

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

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**TOPIC**

**SURVIVAL STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLD IN THE  
FACE OF COVID 19. A CASE OF MT HAMPDEN.**

**BY**

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SOCIAL WORK**

**APPROVAL FORM**

I certify that I have supervised **CHARLENE TSITSI MAWUNGA B1954100** for this research titled: *Survival Strategies Employed by Child Headed Households in the face of COVID 19. A Case of Mt. Hampden*, in partial fulfilment of the requirement for the Bachelor of Social Work Honours Degree at Bindura University of Science Education.

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The Departmental Board of Examiners is satisfied that this dissertation report meets the examination requirements of the Bachelor of Science Honors Degree in Social Work and I therefore recommend to the Bindura University to accept a research project by **Charlene Tsitsi Mawunga B1954100** titled, *Survival Strategies Employed by Child Headed Households in the face of COVID 19. A Case of Mt. Hampden* in partial fulfillment of the requirements for the Bachelor of Science Honors Degree in Social Work.

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## **DEDICATION**

I dedicate my work to my parents Mr Bernard Mawunga and Mrs Portia Mawunga and my grandmother Mrs Rubbie Mawunga.

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My sincere gratitude goes to Dr V.P Mangwiro, my supervisor for her patience, guidance and support throughout the research. I would like to thank my parents Mr Bernard Mawunga and Mrs Portia Mawunga believing in me and financing my studies. My deepest gratitude also goes to, my friend Chipo Chuma and my sister Memory Mawunga and the rest of the Mawunga family for the encouragement and support throughout this journey. Above all I would like to thank the Lord for taking me this far.

## **ABSTRACT**

*The study on the Survival Strategies Employed by Child Headed Households in the face of COVID 19 had the following objectives: to identify the survival strategies employed by Child Headed Household; to explore the effectiveness of the survival strategies; and to identify ways to improve the coping strategies. The study triangulated qualitative research designs making use of focus groups, in-depth interviews and key informant interviews as data collection methods. The study found that Child Headed Households employed their own ways of survival during COVID 19 which include early marriages, prostitution, dropping out of school and getting assistance from the Government of Zimbabwe and Non-Governmental Organisations. These survival strategies proved to be both effective and ineffective, with early marriages and prostitution being ineffective because they infringed the rights of the girl child. Dropping out of school proved to be effective because it made these children perform all kind of tasks without limitations of going back to school. The government of Zimbabwe should enforce laws that protect the girl child, allow free legal representation to the children when involved in property wrangles. The study came to conclusion that the CHH are forced by the situations to portray certain behaviours which can be harmful to themselves and the community hence the community and the government of Zimbabwe should make sure these children are well protected and get the assistance they need.*

## **LIST OF ACRONYMS**

<b>CHH:</b>	Child Headed Households
<b>HIV:</b>	Human Immuno Deficiency Virus
<b>AIDS:</b>	Acquired Immuno Deficiency Syndrome
<b>NAPOVC:</b>	National Action Plan for Orphans and Vulnerable Children
<b>WHO:</b>	World Health Organisation
<b>COVID 19:</b>	Corona Virus Disease of 2019
<b>FPL:</b>	Food Poverty Line
<b>BNA:</b>	Basic Needs Approach
<b>UNAIDS:</b>	Joint United Nations Programme on HIV/ AIDS
<b>UNICEF:</b>	United Nations International Children Emergency Fund
<b>BEAM:</b>	Basic Education Assistance Module

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## **CHAPTER 1: INTRODUCTION**

### **1.0. INTRODUCTION AND BACKGROUND OF THE STUDY**

An estimated 38.4 million people globally had HIV as of the end of 2021. Although the severity of the pandemic still exists to differ greatly between nations, 650 000 people died from HIV-related illness globally in 2021 (WHO, 2021). As of 2021, 14.9 million children under the age of 18 suffered the loss of one or both parents to HIV/AIDS-related issues. Many more people have been impacted by the pandemic due to a greater risk of poverty, homelessness, dropout from school, prejudice, and opportunity loss (UNAIDS, 2022). Children and adolescents in Germany had poor quality of life, more challenges in mental health, and higher levels of anxiety than they had before the pandemic (24% vs. 14,9%), (Ravens-Sieberer et al, 2021).The majorities of orphans are put in orphanages and foster homes. Because siblings are divided based on gender, age, and disability, belonging to a family and community are further eroded. These Child Headed Households are youngsters who flee foster care homes. (Opening Doors for Europe's Children, 2020)

Sub-Saharan Africa continues to be the area most severely impacted by the pandemic. Because mothers are misinformed, 40% of the 675 persons of all ages living with HIV are also HIV-positive at birth (Thwala, 2018), since 2019, children have become orphaned due to severe changes brought on by HIV/AIDS and COVID 19. Strong support networks that see all children not as orphans and view it as their responsibility to care for them are widely known characteristics of African societies, communities and villages. Additionally, research executed at the outbreak of the pandemic or throughout the lockdown found that lack of space, social isolation, and loneliness all had an enormous effect on people's mental health and quality of life, particularly for children and adolescents. (Loades et al 2020). Thwala, (2018), notes that in Swaziland Child Headed Household had a lot of survival techniques and this made them

resilient and able cope up. She adds on to say in terms of food , the CHH eat at school through the school feeding programs and during holidays they do domestic labor for neighbors and people, they also get food from donors such as Red Cross or well-wishers. In terms of clothes and cosmetics especially for girls, they also get donations. Additionally, research executed at the outbreak of the pandemic or throughout the lockdown found that lack of space, social isolation, and loneliness all had an enormous effect on people's mental health and quality of life, particularly for children and adolescents. work for neighbors and well-wishers who give them money. There are also donors who pay for their fees only and leave out the tuition fee and other expenses which can result in having their exam results withheld until they pay the certain amount or present their cases to the authorities which makes them expose their vulnerability and end up dropping out of school. The children face problems such as increased household poverty, poorer nutrition, fewer educational opportunities, a lack of attention given to orphans' illnesses, the separation of orphans from other children at meals, forced early marriages, loss of inheritance and property, abandonment, lack of love and attention, grieving for lost parents, and defilement by guardians are just a few of the issues that the children face, which force orphans to choose between staying with their guardians or leaving them ( Chizororo, 2006).

In Zimbabwe Child Headed Households increased due to high cases of COVID19 which led to the death of either one or both parents leaving the children as single or double orphans respectively and they are expected to do the responsibilities of adults more so than ever before (UNICEF, 2001).The corona virus took a drastic toll on the world community and has increasingly worsened the livelihoods of child headed households due to induced lockdown measures that has affected the informal sector making vending impossible as movement was prohibited as it was also helping the CHH earn a living. Numerous social and economic activities such as food for work programs were put on hold and thus further disadvantaged

them of their sources of livelihood making them experience problems of shelter, food, poverty and sexual exploitation. The Food Poverty Line (FPL) for one person in March 2021 was \$4,033.00, according to (Zimbabwe National Statistics Agency, Bulletin, 2021). The Total Consumption Poverty Line for one person was \$5; unfortunately for these children, many households with children as the head of household cannot afford this amount. A child whose parents are both deceased or untraceable and who has no legal guardian is deemed to be a child in need and as such should get assistance and be effectively safeguarded, according to the Child Protection and Adoption Act Chapter 5:06. To assist and reach out to all the children in need, the Zimbabwean government has also put into effect the National Plan for Orphans and Vulnerable Children (OVCs). Therefore, it is required of the government to take care of all the children in need. Hence the government is mandated to look after all the children in need. The government of Zimbabwe has also implemented the National Plan for Orphans and Vulnerable Children to look after and assist all the children in need.

### **1.1. STATEMENT OF THE PROBLEM**

The Child Headed Households face challenges such as food security, less or no educational opportunities, poor access to health facilities, poor housing conditions, less skills and knowledge, no support from extended families and communities and no protection from abuse and exploitation. Due to COVID-19 pandemic these factors were worsened through lockdown restrictions as most child headed households rely on donations, food for work programs, vending and trading hence it led them to get involved into prostitution, sexual exploitation and abuse, stealing and selling of household properties in order to earn a living. Maushe and Magumbate(2015) insists that community assistance mechanisms tend to be ineffective and fail to adequately address the needs of child-headed households and vulnerable adolescents as most CHH depend on the community for survival . This research aims to bring out the coping strategies employed by Child Headed Households in the face of COVID 19.

## **1.2. RESEARCH AIMS AND OBJECTIVES**

The study seeks to explore the coping strategies employed by CHH on the COVID-19 face in the Mt. Hampden area.

- To identify the survival strategies employed by Child Headed households.
- To explore the effectiveness of the coping strategies employed by child headed households of Mt Hampden in enhancing their livelihoods during Covid 19.
- To identify ways to improve the coping strategies employed by Child Headed Household during Covid 19.

## **1.3. RESEARCH QUESTIONS**

- What influences the livelihoods vulnerability of child headed households in Mt Hampden?
- What are the coping mechanisms employed by CHH of Mt Hampden in enhancing their livelihoods in the face of COVID-19?
- What role does the government and Non- Governmental Organisations play in enhancing the livelihood of child headed households in Mt Hampden?

## **1.4. ASSUMPTIONS**

There are Child Headed Household in Mt Hampden. During COVID 19, some children had no families or guardians who provided basic needs for them. Child Headed Homes were prone to starvation and abuse during COVID 19.

## **1.5. SIGNIFICANCE OF THE STUDY**

The study is important to the Zimbabwean Government as it helps them to know problems that children who are not privileged to have families face. It allows the government to be involved in implementing programs or policies and projects to help the CHHs and also provides

measures that can be taken for better protection and guidance to CHHs and better solutions for post COVID-19. It also helps to look at mistakes and weaknesses on the implemented (NAPOVCs) to improve the lives of CHHs but these interventions have not been effective as in the blueprint. It can also help the government and various stakeholders to come up with feasible policies that guide child headed families. The research will be beneficial to the Non-Governmental Organisations as it highlights the areas that are limiting the service provision and the recommendation given will help them with ways and strategies, they can use to improve their programming and care.

#### **1.6. DEFINATION OF KEY TERMS**

- **COVID-19** – is an acute respiratory infection in humans that can cause severe symptoms and, in some cases, mortality, especially in elderly individuals and those with underlying medical disorders, according to the World Health Organisation (2020).
- **Child Headed Household:** is defined as a family Unit of which the oldest person residing in the household is under the age of eighteen. (Maushe et al, 2015).
- **Survival Strategies:** are defined as specific stress responses which include specific adaptive and maladaptive, biological, psychological and social constituents (Valent, 1995).

#### **1.7 CHAPTER OUTLINE**

The chapters' proposed order and outline are shown below.

##### **Chapter One: Background of the Study**

This chapter looks at the introduction and background of the research. It also has the problem statement, justification of the study and the objectives.

##### **Chapter Two: Literature Review**

Review of related literature on the coping strategies employed by Child Headed Households in the face of COVID 19.

### **Chapter Three: Research design and methodology**

The chapter comprises at the research methodology, sampling and data collection methods to be used in the research as well as data analysis.

### **Chapter Four: Data presentation analysis and discussions of findings**

The analysis, presentation and discussions of data findings are made in this chapter.

