Chiredzi, and Masvingo city, some 50 km, 190 km and 70 km away respectively. The habitual prostitutes go away as long as 2-3 weeks, leaving other children alone who are usually young, which further exposes them to other risks of falling prey to other social vices. However, the majority frequent the local beer gardens at the local rural service center. Some were in the habit of snatching other people's husbands in the villages and they were at bigger risk of being beaten by their wives or face societal isolation, as such habits are usually regarded as social vices. Villages usually will join hands to exclude people of such behavior. Table 5 shows the various sources of livelihoods for child-headed households in ward 30.

**Table 5: Survival Strategies for Child Headed Households in Ward 30**

| <b>Activity</b>                         | <b>Percentage</b> |
|---|-------------------|
| Prostitution                            | 50                |
| Vending                                 | 20                |
| Domestic workers                        | 25                |
| <b>Beer brewing &amp; Food-for-work</b> | <b>5</b>          |

Source; Survey 2007

However, some had managed to raise monies to pay school fees for the other school-going members of the family. Some said this business had enabled them to send back to school some of the children who had already dropped because they could not pay their fees. Some said they were financing up to four children at secondary level. They were managing to

earn on average Z\$800,000 per week and others who frequent bigger centers are managing to earn as high as Z\$2,000,000 per week. However, those whose activities remain localized in the villages, were just managing to live from hand to mouth, as they were sometimes paid in kind, which included either a 10 kg “mealie-meal”, a packet of sugar, or a packet of salt.

The sustainability of this form of livelihood is very questionable, as there is glaring evidence of non-sustainability with such activities. These children are facing a bigger imminent loss of breadwinners due to HIV and AIDS. The high prevalence rate of HIV in Zimbabwe (peaking at 25%, making Zimbabwe the second highest in southern Africa, after South Africa), exposes them to a high risk of contracting the deadly HIV virus. Worse still, the majority of those in this business are only managing to live from hand to mouth, as the income generated is not enough to give them a decent living or invest in other income generating activities. Those who are earning lower incomes, are getting incomes that are far below the poverty datum i.e., an average weekly income of Z\$800,000 can only manage to get on average Z\$3,200,000 per month which falls far too short of the Z\$22 million per month for a breadbasket in Zimbabwe. This represents only 15% of this requirement amount. Even those who manage to earn comparatively higher-incomes only manage to get Z\$8 million per month, which again falls far too short of that needed for a breadbasket in Zimbabwe. As already alluded above, those who are paid in kind are paid only to keep them living because a 10 kg pocket of maize meal, a packet of sugar, or salt is really nothing to talk about. This does not take them anywhere, when you take into consideration the sizes of their families. Some are as big as seven members and a 10 kg pocket of maize meal cannot last them a week.

Another prominent source of livelihood among these households is vending. It's the second biggest source of livelihood, after prostitution, and it was a source of livelihood to 20% of the households. The vendors were involved in selling of a variety of fruits, including oranges, bananas, mangoes, and sometimes wild fruits. They also trade in craft ware, processed food, and other various items. Their market was the local rural service center and local schools. Children often face stiff competition from established vendors who often push them away from lucrative spots where there is brisk business. On a very good business day, they can earn an average of Z\$150,000 per month and the high income earners were getting up to Z\$500,000. These incomes represent an equivalent of US\$10 to US\$33 per month on the controlled official market and US\$3.3 to US\$11.1 on the thriving parallel market. This source of livelihood enables them to only survive on the bare minimum because the income generated is so little that it cannot allow them to do anything beyond that. They were only managing to buy basic household commodities, such as salt, sugar, and meal-mealie. Some are also buying educational material, such as pens, exercise books, and other ancillaries. No one had managed to buy any important household assets, like kitchen utensils, or farming implements. Their business remained small, and in some cases, its dwindling showed that the source of livelihood is not sustainable

Beer brewing emerged to be a very lucrative source of livelihood, but very few child-headed households are into this line of business. Only 5% of the households were into it. However, beer brewing is the highest income earner because one can get sales that ranged from Z\$12 million to Z\$45 million, depending on the amount invested and for those who brew twice or thrice per month it means they can earn between Z\$24 million and Z\$90 million dollars per month; an amount equivalent to a graduate teachers salary.

The major reason beer brewing is not done frequently in child-headed households is that very few children could afford to buy rapoko, a major ingredient in the brewing process. A bucket of rapoko was going for Z\$4 million. This was coupled with the fact that very few children could grow rapoko because it is labor intensive. It would be helpful if they had the know-how, such that they could grow their own crops to use in the brewing of beer. Growing of small grain crops, such as rapoko and sorghum in general, was slowly being discarded in favor of the cash crops and maize. Despite it being a lucrative source of income, it is not a sustainable source of livelihood, mainly because of the high capital injection that is involved, making this source of livelihood a preserve of very small groups of child-headed households. It is because of these reasons that this source of livelihood is not sustainable among child-headed households.

