

**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK**



**SURVIVAL STRATEGIES ADAPTED BY CHILD-HEADED FAMILIES DURING
THE COVID-19 PANDEMIC. A CASE STUDY OF CHIPADZE IN BINDURA
TOWN.**

BY

CLARE TATENDA MHISHI

B1953873

SUPERVISED BY

MRS CHIGONDO

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENT OF THE BACHELOR OF SCIENCE HONOURS DEGREEE IN
SOCIAL WORK.**

APPROVAL FORM

I hereby certify that I supervised Claire Tatenda Mhishi in her research on **Survival Strategies adapted by Child-Headed Families during the Covid-19 Pandemic. A Case Study of Chipadze in Bindura Town.** This dissertation is submitted in partial fulfilment of the Bachelor of Social Work.

SUPERVISOR

Name:

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DEDICATION

I dedicate this research to my parents and entire family.

ACKNOWLEDGEMENTS

I am very much grateful to everyone who contributed to the success of this research. My family members contributed very much to the completion of this research project. I am also really grateful to the Lord Almighty for the grace and energy bestowed on me to carry out the entire study. My Supervisor, Mrs Chigondo has also been tireless in the nurturing of this research project. Also, special thanks to Dr Nyoni and Dr Zinyemba who have mentored me. I am also thankful to my friends Miledis Chapepa, Sharleen Chikore, Alpha Maturi and Panashe Mavuru who were helpful in encouraging and supporting me along the way.

ABSTRACT

The impact of Covid-19 pandemic on child-headed families in the context of Covid-19 cannot be overemphasized. There are several probable challenges that likely face children from child-headed families in the context of Covid-19. The aim of this study was to examine the survival strategies adopted by child-headed families during the Covid-19 pandemic in Chipadze residential area of Bindura town. To achieve that, the study sought to examine the challenges imposed by Covid-19 pandemic on child-headed families; examine the survival mechanisms adopted by child-headed families to deal with socio-economic challenges and evaluate the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze. Using a qualitative research method, the study gathered data from 10 children and 10 adults in Chipadze neighbourhood. Interviews and FGDs were main data collection tools. Psychosocial and economic challenges were found to be more prevalent upon child-headed families. Children from child-headed families resorted to vending as a survival strategy during the pandemic, playing indoor games and going to church was also important for other children to heal from their psychological stresses. The study also found out that there is limited participation of state and non-state actors in reducing challenges faced by children from CHF. Recommendation is therefore made that both state and non-state institutions should increase their visibility in communities where there are children from CHF.

LIST OF ACRONYMS

ACPHA	ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION
ACRWC	AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
CHF_s	CHILD-HEADED FAMILIES
FPL	FOOD POVERTY LINE
HDDS	HOUSEHOLD DIETARY DIVERSITY SCORE
HIV	HUMAN IMMUNO VIRUS
IDDS	INDIVIDUAL DIETARY DIVERSITY SCORE
JCT	JUSTICE FOR CHILDREN
NGO	NON-GOVERNMENTAL ORGANIZATION
OVC_s	ORPHANS AND VULNERABLE CHILDREN
PMG	PARLIAMENTARY MONITORING GROUP
TCPL	TOTAL CONSUMPTION POVERTY LINE
UNICEF	UNITED NATIONS INTERNATIONAL CHILDREN'S EDUCATIONAL FUND
WHO	WORLD HEALTH ORGANIZATION

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CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 Introduction

The Covid-19 pandemic has been a public health challenge, with effects that were felt across the entire globe, from developed down to the developing countries. While this global challenge was responded to through various control measures like national lockdowns and travel restrictions, many poor people have been left vulnerable to different social problems like, poverty, food insecurity and many more. Having this to consider, the plight of child-headed families was further worsened, particularly those living in marginalized communities like rural areas and high density suburbs in towns and cities. This study therefore, seeks to examine the survival strategies that were adopted by child-headed families in Chipadze high density area of Bindura town.

1.1 Background to the study

In general child-headed families have been seen as disadvantaged children when it comes to living conditions and social standards where other children below age of 18 years take parental responsibilities to take care of their younger siblings together with themselves. The Parliamentary Monitoring Group (PMG) in South Africa claims that child-headed families are frequently vulnerable to risky situations brought on by the inadequate nature of these homes' physical surroundings (PMG, 2020). Children in child-headed families, according to Meintjes, Hall, Marera, and Boule (2009), experience living conditions that are less favourable than those in mixed-generational families. As a result, it is uncommon to find them in formal homes with adequate sanitation and water; instead, they are located outside of cities in unofficial homes with subpar service delivery. Additionally, this vulnerable group faces emotional challenges and is more likely to experience abuse and exploitation.

The United Nations International Children's Educational Fund (UNICEF) stated in reference to the Covid-19 pandemic that as society are upended (by the epidemic), children who are already at danger of violence, exploitation, and abuse would see themselves as much more vulnerable. Girls would be more at risk for early marriage, pregnancy, and gender-based violence if there were social and economic unrest. Children who experience violence at home

or online would be further away from assistance if they were isolated. Additionally, the pressure and shame associated with illness as well as financial hardship will exacerbate tense family and community situations (UNICEF, 2020). The statement only applied to kids in general; kids in homes with kids can't be treated the same as kids who live with adults. Therefore, it is necessary to conduct studies to identify and comprehend the child-headed families.

Due to the newness of the Covid-19 pandemic to the entire globe, little studies has so far been conducted to directly focus on how the child-headed families responded to the pandemic. However, some few studies can bring closer the anticipated strategies used by child-headed families (CHF) to cope with the pandemic. In a study conducted by Karuga *et al.*, (2022) in Kenya, it can be noted that in the face of difficulties, CHFs can depend on aid like cash transfers from donors and well-wishers while some rush to the extend family for support. However, when extended families do not engross children within their societies, the eldest of the children may assume parental responsibilities (Chidziva & Heeralal 2016). In this case, it is however, difficult to conclude that the CHFs would get this kind support given the restrictive measures which were put in place which would affect even the would-be helpers in the communities.

Kurebwa & Gatsi (2014) found that child-household heads in Bindura urban used a variety of coping techniques, both positive and negative, to deal with the difficulties they were experiencing. Role adjustment, emotional and social distress, sexual exploitation, a lack of education and schooling, and a lack of adult supervision and assistance were among the difficulties. Selling off family belongings, receiving help from community people and children's organizations, and skipping school were some of the coping techniques found. Although this was before the Covid-19 outbreak, it may be assumed that the pandemic would have made these child-headed families' problems worse. As a result, it is necessary to conduct a study to assess the new problems and coping mechanisms under the changing conditions generated by the pandemic.

1.3 Statement of the problem

It is impossible to overstate how the Covid-19 epidemic affects families with children when considering the Covid-19. Children and families with pre-existing vulnerabilities are likely to be most severely impacted by social and environmental changes brought on by public health responses to the COVID-19 pandemic, according to the Alliance for Child Protection in Humanitarian Action (ACPHA) (ACPHA, 2020). Risks include abuse of the body and mind,

gender-based violence, stress, child labor, social marginalization, and others. World Vision (2020) also reiterated that the pandemic makes life for child-headed households even harder. However, until now, there has been less attention to the welfare of children under child-heads in the context of Covid-19. Normally, the community would be part of the support system, but the restrictive measures against climate change have caused a disturbance on the social capital systems hence the need to get into inquiries on how the child-headed households responded to the new normal caused by the pandemic. This study therefore evaluated the survival strategies for child-headed families during Covid-19 pandemic in Chipadze Bindura.

1.4 Aim of the study

The main aim of this study is to examine the survival strategies adopted by child-headed families during the Covid-19 pandemic in Chipadze residential area of Bindura town

1.5 Objectives

- i. To examine the challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura
- ii. To examine the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura
- iii. To evaluate the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

1.6 Research Questions

- i. What are the challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura?
- ii. What are the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura?
- iii. What is the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze?

1.7 Significance of the study

The findings of this study will be useful to various stakeholders in the community and the country at large. Findings will also enlighten caregivers in the community including the extended families on the plight of child-headed families under conditions of pandemics like

the coronavirus pandemic. Nongovernmental organizations (local and international) who would want to participate in assisting child-headed families in Bindura and Zimbabwe will also have reference from the study findings following this research.

The study will also contribute to the body of knowledge on a range of topics affecting kids in child-headed families. There are numerous works of literature that examine various facets of this topic, but there is currently less writing that connects the difficulties experienced by families with children and the consequences of the Covid-19 pandemic.

1.8 Delimitation of the study

This study was carried out in Chipadze high density residential area in Bindura town targeting the period during the Covid-19 pandemic in Zimbabwe from 2020 to 2022. Child-headed families were the main target of the study. Orodho (2005) indicated that delimitation is the boundary of the study. Some scholars define delimitation as the spatial and temporal extent of the study.

1.9 Assumptions

This study was founded on a general assumption that the study participants, particularly the children from CHF's would be willing to participate and provide authentic information in response to the study questions. The study also assumed that no section of the study would produce any form of harm to the minors drawn from CHF's.

1.10 Limitations

The study was conducted with children, some of which would not fully understand the questions being asked to respond to the study objectives. This was overcome by making sure that full explanatory details were given to the children on each question asked. The researcher interpreted questions for the children. While the other limitation was related to the limited number of children from CHF's, the study made use of neighbouring adults to triangulate the findings.

1.11 Definition of key term

1.11.1 Child-headed family

A child-headed family is defined by UNICEF (1998) as cited in Maushe and Mugumbate (2015) as a family unit in which the oldest resident is under the age of eighteen. This means that, generally speaking, a kid headed family is a home where both parents have passed away and where all of the residents are the children of the deceased who are too young to enter into a contract for services.

1.11.2 Child

According to Zimbabwe's constitution, a child is anyone younger than age 18; for the UNCRC, a child is defined as anyone less than age 16 years.

1.11.3 Survival strategies

According to Valent (1995), survival strategies are specific stress responses which include specific adaptive and maladaptive, biological, psychological and social constituents. In this regard, the study will be looking at the Covid-19 induced stress responses by child-headed families in Bindura.

1.12 Chapter summary

Child-headed families always face social challenges and the new set of conditions ushered in by the Covid-19 pandemic are assumed to have deepened the plight of children in CHF's. This study's background information on the COVID-19 pandemic's effects on children with CHF's was presented in this part. The problem description, research objectives and questions, as well as the reason for the study and definitions of essential words, were all included in this chapter. Review of the literature will be the main topic of the next chapter.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The scope of other researchers' involvement with the subject is the main emphasis of a literature review. It highlights the contributions made by other researchers to the issue being looked into, in this example, the survival tactics used by families with children during the COVID-19 epidemic, which is a case study of Chipadze in Bindura town. The selection of appropriate procedures that will be employed for data collection and analysis is also made easier by the literature review. According to Haslam (1990), the literature evaluation is a crucial phase that decides whether the research is successful or unsuccessful. As a result, the literature review is beneficial since it fosters a greater grasp of the issue. Before beginning the research on catastrophe survival techniques, it is crucial to understand what others have done in similar situations. This chapter is therefore going to outline the literature surrounding the survival strategies that were adopted during the outbreak of disasters.