### **Chapter Five: recommendations, conclusions and recommendations**

Conclusions are drawn from findings and recommendations for future researchers, policy makers and the government.

## **1.8 CHAPTER SUMMARY**

This chapter's main focus was on the introduction of the research subject, explaining the reasons why the study has been undertaken and objectives that guided the research. The background to the study, the problem statement, justification and the main aim and objective of the research were d

## **CHAPTER2: LITERATURE REVIEW**

### **2.0. INTRODUCTION**

This chapter begins with explaining the theoretical framework in detail which is the Basic Needs Approach or Maslow Hierarchy of Needs and its relevance to the study. The chapter further explains on the survival strategies employed by Child Headed Household in the face of COVID 19 using the three objectives. These three objectives are: to identify the survival strategies employed by Child Headed Household; to explore the effectiveness of the coping

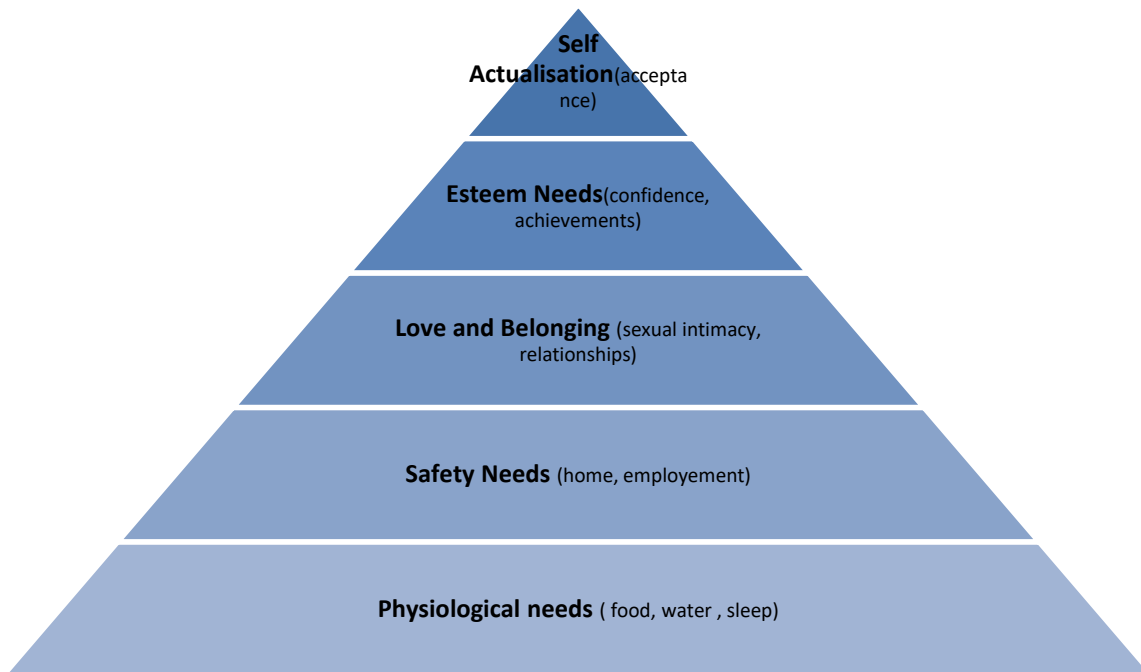


strategies employed by CHH in enhancing their livelihoods; and to identify ways to improve their coping strategies will be explained using the filter method which begins with explaining the global view followed by the regional and lastly the national.

## **2.1 THEORETICAL FRAMEWORK**

In this research, Basic Needs Approach (BNA) or the Maslow Hierarchy of needs will be used to explain the coping strategies used by the CHH to meet their needs and enhance their livelihoods. This approach was discovered by Abraham Maslow in his 1943 paper “A Theory of Motivation”, he stated that people are advocated to gain high-quality goals and that some goals take precedence over others. The Maslow hierarchy of needs emphasises the significance of satisfying a child's basic needs in order to avert negative long-term effects. These needs include those for physical development, emotional development, social development, cognitive development, language development, and aesthetic development. In a variety of social situations, the theory increases human desire to fulfil people's needs in an effort to improve their quality of life. The Basic Needs Approach centres on the investigation of how people's mind-sets are influenced by the use of human preference to satiate human wishes in various social groups. Physical survival is the most fundamental requirement and the driving force behind behaviour. These needs must be met before other needs hence people will try by all means to get these needs and failure to meet these needs can lead to stagnation or feeling unmotivated hence there is the notion of resilience and how it can be nurtured in children affected by HIV/AIDS (Mallman, 2002). To give a clear understanding of the needs, Maslow invented the pyramid named Hierarchy of needs which explains the needs in stages. The stages are Physiological needs (food, water and sleep), Safety needs (home, health, employment), Love and Belonging (friendship, sexual intimacy), Esteem needs (confidence, achievement) and Self actualisation (lack of prejudice, acceptance).

### **MASLOW HIERARCHY OF NEEDS**



### **2.1.1. RELEVANCE TO THE STUDY**

The Maslow Hierarchy of Needs is relevant to the study because it insists that positive human condition rests on being healthy in body and mind hence the children's basic needs should be met before they are expected to reach their full potential. The framework helps to explain why Child Headed Households portray certain behaviours and attitudes, this is so because they have parental responsibilities and are trying to find ways to earn a living for him/ her and the younger siblings. These CHH face a lot of challenges such as poverty, hunger, abuse, inadequate housing, unemployment, dropping out of school, isolation, separation from siblings which forces them to grow and skip some of the stages of child development because they want to provide basic needs for themselves and siblings. The theory helps to explain the needs of the children and identifies the gaps and solutions on how the children can be assisted to meet their basic needs. He insists that if one of the needs are met, there is room for one to go to the next level hence these CHH are not aware of the other stages and all they want to is meet the

physiological needs just to survive for that moment and not consider the other stages. Before COVID 19, the CHH had to survive on part time jobs so as to get money to buy food and clothing but during COVID 19 these CHH were not allowed to do these part time jobs because of restricted movements hence they resulted in doing anything like prostitution for girls and stealing for boys as a way of survival only to satisfy their physiological needs.

### **PHYSIOLOGICAL NEEDS**

They are the essential requirements for human survival, and they include food, drink, shelter, oxygen, and sleep. Humans will make efforts to obtain these basic requirements if they are not supplied and they will not give consideration to the upper levels of the hierarchy. This is the very first stage and everyone has to get these needs and hence Child Headed Households will do anything to feed, clothes and shelter themselves. These physiological needs are very important because they give life hence new survival techniques have to be learnt so as to get the basic needs. In the face of COVID 19 the CHH were forced to find other coping strategies to meet their needs which made them more vulnerable and leading them into deviant behaviours like stealing and prostitution and became vulnerable because they wanted to survive (Donahue, Seeley, 1993, Yamanao et al, 2002).

### **SAFETY NEEDS**

When the basic needs are satisfied, the demand for safety which includes the need for safety and certainty in the world arises. After a child experiences the traumatic experience of losing a parent, it is the responsibility of the extended families and the community to provide to provide psychosocial support, security, love and care for the children after they face a traumatic experience of losing their parent. Maslow continues by stating that poor fulfilment of these requirements may account for some people's possessed behaviour and other delicate issues. When children become orphans, they must find ways to survive without a caregiver to keep

them safe from threats like abuse and kidnapping and other dangers, they find ways to protect themselves such as staying as a groups and also refusing to separate as siblings.

### **LOVE AND BELONGING**

After physiological and safety needs are met, one now needs to have a sense of love and belongingness. These needs cover both giving and receiving love since they include the need for an intimate relationship with another person as well as the need to belong to a certain group and feel recognised. People who experience a sense of love and belonging are better able to contribute appropriately to decision-making, thus the CHH will form their own groups where they will be accepted and not judged. They build bonds among one another, love one another as siblings (agape love), feel a sense of belonging and love, and defend one another from external threats.

### **ESTEEM NEEDS**

These requirements include both respect for oneself and respect for others. The feeling of being respected, educated, and independent is self-confidence. People who value and respect another person are said to have high self-esteem. When a person gets their fundamental necessities met, the question of worthiness becomes very important. If a person has the basic needs, the major concern about worthiness arises. The motivation behind the esteem needs is when the individual confirms to the society's standards and has a meaningful life. Esteem needs concentrate on matters like reputation, acceptance, self-esteem, social standing, self-respect and confidence henceforth these CHH have recognised that there is no one to provide these needs for them, their relatives will have chased them away or neglected them ,the head of these families will get the confidence to provide and look after the siblings.

### **SELF-ACTUALISATION NEEDS**

When these requirements are present, the person seeks to achieve his or her life's purpose through improving their abilities and skills to the fullest extent possible. People who pursue self-actualisation are more inclined to develop in a variety of social environments to better their living situations. At this stage is when one identifies his/ her own talent and uses the talent to improve their living conditions. This stage is when these CHH identifies that one can do basketry and they depend on that person for survival. This approach is relevant to the study because it helps to find out what strategies the CHH are employing in meeting these needs because these needs are very important in human life.

However, the CHH do not advance to the top of the pyramid because they do not have the resources and opportunities, their main aim is to satisfy their physiological needs and nothing else. They do not have the knowledge of how to get the top of the pyramid, their main goal is to survive for that day and the next day will take care of itself. They often neglect their health conditions so that they find something to eat; they even overwork and indulge in dangerous jobs so as to provide their siblings, most of them dropout schools so as to allow their younger siblings attend school

## **2.2 THE SURVIVAL STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLDS**

An unprecedented situation in recent history has been created by the Corona virus epidemic. Children have been most affected by the pandemic response measures, and they have experienced changes to their emotional health and way of living (Bignardi et al., 2021). According to certain researches done during the high peak of the pandemic or during the lockdown, loneliness, a lack of social connection, and space constraints had a significant impact on the mental health and quality of life of children and adolescents (Loades et al. 2020). In Germany, children and adolescents experienced significantly lower quality of life and more mental health problems and higher anxiety levels (24% vs. 14,9%) than before pandemic (

Ravens- Sieberer et al, 2021). Due to the measures used to stop the spread of the COVID19 Pandemic, hundreds of millions of children worldwide faced several threats to their safety and welfare, including as abuse, gender-based violence, exploitation, social marginalization, and separation from caregivers (UNICEF, 2020). The literature on how people, and particularly children, deal with the complicated and challenging situations offered by HIV/AIDS is few (Mann, 2000; FHI; 2003; Save the Children; 2002).

It is possible to see two levels of coping in children affected by HIV/AIDS and COVID19, in relation to meeting material needs and basic commodities and coping on emotional level, part of what has come to be termed the ‘psychosocial’ aspect of responding to illness and death. In European countries such as America, United Kingdom, Australia and many others, Child Headed Households are supported and looked after by extended family members, community links and living in acceptable circumstances or a placed in institutions or orphanages where they are looked after by employed staff but they are disconnected from their families (Opening Doors For Europe’s children, 2020). There are external agencies that support the children by providing aid by an outside organisation. These external agencies ensure that these children have basic education, health and nutrition and shelter and also make sure that these children have information on the inheritance and property rights. In these countries, there are enough resources to cater for these children and their legal structures that help these children (Save the Children International, 2022). During the COVID 19 pandemic, these children lost either one or but parents but they inherited their parents properties which made them attend schools, have food, shelter and every basic need, they are lawyers who make sure that these children are in safe places and also makes sure that these children have older people who looks after them if they fail to find extended families.