Some children are resorting to employment as domestic workers in the villages or in the nearest urban centers. The majority of those who resort to employment as domestic worker are those who have dropped out of school and have found it difficult to secure formal employment in the market. It is a favorable kind of employment for them, mainly because the employees get food and shelter from their employer, unlike in the formal industries where they are supposed to live in rented accommodations and buy their own food. However, the ages are very low, as they can barely allow them to survive more-so to look after other family members back home. The situation in rural areas is worse, as they are paid wages that are far below their urban counterparts and worse still far below the gazetted wages. Comparing them to their urban counterparts, they are earning less than half their wages. For example, they were earning Z\$200,000 per month, compared to the gazetted Z\$1.5 million. Despite it being a lowly paid kind of employment, these children also face risks of being sexually abused by

their employers. Because of their poor financial backgrounds they are easily lured into employer-employee relationships in which they risk being abused.

## **Conclusion**

Child-headed households are engaged in various activities that form the basis of their livelihoods. These activities include vending, beer brewing, food-for work, and some very risky activities, such as prostitution. This very risky activity is the most common and happens to be the chief income earner among female-headed households. Vending is the second most popular activity and then comes other activities, such as food for work, casual employment, and beer brewing. Beer brewing is however a very lucrative source of livelihood, as it can generate a substantial amount of income. The sustainability of all these activities is very fragile, as some of the activities are not able to give them a descent source of livelihood, but is also life threatening. Most of the livelihood strategies are not able to sustain these families on US\$1 per day. Some activities are only able to give them as low as US\$0.33. Other activities, such as prostitution, expose these children to the deadly HIV and AIDS scourge that is highly prevalent in Zimbabwe. Activities, such as beer brewing, can afford to get a reasonable sum of money, but very few child-headed house holds are in a position to carry out such activities because of the prohibitive cost involved.

Generally the activities of these children are life threatening and undermine their fundamental rights, such as education, food, and shelter. There is great need to provide special help packages that will see these families adopt new livelihood strategies that are more sustainable and have the ability to sustain life for a much longer a time.

## References

- Aids Action (2000). The memory book project, working document, SAFAIDS, Harare.
- Aids Action (2004). Orphans and vulnerable children, SAFAIDS, Harare.
- Ali, A. (1999). Challenges of poverty reduction in Africa, University Press America.
- Banana, C.S. (1990). The gospel according to ghetto. 3<sup>rd</sup> Edition. Mambo Press, Gweru, Zimbabwe.
- Bourdillan, M. (2000). Earning a life, working children in Zimbabwe, Weave Press, Harare.
- Foster, G.; Shakespeare, R.; Chinemana F.; Mafuka C.; and Drew R. (1995). Orphan prevalence and extended family care in peri-urban communities of Zimbabwe, *Aids Care* vol.7, pp-3-17.
- Foster, A. and Mafuka, C. (1992). Factors that led to establishment of child headed households, Masiya camp, Harare.
- Gregson, S.; Garnett, G.P.; Shakespeare, R.; Foster, G.; and Anderson, R. (1994). Determinants of the demographic impacts of HIV in Sub Saharan Africa: The effects of shorter mean adult incubation period on trends of orphan hood, *Aids Health Transition Review* No. 4, Australian National University, Sydney.
- Hunters, S.S. (2000). Reshaping Societies: HIV/AIDS and Social Change: A Resource Book for Planning, Programs and Policy Making. New York: Hudson Run Press.
- IRIN (2005). Dramatic increase in Child headed Households due to HIV and AIDS, UN, Harare.
- ISIS Women's International Information and Communication Service (1983). Women in development: a resource guide for organization and action. Geneva: ISIS.
- Jackson, H. (1992). Aids Africa; A Continent in Crisis, SAFAIDS, Harare.
- Kirya, S.K. (1996). AIDS-related parental death and its effects on orphaned children's self esteem and sociability at school, International conference on Aids, Vancouver.
- Michael, D. (1994). Projections of motherless Aids Orphans under 15 in six countries, World Health Organization, New York.
- Narayana, D.; R. Patel, K. Schafft, A. Rademacher, and S. Koch-Schulte (2000). Voices of the poor: Can anyone hear us?, Oxford University Press, New York.
- Powell, G. (2006). Children in Institutional Care, Lessons from Zimbabwe, *Journal of Social Development in Africa*, Vol 21, no.1. pp. 130-145.
- Schonteich, M. (2001). A generation at risk, Aids Orphans, Vulnerable Children and human security in Africa, A paper presented at a conference on Orphans and Vulnerable children in Africa, Nordic Africa Institute, Uppsala, Sweden.
- Sendengo, J., and Nambi, J. (1997). The Psychological impacts of orphan hood on children, A case of orphans in Rekai district, *Health and Transition Review* no 7, pp. 105-124.
- Todaro, M.P. and Smith, S.C. (2003). Economic development, Pearson, education New Delhi.

UNAIDS (1999). Cost effectiveness Analysis and HIV and AIDS, UNAIDS, Technical update, Geneva.

UNICEF (1998). Children and women in Zimbabwe 'A situation Analysis, UNICEF, Harare.

UNICEF (1999). Growing up in Zimbabwe; Considering the rights of Zimbabwean children and their families, UNICEF, Harare.

UNICEF (2000). We are also human beings, A guide to children's rights in Zimbabwe, UNICEF, Harare.