2.1 Theoretical framework

According to Serrat (2008), a theory is an assumption, arrangement of ideas, and delineations designed to elucidate something and is typically founded on general principles unrelated to the subject under discussion. The ecological systems theory developed by Bronfenbrenner in 1979 and Maslow's hierarchy of needs will both be used in this study. The research will gain a better knowledge of relatives and neighbors with reference to child-headed families by employing an integrative lens. In other words, the ecological system will aid in understanding how the environment around the families with children in the research area affects those families.

2.1.1 *Ecological systems theory*

This theory, commonly referred to as the "bio ecological systems model," explains how a child's biological development interacts with her close family and the surrounding social environments (Bronfenbrenner, 1979). According to the theory, a person's behaviour develops in the context of the networks of interactions and circumstances that make up his environment. The theory's application stems from the way it sees children's growth as a complicated system of relationships influenced by various levels of their immediate environments, such as their

families and schools, as well as more general cultural values, laws, and conventions. As a result, the systems are divided into levels, which include the microsystem, mesosystem, exosystem, and macrosystem. The theory will be applied in this case to understand the influence of the environment on the resilience of child-headed families in Chipadze. According to Bronfenbrenner (1979), referenced in Musiyiwa and Muzembe (2011), the chronosystems, macrosystems, ecosystems, and microsystems all have an impact on how children develop. The theory focuses on how the environment and the developing individual can coexist.

There is a direct and reciprocal contact between the environment and the child. The systems theory is the most effective way to explain how the Covid-19 pandemic has changed the social and economic development of people who deal in the informal sector. Lockdown restrictions made it difficult for individuals to relocate, which made life even worse for families with young children who had to find new ways to survive.

According to the ecological system, if the relationship in the nearby micro system fails, the child won't have the resources to explore other parts of his or her environment (Addison, 1992). In this environment, parental absence represents a breakdown in the ecological system, which is likely to be detrimental to students' ability to participate and develop.

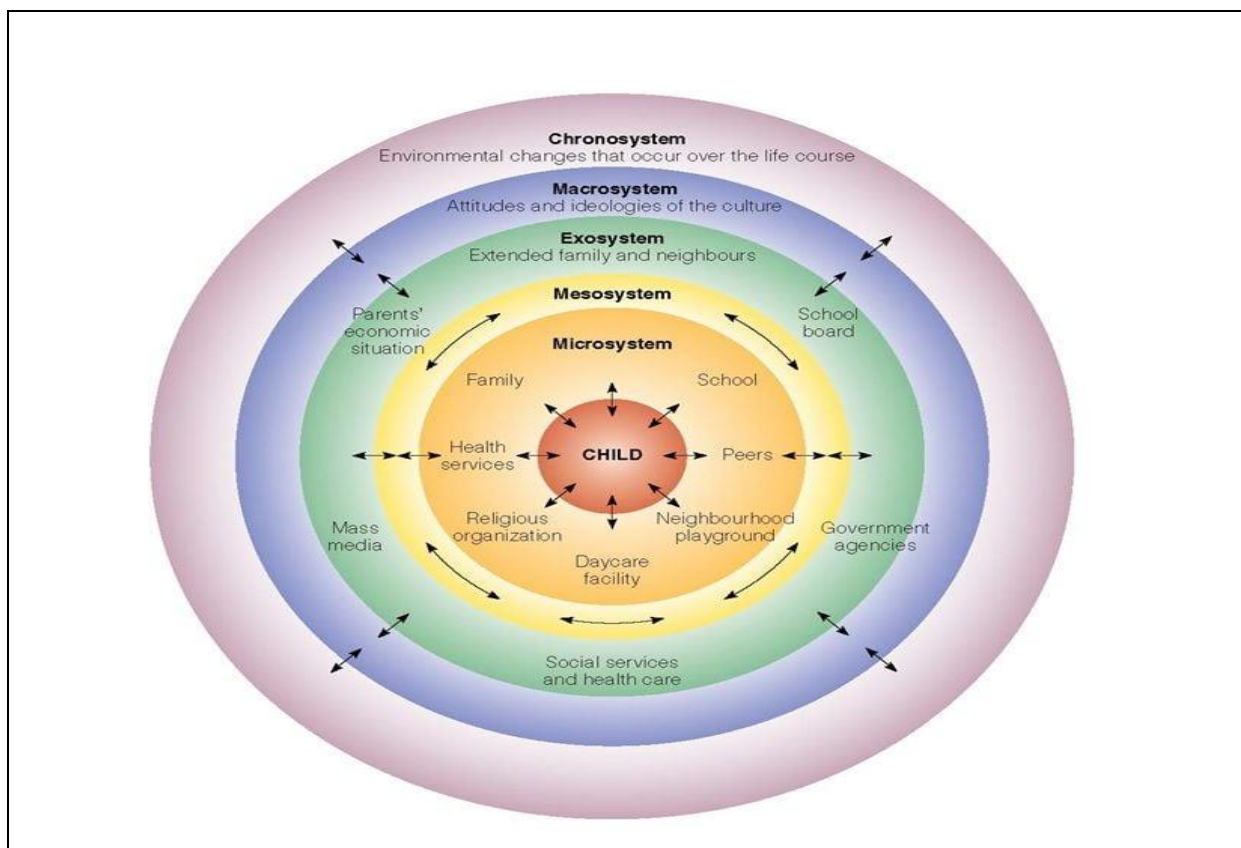


Figure 2.1 Bio-ecological system (Bronfenbrenner, 1979)

Figure 2.1 illustrates how the micro system, eco system, microsystem, and chronosystem work together to form the teen child's entire system. The structures that the child directly interacts with are found in the microsystem, which is the layer that is closest to the child. The child's relationships and interactions with her immediate environs are included in the microsystem (Berk, 2000).

Figure 2.1 depicts that for a child to be successfully natured, there are of course a set of activities that are bound to happen in as much as one would want to produce the best child. These set of activities however have been interrupted by Covid-19 pandemic which has made it difficult for the child-headed families to make it during this time.

2.1.2 Maslow's hierarchy of needs

In a 1943 paper, American psychologist Abraham Maslow proposed the idea of Maslow's hierarchy of needs. In his Maslow's hierarchy of needs, one of the most well-known theories, Maslow claimed that there are five levels of demands that people must seek in order to satisfy their basic needs (Mullins, 2007). The stages include: physical needs, security needs, love and belonging needs, esteem needs, and wants for self-actualization. The central tenet of this theory is that as one level of demand is satisfied, the strength of the next level increases (Latham, 2007). The following figure shows the Maslow hierarchy of needs.

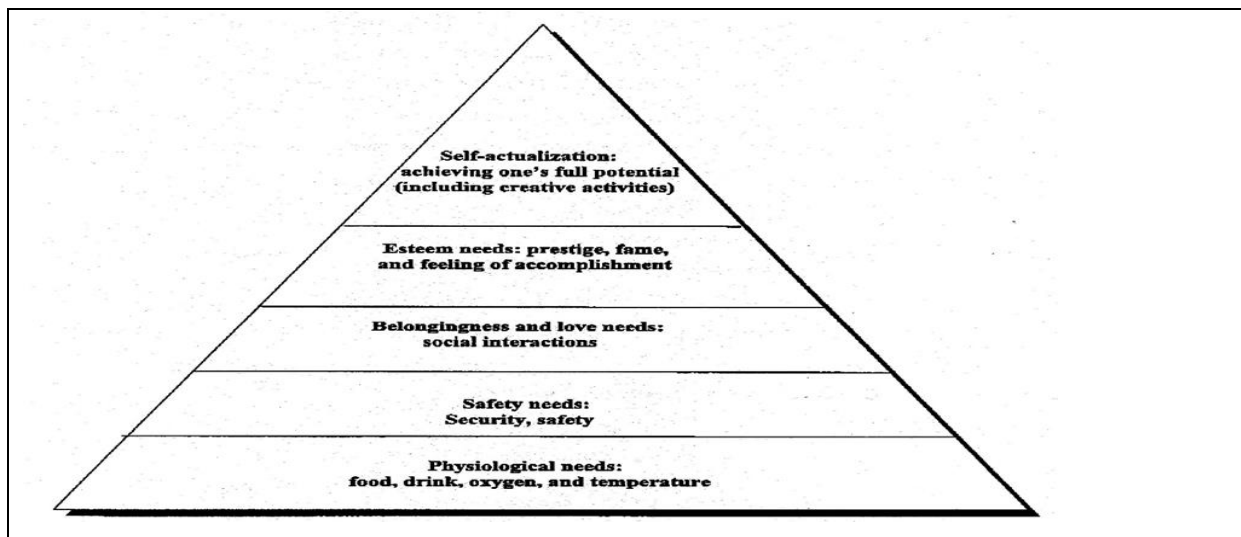


Figure 2.2 Maslow's hierarchy of needs (Maslow, 1954)

Maslow's model will be used to understand the needs of children in child-headed families and the effect of Covid-19 in attaining such needs. Children need access to vital services and opportunities while in their society to feel their most basic needs are being met (Maslow, 1954).

2.2 Global review of COVID 19 as a pandemic and its origin

Early in December 2019, the Chinese city of Wuhan reported the emergence of the coronavirus illness 2019 (COVID 19). With documented cases in practically every nation, COVID 19 expanded quickly, causing a new worldwide public health disaster that has worsened poverty in the majority of developing nations. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) was identified as the etiological culprit. Infected secretions such as respiratory secretions, saliva, or respiratory droplets that are expelled when an infected person sneezes, coughs, or speaks are the main routes by which the virus is transmitted to humans, whether directly, indirectly, or in close proximity (Martin et al., 2020). On March 11, 2020, the WHO named this new coronavirus COVID 19 and declared it to be a pandemic.

The case fatality rate is estimated to be between two and ten percent, and since March 2020, both new cases and COVID19 deaths outside of China have increased significantly. As of June 8, there had been over 7 million confirmed cases from 213 nations, but fewer than 400 fatalities. The coronavirus epidemic was classified as a public health emergency of international concern by the World Health Organization (WHO) as a result of the disease's rapid geographic spread and high death rate, which raised public concern. It is impossible to accurately predict how the pandemic would develop because it is a novel disease with numerous unresolved epidemiological issues (WHO, 2020).

2.3 The challenges imposed by Covid-19 pandemic on child-headed families

The Citizen Bulletin (2015) claims that although adults have found it difficult to raise and support their families in the wake of the pandemic, it was especially hard on households with children in charge. This is accurate when you take into account the methods children ultimately used to try to escape the poverty cycle. The pain of having to provide the fundamental needs of other family members will fall on the eldest in a family with a child as the head of the household, it is vital to highlight. The Covid-19-induced lockdown, which was implemented after the pandemic, makes the issue worse (Anderson et al., 2021). Contrary to other children who are raised by parents and have practically all of their needs met, dropouts make up the majority of the children in child-headed families. The head child would run about doing odd chores and asking for hand-outs, so the situation sounded better before the lockdown, but it got worse after the lockdown.