Due to the loss of at least one parent to HIV/AIDS and the lack of access to parental care or extended family supervision, more than 56 million children in Sub-Saharan Africa under the

age of 15 were living in child headed households in 2013 according to the United Nations International Children's Fund (African Bulletin, 2021). Sub Saharan Africa still remains the region most heavily affected by the epidemic, in 2021. 675 of people with different ages living with HIV and 40% are born with HIV because mothers are ignorant HIV/AIDS (UNAIDS, 2022). COVID 19 and HIV/ AIDS have led to death of either both parents or a single parent leaving the children as orphans and this also led to the rise of Child Headed Households from 2019 till to date. The CHH will no longer have anyone to look after them; the parents will have left them in charge of the property, and no extended families will want to house or take care of them. Despite this, the CHH finds ways to survive and take care of one another. Previous research has examined the idea of resilience and how it can be fostered in children affected by HIV/AIDS (Mallman, 2002). According to Grotberg (1995), resilience is the ability of a person to deal with, overcome, improve or even be transformed by the hardships of life. It also possesses a tendency to bounce back from difficulties.

Due to a poor healthcare system and widespread denial of the severity of the disease among Swazis, about 40% of the adult population is HIV positive. According to Dr. Martin Weber of the International Red Cross' Swaziland branch, it is considered taboo for a Swazi to admit to having HIV. Because of this, and the fact that up to half of young men and women are in their twenties, the spread of the treatable disease has gotten out of hand. COVID19 has also increased the rate at which parents pass away, leaving these helpless children without anyone to care for them. Lethale and Pillay, (2013) notes that, one should also be cognisant of the fact that there are several children in such households who display strong resilience. Thwala, (2018), notes that in Swaziland Child Headed Household had a lot of survival techniques and this made them resilient and cope up. She adds on to say in terms of food , the CHH eat at school through the school feeding programmes (Buzaare, 2021) and during holidays they do domestic labour for neighbours and people, they also get food from donors such as Red Cross

or well-wishers, in terms of clothes and cosmetics especially for girls, they also do domestic work for neighbours and well-wishers who give them money. There are also donors who pay for their fees only and leave out the tuition fee and other expenses which can result in having their exam results withheld until they pay the certain amount or present their cases to the authorities which makes them expose their vulnerability and end up dropping out of school. Moreover, this Child Headed Household find strength in their siblings, church, prayer and sometimes neighbours support which motivates them to find reasons to cope up (Thwala, 2018). In South Africa Nkomo( 2006) carried out a research and articulated that children in CHH developed coping strategies such as accepting the situation they are in and the role of several organisations. During Covid-19 most countries were on lockdowns and there was restricted movements which made it hard for these CHH to survive they could not do manual work for their neighbours anymore or travel to certain areas to sell their goods. The schools where they could sometimes get their food were closed, and life became unbearable for them. They had to find other means to survive which made them result into stealing, violence, prostitution and became vulnerable because they wanted to survive (Donahue,1998). COVID19 made these CHH to be closer to each other, to learn each other's weakness and strength which made some of them start their project such as agriculture and chicken rearing.

In Zimbabwe Child Headed Households increased due to high cases of COVID19 which led to death of either one parent or both parents leaving the children as single or double orphans respectively and they are expected to accept the responsibilities of looking after the siblings (UNICEF, 2001). In our tradition, if a parent or parent's dies, the children are left in the hands of extended families, there are no such names as orphans but they are supposed to be included in the extended families. The relationship between the children in CHH and their temporary guardians immediately becomes tense after the death of their parents and the nature of the ill-treatment and the reaction of the children and some relatives to mistreatment of orphans force



children to move out (Chizororo, 2006). Due to COVID19 some extended families could not afford to cater for large families hence some were chased away, made school dropouts and others were forced to get married early ( Kurebwa & Kurebwa 2014).

Before COVID 19 in rural areas CHH used to work in neighbours' fields (Maricho), herd cattle and just do any type of job so as to get food and clothes and little money. In Urban areas, these children wash clothes, clean houses, wash cars, look for places where there are no robots and help to control traffic and get help from donors such as world visions, Zvandiri , Red Cross and many others. They are also forced to sell their properties to meet their immediate needs (Donahue, 1998). COVID19 exacerbated their situations and they had to find new ways to survive during that era. The pandemic came with a lot of conditions that limited their activities such as the lockdown which restricted movements. In 2021 Kubatana held a case study in Dete where they went to see how the CHH were surviving during the COVID 19 pandemic. They discovered that these children below the age of 15 had to drop out of school to look after their siblings since their parents are no more and their relatives relinquished the opportunity of looking after them so they had to do it themselves. The COVID 19 travel restrictions affected some of them because they could not go and sell their product such as vegetables hence they resorted to early marriages and prostitution for girls and stealing for boys. In addition, children proceeded to indicate that although they had been informed of assistance funds as well as certain allowances, they had never actually received them. As a result, they had to chop firewood for their neighbours and take care of their gardens in order to survive and provide for their siblings. . Due to COVID 19 the CHH had to go against socially constructed roles for the sake of survival (Van Djik & Van Driel, 2009).

### **2.3. THE EFFECTIVENESS OF THE COPING STRATEGIES EMPLOYED BY THE CHILD HEADED HOUSEHOLD IN ENHANCING THEIR LIVELIHOODS**

European countries have a larger number of children in foster care and these children suffer from trauma and psychological problems due to loss of parents. They are placed in facilities such as institution or orphanages where they are looked after by employed staff and are discouraged to reconnect with their families (Opening Doors for Europe's children, 2020). The Child Headed Households in European countries occupy a smaller vessel because they choose to become one. Most Orphans are placed in Foster care homes and orphanages. These Child Headed Households are children who run away from foster care homes because they are separated from their brothers and sisters due to their gender, age and disability further eroding children's sense of identity, belonging to a family and a community (Opening Doors for Europe's Children, 2020) and stay in the streets mostly but a few of the CHH are suffering due to parental loss and no one looks after them including the extended families. CHH in European countries are well looked after by external agencies such as Save Our Souls Children Village in France where they have a programme named Family Based Care, where they these Child Headed Households are taken care of by getting accommodation in flats where they are guided their life to become independent, having their school fees paid and even finding families for them (Save Our Children International, 2022). These external organisations are very helpful because the CHH can also reach the self-actualisation stage and become what they want to be.

With millions of orphans in Sub-Saharan Africa, more are becoming the heads of their own houses at a very tender age which makes them play adult roles of being the breadwinner for their siblings. A lot of them have developed their coping strategies so as to earn a living. Kurebwa & Kurebwa, (2014), identify one of the coping strategies is of dropping out of school which allows them to look after their siblings but doing any part time jobs. Dropping out of

school has increasingly been documented as a strategy adopted in order to relieve difficulties at home (UNICEF, 2003). This strategy has positively affected the Child Headed Households because it helps them focus on making money to buy clothes and feed themselves and siblings rather than staying in schools and depending on donors and well-wishers which is inconsistent and sometimes makes these children sleep on empty stomachs. Thwala, (2018), notes that in Swaziland the CHH eat at school through the school feeding programmes and during holidays they do domestic labour for neighbours and people and these survival strategy is ineffective because these children rely on people for food and if these people and if schools are closed they tend to suffer more hence forth they need to find new ways to survive rather than depend on people.

Zimbabwe as one of the developing countries has a high rate of CHH due to COVID 19 and HIV/AIDS and cannot look after all these children in needs hence they have to survive on their own, Giese et al, (2004) highlights the fact that many children and young people are considered vulnerable before the loss of a parent and at the point at which they are considered to be orphans.. COVID 19 exacerbated their living conditions hence they resorted to easy ways of surviving such as early marriages (UNICEF, 2003). The girl child is then forced to get married at a younger age so that she looks after her siblings, in the marriage, she is vulnerable to all kinds of abuse, manual labour and is not allowed to make decisions when it comes to family planning methods, the number of children she wants and whatever she wants like going back to school this survival strategy is not helping the children rather it is destroying their lives and forcing the girl child to grow and skip a lot of childhood stages ( Rurevo and Bourdilion, 2003). In addition the CHH are also resorting to prostitution as a way of surviving, these way of survival is too risky for them because they can contract HIV and other sexual transmitted diseases which can lead to early death and complicated health issues. Some CHH are looked after in orphanages and helped by organisations, these organisations such as SOS offer

accommodation, food , clothes and education to these children, they are conscientised about their rights, taught life skills and how to look after themselves (Save the Children International 2022). These kids struggle to adapt to actual life outside of these environments, such as that which is provided for them in a typical family setting, and they have low levels of educational achievement. Because they were accustomed to the trappings of typically westernized standards of care in institutions, some children raised in institutions usually developed a low opinion of their own communities (Powel, 2006).

#### **2.4. WAYS TO IMPROVE THEIR COPING STRATEGIES**

Europe still has the highest numbers of children separated from their families worldwide due to death and availability of resources parents are too busy to look after their families hence the children are left at orphanages or in foster care or are left to fend for themselves, 8 million children around the world grow up in institutions ( Nkomo, 2006). In these foster care homes, the children are not coping well because they are affected by their parents separation or death hence they sometimes run away from the foster homes and stay in the streets where they end up doing drugs, thug life, stealing and prostitution, (UNICEF, 2009). Training programs are needed for families in crisis as well as for preparing foster and adoptive families to receive children, they should equip national leaders to collaborate in solving their country's orphaned and vulnerable children crisis, build new national movements in all nations of Europe, stop the institutionalization of children through lobby and advocacy campaigns, strengthen crises families to prevent family-child separation and support foster and adoptive through trainings and support programs and engage churches to support families and promote adoption (UNICEF, 2020).

The United Nations Convention on the Rights of the Child, which was adopted in 1995, and the South African Constitution both protect and provide for the majority of households with children in South Africa. The Constitution specifically states that children need special

protection in section 28, it states that children have the right to have a family to look after them or alternative care hence these CHH can be taken to an orphanage because children are vulnerable to all kinds of abuse, can be denied access to schools and, can be tested HIV without their consent, henceforth taking them from the streets or their parents homes to an orphanage can improve their coping strategies because they are taught life skills, sent to school, given shelter and food without them indulging in risk behaviours so as to meet their needs and look after their siblings. In addition, the Social Assistance of 2004 in South Africa states that everyone has the right to social assistance services if they are unable to support themselves and their dependants hence the Child Headed Household also fits into this category and mainly apply for social relief grant, disability grant for those who are living with disabilities (Department of Social Development, 2020). These grants can improve the coping strategies of the CHH because they can afford to buy the basic goods. The South African Government introduced grants so that they maintain ubuntu where the extended families or the community looks after the orphans and erase the name Child Headed household. The grants include the Foster Care grant which is given to the person looking after the children, Child support grant which aims to support poor care givers of children between the 0 to 15 years, these grants lessens the burden of the person taking care of the orphaned children (Taukeni & Matshidiso, 2013). However these grants can be given to the person looking after the orphaned children and can lead to that person maltreating the orphaned children and not taking good care of them. Dijk and Driel (2012), states that one of the problems related to the Foster Care Grant is related to the biological age of the oldest child in the household, who if under 18 years can not apply for the Foster Care Grant for the younger siblings. Therefore the law and the government should make follow ups to see if these grants are being used to look after the children. USAID, (2016) insist that effective support to child headed household must include context specific social protection measures to strengthen community systems and safety nets, poverty reduction

through youth appropriate economic strengthening activities, cash transfers that provide essential support for food, medicine and access to school.

In Zimbabwe Child Headed Households are surviving through part time jobs and Non-Governmental Organisations. Most Non-Governmental Organisations assist the CHH in terms of food, clothing, paying for their school fees and assisting them to get their identity documents, without any form of these identity documents it can be challenging for them to access the services meant for them (Boniface & Rosenberg, 2019). In Zimbabwe, St John Ambulance also trains the Home Based Care Course for free and counselling to Child Headed Household from around Harare high density suburbs which then equips them to look after their family and themselves. In addition AFRICAID also assist the CHH and vulnerable children by teaching them a lot of hand skills such as dressmaking, weaving and agriculture.

The Government of Zimbabwe has also introduced Basic Education Assistance Module (BEAM) which pays school fees for the children like the CHH. However these BEAM services are not consistent because the ones who are supposed to be under the programme are left out while the non-deserving are benefiting. More so BEAM program can also not benefit everyone because of financial constraints. Maushe and Magumbate (2015) recommend the Government to put policies which are user friendly to CHH to allow them to attend schools for free. The government should also assist them with cash transfers so that they can buy basic needs. Moreover, Child Protection and Adoption Act Chapter 5:06 insists that all children whose parents are both dead or cannot be traced and have no legal guardian is considered a child in need. The Government of Zimbabwe has implemented the National Action Plan for Orphans and vulnerable Children which need to improve inconsistency and should be effective as in the blueprints. The government and the Non-Governmental Organisations should implement programmes that should not isolate the CHH and they also need legal support and protection

on inheritance and property because some of the relatives would have possessed the property and then chase the children away (Gurutsa & Masuku, 2020).

## **2.5. SUMMARY**

This chapter looked at the theoretical framework the Maslow Hierarchy of Needs used to explain the topic Survival strategies employed CHH in the face of COVID 19. It also explains the three objectives which are, to identify the survival strategies employed by the Child Headed Household, to explore the effectiveness of the survival strategies and to identify ways to improve the survival strategies at a global, regional and national level.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.0. INTRODUCTION**

The chapter looks at the research methodology which explains the qualitative method of research, then looks at the population under study which explains the children from 10 to 18 years as the targeted groups. It also explains the sample size used in the research, explaining the sampling methods purposive and snowball adopted for the study. It also explains the data collection methods such as in-depth interviews and focus groups which were used to collect

data, whilst thematic analysis was used as the analysis method. This chapter also looks at the limitations and delimitations of the study, together with the Ethical considerations.

### **3.1 METHODOLOGY**

An exploratory qualitative method was used in this research. Sileyewu (2020) defined qualitative research as a means for exploring and understanding the meaning or groups ascribe to a social human problem. Qualitative data consists of in-depth information which entails reading a large amount of transcript, looking for similarities or differences which helped in finding out the coping strategies employed by CHH in Mt Hampden.

### **3.2 RESEARCH DESIGNS**

The research used narrative biography and case study as research designs. Research design can be defined as a detailed plan outlining how the problem under study will be solved (Sileyewu, 2020). Narrative biography helped to collect data because the life world of a person can best be understood from the owner hence one will speak his or her story. Case Study was used to collect data because information was collected from a multiple sources of information in finding the coping strategies employed by CHHs in Mt Hampden during the face of Covid 19.

### **3.3 POPULATION UNDER STUDY**

Strauss and Corbin (1990) note that the target population denotes the greater community to which the researcher wishes to generalise his or her study findings. Therefore, the targeted group in this research consisted of the child headed households of Mt Hampden from 10 years to 18 years and key informants who were Mt Hampden social workers and nurses. The researcher chose children from at least the age of 10 because they can observe and speak for themselves. Mt Hampden is 30km out of Harare under Zvimba Rural district council.



### **3.4 SAMPLE SIZE**

Refers to the number of participants who will be included in the study. The sample size included 15 participants (10 Child Headed Households and 5 key informants which included social workers and nurses). These Key Informants helped during this research to because the researcher drew conclusions about how the CHH survived during COVID 19.

### **3.5 SAMPLING METHODS**

Non-Probability sampling or non-random sampling was utilized in the study; this procedure is when a researcher chooses a part of the population to use to test hypotheses about the entire population. Non-probability sampling is a method of selecting units from a population using a subjective hence the researcher used this method to select the 10 random CHH participants for the interviews.

#### **3.5.1 PURPOSIVE SAMPLING**

Purposive sampling is where respondents are identified and selected based on their professionalism on the case being studied (Serrat, 2017). This sampling method was used to select 5 key informants who provided relevant information about the Child headed households because they have come in contact with them and know more about them and these included 2 Nurses and 3 Social workers

#### **3.5.2 SNOWBALL SAMPLING**

Snowball sampling is when the research participant recruits other participants for a test or study. This sampling method was used to find 10 CHH participants in Mt Hampden because the CHH know each other and perhaps have worked together in order to meet their needs. This procedure enabled the researcher to select a number of CHHs with different support needs in order to gather a varied range of data on their experiences with COVID-19

### **3.6 DATA COLLECTION METHODS**

Data collection methods refer to the tools of gathering and measuring information on targeted variables in an established system which then enables the researcher to come out with an outcome.

#### **3.6.1 IN-DEPTH INTERVIEWS**

In-depth interviews are a technique designed to elicit a vivid picture of the participant's perspective on the research topic and is usually conducted face to face and involves one interviewer and one participant (De Waal, 1995). The researcher used unstructured face to face interviews that was conducted to 5 CHHs participants in the comfort of their homes and used the interview guides with open ended questions only designed for them to allow them to express their own perspectives in their own words. The Interviews lasted for 15 minutes and the researcher was recording using a mobile phone and a note book for taking down notes. Key informant such as the Social workers and nurses were interviewed face to face in their place of work and used structured interview guides with structured questions designed for them, the interview took 30 minutes and the researcher was using a mobile phone to record and a note book for taking down notes.

#### **3.6.2 FOCUS GROUPS**

A focus group is an interview with a small group of individuals who share other traits or past experiences in addition to having a comparable demographic. This research used focus groups with 5 CHH participants. The focus group was held at the Mt Hampden Clinic for 30 minutes. Focus group guide with structured questions was used to ask the participants different questions. The researcher used a note book to take down notes.

### **3.7 RESEARCH INSTRUMENTS**

The researcher used 2 interview guides as research instruments, one interview guide for the CHH and the other for the key informants. The research guide consisted of unstructured questions for the children and structured questions for the key informants. A notebook was used for taking down notes and a mobile phone to voice recorder to record information. The researcher made notes from the information collected from the data collected and also voice recorded respondents who were willing to be recorded for the sake of confidentiality and not to violate ethical considerations for the safety of the respondent. The researcher also had a focus group guide which was used during the focus group discussions. The focus group guide had structured questions for the group and the researcher used a note book to write down notes.

### **3.8 DATA COLLECTION PROCEDURE**

The researcher obtained a letter from Bindura University of Science Education which allowed the community leaders and those in authority to give her permission to carry out her research in a certain area of her study. The researcher also wrote a letter to explain her research activities and how those activities were to be conducted in that area.

### **3.9 DATA ANALYSIS AND PRESENTATIONS**

Data Analysis is the interpretation of data gathered through the use of analytical and logical reasoning to determine patterns, relationships or trends. The researcher used Thematic Analysis to analyze the qualitative data. Thematic analysis is the process of identifying patterns or themes within qualitative data, Braun and Clarke (2013). Interviews are to be analyzed with thematic content analysis, a method for analyzing face to face interview data. The analysis followed a process of familiarization, coding, generating themes, defining and naming themes and writing up propounded by Braun and Clarke (2009).

- **Familiarisation** as initial stage, that is where the researcher familiarised with the collected data, understood participants' use of words and ideas from the interview. The researcher also noted down necessary comments which are of importance to the study
- **Coding**-the researcher generated codes from the information which was important to the objective of the study. The researcher obtained themes from these categories and went to the next stage.
- **Generating themes**- after expressive data grouping, at this phase the researcher identified related categories and link them to the objectives.
- **Theme naming and definition**-the researcher refined themes and redefined underlying ideas. The researcher confirmed the relationship of themes to the study.

**Report writing**-this was the final stage where the researcher wrote a report of the findings. The report was written to assure the reader of the validity of the data.

### **3.10 LIMITATIONS OF THE STUDY**

The study faced limitations of not gathering enough data and information since some children did not disclose all the information because they were afraid of disclosing their harmful ways of living. Morris, etal (2013) defines limitations as potential weaknesses that cannot be controlled by the researcher.

### **3.11 DELIMITATIONS OF THE STUDY**

The main problem that was faced in Mt Hampden is ethnicity. It is an identity based upon presumption of shared history and common cultural inheritance (Brumfel 2001). Mt Hampden is a well-diversified community with different cultural backgrounds as it has people from Zimbabwe, Malawi and Mozambique all living together in the same community. Therefore, there was great resistance in some households as they refused to participate due to differences in cultural beliefs and lack of trust.

## **GENERALISABILITY**

Generalisability can be defined as a study's capacity to be applied to a wider range of situations. Only 10 people and 3 key informants could be interviewed making the sample size too small making the findings of the research too general.

## **TRUSTWORTHINESS**

Trustworthiness is the method and degree to which the researcher may raise the level of trust in both qualitative research as well as the research findings. Credibility (the validity and authenticity of the research), transferability, and comfort level are included in this. The interviewees were given a clear explanation of the research's goal in order to gain their confidence in it. This increased honesty throughout the research.

## **TRANSFERABILITY**

The transferability of a research is the extent to which it can be applied to other research studies. It is also known as generalisability. The fact that only 15 people were interviewed and 5 key informants made the research too general to be applied in other contexts because the sample size was too small.

## **COMFORTABILITY**

Comfortability in a research can be best understood as a sense of physical and psychological ease which is characterized by lack of hardship. Due to the fact that some children faced a lot of touching hardships such as physical abuse, exploitation, hunger during the COVID-19 pandemic, some interviewees were not comfortable enough to pour out their experiences though the researcher tried by all means to create a very comfortable environment for them.

## **3.12 ETHICAL CONSIDERATIONS**

These are a collection of guidelines for study design and methodology.

- **VOLUNTARY PARTICIPATION**

Defined as when all participants must be willing and aware to participate in a certain study. This ethical consideration can be upheld by telling the participant the benefits of having a certain conversation and letting them know who will benefit from the conversation and activities to be done and also explain that they will get no reward for doing so. In this study, the researcher obtained consent for the children's participation from both their legal guardians and the children themselves. The children were given the option to withdraw from the study if they so desired.