More than 56 million children under the age of 15 in Sub-Saharan Africa lost at least one parent to HIV/AIDS in 2013, according to the United Nations International Children's Emergency Fund (UNICEF), and they were without parental or extended family care or supervision. The oldest child is typically left with little choice but to care for the family. Most child-headed households are the result of either the death of both parents or the death of one parent and the surviving parent's neglect. Since the spread of HIV/AIDS, child-headed families have proliferated throughout all of Zimbabwe's communities (Tamru et al. 2020). In light of this, it makes sense that anytime a family is headed by a youngster, one of the kids will miss school in order to support other children hence a big challenge affecting the study area.

Children's families find it challenging to function without the traditional family structure and adult supervision. As a result, some people have experienced difficulties with their social, educational, psychological, and social development. The majority of orphans struggle financially because they cannot access basic necessities, but some exhibit tenacity, bravery, and a sense of duty as they care for their siblings, depending on their level of vulnerability (Dean, Afsar, & Pandey, 2023). In spite of their efforts to help one another, children in Zimbabwe would not fare as well as adults did due to the collapse of the nation's economy, it should be noted. Life has continued to be difficult for families with children to the point where they must work occupations that are inappropriate for their ages in order to make ends meet. Since there was no other busy activity that might provide food for their tables following the pandemic, CHFs were spotted engaged in gold panning operations.

The Food Poverty Line (FPL) for one person in March 2021 was 4,033.00, according to the Zimbabwe National Statistics Agency (ZimStat, 2020). The Total Consumption Poverty Line (TCPL) was \$5,312.00 for one person. Many families with children under the age of 18 cannot afford the sum. These children's predicament has gotten worse due to COVID-19's consequences and Zimbabwe's economic climate; poverty continues to be a major barrier in high-density suburbs. A kid is deemed to be in need under Chapter 5:06 of the kid Protection and Adoption Act if both of its parents are deceased or cannot be located and they do not have a legal guardian. Additionally, Zimbabwe's government has put into effect its National Plan for Orphans and Vulnerable Children (OVCs). The majority of child-headed households, however, who spoke to this magazine, claimed that these initiatives had not been as successful as they were in the blueprint; as a result, they continue to have difficulties.

When their parents die, their children suffer greatly. According to UNICEF, when such orphans feel abandoned by family and neighbours, the situation deteriorates. Such a reaction distorts and amplifies the impact of parent loss, exacerbating feelings of alienation and loneliness while creating an environment conducive to physical, sexual, and emotional abuse. This is consistent with what happened in Hwange, where a youngster told *The Citizen Bulletin*, "During the COVID-19 lockdown, we heard of the relief funds and some allowances, but I never received anything." Sibusiso explained that in order to survive and provide for his siblings, he had to collect firewood from his neighbours and tend to their gardens.

However, attempts to reach Ivy Mutangadai, the Hwange District Social Welfare Officer, for comment proved fruitless because she was unavailable and unable to respond to messages. This demonstrates unequivocally that child-headed families are vulnerable to any danger that comes their way because the government does not provide these defenceless kids with the highest level of protection. Theresa Mupeti, a project officer with Justice for Children (JCT) and a licensed social worker, says strong protection measures must be put in place for households with children as the head of the household. Families with children are facing a lot of challenges. Every civilization needs social safety nets to guard against the dangers of abuse, child labor, and poverty. The Social Welfare Department and other government entities must adhere to the law when it comes to adopting such youngsters.

Urban poor households headed by children are unable to meet their basic demands, let alone obtain adequate and nourishing food, as a result of sudden interruptions in revenue flow. Households may alter their consumption habits to adapt to this shock, such as choosing less expensive but nutritionally inferior diets to satisfy immediate hunger needs. It's also probable that the diets of these households are less varied, which would hinder continued campaigns to encourage the consumption of sufficient healthy foods. According to Headey and Ruel (2020), the COVID-19 issue will primarily have an impact on diets by decreasing demand for nutrient-dense meals while raising demand for foods with low nutritional value, such as fruits and vegetables.

Evidence is already in existence demonstrates that, while food is still generally accessible, access to child-headed families is becoming constrained due to regulations and unstable financial situations. Due to affordability and access issues, the effect is most noticeable in cities, among lower-income groups, and among migrant workers (GAIN, 2020). According to preliminary data, consumption of high-quality, nutritionally dense meals including fruits,

vegetables, and animal products is on the decline (Hirvonen et al., 2020). Income loss, which directly affects spending habits, has also been documented in the nation. Score for Dietary Diversity In order to create dietary diversity scores, which are just a simple count of the number of food groups consumed by a family or an individual during a week, food consumption data were gathered using a 7-day recall interval.

The Individual Dietary Diversity Score (IDDS) measures the quality of each person's diet, whereas the Household Dietary Diversity Score (HDDS) measures a household's financial capacity to access a variety of foods (FAO, 2011). According to earlier studies, there is a substantial correlation between HDDS and IDDS (Wanyama et al., 2019). The HDDS is also used as a substitute for a measure of food security since households, particularly those with limited resources, frequently aim to meet their food and energy demands before varying their diets.

2.3.1 COVID 19 affecting the economies and the population at large

Given the pandemic, it has been seen that Covid-19 has negative effects that are particularly unpleasant among families with children. The effect of the Corona virus on people's lives is unheard of. Nobody alive has likely witnessed anything even somewhat similar, thus it might not be overstating the case. No matter their age, sex, or country of residency, it has had a direct impact on practically everyone in the world, especially the child-headed households. More than 51, 2 million people have been infected, and there have been approximately 1280000 documented deaths in 215 countries, excluding China, where the virus originated. This has happened in just six months, starting in March to October 2020. The administrative and health infrastructure is under a great deal of stress, and as a result, there is a rush to allocate resources to the control of the virus (Headey, 2020). The negative effects of the pandemic were particularly noticeable in child-headed families who were unable to support themselves.

Since output depends on the labour force, efficiency is governed by historical nutrition levels, and capital amassed over time, it is likely that the long-term losses from the pandemic shock will be far greater than the short-term ones (Headey, 2020). Due mostly to lockdowns implemented to stop or slow the spread of the pandemic, the pandemic's immediate effect is a reduction in the number of the effective labor force. However, the drop in current output is expected to have a greater influence on future output by lowering both the efficiency of labor and future capital as well as the labor supply in the future. School closures have an impact on

both education and society since students miss out on learning opportunities and more vulnerable pupils may not return to the educational system.

For them and their families, this translates to inferior learning outcomes and long-term earning potential, as well as weaker overall human capital for the economy of the nations where they work and live. An estimated 862 million kids, both those with parents and those who were child-headed, were out of school by the middle of March 2020. Children's food consumption and nutritional status may be significantly impacted by the cessation of school feeding programs. People who are subjected to social isolation measures are cut off from their families, neighbors, and other family and social networks. This may be lessened for some population groups by the proliferation of mobile phones and, for those who have reliable access, the Internet, but not for others (Elliot, 2014).

The conditions that followed the pandemic increased the effects of the epidemic of families with children. Travel bans and border closures have been implemented in more than 107 nations. The supply of food, gasoline, and other necessities has been directly impacted by border closures, import/export restrictions, port closures, limited commercial aviation and shipping operations, and limitations on movement to/from and within countries. Disruptions in the supply chain jeopardize the continuity of humanitarian programs and make scaling up extremely difficult. The most crucial set of policies to combat the lockdown, according to Ray and Subramanian (2020), is to impose restrictions on people's ability to physically interact with one another. These restrictions include bans on travel, gatherings, schools, and workplaces, which lead to curfews quarantines and lockdowns.

2.3.2 Government response to the pandemic

People are more afraid of starvation than pandemics, so the government's approach did not benefit society. On August 18, 2020, the Government Cabinet decided to consolidate the COVID-19 response into a single response plan that includes the Command Center, the Office of the COVID-19 Chief Coordinator, and the Ministry of Health and Child Care in order to strengthen the National COVID-19 response and mitigate the pandemic's negative effects. A Technical Steering Committee will also be formed, comprised of experts from all sectors involved in the response. In addition to the previously announced lockdown regulations, the postponement of the planned reopening of schools on July 28 and additional measures on July 21, the Government Cabinet ordered on August 18 that business hours, which were ending at 3pm, be revised to end at 4:30pm, and the curfew begin at 8 pm rather than 6 pm. According

to Jenny (2020), public transportation drivers must regularly pass COVID-19 examinations, and buses will be given a designated lane at roadblocks to speed up their passing. These steps were taken to prevent the outbreak from spreading further. About 15,776 migrants had returned from neighbouring countries to Zimbabwe as of August 19, 90% of them via the three entry points at the Harare International Airport, Plumtree, and Beitbridge border post. By law, employers in the formal and commercial sectors must administer drug tests to their employees and enforce COVID 19 lockdown procedures.

A proposal was made that allowances paid to frontline public sector healthcare workers battling COVID 19 may be exempted from income tax as of 1 April 2020. Families with children who were not previously employed did not benefit from the change, even if some allowances were offered. There has been a proposal to view the maximum allowable deductions on corporate donations to the local currency equivalent of \$100,000 for amounts paid to the state or to a fund, including donations by a taxpayer during the year of assessment for purposes approved by the minister responsible for health (Fernandez, 2020).

To stimulate the economy and help individuals, families, small businesses, and sectors hit by the COVID 19 economic slowdown, the government unveiled a ZWL 18 billion economic recovery and stimulus package. However, the majority of naive people did not gain anything from this action. The main goals were to give liquidity support to all the productive sectors and to protect employment through the prevention and mitigation of COVID 19 consequences. Beginning on April 1, 2020, the government was able to postpone rent and mortgage payments; however, as of June 30, 2020, this power was no longer in effect. McKibbin and Fernando from 2020

A recent survey by the Education Cluster found that 56% of the 19,512 responding children did not have access to learning materials for in-home study, and a sizable portion did not have access to radio or television so they could listen to radio lessons, despite alternative educational strategies being developed by the education sector to ensure that children never stop learning. Child-headed people made up the majority of this population. In a similar vein, more than 62% of the 17,943 respondents stated that no one supports their children's learning, and many parents and other caregivers lack the necessary abilities to support academic learning at home. Aside from that, liquid soap, disinfectants, sanitizers, infrared thermometers, branded masks, face masks, infrared thermometers, and school desks were also provided. As the sector continued to make preparations for the reopening of schools for final examination classes for

Primary and Secondary Education, the developed and approved guidelines that were put in place for the June 2020 examinations were used for the holding of the final examinations in November/December (Jenny, 2020). Since July 24, the government and partners have constructed 1,890 hand washing stations in Mashonaland East in an effort to slow the spread of COVID-19 in local communities. It is anticipated that 113,400 people will be served by these stations, which are situated in public spaces like plazas and boreholes.