- **INFORMED CONSENT**

Is when the participant is asked to participate in the study after being told about the features of study, dangers and benefits of the study and they sign a form of agreement named the consent form to show that they have agreed to dangers, benefits or features of the study, therefore in this research the guardian of the child signed the consent form to show approval of the activities of the study.

- **CONFIDENTIALITY AND ANONYMITY**

Is when the researcher does not disclose important information to anyone while anonymity is when the researcher cannot identify a given response of a certain person therefore confidentiality and anonymity protects the identity of a participant and would rather use pseudo names or numbers. In this research the participants were given pseudo names such as participant A,B,C and others.

- **AVOIDANCE OF HARM**

No participant in a study should ever suffer harm at the hands of the researcher, according to Rubin and Babbie (2008). The harm in this ethical case could be revealed information that puts their careers, friendships or reputations in jeopardy or embarrassment. This can

be supported by allowing the volunteer to leave the study if any harm results. The purpose of the study was to determine whether the children or their guardians were comfortable with their participation in the research and its location.

### **3.13. SUMMARY**

This chapter has covered the research designs, population under study, sample size, the sampling methods, data collection method and procedure, research instruments, data analysis and presentations, limitations and delimitations of the study and the ethical considerations.

## **CHAPTER 4: DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS**

### **4.0 INTRODUCTION**

The goal of the study sought to determine the COVID 19 strategies for survival used by child-headed households. The research was guided by the three objectives which include: to identify the survival strategies employed by Child Headed Households, to explore the effectiveness of the coping strategies employed by the Child Headed Household in enhancing their livelihoods and to identify ways to improve the coping strategies. This chapter looks at analysing, presenting, as well as discussing the research findings which were carried out in Mt Hampden, using in-depth interviews and focus groups. In addition, the chapter outlines interpretation of

the data collected from the respondents basing on the research objectives. Data was collected from fifteen Child Headed Household Participants in Mt Hampden and from five key informants; two are health service providers at Mt Hampden Rural District Clinic and three Social Workers from Mt Hampden. The researcher considered research ethics during the research so as to respect and protect individuals. Data analysis was done using thematic analysis in the discussion of findings.

#### **4.1 DEMOGRAPHIC INFORMATION OF RESPONDENTS**

The section offers the participants' demographic data. The profile is vital since it can assist to put the concepts being investigated in context.

##### **4.1.1 DEMOGRAPHIC OF TOTAL RESPONDENTS**

**Table 1 Total Respondents**

Respondent	Intended	Actual	Total
Child Headed Household	15	15	15
Key Informants	5	5	5
Total	20	20	20

N=20

According to the table above, there were twenty participants in total, including CHH respondents and key informants. The fifteen CHH respondents all participated as they were all trying to find survival strategies during COVID 19, so they were targeted to get accurate information. Five key informants also participated from Mt Hampden Rural District Clinic and Social Work. The targeted number of CHH and key informants was achieved.



#### 4.1.2 TABLE 2 AGE RANGE OF THE CHILD HEADED HOUSEHOLD

AGE RANGE (YEARS)	TOTAL	SEX	
		FEMALES	MALES
10-12	4	2	2
13-15	5	3	2
16-18	6	2	4
Total	15	7	8

The age spectrum of the Child Headed Participants who took part in the research is displayed in the above table. Ten to eighteen years old was the age range of the CHH respondents in the study. There were a total of four respondents in the ten to twelve-year age group, demonstrating that two households had female heads of family and the other two had male heads of household. There were five respondents in the thirteen to fifteen-year-old age range, signifying three families with female heads of household and two households with male heads of household. Six respondents, encompassing the last age range of sixteen to eighteen, unambiguously indicate that two families are headed by women and four are headed by men. The aim of gathering fifteen opinions was accomplished as the table clearly illustrates that the vast majority of households with children are headed by men.

#### 4.2 QUALITATIVE DATA PRESENTATION

The study's major goal was to determine the coping mechanisms used by CHH in Mt. Hampden, Zimbabwe. The researcher used two interview schedule guides, one for Child Headed Household Participants and the other for Key Informants, to execute in-depth interviews and focus groups with these individuals and other key informants. In order to make data retrieval simple, it was recorded using field notes. Using snow ball sampling, fifteen child-

headed households from the Mt. Hampden ward were contacted. Using purposive sampling, five important informants were also questioned, comprising three Mt. Hampden social workers and two from the Mt. Hampden Rural District Clinic. Thematic analysis was used to code the data into multiple themes. These subjects are covered in detail. These themes are discussed and described below using three research objectives.

### **4.3. THE SURVIVAL STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLDS IN ENHANCING THEIR LIVELIHOOD IN THE FACE OF COVID 19**

This subsection identifies the survival strategies employed by Child Headed Household in enhancing their livelihood in the face of COVID 19. To address this first objective, the participants were asked about the survival strategies they employed in the face of COVID 19. The researcher also asked the participants about the challenges faced by the CHH in applying these survival strategies. The responses from the respondents showed that the Child Headed Households used survival strategies such as early marriage, prostitution, dropping out of school, stealing and assistance from non-governmental organisations and the Zimbabwean government. Due to COVID 19 limitations, such as lockout and travel restrictions, which disrupted their typical activities, these survival techniques were alternatives. Below, these coping mechanisms are well discussed.

#### **4.3.1. EARLY MARRIAGE**

According to the study, child-headed households adopted early marriage as one of their survival tactics against COVID 19 to improve their standard of living. Before COVID 19 most girls would sell vegetables, green, sweets, snacks and even do part time jobs to their neighbours. However due to COVID 19 regulations of lockdown and travelling restrictions they had no way to survive hence they resorted to other means such as early marriages to old

men who could at least provide food for them and their siblings one participant supported this by saying:

*“Kusati kwaita COVID 19 taiva nekamusika kedu kataitengesa ma domasi nema vegetables uye nekagarden katairima muriwo wedu asi pakangoitika COVID 19 takabva tavhara uye sisi vangu vane makore 13 vakabva vaenda kunoroorwa nemumwe murume wemuraini anogara pazasi apo ane vakadzi vatatu. Sisi vangu vanogara vachirohwa uyevanoti hazviite kuty vataure nekuti murume wavo ndiye anotichengeta”.*

*(“Before COVID 19, we used to have our own mini market were we would sell vegetables and tomatoes that we grew in our little garden but during the Pandemic we were forced to close and my big sister who is 13 years was forced to get married to an old man who lives 5 houses away so that we could get basic goods but our sister is being abused physically because the old man has 3 more wives and she cannot leave the old man because we need to food and shelter”).*

Most female participants went on to say that most girls who got married to old men are abused emotionally and physically and they cannot say anything because they need the support of the man, one of the key informants who works as a nurse at Mt Hampden Rural District Clinic supported this by saying:

*“We had a girl aged 14 who was forced to marry a man aged 45 who had two wives and she was the third wife, She was verbally, sexually and physically abused until she fell sick and results came out indicating that she was HIV positive because the husband did not disclose his HIV status to her.”*

The key informants alluded that these children are taken advantage because they are very young and do not know a lot hence they ignore their health so that their siblings get food and

assistance. Therefore, this was one of the survival strategies employed by the Child Headed Households.

#### **4.3.2. DROPPING OUT OF SCHOOL**

Boys as the most dominant, they have to see if their siblings are safe and have had anything to eat. Most of the Male Child Headed Household leaders, they dropped out of school so as to look after their siblings and try to do all kinds of jobs and tasks just to earn the little pennies so as to survive. COVID 19 exacerbated their situation and they resulted in criminal activities such as stealing from their neighbours and community. In the interview conducted one of the boys had to say this:

*“Sezvo ndirini mwanakomana muhombwe ndakatoona kuty kusiya chgoro kurinane nekuti ndizvo zvinoita kuty vanin`ina vangu vashanu vawane chekudya. Ini ndinoita basa rekuba nekuti tinowana mari ipapo ipapo uye ndakatidzidzisa vamwe vanin`ina vangu mabasa iwaya kuitira kuty ndikazosungwa vanosara vachirarama”.*

*(“As the eldest male child of the family, I had to drop out of school because all my five siblings are looking up to me so that I bring them something to eat and I am only 14 years old, I cannot fold my arms and see my siblings die when i can do something about it and i have concluded that stealing can bring money quickly. I have taught my younger siblings on how to do it so that we help each other and even if I go to jail I know they will still survive without me.”)*

One of the key informants who work as a nurse at Mt Hampden clinic had to also say that:

*“As one of the nurses of Mt Hampden Rural District clinic, I have noticed that some of these children have been surviving through difficult times and indulging in dangerous activities which is so harmful and are so ignorant about their health, in Mt Hampden*

*most people are involved in brick making and most of these CHH have no shelter hence they sleep in these risk areas where the bricks will be burned so that they dry up and the place in full of carbon monoxide which kills someone in their sleep and 3 cases have been witnessed so far of these CHH who died in that way”*

COVID 19 made these Child Headed Household lose hope and venture into dangerous activities because most of them have relatives who are not concerned about them and most relatives took the property of their deceased relatives leaving these children to suffer hence they will do anything to survive whether it is dangerous or not and even recruit their siblings so that they survive.

#### **4.3.3. PROSTITUTION**

A lot of these CHH survive without the help of an elderly and it becomes a challenge for them to know what is right or wrong. COVID 19 made it worse because they had no option but to indulge in these criminal activities such as prostitution. In doing these activities, they faced a lot of challenges and one girl had to say this:

*“Sisi vangu vaive nemakore 16 vakashaika muna 2022 nekuti vaida kubvisa mimba. Vaita basa rekutengesa muviri wavo izvo zvaiita kuty tiwane chikafu nezvese zvataita asi sisi vangu vaisaziva nezve ma condom nema contraceptivs, vakazoita pamuviri vakabva vada kubvisa mimba nekuti vaita havaizokwanisa kuchengeta mwana uyu. Pakubvisa mimba vakabva vashandisa mishonga yechibhoya ndokubva vafa. Mushure mekunge sisi vafa ndakabva ndapindawo mubasa rekutengesa muviri asi ndinoziva hangu nezvema condom nema contraceptive asi dzimwe nguva ma clients angu haadi kuty tidzivirire saka ndozorara navo ndakadaro.”*

*(“My sister who was 16years died last year 2022 because she was trying to abort some pregnancy. She was involved in prostitution and did not know about the use of condoms*

*and contraception. When she started doing prostitution, she would bring all sorts of delicious food and we never slept hungry but after 3 months she discovered that she was pregnant and used African herbs to get rid of the baby because the baby would not allow her to continue with her activities [prostitution] and it would add a new family member and she did not want that and in the process of aborting the baby she died. Now I am the bread winner of the family and I am into prostitution but I know how to use contraceptives. The challenge is that of my clients refuse to use condoms and I end up sleeping with them without protection and i am now scared even to get tested for HIV”).*

These CHH face a lot of challenges due to parental death and refusal by relatives to look after them, leaving them with no knowledge about their health, making them vulnerable to all kinds of abuse and diseases. They only focus on surviving while ignoring the consequences of their actions.

#### **4.3.4. ASSISTANCE FROM NON- GOVERNMENTAL ORGANISATION**

During COVID 19, a lot of donors, sponsors donated a lot of goods and food to a lot of communities so that they can be assisted. Assistance not only came in form of food but in many ways. Two participants said:

*“Nguva ye COVID 19 rubatsiro rwaisangobva munharaunda chete asi kubva kuma domor se St John Ambulance yakatidzidzisa Home Based Care Course mahara yiatwa kwe vhiki rimwe uye tiriko taipihwa chikafu mangwanani nemasikati, Vaitipawo counselling izvo zvaiita kuti tikwanise kuvaudza matambudziko edu ese, Izvi zvakaita lkuti tizive kuty kumwe dzimwe nzira dzekubatsirikana nadzo.”*

*(“During COVID 19, assistance did not only come from the communities only but from Non- governmental organisations such as St John Ambulance which provided these*

*children with free Home Based Care courses. The course lasted for a week and we would be served tea and lunch and they will pick us from our community to the school. We would then get counselling sessions where we would feel free to disclose our problems. This made us realise that there are other things we can do rather than staying in one place”.)*

Another participant went on to say:

*“ Muhupenyu hwangu ndaisaziva kuti lkune chimhu chinonzi Harare, St John Ambulance yakagona nekuti dzidzisa Home Based Care Course yakaita kuti tigone kuziva kuti kune dzimwe nzira dzekurarama nadzo kupfuura kuba kwandaiita”.*

*(“In my life I had never been to Harare, I was born in Mt Hampden and that is the only place I know, i felt new when I went to St John Ambulance and I want to start a new life and make use of the Home based Care course to change the life of my siblings so that they know that there are good ways of earning a living rather than stealing and getting married early”).*

These children lack exposure and it is difficult for them to know that there are many ways to earn a living but these Non-Governmental Organisations try by all means to support these communities through projects and food hand-out.

One of the key informants eluded that:

*“As one of the Social Workers in Mt Hampden, I have witnessed the community helping the Child Headed households with giving them clothes, or working for them and giving them food but during COVID 19 people were afraid of the pandemic hence they stopped assisting these children with part time jobs, these children got help from St John Ambulance which made them attend a Home Based Care program in order to look after*

*themselves. In addition, during COVID 19 these children resulted in doing deviant behaviours and some of them were sent to Northcot Institute (a children rehabilitation centre).*

The community helps these children with part time jobs such as cleaning their houses, washing their clothes, looking after their children and also get donors such as Africaid and Red Cross who provide hand-outs and enrol these children into some of their programmes such as HIV programmes. The government also assists these children by paying for their school fees through BEAM and also school feeding programmes

#### **4.3. THE EFFECTIVENESS OF THE COPING STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLDS OF MT HAMPDEN IN ENHANCING THEIR LIVELIHOOD DURING COVID 19**

The effectiveness of the coping techniques deployed by the child-headed households is examined in this section. To understand this objective, participants were asked about their survival strategies and how were there effective in enhancing their livelihoods. From the focus groups and in-depth interviews, the coping strategies employed by the CHH had both positive and negative impacts in enhancing their livelihoods during COVID 19 Child Headed House Holds employed a lot of survival skills such as, dropping out of school, stealing, prostitution, early marriages selling property, relying on neighbours to give them part time jobs, relying on school feeding programme and relying on donors. This section explains the effectiveness of these survival strategies in enhancing the CHH livelihoods.

##### **4.3.1. EARLY MARRIAGES**

Early marriages have been used as one of the survival strategies by the Child Headed Household to enhance their livelihoods and it proved to be ineffective. Early marriages are most done by the girl child because they cannot look after themselves or her siblings. During



this study most girls were forced to get married to older man so that they provide for their siblings but they faced a lot of challenges in the marriage. One girl had to say this:

*“Ndakamanikidzwa kuroorwa ne hama dzekwa baba vangu mushure mekunge vabereki vangu vashaya ne COVID19. Hama dzababa vangu dzakatora mudziyo yese nekuti tainge tiri vana vasikana chete. Ndakaroorwa nemurume aigara pedyo ne pamba pedu nekuti ndiye aipa vanin`ina vangu chikafu ne nezvese zvavaida. Murume uyu anondirova nekundi blackmailer achiti ukangoramba kuita zvandinoda vanin`ina vangu vanofa nenzara and ndinotyia kumutaurira kumapurisa”*

*(“I was forced to get married by my relatives because they abandoned us and took our parents property because we were only girls and no boy to inherit the property after our parents passed away due to COVID 19 complications, I was then forced to marry one of the old man who lived three lines away from our house so that my sisters would have something to eat. In this marriage my dream of becoming a teacher was shuttered and I am being physically, sexually abused and emotionally blackmailed because he provides food and clothes for my sisters and even pays their fees. I am afraid to report him because my sisters and I will become homeless and die of hunger so I have to endure all the assaults and abuse”).*

The girl child is denied her right to education and to become independent due to poverty and ignorance of relatives to look after them. This makes them get into situations that threaten their health, peace of mind and education.

#### **4.3.2. DROPPING OUT OF SCHOOL**

One survival strategy used by Child Headed Households to increase their income involves dropping out of education sector. Lack of basic needs due to COVID 19 led to this situation

which can also help these CHH meet some of their basic needs; according to the participants it proved to be an effective strategy. One participant had to say:

*“Ini ndakasiya chikoro nekuti ndakaona kuti tese tikaramba tichienda kuchikoro taizofa nenzara sezvo pasina anotichengeta. Ndakasiya chikoro ndikatanga kushanda muminda dzevanhu ndichiita maricho, izvi zvaibetsera nekuti taitombotenga chikafu ne hembe shoma idzodzo pane kumirira kupihwa chikafu ne vanhu, ko vakasatipa tinorara nenzara, hanzvadzi ne minin`ina wangu vanoenda kuchikoro vachibhadharirwa ne BEAM. Kunyangwe tisingawane zvakawanda asi tirikurarama”.*

*(“I had to drop out of school at the age of 15 so as to look after my siblings because; my mother had passed away due to COVID 19. I saw it as an opportunity to work at my neighbours farms (maricho) so as to provide food and clothing for my 4 siblings. Attending school would leave us with no food and depend on well-wishers and sometimes we would sleep on empty stomachs because no one had given us anything to eat. So I dropped out of school to do all kinds of jobs with my sister who is 12 and the two youngest are the ones attending school and are on BEAM, we are not getting much but we are surviving”).*

Dropping out of school was effective because it improved their livelihood. If one had to go to school, the whole household would go to school hungry and come back home hungry but if one of them finds a job it would make a little difference in their lives.

#### **4.3.3. ASSISTANCE FROM THE GOVERNMENT OF ZIMBABWE**

The Zimbabwean government assistance through the Basic Education and Assistance Module and school feeding programmes so that every child goes to school proved to be ineffective. Only orphans and other vulnerable children between the ages of 6 and 19 are served by BEAM, but there are leaks in the program, resulting in about 5% of non-poor households receiving

benefits at both the primary and secondary school levels (Government of Zimbabwe 2006). As a result, the most deserving students were left out. During COVID 19 a lot of children were left out because BEAM only pays for tuition fee and nothing else hence lot of children were doing extra lessons at home and these CHH had no money to attend these lessons. In addition, most of them relied on the School feeding programs and during COVID 19 when schools were closed they faced challenges of hunger. One participant supports this by saying:

*“Ndinodzidza pa Kuwadzana Primary School ku Mt Hampden, BEAM inondibhadharira school fees yangu, kusati kwava ne COVID 19, pakanga pasina basa nekuenda kuma extra lessons asi COVID 19 payakauya, zvikoro zvivharwa shamwari dzangu dzakawanda dzakanga dzakuenda kuma extra lessons uye waitumirwa homework pama fon ini handina foni yacho. Mukoma wangu ane makore 15 ndiye anotoshanda nekuti amai vangu vakaita stroke mukoma wangu ndiye anoenda kubasa kuti atenge chikafu nema uniform asi kudya ndinotonodya kuchikoro chikafue cheshamwari dzangu nekuti tinongodya kamwechete pazuva manheru chete”.*

*(“I learn at Kuwadzana primary school in Mt Hampden and BEAM pays for my school fees, before COVID 19 we used to attend lessons and there a few people would go for extra lessons and it was not very necessary but during the COVID 19, a lot of my friends would get homework on their parents’ cell phones and I had no cell phone and a lot attended extra lessons and I was not. In addition, my brother who is 15 years has to work for us because my mother is suffering from stroke and cannot do anything. My brother has to get money to buy me uniforms and I mostly eat my friend’s food at school because we eat once a day at home that is in the evening”).*

Most participants said that assistance from the government was effective to a lesser extend because a lot of children got enrolled under the BEAM program. However, those who were

under the program had to find their own ways to buy food because the schools feeding programmes were closed due to COVID 19, stationery and uniforms leaving most of them going to school with no stationery and uniforms and on empty stomachs.

#### **4.3.4. ASSISTANCE FROM NON- GOVERNMENTAL ORGANISATIONS**

During COVID 19 most non-governmental organisations chipped in to help through handouts such as food, clothing and blankets and this proved to be an effective strategy. Some NGOs provided courses for the CHH such as Home Based Care and giving them jobs. One participant said:

*“Mamwe ma NGO akatibatsira panguva ye COVID 19 akaita se Red Cross ne St John Ambulance yakatidzidzisa Home Based Care uye nekuti pa counselling yakatita kuti tigone kutaura zvese zvinotinetsa auye nekuudzwa kuti tinokwanisa kuita seyi kuti tirarame . Kozoti mamwe ma NGO akangoita kuti tinonyoresa ma zita edu ku Welfare nanhasi havasati vauya kuzotipa zvinhu zvacho”.*

*(“A few Non-Governmental Organisations helped us during COVID 19 such as Red Cross and St John Ambulance. St John Ambulance provided us with Home Based Care Course and counselling which made us say out our problems and we got much enlightened about other ways to survive we were just told to go and register our names to social welfare but till now we have not received anything”).*

The Social Workers in Mt Hampden went on to say that:

*“Most Non-Governmental Organisations have approached us so because they want to help orphans I our communities, some of them help these orphans but some of them just make request us to look for orphans and vulnerable children and they do not get back*

*at us hence this will paint a bad picture of us saying that we have shared the resources meant for the children amongst us”.*

These NGOs bring changes in communities not only to vulnerable children but to everyone including the elderly, women, men and people with disabilities.

Social Workers in Mt Hampden went on to say:

*“Most of these survival strategies change every time, it depends with the situation because before COVID 19, these children had different survival strategies such as doing part time jobs and selling some of their product which was very effective and helped them enhance their livelihood but during the pandemic there were travelling restrictions and most people stopped them from doing part time jobs hence they had to find other means of survival such as early marriages, stealing and getting involved in prostitution which is very dangerous”.*

Most of these children use different survival strategies as long as it benefits them, most coping strategies are temporal and very dangerous because they are situational and can harm them in future. However, some strategies are very effective because they help in enhancing their livelihood such as support from donors, the government and the Non-Governmental Organisations.

#### **4.4. WAYS TO IMPROVE THE COPING STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLD DURING COVID 19**

The researcher managed to address this objective by asking Child Headed Households and the key informants on ways to improve the survival strategies employed by the Child Headed Households. These suggestions for enhancing CHH's coping mechanisms are given below.