The COVID 19 pandemic, which also left many people naive and without sufficient means of subsistence, posed a serious threat to people's lives. Due to lockdown restrictions, which are the main strategy being used by most governments to stop the spread of this deadly virus, production was low, which created a lot of issues for international trade. Human consumption has actually decreased as a result of COVID 19 restrictions, such as the closure of businesses and industries and the prohibition on public gatherings. Due to the deadly Corona virus, which caused the majority of people to lose friends, family members, and loved ones, people also suffered greatly from this pandemic. Zimbabwe is growing increasingly difficult to make ends meet especially in the urban and peri-urban areas where people survive on hand to mouth bases.

2.4 The survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic

As alluded before, child-headed families have another child as the head of the household which means the overall decision in the household is child-driven. During the wake of the pandemic there were noticed several activities that were carried out by children in trying to bring food to their tables and fund their schooling activities. The mechanisms adopted by the children could not fully support them considering restrictions that were imposed by the government that compound free movement across the country.

2.4.1 Vending

During the wake of the pandemic there was restricted free movement and day to day usual business in an effort to curb the further spread of the pandemic (Elliot, 2014). The children across the town were surviving through small scale vending whereby they used to buy and sell tomatoes, vegetables and water in cross roads. This however did not bring adequate support to the child-headed households because it wasn't done freely because it was restricted since people were encouraged to stay indoors. The mechanism of vending has brought a life to some households though it was on a very small scale. It is important to note that the idea of selling

tomatoes was induced by the socio-economic hardships triggered by the pandemic. The pandemic drove children to participate in economic activities which are normally conducted by adults. Vending however wasn't more productive to sustain families and funding education since it was from hand to mouth activity (Anderson *et al*, 2021).

2.4.2 Gold panning

The basic activity that was engaged by child headed households was venturing into gold panning. This activity brought a life to most households during the wake of the pandemic. As postulated before, there was restricted free movement of people from one location to another. In this line of thinking the people would travel into thick forests and rivers where they would do the activity of panning and later sell the gold to the gold buyers at very low amounts after they had put on much labour (Tamru *et.al* 2020). Again the law enforcers would not venture into forests since they could not expect people in those areas. Some would travel mid-night into the forests to do the activity since it was strictly prohibited. There was nothing they could do unless to travel at night to the mining places.

2.4.3 Begging

According to Anderson *et al* (2021) begging is one of the activity that is engaged with the marginalized people in as much as they would want to get a living. During the wake of the pandemic, children were seen in streets and even in homes to beg some food and some piece jobs so that they might earn a living. As noted earlier on, there was no activity that was in action during the wake of the pandemic, however children have to move around in search of food for a particular day.

2.4.4 Getting assistance from the community

During the wake of the pandemic no one was left out of its adverse effects, however the situation was tenger to the child-headed families. There were some groups in the communities like churches, home based care and individuals who donated basics to the child-headed families. Although children showed that getting assistance from community members was not as easy as before the pandemic, the children also highlighted that the assistance they sought from the community remained part of their survival strategies.

2.5 The role of state and non-state actors in alleviating challenges faced by child-headed

Due to the adverse impacts of the pandemic to the society, the government has a word to speak because every sector of the economy had suffered stress. Every group in the society had discovered the effects of the pandemic and there was need for government intervention and its stakeholders.

2.5.1 Government policies towards the pandemic

To combat and control the pandemic and lessen its negative effects, particularly on the weak and disadvantaged members of society, the Zimbabwean government has put in place a variety of institutional, operational, and policy measures. Statutory Instruments 61 and 62 of 2021's main subject was the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (No. 2) (Amendment) Order, 2021 (No. 16). Ordering a lockdown for public health Lockdown Order Lifting Four statutory instruments that modify the Lock-down Order have been published in the past two weeks. The third and fourth only relaxed the strict lock-down that has been in place since January 3, 2021, after the first two only marginally altered it (Anderson et al., 2021).

News reports soon after Zimbabwe implemented lockdown as a means to stop COVID 19 from spreading showed that people were more afraid of hunger than they were of the virus, and this concern was worse in households with children as the head of the household. The epidemic and government interventions have a significant negative impact on informal workers who lose their livelihoods as a result of lockdowns or a decline in demand for their services and goods in the context of complex international norms, as several civil society actors have shown. The local government has used the state of emergency to revamp the black market. Children who used to exist by selling were under stress as a result of the renovation of designated markets and the demolition of unlawful vending locations in unauthorized locations throughout the city. The Ministry of Local Government issued the order for the operation that informal markets were potential hotspots for the spread of COVID 19 (Brooks *et al*, 2020)

To prevent a potential increase in COVID-19 transmissions, the Zimbabwean government has stepped up monitoring and other control measures. Information Minister Monica Mutsvangwa stated during a post-cabinet media briefing that there is a chance of greater internal and international travel, which could create favourable conditions for increasing disease transmission. The Ministry of Health and Child Care has intensified monitoring, case

management, risk communication, and community participation in this respect. Ports of entrance and exit will receive particular attention. After a sharp decline in new infections and fatalities during the second wave of the epidemic, Zimbabwe lifted its two-month lockdown at the beginning of this month, but it has maintained its closed land borders except from commercial activity and transit goods connected to necessary supplies critical services. After receiving a first batch of COVID-19 vaccine doses given by China, the nation launched its COVID-19 vaccination program in February. Zimbabwe had immunized 44,135 persons against COVID-19 as of March 8. Nevertheless, because their main need was food to survive, this type of intervention did not significantly help the child-headed families.

2.5.2 Role of NGOs

Nongovernmental organizations are also important in dealing with the challenges befalling children. Many NGOs are guided by the 2030 agenda for sustainable development, particularly focusing on child protection when it comes to the welfare of children. In tough circumstances, NGOs frequently provide the most vulnerable individuals with essential products and services. Many NGOs are adept at offering certain goods and services because they have developed technical know-how and experience by working in challenging circumstances. Bebbington (2003) concurs that the desire to improve the conditions that lead to exclusion and disadvantage led to the development of NGOs. This means that, during the pandemic, it was anticipated that children from CHFs would get such kind of services together with other vulnerable groups.

According to Teegen et al. (2004), NGOs typically enjoy higher levels of public trust than their government counterparts. They are frequently best prepared to offer high-quality services at reasonable prices to the general population whose demands are unmet due to their knowledge and trusted position. Additionally, NGOs have the chance to offer a wider variety of services to various public groups than are often included in standard service packages provided by businesses and governments due to their proximity to local clients (Brinkerhoff, 2003). This highlights the potential for NGOs to assist in assisting the children from CHFs.

However, the role of NGOs to assist children during the Covid-19 pandemic is not clearly defined in literature. It is therefore necessary to encompass this as part of the study, so that it is unveiled whether the NGOs played any critical part or not. This study found it difficult to

correlate the role of any player in alleviating the plight of children from CHF's using secondary literature, hence, anticipating to make conclusions through the primary survey results.

2.6 Chapter summary

The literature review has exposed how child-headed families are suffering from the different effects of COVID 19 on a global scale as well as locally in Zimbabwe and its supplementary information which provides data. It has also been shown by the literature review that there is need of government, development partners and private companies to take into consideration the children's livelihoods and provide assistance to the people who were affected by COVID 19. The chapter has also shown how COVID 19 affected the economy of less developed countries through labour constraining and destroying future of the children.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter's major focus is on the methodology of the study. Precisely, this study is a qualitative research seeking to understand the welfare of the children from CHF's during the Covid-19 pandemic basing on personal experiences. Thus, the research methodology, target population, instruments and techniques for gathering data, techniques for analysing that data, ethical considerations, and other significant problems are presented in this chapter.

3.1 Research method

The qualitative research approach was used for this investigation. Myers (1997) defined qualitative research as the use of qualitative data gathering methods, such as participant observation, documentation, and interviews, to investigate and explain social phenomena. The empirical data were presented by the researcher in narrative style when employing this method of research. According to Neena (2011), this type of research focuses more on how people see the world and how to provide them a more accurate understanding of it. In the future, qualitative research will give particular attention to investigating the perspectives of individuals or groups, such as their ideas, reasons, attitudes, and objectives. The primary benefit of using this research methodology was that it enabled the study to collect data from a social standpoint, including some data which is sensitive.

3.2 Research design

In order to guide the progression of the research, a case study was used as its design. The main objective of a research design is to provide a plan of action for answering the research question. A research design also acts as a road map for action, according to Gentles, Charles, Ploeg, and McKibbo (2015). According to Yin (2003a), a case study is a technique for examining some elements through a detailed description and analysis of a single event or instance. In contrast to a comprehensive statistical survey or a broad comparative autopsy, a case study is a detailed investigation into a particular research issue (Gorard, 2013). According to Saunders et al. (2019), a case study is chosen because it offers the research a sizeable volume of data from a sizable population in a practical way. In this regard, a case study of Chipadze Bindura was used

to better understand the coping mechanisms of child-headed families in Zimbabwe and elsewhere.

3.3 Target population

Children in child-headed families and general households in the Chipadze neighborhood, where the main target population was derived, were the subjects of this study. A study population, according to Springer (2010), is a group of people that a study is conducted on and intends to analyze. According to Khan et al. (2013), the study population is a collection of individuals or things that are presumed to have a particular point of view that appeases the researcher's interests. According to McMillan and Schumacher (2015), a population is a collection of instances or elements—whether they be things, people, or events—that adhere to a particular norm and to which the researcher tends to extrapolate the study's findings. Punch (2017) added the definition of population to the definition of study elements, so the target population is the set of research elements from which the model is to be developed. This is the group of people from which the study sample might be drawn. The problem, though, is that there are no documented percentages of all families led by children or teenagers; as a result, the sample was designed to be as representative as feasible.

3.4 Sample size

The study used a sample of 10 children from the child-headed families, five of whom were male and five of whom were female to allow for equitable representation of both sexes/genders given that the total population of the child headed families in Chipadze is unknown. Ten individuals from the area who lived close to the children in households with children were also questioned as part of the study. A minimum of two social professionals were also chosen as important informants. According to Sibanda (2009), a sample is a small group chosen from the recognized population from which generalizations are drawn. To aid a researcher in observation and analysis, a sample was chosen. According to Cohen, Manion, and Morrison (2007), the sample's results are representative of the entire population.

3.5 Sampling procedure

3.5.1 Purposive sampling

Because this study requires people who either have knowledge of or expertise with the subject being studied, a purposeful sampling technique was used to select participants. Kombo and

Tromp (2006) define sampling as the method a researcher uses to gather a sample of people, places, and objects to study. The characteristics of the entire population should be reflected in the population's selection (Gentles, Charles, Ploeg, & McKibbon, 2015). This sampling strategy, according to Etikam & Bala (2017), is based on the researcher's estimation of which participants will be most beneficial in achieving the study's objectives. The researcher must focus on those who share their perspectives in order to gather the necessary data and locate people willing to share it. The researcher was able to gather data from people who are knowledgeable about the topic at hand thanks to the advantages of this sampling technique.

3.6 Data collection instruments

Focus groups, key informant interviews, and in-depth interviews were all used in the study. These were used to collect information from the intended audience. According to Smith-Hall et al. (2018), research instruments are the tools used to gather data for a study.