##### **4.4.1. INTERVENTIONS OF THE GOVERNMENT OF ZIMBABWE**

Majority of the key informants insisted that the Government should formulate policies that prosecute relatives who share all the properties of the deceased leaving the children with nothing. The Government should make sure that these children have legal representation when it comes to inheritance because the children are struggling while the parents left them with some property that can help them survive. This is supported by one of the participant who said:

*“Baba vangu vakashaika muna 2019, vaivae ne munda kuNyabira ne tuckshop mu Mt Hampden , pavakashaya hama dzekwa baba dzakatora midziyo yese tikasara tisina chinhu apa mai vedu vaisashanda vaitochengetwa na baba. Takadzingwa pamba pataigara nekuti tanga tisisa kwanise kubgadhara rent. Amai vakazama nepese pavanogona kuti vadzose midziyo yababa vedu asi hapana chakachinja, vakazosiyana nazvo ndokutanga kuita zvekutengesa musika we ma domasi. Amai vakazoshaya muna 2021 isu vana tikambozama kuda kutaura nehama dza baba vedu vakatidzinga, izvezvi takurarama nekungoita mabasa ese ese, dai hurumende yangona kuti vana vanofirwa vamiriririrwe kuti vawanewo pfuma dzevabereki wavo”.*

*(“My father died in 2019, he had a plot in Nyabira and a tuck shop in Mt Hampden, when he died, his relatives claimed all the property and my mother were given nothing. My mother was a housewife who depended on my father’s income, when my father’s relatives took all the property we were chased away from the house we were staying because she could not pay the rentals, my mother tried by all means to get back the property but she had no idea on how it was done and went to stay in Mt Hampden selling tomatoes and greens. My mother then passed on in 2021 due to depression and Hypertension leaving me in charge of my little siblings. I tried to reconcile with, my father’s relatives but they chased us away and now we are doing part time jobs around Mt Hampden, the government should do something on this issue so that the children of the deceased get a share of their parents’ property”).*

These coping strategies employed by the Child Headed Household are effective and ineffective and some of these strategies such as stealing, early marriages and prostitution should not be allowed and these children should be closely monitored. The Constitution of Zimbabwe indicates that every child has the right to education hence there was a high increase of school dropout especially during the COVID 19 pandemic era. As a result, the government should closely monitor to see that all the orphans and vulnerable children are all assisted under the NAPOVC. One respondent went on to say:

*“Government inofanira kuona kuti vana vese vanotambura vabatsirikana here uye ma services avafanira kuwana asvika kuvanhu chaivo chaivo here nekuti vana vemudzidzisi vangu vaviri vanobhadharirwa ne BEAM asi vane vabereki asi hanzvadzi yangu ine makore 8 yakamborambidzwa kupinda mu BEAM. BEAM inofanira kubhadharira vana vanotambura fees yavo nenguvai nekuti vana vanozorambidzwa kuenda kuchkoro kana kunyimwa ma results avo”.*

*(“The Government should make sure that all the deserving people get assistance because my teachers 2 children are all under BEAM from grade 1 till now they are in grade 3 and my young brother who is 8 years old was once denied access to the program. The BEAM program should also be consistency because if they do not pay fees of the most vulnerable children on time they might get kicked out of school or not get their results”).*

The National Action Plan for Orphans and Vulnerable Children was implemented by the Zimbabwean government, but it needs to be more coherent, effective, and immune from nepotism because it impacts other children's lives and disregards them their right to an education.

#### **4.4.2. THE ROLE OF NON- GOVERNMENTAL ORGANISATIONS AND THE COMMUNITY**

The community at large and non-profit organisations should not exclude the child-headed household. These children need the neighbourhood more than anything and it is the duty of the community to be responsible for them according to our African tradition of Ubuntu. It is the duty of the community to know what these children need and ways to help them. During the focus group, the CHH insisted that the community should allow them to be involved in activities that are done by other children as this will give them a sense of belonging and boost their confidence. The Non-Governmental Organisations should implement projects that enhance the livelihood of these children and these projects should include them and after implementing these projects, they should do follow ups to see if the services had reached the intended beneficiaries. One of the participants said:

*“Isu takanzi tinonyoresa mazitabedu ku Social Wefare nekuti paive nechikafu chaiuya kubva kuma NGO as hatina kuudzwa zita re organisation yacho and tatove nemwedzi mitatu tisati tawana chikafu chacho uye hatichazive kuti chikafu chacho chichauya here kana kuti kwete”.*

*(“We were told to come and register our names to the Social welfare offices so that we receive food from a certain NGO, they did not tell us the name of the organisation, but we received nothing and it’s been 3 months now since we registered our names and we do not know if these services came or not.”)*

Most Social Workers alluded that the community should not neglect these children or discriminate them because they are also their children and they need the community’s support and love. In addition, there should be well trained Community Based Facilitators who will



know each and every child that is facing challenges so that they refer them to get help and not to allow the CHH to handle situations in their own ways but rather assist them through referrals.

#### **4.5. DISCUSSION OF FINDINGS**

The study focused on identifying the survival strategies employed by the CHH in the face of COVID 19. The study was guided by the three objectives which include: to identify the survival strategies employed by Child Headed Households, to explore the effectiveness of the coping strategies employed by the Child Headed Household in enhancing livelihoods and to identifying ways to improve the coping strategies. This section focuses on discussing the research findings which were carried out in Mt Hampden. Using the findings which were presented above, the researcher managed to understand all research objectives. The objectives guided the researcher to discuss the findings.

Apparently, the adoption of Maslow's hierarchy of needs assisted the researcher through understanding the survival strategies employed by CHH in the era of covid-19 in Mt Hampden and how effective they were in enhancing their livelihoods. Using this framework as a guide for the study, the researcher found that the survival strategies employed by child headed households in Mt Hampden in the during Covid-19 were as a result of deprivation of physiological needs such as food and clothing. As a result of that, child headed households in Mt Hampden had to resort to early marriages, dropping out of schools, prostitution and assistance from NGOs. According to this framework deprivation of basic human needs leads children to employ deviant survival strategies for them to survive. Additionally, Maslow's (1951) hierarchy of needs assisted the researcher to understand that the absence of love and belongingness from the extended family which was characterised by assaults pushed child headed households into early marriages and prostitution. Due to that fact, the researcher was also able to understand that CHH in Mt Hampden failed to self-actualise because they fail to

satisfy the previous stages of the hierarchy. Maslow (1951) indicates that for an individual to self-actualise he or she should have fulfilled the satisfactions required at the previous stages.

It emerged from the data that child headed households got married at early age for them to survive during the era of covid-19. The majority of the participants alluded to the fact that the covid-19 pandemic disrupted the sources of livelihood of CHH. As a result of that, the girl child had to be married at a tender age. Another rationale behind early marriages was poverty and food shortages within child headed households. This concurs with Maslow's (1951) hierarchy of needs which explicitly indicates that children resort to early marriages for them to satisfy their basic human needs such as food and shelter. This finding is also similar to that of (Thwala, 2018), who indicated that in Swaziland child headed households got married at an early age for them to cushion poverty within their households. Hence, one can therefore argue that child headed households in Mt Hampden resorted to early marriages for them to survive in the era of covid-19 pandemic. However, this finding contradicts with the laws in Zimbabwe which prohibits child marriages for example the Marriage Act chapter (5:17) sort to protect children from getting married before the age of eighteen years. Therefore, one can deduce that although child headed households in Mt Hampden resorted to early marriages in the era of covid-19 the laws restrict children to be married before reaching the age of eighteen years.

The research also showed that CHH frequently used piecework and food-for-work schemes. Most of the participants indicated that child headed households had to drop out of school joining food for work programs and other menial jobs for them to survive in the era of covid-19. This result is a clear indication of the ineffectiveness of the national policies such as the National Action Plan for Orphans and Vulnerable Children of 2005 when it comes to child protection. Instead of attending school just like any other children, children within child headed households made themselves readily available to conduct errands for benevolent neighbours in exchange for generous money, food and clothing. This finding is in line with Maslow's (1951)

hierarchy of needs which emphasises that failure to satisfy human basic needs such as food and shelter may result children to resort to dubious means for them to satisfy their needs, therefore in this case CHH whose basic needs were deprived resorted to menial jobs which were not sustainable. In corroboration to this sentiment Nkomo (2019) discovered in his study titled “child-headed households in Zimbabwe” that child headed households resorted to “maricho” for them to survive in the era of covid-19 regardless to the fact that the menial job undertaken were temporary.

The study also indicated that child headed households resorted to deviant behaviours such as prostitution for them to survive during the era of covid-19. Children are protected from child prostitution by Children's Act Chapter 5:06. Participants made references to the notion that they had to engage in sexual activity, and the results showed that participants' usage of contraception was not widely known. This finding concurs with that of (Klu & Agordoh, 2021) who indicated that in Ghana child prostitution was at its peak during the era of covid-19. He went on further to indicate that those who were taking part in prostitutions were orphans who possible could have been doing such acts for them to survive as everything was shuttered.

From the findings, it also emerged that child headed households in Mt Hampden resorted to support from NGOs for them to survive in the era of covid-19. Most of the participants cited that they received food aid and cash transfers from Non-governmental organisations to cushion them from hunger and starvation. Arguing from Malsow's (1951) hierarchy of needs, one can note that nongovernmental organisation in partnership with the government of Zimbabwe has been supporting child headed households with food hampers as a way to ensure that they are in a position to realise their full potentials. Similarly in a study conducted in Nigeria that Nongovernmental organisation in partnership with the Nigerian government provided food and clothing to child headed families to cushion them from poverty and malnutrition. Consequently,

it follows that in the period of COVID-19, child headed families in Mt. Hampden, alike all other CHH in the area, depended on aid from non-governmental groups.

It emerged from the findings that early marriages and prostitution which were employed by child headed households in Mt Hampden were ineffective. The majority of the participants cited that they were forced by their extended families to get married at an early stage. Some had to indulge in prostitution. However, participants indicated that such mechanisms were ineffective in that they ended up creating other problems such as gender based violence and sexual transmitted diseases. In a similar study conducted by (Garutsa & Masuku, 2020) he indicated that early child marriages result to gender based violence against young women. The study believes that prostitution and young marriage are futile legal strategies that can be used by homes with children as the head of household. The United Nations Convention on the Rights of the Child (1989) forbids child marriage and child prostitution in support of this viewpoint. Hence, one can deduce that early child marriages and prostitution were ineffective survival strategies employed by child headed household, instead the resulted to other problem and it against the law.

Based on the findings, the researcher also discovered that menial jobs were effective to some of the participants. However, diverging views were established from the findings in that some participants indicated that menial jobs were ineffective but would rather create other problems such as poor attendance to school. A minority of the participant cited that it was effective in that they were able to obtain food and other basic necessities. Conversely, the majority of the participants perceived menial work as something unsustainable and they found it difficult to balance it with their studies. According to Bourdillion (2003) when a child's education collides with work it can be regarded as child labour and taking into cognizance that the Department of Social Development is the mother of orphans and vulnerable children, one can deduce that it's neglectful of its own children, hence this compromise the child's development. However,

similar results were discovered by (Buzare, 2021) in Kenya which indicates that children within child headed families viewed menial work as something effective in that it brought food on the table regardless to the fact that they had to risk dropping out of school. One can deduct from the findings that there is also a knowledge gap within these child headed households

#### **4.6. CHAPTER SUMMARY**

The section has been successful in demonstrating and laying out the findings of the study, including the respondents' demographic data. In this chapter, we explored the COVID 19 strategies for survival utilized by child-headed households. The chapter displayed suggestions for the community, non-governmental organisations, and the government on how they could assist the children in question. The summary of findings, conclusion, and recommendations will all be covered in the following chapter.