3.6.1 In-depth interviews

In-depth interviews, according to Guion, Diehl, and McDonald (2001), are a useful method for gathering qualitative data that can be applied to a variety of projects, including determining requirements, improving programs, identifying problems, and developing strategies. In-depth interviews are preferable when you want to ask open-ended questions that elicit depth of information from a very small number of people, as opposed to surveys, which are typically more quantitative and include larger numbers of respondents. Because this research was qualitative and focused on a small sample of people, in-depth interviews with the 10 children selected from child-headed homes were conducted to collect information.

3.6.2 Key informant interviews

Key informant interviews are typically created to collect information from individuals who have been identified as knowledgeable about the subject being studied. Elmendorf & Luloff (2006) noted that although these interviews can occasionally be conducted at random, key informants are typically identified based on their reputation, organization, and positions in the community. They may also be known for having knowledge of the issues being raised. 10 neighborhood adults and 2 social workers were the subjects of the key informant interviews, which were used to collect information. Although key informant interviews have been

criticized by many academics for having poor statistical properties, they were still the most effective method for gathering information from the key informants in this study.

3.6.3 Focus Group discussion

Focus groups and focus group discussions are two techniques for gathering qualitative data. A focus group, according to Anderson (1990, p. 241), is "a group composed of individuals with certain characteristics who focus discussions on a given issue or topic." According to Denscombe (2007), "Focus groups consist of a small group of people, typically between six and nine in number, who are brought together by a trained moderator (the researcher) to explore attitudes and perceptions, feelings, and ideas about a topic." An environment for the largely homogeneous group to consider the interviewer's questions is provided by a focus group interview. As part of the current study, two focus groups were held, one with children from child-headed homes and the other with key informants.

3.7 Data collection tools
In connection with the data collection procedures presented in section 3.6, the study also designed an in-depth interview guide, key informant interview guide and a focus group discussion guide to collect data from the participants.

3.7.1 In-depth interview guide

The study designed an in-depth interview guide which was mainly targeting the children selected from child-headed families (see Appendix one). An Interview schedule guide is fundamentally a list of organized questions that have been arranged to help as a guide for researchers in collecting data about a specific topic or issue (Martin, 2006). The guide had 24 open-ended questions which probed into the background information of participants as well as the objectives of the study. In such it was divided into four sections, the background and each objective being represented in a distinct section.

3.7.2 Key informants' interview guide

The research also designed a key informants' interview guide which was separate from the in-depth interview schedule guide. The major reason was that these two groups (children from CHF's and key informants) had different characteristics. The first group had experience while the second group had knowledge, hence motivating the separation of the research tools. The key informants' interview guide had 17 open-ended questions put in four distinct sections (see Appendix two). However, upon the researcher's discretion, follow up questions would be made

in search of clarity on the responses given. This means that, the tools were not designed to make the study rigid but only to align responses to the objectives.

3.7.3 Focus Group Discussion Guide

A focus group discussion guide was also designed to guide the collection of data through pre-arranged discussions with the two groups. According to Elliot and Associates (2005), a focus group discussion guide proceeds soundly from one topic to another and from the general to the specific. The guide started by highlighting the objectives of the study then set 6 questions to focus the study to the objectives (see Appendix three). The researcher remained principal in moderating the discussions, hence, giving room to pose additional questions basing on responses given.

3.8 Data analysis

As pointed out by Walliman (2011) data analysis is a process of collecting data with the aim of accentuating important information and suggesting conclusions. The study made use of the thematic content analysis technique for analysing and presenting data. According to Braun and Clarke (2006) thematic content analysis is a non-numeric technique for analysing data which deals with the capturing in detail of the main themes found in the data. Cohen *et al.* (2011), demonstrate that huge sums of data are frequently collected in qualitative enquiry; therefore the data needs to be prescribed in major themes for an easy understanding. As a consequence, the researcher put the data in major themes so as to present the findings in a clear way.

3.9 Validity and reliability

According to Joppe (2000), dependability refers to how accurately the researcher's results reflect the population being studied and how consistently the results are recorded throughout time. If study results can be replicated using a similar approach, the research instrument's reliability has been proven. The ability of the measurement tool to measure what it is intended to assess is referred to as validity. According to Joppe (2000), validity defines how well a research instrument measures what it is supposed to assess as well as how accurate and reliable the study findings are. It is conceivable for an instrument to be consistent and still yielding inaccurate data. By triangulating the results from the three research instruments and comparing them, the researcher in this study was able to ensure validity.

3.10 Ethical considerations

Babbie and Mouton (2016) claim that ethics are the standards that draw a line between right and wrong, and that their significance in research is that they offer protection against data fabrication. The pursuit of information and truth, which is the main goal of research, is promoted by ethics. Therefore, the research took the following ethics into account:

- Voluntary consent without any coercion.
- Confidentiality in that private and confidential maintenance of privacy during the data collection process.
- Seek informed consent due to the legal age of majority requirements, an assent (minor's affirmative agreement to participate in research).

3.11 Chapter summary

This section of the study provided in detail the methodology applied in the entire study, which is a qualitative research method. Instruments used for collecting the data were the in-depth interview guide, key informants' interview guide and focus group discussion guide. The chapter also considered and defined the target population, explained the sampling methods that were used in the study, defined the sample size, data analysis procedure, validity and reliability and the ethical standards of the study. The next chapter will be on data presentation and discussion.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

The research approach used to conduct this study's operations was presented in the preceding chapter. The primary goal of this current phase of the study is to analyze the qualitative information that was gathered through focus groups, key informant interviews, and in-depth interviews. In this way, the goals of the research serve as the chapter's guiding principle. The study concentrated on the difficulties faced by child-headed families during the Covid-19 pandemic, the coping strategies they used to deal with the socioeconomic difficulties during the pandemic, and the contributions of state and non-state actors to easing those difficulties in the Chipadze Community. To develop some confidence in the responses, the study made a background check on the age of the participants and their positions in child-headed families.

4.2 Background information of the participants

4.2.1 Age of participants

The study made an inquiry into the age of the in-depth interviewees who are also members of child-headed families. Table 4.1 illustrates the age of the child interviewees.

Table 4.1: Age of child interviewees (n= 10)

Age range	Female	Male	Total
10-12 years	0	0	0
13-15 years	1	0	1
16-18 years	4	5	9
Total			10

As illustrated in table 4.1, the study could not interview any participant below the age of 13 years; one girl child with the range of 13-15 years was interviewed while four girls and 5 boys were interviewed within the age range of 16-18 years. This could be attributed to the fact that the study used purposive sampling methods to pick participants from the study population; hence, the selection was subjective towards participants who were believed by the researcher to be knowledgeable and able to provide meaningful responses. Besides the age of children who took part in in-depth interviews, the study also searched into the age of the adults who

participated in key informants' interviews. Table 4.1 illustrates the age of adult key informants from Chipadze community.

Table 4.2: Age of key informant interviewees (N=10)

Age range	Female	Male	Total
25-30 years	2	0	2
31-35 years	4	0	4
36-40 years	3	1	4
Total			10

Information demonstrated in table 4.2 shows that the majority of key informant who availed themselves for interviews were women. Three women were between 36 and 40 years of age, four women were between 31 and 35 years of age while two women were picked from 25-30 years of age. Only one men between 36 and 40 years could be interviewed. Despite the skewed representation between men and women, the study could proceed with a general assumption that the key informants could offer information which is enough to make conclusions.

4.2.2 Level of education

Despite the age of participants, the study also sought to know the level of education for those who participated in the study as a way of ascertaining how much they could comprehend the issues under study. Table 4.3 illustrates the distribution of child participants according to their levels of education, with understanding that most of them if not dropped out were of school going age.

Table 4.3 level of education for child interviewees (N=10)

Level of education	Female	Male	Total
Form 1-2	1	0	1
Form 3-4	3	3	6
Form 5-6	1	2	3
Total			10

From the illustrations in table 4.3 it is indicated that six participants were between form 3 and 4 while three participants were in form 5 or 6 and only one participant was from either form 1 or form 2. The findings also show that none of the participants was from primary school level. The study also went on to inquire the educational levels for the adult key informants in the

study community. Table 4.4 illustrates the distribution of these key informants according to their levels of education.

Table 4.4: Level of education for adult key informants (N=10)

Level of education	Female	Male	Total
Ordinary level	4	0	4
Advanced level	2	1	3
Tertiary education	3	0	3
Total			10

As shown in table 4.4, there were four (4) participants from the adult residents with ordinary level in the study area, three (3) participants (two females and one male) who had advanced level as well as three (3) participants who attended at least tertiary education. This implies that the literacy levels of all those who participated were fair enough to understand the questions they were being asked.

4.2.3 Position in family for the children

The study also enquired into the position of the children who were interviewed within their families. Table 4.5 shows the distribution of children according to their positions in child-

Table 4.5: Position in the family (N=10)

Sex	Head of family	Not head of family
Female	3	2
Male	1	4
Total	4	6

Basing on the results shown in table 4.5, the study found out that there were four (4) children who were heads of the child-headed families and among them three (3) were girl-children and one (1) was a boy child. Six (6) children were part of the child-headed families who depended on another child. This could not suffice to denounce their ability to offer information which is based on experience to meet the objectives of this study.

4.2.4 Awareness on Covid-19 Pandemic

The study also sought to understand the knowledge levels of participants about the Covid-19 pandemic. In such, both children and adult participants were asked about their understanding

of the pandemic. It was noted that all participants at least knew about Covid-19 pandemic although most of them were not directly infected by the disease. They understood about the indirect effects of Covid-19 including lockdown measures among other impacts. In an interview, one of the child-participants indicated;

“Covid-19 is a disease that came from countries like China to Zimbabwe in 2020; ... we have not been infected by the disease by our lives were affected very much. During the peak of the disease, all schools were closed, shops at some point were being closed at midday and we were not allowed to play or walk around outside...”

Another female adult also showed a significant level of awareness about the Covid-19 pandemic. In her response she highlighted;

“Chirwere cheCovid-19 chinonzi chakatangira kuChina chikazouyawo kuno kuZimbabwe. Munu muBindura, chirwere ichi chakamboita nguva chisati chabata vanhu asi taingonzwa nezvekuipa kwacho. Zvekare, hurumende yakambotidzivisa kubuda panze tichinotengesa kana kuenda kumabasa edu kuti tisatapurirwe chirwere ichi... (The Covid-19 disease is said to have started in China then came to Zimbabwe through transmission. In Bindura, we took some time before hearing of any case of the disease but we were hearing about its lethality. As well the government also put in place measures to restrict us from going around doing our routine work and businesses)”

Having this to consider, it can be quite logical to evaluate that the participants had knowledge about the Covid-19 pandemic. This could also assure the researcher that the responses offered in response to the objectives were based on their experiences and comprehension of the pandemic.

4.3 Challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura

As highlighted in chapter three of this study, qualitative data were collected to meet this objective and triangulation method was used to ensure that data from all research instruments were analysed concurrently without having to separate the findings according to research tools (In-depth interviews, key informants' interviews and focus groups). The study found out that the Covid-19 pandemic exposed child-headed families to several challenges which include, child-labour, emotional distress, discrimination, household income reduction, challenges in

accessing education, poor menstrual hygiene, and others. The challenges in this study were stratified into two major themes- psycho-social challenges and economic challenges.

4.3.1 Psycho-social challenges

4.3.1.1 Emotional distress

Covid-19 imposed emotional challenges among children from child-headed families. The pandemic brought sorrow to the minors who belong to child-headed families in Chipadze Bindura. This was confirmed by a number of participants in both interviews and focus group discussions. The following highlights were drawn from the research;

Child-participant 1

“Pakatanga Covid-19, takangonzi vanhu vese imbomirai kufamba-famba even kuenda kuchurch kana kuchikoro. Tanga takungogara pamba tisinawo mafriends ekutamba navo nekuti vairambidzwa kubuda gedhi kumba kwavo. Honestly, mazuva ekutanga zvairwadza kujaira, taingogara takasuwa...” (When the pandemic started, were instructed to stay home, even going to school or church was restricted. We could only stay home without friends because they were not allowed to leave their yards to play with us. Honestly, it was difficult to cope with, we got into sadness because of the situation...).

Child-participant 2

“Besides other challenges, I was really depressed because of the lockdown measures and the pandemic. I did not know when we would be allowed to do our normal activities again. Some would also tell us that it was the end of the world, some would say it was not going to end but the pandemic will be with us forever. As children without any adults to look up to, we were not sure what the future was like for us. ...yes, it causes emotional distress.”

Adult-participant 1

“...wainyatsoona uri kure kuti vana ava havana kusununguka sezvavanosimboita, chirwere ichi chakatyisidzira vanhu vakuru chaivo what more vana vadiki.” (...you could see that these kids are not as happy as they used to be, this disease scared even adults, what can you expect from the kids...)

Adult-participant (FDG)

“Vana kana vachingogara pamba vasina kwavari kuenda vanoshaiwa mufaro. Vana vakajairira kutamba nevamwe kana vasina zvekuita. Munguva yeCovid, hakuna vanhu vaidha kuona vana vachimhanya mhanya nenyaya yekutya kupararira kwechirwere. Neimwe nguva, masoja nemapurisa aisunga vanenge vaonekwa vachifamba.” (If children spend longer time locked in their homes, they become sad. Children are used to play during their free time. During the Covid-19 period no one would want to see children running around, avoiding the spread of the disease. At some point the police and soldiers could arrest those found walking around...)

From the findings, it can be noted that children from child-headed families were pushed into emotional sadness by the conditions created by the Covid-19 pandemic.

4.3.1.2 Discrimination

Before Covid-19, things were normal for people in the society, they could help and accommodate children from child-headed families and other vulnerable groups. Findings from the study leads to an understanding that children suffered discrimination, a situation which was new to some of them. Although this was not mentioned by many of the children, it was worth noting. One of the children shared his concern;

“Chirwere ichi chisati chatanga kutaurwa nezvacho, ndaiigona kungoenda panext door pedu zvisina kutya, ivo vaitongonditambirawo semwana wavo. Pakazouya chirwere ichi, zvanga zvakunzi tambirai kumba kwenyu, kana uchida kuuya kuno pfeka Mask of which dzimwe nguva mask yacho unenge usina. Pekupedzisira ndakazongoona kuti apa handisi kudiwa.” (Before the pandemic, I could go to our neighbours and they could treat me as their child. During the pandemic, they told me to stay at our home unless I come putting on a mask. Sometimes I could not afford a face mask. In the end I perceived it like they were avoiding me from visiting them)

In the view of the participant, the way he was kept away did not sound like a way of curbing the spread of the disease but it was discriminatory. They just did not want him to play with his neighbouring friends.

4.3.1.3 Poor Menstrual Hygiene

The study also found out that the pandemic threatened the menstrual hygiene for the girls from child-headed families. To them, the new conditions imposed by Covid-19 affected their ability and capacity to access sexual and reproductive health (SRH) facilities. One of the girl-participants indicated that;

“...zvanga zvakaoma paya, mapads chaiwo takatombodzokera kusystem yakudhara. Haadhure zvawo asi mari yacho yakatomboshaikwa.” (It was a very difficult time, we even went back to traditional methods because sanitary ware was not affordable. It is not very expensive but the money was not available.)

From this, it is notable that the diseases had an effect on the health of girls when it comes to their menstrual hygiene. Although the participant did not specify on the traditional methods they reverted to, it is still acknowledgeable that the traditional methods were not desirable to them. One of the adult participant also indicated that;

“The pandemic posed huge threats on the girl-child in terms of accessing sanitary wear and other needs of their personal hygiene during their menstruation period. Women require special care of their bodies during this period, a situation which was not easy to attain, especially for the vulnerable girls.”

Looking at this scenario, it also supports the view that children from child-headed families were vulnerable to poor SRH during the Covid-19 pandemic. The pandemic led to poor health conditions for the girl-child since they had to resort to unspecified alternatives during their monthly periods.

4.3.1.4 Difficulties in accessing education

Children from the child-headed families were also subjected to challenges in accessing education which turned out to be virtual during the Covid-19 pandemic. The children from Child-headed families had limited access to technology-based devices like cell phones, computers and the internet which were part of the new normal imposed by the pandemic. One of the children indicated that;

“During the lockdown and even now, mamwe malessons akuitwa online, imwe homework itotumirwa pawatsapp nateacher. Kana usina phone, kudzidza kunogona kukunetsa mazuvano. Ukashaya friend inokuudzawo zviri kuitika unozongonzwa

vamwe vachitokuudza kuti takapedza topic yakati...” (Some of the lessons are now being conducted online, the teacher sends some homework via whatsapp. If you do not own a phone these days, learning can be difficult. Without a friend to alert you on what is happening, you may be shocked one day being told that others are already through with certain topics)

This portrays a clear message that the vulnerable children from child-headed families got into challenges when it comes to accessing education during covid-19 pandemic. A participant from an FGD also raised a concern that;

“Surely the society needs to look into the welfare of the children from Child-headed families. Mazuvano kune maCala and schools expect learners kuti vaite research vega using the internet, during the pandemic, vana ivavo Havana kwananokwanisa kunokumbira kuti vashandise internet zvinozokanganisa kudzidza kwavo. We cannot treat them in a similar way to the children being headed by adults.” (These days schools have continuous assessment learning approach (CALA) and learners are expected to do own researches using the internet. During the pandemic, the kids cannot go anywhere to seek help in doing their researches).

One of the social workers also explained a similar ordeal on poor or challenges in accessing education by the children coming from child-headed families. She reported;

“Children from child-headed families have got into a lot of challenges deterring them from smoothly accessing education. The challenges start from the ability to pay fees, having facilities for online learning, having enough resources like uniforms to build their confidence in schools and other facilities. Of course, the Covid-19 pandemic worsened their plights in accessing education...”

Looking at these findings, it can be clearly understood that the pandemic has had imposed some challenges on the children from child-headed families, particularly when it comes to accessing education and related facilities.

4.3.1.5 Child labour

The study also noted that children got into child labour due to the pandemic. To support their welfare, children had to offer services to some local families through cleaning, doing laundry and working in fields among other forms of child labour. One of the boys reported that;

“Panguva yekurima, takamboita time yataipiwa mabasa ekusakura muminda yevanhu vanorima around town. Dzimwe nguva taingonopiwawo zvimabasa zvekucheka huswa kana miti kumayard...” (During the farming season, we could get piece jobs to cultivate in surrounding fields. At times we could be given small menial tasks of cutting grass or trees in the low density suburbs).

Despite the drive to go and work for adults, the study considered this to be a form of child labour which is an issue against the welfare of children under the age of 18 years. While the pandemic came as a challenge to all people, it increased the participation of children in child labour, primarily looking at children from child-headed families who were also involved in this practice. Another female child participant also indicated;

“During the lockdown, we could go and clean people’s houses so that we earn our living. After working, we could get \$5-00 or more depending on the type of tasks given.”

One of the adults also indicated that;

“People in the surrounding could take advantage of the hardships and hire children for labour in their fields. This was possible because the children were also not going to school due to lockdowns...”

This shows that children were exposed to child labour during the pandemic including the children coming from those families being headed by children under the age of 18 years.

4.3.2 Economic challenges

4.3.2.1 Low household income

While the incomes for children from such vulnerable conditions have already been limited, the study found out that Covid-19 also imposed challenges on their access to income. Participants confirmed that Covid-19 led to reduced income in the households led by children. One of the participants alluded that;

“Covid-19 yakaunza maproblems akawanda kwatiri, hurombo hwakabva hwawedzera. Kuwana dollar chairo kwainetsa during Covid-19.” (The pandemic brought numerous challenges to us, poverty was multiplied. Even getting a dollar was hard during Covid-19 era).

This points to the indication that Covid-19 pandemic did not only bring social challenges but also threatened the household income sources for the child-headed families. In a discussion, another participant also emphasized;

“Covid-19 yakaunza nhamo pamusoro peimwe, vana vanogara voga vakaiswa panguva yakaoma kwazvo munguva iyi. Kana vanhu vakuru vainetseka nekuwana mari, ndezvipi zvingatarisirwa kuvana vadiki ivava.” (Covid-19 multiplied poverty, child-headed families were pushed into hard times. If adults were struggling financially, what is expected from the minors like these?)”

From this, it is notable that the pandemic had an adverse impact on the household economics of the children in child-headed families in Chipadze community. One would suffice to say that the pandemic worsened the income challenges of children who are not under the care of adults. The pandemic reduced the financial/ income capacity of the children in child-headed families.

4.4 Survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura

The study’s main focus was on understanding the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during the Covid-19 pandemic. To address this objective, study inquired into the survival mechanisms, effectiveness of the mechanisms and challenges encountered in employing the mechanisms.

4.4.1 Vending

From the study, it was realized that some of the children from adolescent-headed families learnt vending skills during the Covid-19 pandemic period. In an in-depth interview with one of the children, it was quoted;

“Inini ndakazotanga kutengesa madomasi kuti ndiwanewo mari yekushandisa during Covid-19. After seeing kuti hakuna vanhu vanokwanisa kutipa help nekuoma kwaita zvinhu, ndakadzidzawo kuzvishandira nemaoko angu...” (I started selling tomatoes during the pandemic to get income for household use. I learnt how to use my own hands after seeing that no one could help us in that difficult time (Covid-19 period).

This indicates that the idea of selling tomatoes was induced by the socio-economic hardships triggered by the pandemic. The pandemic drove children to participate in economic activities

which are normally conducted by adults. A different participant also mentioned a similar survival strategy;

“The only way we could use to survive kutengesa tengesa. Ukahodha aitime yako shoma shoma unokwanisa kuwana dollar. Unofanira kudzidza kurarama wega during time yakaita kunge iyi.” (Vending is the only way we could use to survive. If you purchase a few airtime recharge cards and resell, you can get a dollar. You should learn to earn an independent life during a time like this).

Learning from this understanding, it is proven that children went into vending to counter the challenges that were induced to them by the Covid-19 pandemic. Notwithstanding the fact that this is a burden to a child, they saw it as a necessary measure against Covid-19 induced impacts.

4.4.2 Playing indoor games

To counter stress-related challenges there is one from child-headed families who indicated that they could play indoor games when they found themselves bored by staying at home. The story of this child was interesting in that he could still meet up with his friends in the neighbourhood even during the strict lockdown days. The child reported that;

“Staying at home all day was boring. Kuti zvisanyanyobhowa tainotambawo tumagames tiri pamba kunge maplaying cards, puzzles netumwewo twakangodaro daro. (To deal with boredom, we played those little games like playing cards and puzzles among other indoor games).

When looking at this, it can be evaluated that playing games was a therapy to the children which helped them to deal with psychological challenges which included sadness. The study also noted that this was used to relieve them of stressing effects of Covid-19.

4.4.3 Going to church

When churches were opened, children also testified that going and participating in church helped them to deal with numerous psychosocial challenges instigated by the pandemic. One of the children underscored;

“...ukatomboenda kuchurch unonzwa kuti moyo wako wasimudzirwa. Kuchurch kwedu tinodzidziswa zvakawanda, zvekare pakavhurwa machurch, takatangawo kuwana

vanhu vakuru vekuudza maproblems edu vasingatisarudzi...” (After you go to church, you feel that your heart is awakened. At our local church we learn numerous things. Again, when churches were reopened during Covid-19 restrictions, we started to get some adults to share our problems without being discriminated).

It can therefore, be argued that churches were important in the adjustment of children to the challenges brought by the Covid-19 pandemic. A different child also highlighted;

“Kuenda kuchurch kwakandibatsira kuti ndisafunge kuita zvemisikanzwa in the process yekudealer nemaCovid-19 challenges. Ukaenda kuchurch unoparidzirwa, unohealer from stress and unowanawo vanhu vanokubatsira pano neapo.”(Going to church helped me to avoid doing all sorts of bad things during the process of dealing with the effects of the pandemic. If you go to church, you learn from the preaching, you heal from stress and at times you get some people to help you).

Viewing this from survivor’s perspective, churches were like healing centers for the children from child-headed families. For the children, a church became a place where they could heal from their stressors. Therefore, going to church was a survival strategy to them.

4.4.4 Getting assistance from community members

Although children showed that getting assistance from community members was not as easy as before the pandemic, in this section, children also highlighted that the assistance they sought from the community remained part of their survival strategies. One of the participants noted;

“We should be grateful to the people around us for assisting us in many things. Pakatanga chikoro maonline lessons, taingobatsirwawo nevamwe vana vemumaraini medu vane maphone. Tinongotsvaga tese maAnswer then tozonyora mumahomework book. Kana paine zvatumirwa from school tongoshare nevatinodzidza navo...” (When school resumed through online lessons, we were helped by other learners from our community with phones. We search for answers together then inscribe in our homework books. If there is anything sent from school, we just share with our mates).

What it means is that the children from these vulnerable families regarded their fellow friends as part of their community. These young community members also provided a hand to their fellow members from child-headed families. When this occurred, the children from child-headed families saw it as a strategy to survive. One of the adults recapped that;

“Vana ava ndevedu tese, kana vangouyawo vachida rubatsiro tinovabatsira nepatinokwanisawo napo.” (These children belong to the community, when they come seeking for our hand, we help them to the best of our abilities).

This means that the community acknowledges its role in supporting the children from adolescent-headed families whenever they seek assistance. From that, the study justified this as a survival mechanism that could be used by children in Chipadze community during the Covid-19 pandemic.

4.5 The role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

Findings from this study showed that there was not much activity of the state and non-state actors in Chipadze to directly focus on child-headed families except the approaches employed by the government and NGOs to benefit community members. To the children, there was no separation of them from the rest of the community when it comes to the relief measures against the pandemic effects. In an interview, one of the children indicated;

“Pane zvandinorangarirawo inini, hakuna chironywa chakambouya kunoku chakanangana nemachild-headed families’ kubva kugovernment or any organization. Pane pakambouya hupfu but zvanga zvirizvemunhu wese, nepamwe patainzwawo kuti hurumende yakadzikisa mitengo yemabasics anosanganisira hupfu. Kuti ndingati pane patakambodaidzwa sevana vanogara vega ndinganyepa, pamwe zvakatijambawo hazvo.” (From what I can remember, there is no programme that came from either the state or non-state actors directly targeting CHFs in this community. There was a time when the government brought mealie-meal but it was a programme for everyone. There is also a time we heard that the state subsidized all basic foodstuffs. I will be lying if I say that there was a programme that came targeting CHFs unless we were left out).

This indicates that there was no clearly stated role of the state and non-state actors in assisting the children from CHFs from the knowledge and understanding of the children themselves. To complement the indication of the quoted participant, another child also highlighted;

“Isusu support yedu hombe tinoiwana kucommunity yedu, zveadonors hatina zvatati tambonyatsowana.” (Our biggest support comes from our community, we have not heard much about the donors).

To confirm this, the study also went on to inquire from the social workers if there is any form of support that targets children from CHF. One of the social workers also showed that there was no such program directly targeting these children except the programs meant for Orphans and Vulnerable Children (OVC).

“I cannot say there is support directly meant for children from CHF in this community but they are mostly covered in the OVCs frameworks”

This means that the children from this vulnerable group are usually put under the umbrella of OVCs. Now it was difficult to ascertain whether all the children could acknowledge the functioning of the state and non-state actors to them under the bracket of OVCs or not. Henceforth, the study concluded that both the state and non-state actors were dormant in offering direct support to children from CHF during the Covid-19 pandemic in Chipadze community.

4.6 Discussion of findings

The study was based on three specific objectives which were meant to address the main aim of examining the survival strategies adapted by child-headed families during the Covid-19 pandemic in Chipadze community. These objectives included; examining the challenges imposed by Covid-19 pandemic on child-headed families; examining the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic and evaluating the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze.

On the first objective, the study found out that the pandemic imposed numerous challenges on children coming from Child-headed families. These challenges included emotional distress, child labour, difficulties in accessing education, discrimination and reduced household income. This entails that the pandemic worsened these challenges which were already in existence for the children coming from child-headed families. When assessing this from the Maslow’s hierarchy of needs it can be justified that the Covid-19 pandemic challenged the different levels of needs for the children living in CHF. These levels are the physiological needs, security needs, and love and belonging needs, esteem needs and the need of self-actualization. According to Mullins (2007), these stages are supposed to be met if one is to fulfil his/her basic needs.

The case is different when looking at the welfare of children from CHF in Chipadze community during the Covid-19 period. Meeting their basic human desires was hampered by emotional distress, discrimination, exploitation through child labour as well as reduced household income. A study by Kurebwa & Gatsi (2014) before the pandemic also discovered that CHF in Bindura face a lot of challenges. The challenges encompassed role adjustment, emotional and social distress, and sexual exploitation, lack of education and schooling and lack of adult care and support. If these challenges existed before a threat of such a magnitude, it can be affirmed that children from these households suffered a double blow from the pandemic as compared to families headed by adults.

The findings also concurs with the indications by Alliance for Child Protection in Humanitarian Action (ACPHA) that children and families with pre-existing vulnerabilities are probably the most extremely affected by social and environmental changes resulting from public health responses to the COVID-19 pandemic (ACPHA, 2020). Among the risks is physical and emotional maltreatment, gender-based violence, mental stress, child labour, social exclusion, and others. World Vision (2020) also reiterated that the pandemic makes life for child-headed households even harder.

On the second objective that looked into the survival mechanisms employed by children from child-headed families in Chipadze, it was evaluated that children adapted through vending, playing indoor games, going to church and getting assistance from community members. In this regard, the study found out a positive adaptation stride taken by children in responding to the pandemic-induced challenges. This is opposed to the basic assumption that since Chipadze is a high-density old suburb characterised by various social ills like drug abuse and involvement in sexual activities, children would adapt using these deviant behaviours. The frequent mentioning of ‘church’ and ‘community’ can provide a basic explanation on why these children employed positive strategies. Using the Ecological Systems Model, the ‘church’ and ‘community’ served as the microsystem of the children, hence, instilling positive adaptation behaviour to the children.

According to Musiyiwa and Muzembe (2011), there are various ways that the microsystem, mesosystem, exosystem, macrosystem, and chronosystem influence a child's development. The theory placed a lot of emphasis on how the environment and the developing individual (the child) could coexist. This means that despite the difficulties the pandemic has caused for

children with CHF, their social environment may still act as a safety net to prevent them from negatively adapting to the pandemic's effects.

Although few studies have been published so far on the survival strategies by children from CHF during the pandemic, this study findings can be compared to a study conducted by Karuga *et al.*, (2022) in Kenya, which found out that in the face of difficulties, CHF can depend on aid like cash transfers from donors and well-wishers while some rush to the extend family for support. In the case of this study, the well-wishers were the community members and the members from the churches which were frequently mentioned by the study participants.

Looking at the third objective, the study failed to affirm whether the state or non-state actors played any significant roles in helping children from child-headed families in dealing with the challenges imposed on them by the Covid-19 pandemic in Chipadze community. Despite the understanding that these children belong to the state through the Social welfare department, the participants did not show acknowledgement of the role played by the state. Nevertheless, the study could have been limited by failing to cognise the children coming from CHF as part of the OVCs which is said to cover this special group.

4.7 Chapter conclusion

The presentation and analysis of the research findings were the main topics of this chapter, which was also supported by a discussion based on previously read literature and theoretical models. In this way, the chapter evaluated the three distinct study objectives, but it did so after outlining the participants' personal histories. The summary, conclusion, and recommendations based on the study's findings will be covered in the following chapter.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section of the study is the final chapter, and it is built on the research objectives and the previous chapter. The previous chapter gave the research findings and a discussion based on each objective. This chapter includes a summary of significant findings, a conclusion, and results-based suggestions on the Covid-19 pandemic strategies for survival used by child-headed families.

5.1 Summary of key findings

The study's background, literature review, methodology, data presentation, analysis, and discussion were all covered in the earlier chapters. The main aim of the research was to investigate the challenges imposed by Covid-19 pandemic on child-headed families. The study revolved around three objectives that are to examine challenges imposed by the Covid-19 pandemic on child headed families in Chipadze, Bindura, to investigate the survival strategies adopted by these child headed families to deal with socio-economic challenges during the pandemic era and also to evaluate the role of state and non-state actors in alleviating the challenges faced by these families. The ecological systems theory and the Maslow's model of the pyramid of needs served as the study's overarching foundation. Both qualitative and quantitative research techniques were used in this study. In addition to questionnaires that collected quantitative data, semi-structured interviews, observation and a focus group discussion were employed to gather qualitative data. Ten children were selected from child headed families and key informants (social workers) were selected using purposive selection.

5.1.1 Challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura

The study established two significant themes linked to the problems imposed by the pandemic on child-headed families using a triangulated analysis of qualitative data from in-depth interviews, key informant interviews, and focus group discussions. Psychosocial and economic issues were found to be more prevalent among child-headed families in the study community. Children from child-headed families were subjected to emotional distress, discrimination in

which they were not fully accepted by other community members, poor menstrual hygiene for girl children from child-headed families, difficulties in accessing education, and child labor. Aside from this, low household income was discovered to be the most significant economic obstacle faced by children from child-headed families throughout the epidemic.

5.1.2 Survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura

Whereas, the study found it important to first understand the challenges imposed by the pandemic on child-headed families, its main focal objectives was to understand the survival mechanisms of children from child-headed families, particularly during the Covid-19 pandemic. Children from child-headed families resorted to vending as a survival strategy during the pandemic, playing indoor games was also essential for other children to heal from their psychological stresses. Assistance obtained from community members and going to church were also important features of the social capital which employed by children against the new living conditions brought about by Covid-19. For children, going to church was very important in dealing with their challenges.

5.1.3 The role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

Another aspect which was considered important in addressing the challenges imposed by the pandemic on children was the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze. After a critical analysis of the participation of these stakeholders, the study identified that both state and non-state actors failed to effectively assist children in coping with the new conditions caused by Covid-19. Children believed that they were all alone and their societal members with less influence of the government and NGOs in dealing with their challenges.

5.2 Conclusion

Learning from the study findings, it can be concluded that during pandemics like Covid-19, children from child-headed families go through various challenges which can be put together into psychological, social and economic challenges. When measures are being made to curb the spread of epidemics, vulnerability of children from child-headed families to stress, educational challenges, poor menstrual hygiene for girls and low income levels also increase.

A conclusion is also made that, the churches and community members are really essential as cushions for children from child-headed families during difficult times. Children from child-headed families can also be assisted by engaging into diminutive income making projects like vending. Apart from that, the study findings also led to an inference that both state and non-state actors still have a lot to do in assisting children living in child-headed families when difficult time come.

5.3 Recommendations

Inferences drawn from the study led to recommendations that;

- Churches and communities should continue making efforts in identifying and assisting children coming from child-headed families. Discoveries from this study show that these groups are immediately found closer to the children in societies where they are coming from, hence, they can be in a good position to offer first help if they are encouraged to do likewise.
- There should be clear and binding policies in communities towards helping the vulnerable children in various communities. Societies should be brought to a harmonized order when it comes to identifying, treating and helping children from child-headed families among other vulnerable groups.
- The government arms working with vulnerable populations should increase their visibility in communities. Relevant authorities should be well-empowered to be fully capacitated towards address the needs of vulnerable children.
- The government and civil society organizations should also maximize awareness campaigns to notify the importance of children rights in the community. Social workers should take a step further by supporting that it is the responsibility of the community to meet the needs of the children from child-headed families.

5.4 Chapter summary

This chapter demonstrated the key findings on the research, the conclusion and recommendations. These aspects were the final issues to be discussed in this document and they serve to evaluate the extent to which the objectives were met. From the presentation, it is beyond reasonable doubt that this study managed to cover all its objectives and the information presented were only that which precisely responded to the research questions.

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APPENDICES

APPENDIX ONE: IN-DEPTH INTERVIEW GUIDE FOR CHILDREN FROM CHILD-HEADED FAMILIES

Introduction

I am *Claire Tatenda Mhishi*, a student at Bindura University of Science Education (BUSE) in the department of Social Work. I am currently doing a study on: *survival strategies adapted by child-headed families during the covid-19 pandemic. A case study of Chipadze in Bindura town*, as a fulfilment of the Bachelor of Science Honours Degree in Social Work.

You are friendly being invited to take part towards the proceeding of this interview. Please note that the findings will be strictly used for academic and research purposes. Confidentiality and privacy is certain. Your participation and co-operation will be greatly appreciated. The interview will be divided in four sections, the first section seeking general background information and the other three sections speaking to the aim and objectives of the study.

Personal information (The right to confidentiality must be observed)

1. What is your age?
2. Are you the child-header in your family? If not what is the age of the header in your family?
3. What is your level of education?
4. What do you understand by Covid-19 in general?

Challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura

1. What are the major socio-economic challenges your family faced since the start of the Covid-19 pandemic?
2. Can you explain in brief, how the community treated you during the Covid-19 pandemic?
3. Did other kids in your area freely played with you during the pandemic?
4. What could be the effect of the pandemic on your household food security?
5. Did you have any days you failed to feed yourselves during the pandemic?
6. Can you further explain the ordeal?
7. How do you relate the Covid-19 to financial challenges in your household?
8. Any other socio-economic encounters associated to the pandemic?

Survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura

1. What are the survival mechanisms you employed to counter socio-economic challenges during the Covid-19 pandemic?
2. How effective were the survival strategies put in place?
3. Did you encounter any challenges in employing the mentioned strategies?
4. What were the challenges?
5. How did you deal with the challenges mentioned?

The role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

1. Did you receive any assistance from individuals and private organizations?
2. If you have received help, explain the kind of assistance you got from individuals and private organizations
3. What role did the government play to assist you during the Covid-19 pandemic?
4. Are there any non-governmental organizations which helped you to deal with the challenges you faced during the Covid-19 pandemic?
5. What sort of support you got from them?
6. Can you make a comment on the effectiveness of the assistance you got from each of the state and non-state actors during the Covid-19 pandemic?
7. Do you have anything to add to what I have asked you?

[End of interview]

APPENDIX TWO: KEY INFORMANT INTERVIEW GUIDE FOR ADULTS IN CHIPADZE COMMUNITY

Introduction

I am *Claire Tatenda Mhishi*, a student at Bindura University of Science Education (BUSE) in the department of Social Work. I am currently doing a study on: *survival strategies adapted by child-headed families during the covid-19 pandemic. A case study of Chipadze in Bindura town*, as a fulfilment of the Bachelor of Science Honours Degree in Social Work.

You are being invited to take part towards the proceeding of this interview. Please note that the findings will be strictly used for academic and research purposes. Confidentiality and privacy is certain. Your participation and co-operation will be greatly appreciated.

Personal information (The right to confidentiality must be observed)

1. What is your age?
2. How long have you been staying in Chipadze?
3. What is your level of education?
4. What do you understand by Covid-19 in general?
5. Can you identify any child-headed families that were in your area during the Covid-19 Pandemic

Challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura

1. As an adult staying in Chipadze, what socio-economic challenges did you observe on child-headed families during the Covid-19 pandemic?
2. How did the community treat children from the child-headed families during the hardships induced by the Covid-19 pandemic?
3. What do you have to say on the psychosocial challenges experienced by children from child-headed families during the pandemic?
4. What were the financial challenges faced by children from child-headed families?

Survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura

1. What are the survival mechanisms that were employed by children from child-headed families to counter socio-economic challenges during the Covid-19 pandemic?
2. How effective were the survival strategies put in place?

3. Were there any challenges faced by children in implementing these strategies?

The role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

1. What role did the government play to assist children during the Covid-19 pandemic?
2. Are there any non-governmental organizations which helped children from child headed families to deal with the challenges you faced during the Covid-19 pandemic?
3. What sort of support did they get from them?
4. Who else helped children from child headed families and how?
5. Can you make a comment on the effectiveness of the assistance they got from each of the state and non-state actors during the Covid-19 pandemic

[End of interview]

APPENDIX THREE: FOCUS GROUP DISCUSSION GUIDE

Introduction

I am *Claire Tatenda Mhishi*, a student at Bindura University of Science Education (BUSE) in the department of Social Work. I am currently doing a study on: *survival strategies adapted by child-headed families during the covid-19 pandemic. A case study of Chipadze in Bindura town*, as a fulfilment of the Bachelor of Science Honours Degree in Social Work.

You are being invited to take part towards the proceeding of this discussion. Please note that the findings will be strictly used for academic and research purposes. Confidentiality and privacy is certain. Your participation and co-operation will be greatly appreciated.

OBJECTIVES OF THE DISCUSSION

- i. To examine the challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura
- ii. To examine the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura
- iii. To evaluate the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze

[Please note that the discussion will be moderated by the researcher]

1. What is your understanding of the covid-19 pandemic?
2. What are the challenges imposed by Covid-19 pandemic on child-headed families in Chipadze Bindura?
3. Can you explain the survival mechanisms adopted by child-headed families to deal with socio-economic challenges during Covid-19 pandemic in Chipadze Bindura?
4. How effective are the mechanisms employed?
5. What is the role of state and non-state actors in alleviating challenges faced by child-headed families during the Covid-19 pandemic in Chipadze?
6. Any other key issues to be discussed?

APPENDIX FOUR: CONSENT FORM

Dear participant

I am *Claire Tatenda Mhishi*, a student at Bindura University of Science Education (BUSE) in the department of Social Work. I am currently doing a study on: *survival strategies adapted by child-headed families during the covid-19 pandemic. A case study of Chipadze in Bindura town*, as a fulfilment of the Bachelor of Science Honours Degree in Social Work.

You are being invited to take part towards the proceeding of this research. Please note that the findings will be strictly used for academic and research purposes. Confidentiality and privacy is certain. Your participation and co-operation will be greatly appreciate.

I am kindly seeking for your consent to be involved in this research. If you are willing to partake and contribute to and in the study, you can kindly fill your details in the space below

Participants' signature.....

Researcher signature.....

Date.....

With thanks

Claire Tatenda Mhishi

APPENDIX FIVE: BINDURA MUNICIPALITY APPROVAL LETTER



MUNICIPALITY OF BINDURA

All Communications To
Be Addressed To The
TOWN CLERK
P O Box 15,
BINDURA
ZIMBABWE

565 Thurlows Avenue
Bindura, Zimbabwe
Phone: 7513/7518/7361

Our ref: S4/0195
Your ref:

29 May 2023

Claire T. Mhishi
Bindura University of Science Education
P.O. Box 1020
Bindura

RE: PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH PROJECT

We acknowledge receipt of your letter on the above dated 24 May 2023.

Please be advised that you have been granted permission to carry out your research as requested. The permission is granted on the condition that you should share the results of your research with Council in order for Council to learn from your findings. Additionally, permission is granted on the condition that the research findings will be used for academic and no other purposes.

Should you require any more information in connection with this issue please see the undersigned.

Yours Faithfully

.....
D.A. Masawi
Acting Chamber Secretary
For Town Clerk

MUNICIPALITY OF BINDURA
CHAMBER SECRETARY

29 MAY 2023

P.O. BOX 15, BINDURA
TEL: 0653 7513 / 7518 / 7361
SIGNATURE

APPENDIX SIX: TURN-IT-IN REPORT



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Assignment Inbox: Social Work						
Assignment Title	Info	Dates		Similarity	Actions	
Social Work Part 4		Start	22-Mar-2023 12:30PM	13% 	Resubmit	View
		Due	30-Jul-2023 11:59PM			
		Post	30-Jun-2023 12:00AM			