## **CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.0. INTRODUCTION**

The research on child-headed households' survival tactics during COVID 19 in Mount Hampden is summarised in this chapter with reference to the study's goals and the information provided in chapter four. It also summarises the study's main conclusions and suggestions.

### **5.1. SUMMARY**

The purpose of the study was to examine the coping mechanisms used by Child Headed Households in Mt Hampden during COVID 19. The following goals served as the foundation for the research study: to identify the survival strategies adopted by Child Headed Households to improve their standard of living in the face of COVID 19; to explore the effectiveness of those mechanisms; and to identify ways to improve those strategies. The Basic Needs Approach (the Maslow Hierarchy of Needs) permits to illuminate why these child-headed households exhibit some behaviour that are detrimental to children in an effort to survive. Participants from child-headed households, (15) (fifteen) were sampled using and snow ball method and the key informant respondents (five) were sampled using purposive sampling method. The qualitative methodology was used to present and analyse the research data.

#### **5.1.1. THE SURVIVAL STRATEGIES EMPLOYED BY CHILD HEADED HOUSEHOLDS**

The research showed that most respondents were affected by COVID 19 hence their day to day ways of survival was disturbed. Before COVID 19 the respondents indicated that they survived on part time jobs after school such as doing house chores for the neighbours, ploughing in their fields (maricho) and selling their fruits and vegetables and at school they would survive on school feeding programs , COVID 19 then exacerbated their livelihood conditions where they

could not travel to sell their fruits and vegetables, schools were closed and they could not get enough food and the neighbours banned them from coming to their houses to do the house chores because of the fear of contracting the COVID 19 Virus, hence the Child Headed Households found other means of survival such as early marriages, dropping out of school, prostitution and they got help from the Government of Zimbabwe and Non- Governmental organisations in forms of food, being registered into BEAM and acquiring new skills . The key informants indicated that the behaviour that is portrayed by the CHH results from situations they face and are willing to do anything so as to survive hence increasing their vulnerability, leading to the community and other people take advantage of them.

#### **5.1.2. THE EFFECTIVENESS OF THE SURVIVAL STRATEGIES EMPLOYED BY THE CHILD HEADED HOUSEHOLD IN ENHANCING THEIR LIVELIHOOD**

The research brought out that the survival strategies were as a result of situational factors hence they brought both positive and negative impacts to the Child Headed Households. Most female respondents reported that during the COVID 19 pandemic, lacked means of survival hence some of them resulted to early marriages, in these marriages, they are physically, sexually and verbally abused but since their husbands looks after the siblings they cannot report them because the siblings will suffer hence this survival strategy proved to be ineffective because it infringed their rights to education, growth and forced them to become adults. The majority of the female respondents and the a few key informants (nurses) also indicated that they also ventured into prostitution which proved to be ineffective because it led to death of a few girls, a lot of girls contracted the HIV/AIDS and a lot of health complications.

Most male respondents indicated that due to COVID 19, schools were closed and they depended on the school feeding programs, well-wishers and doing part time jobs after school which made them survive but during the pandemic everything came to a halt and most of them had to drop out of school in order to find ways to survive. The respondents went on to say that

since they depended on well-wishers and during the pandemic everyone was struggling and they would go on for nights without eating hence dropping out of school was an immediate way of surviving because they could do any kind of job anytime and anywhere without the fear of missing lessons. This proved to be effective because it made them not to starve and most of their needs were met.

The key informants indicated that the assisted from the Government of Zimbabwe was effective to a lesser extent because it enrolled a lot of children under the BEAM program making sure that most children attend schools however due to the pandemic a lot of teachers wanted children to attend extra lessons and the Child Headed Households could not afford them hence they were left behind, most of these children could not afford to buy stationery and uniforms hence they dependent on well-wishers and due to the pandemic the school feeding programs were stopped and most of these children depended on it hence they would go to school hungry. The majority of the respondents also indicated that the assistance from the Non-Governmental Organisation was effective because they brought food and Cash Transfers during the pandemic which greatly assisted the Child Headed Household.

### **5.1.3. WAYS TO IMPROVE THE SURVIVAL STRATEGIES EMPLOYED BY THE CHILD HEADED HOUSEHOLDS**

A significant number of the key informants insisted that the Government should formulate policies that persecute relatives who share all the properties of the deceased leaving the children with nothing. The Government should make sure that these children have legal representation when it comes to inheritance because the children are struggling while the parents left them with some property that can help them survive. The Government of Zimbabwe should include uniforms and stationery for the children under the BEAM program to motivate the children to come to school.



Non-Governmental Organisations and the community should not isolate the CHH. These children need the community more than anything and it is the duty of the community to be responsible for them according to our African tradition of Ubuntu. Child Headed Households should take part in activities that are done by other children as this will give them a sense of belonging and boost their confidence. The Non-Governmental Organisations should implement projects that enhance the livelihood of these children and these projects should include them and after implementing these projects, they should do follow ups to see of the services had reached the intended beneficiaries.

## **5.2. CONCLUSION**

Conclusively, the Child Headed Households have developed a sense of resilience where they find ways to overcome challenges. They employed their own survival strategies during COVID 19 such as early child, marriage, dropping out of school, prostitution and got assistance from both the government and Non-governmental organisations. The study realised that most of the people who are affected are the females; they are forced to indulge in dangerous activities that are harmful to their health and their social life just to survive and look after their siblings.

The research realised that these survival strategies employed by Child Headed Households are having both adverse and favourable impacts. The positive effects include not depending on well-wishers hence they can work anytime without limits of going to school, the assistance from the government and non-governmental organisation can lessen their burden in meeting their basic needs and can acquire new skill. However, there is the negative effects of these survival strategies such as being abused physically, verbally and emotionally in early marriages, there is the issue of infringement of rights of the girl child and this makes one to skip all the stages of childhood and prostitution. Most of these girls who are forced into early marriage are not aware of their rights (right to education, health, to marriage) and due to poverty they make themselves vulnerable to anything just to survive.

The study has brought to light the need for these Child Headed Households to participate in community activities, to feel a feeling of belonging, to be valued, and to receive support from the community. It has also highlighted the concern that these CHH are exposed to all risks because they are unable to adjust to any place or circumstance on their own.

The study concluded that measures need to be set in a place where these children are well protected, are well assisted and well represented so that they get the services they need. These measures should stretch to the Social workers so that they represent what these children need and find ways to assist them.

### **5.3. RECOMMENDATIONS**

- The Government of Zimbabwe should introduce the grant system which gives monthly allowance to oldest member of the CHH so as to help them meet the basic needs.
- The community need to be educated about Child Headed Households so that they will not discriminate or isolate but rather assist them whenever they need help and provide psychosocial support to them so that they have a sense of love and belonging.
- The Government of Zimbabwe and communities should introduce policies and laws meant to discipline all the people that take advantage of all vulnerable children for example by forcing them girl child to become wives at a young age, or forcing them to become prostitutes.
- The Non- Governmental organisations and the government should make follow up to see if the services have been distributed to the intended beneficiaries.
- The Government and the Non- governmental organisations should increase the number of initiatives that cater to or are expressly intended for vulnerable children and orphans so they can realise their potential.

- Ministry of Public Works, Labour and Social Welfare should make sure that all social workers should keep records of these children and update them every now and then so that when they get assisted, everyone gets the service and no one is left without the services.

#### **5.4. CHAPTER SUMMARY**

This section summarized the study's findings, provided a conclusion, and made suggestions about the survival strategies used by child-headed households. It highlighted the survival tactics used by CHH, their efficacy, and suggestions for how to make them better. It showcased the efforts being made by the government and non-governmental organisations to help child-headed households by enrolling numerous kids in BEAM and providing food and other necessities to the most vulnerable kids. It also recommended protection for the girl child from forced marriage, prostitution through enforcing laws and by laws. The research sees the need for the community to provide psycho social support to these children so that they can have a sense of belonging and feel loved so that they cannot make themselves vulnerable to anyone.

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## **LIST OF APPENDICES**

### **APPENDIX 1: INFORMED CONSENT FORM FOR KEY INFORMANTS**

My Name is Charlene Mawunga. I am a fourth year Social Work Student from Bindura University. I am doing a research on **the Survival strategies employed by Child Headed**



**Household in the face of COVID 19 in Mt Hampden.** I am asking for your permission to take part in this research study. First, I will describe the study and your part in it. If anything does not make sense, please ask me to stop and I will better explain and you can withdraw from the study anytime. Please feel free to ask any questions and take as much time as you need. When you feel like you have understood all the information, if you agree to take part in the study, then you are free to sign this form.

**For the Participant**

I..... working at..... As (Occupation) .....  
Agree to participate in the research project titled **Survival Strategies employed by Child Headed Household in the face of COVID 19** Conducted by Charlene Mawunga.

I consent to participate in the research project and the following has been explained to me:

1. The research may not be of direct benefit to me
2. My participation is voluntary
3. My right to withdraw from the study anytime
4. Audio – visual recording any part of or research activities
5. Publications of results from this study on the condition that I remain anonymous.

Signature: .....

Date: .....

**OBJECTIVES**

1. To Identify the survival strategies employed by the Child Headed Households
2. To explore the effectiveness of the coping strategies employed by Child Headed Households of Mt Hampden in enhancing their livelihood during COVID 19

3. To identify ways to improve the coping strategies employed by Child Headed Household during COVID 19.

## **APPENDIX 2: INFORMED CONSENT FORM FOR CHH GUARDIAN**

My Name is Charlene Mawunga. I am a fourth year Social Work Student from Bindura University. I am doing a research on **the Survival strategies employed by Child Headed Household in the face of COVID 19 in Mt Hampden**. I am asking for your permission to allow your daughter/ son to take part in this research study. First, I will describe the study and your part in it. If anything does not make sense, please ask me to stop and I will better explain and you can withdraw your daughter/ son from the study anytime. Please feel free to ask any questions and take as much time as you need. When you feel like you have understood all the information, if you agree to let your daughter or son take part in the study, then you are free to sign this form.

### **For the Participant**

I..... the guardian of..... Agree to let him/ her participate in the research project titled **Survival Strategies employed by Child Headed Household in the face of COVID 19** Conducted by Charlene Mawunga.

I consent to let her/ him participate in the research project and the following has been explained to me:

6. The research may not be of direct benefit to me
7. My participation is voluntary
8. My right to withdraw from the study anytime

- 9. Audio – visual recording any part of or research activities
- 10. Publications of results from this study on the condition that I remain anonymous.

Signature: .....

Date: .....

**OBJECTIVES**

- 4. To Identify the survival strategies employed by the Child Headed Households
- 5. To explore the effectiveness of the coping strategies employed by Child Headed Households of Mt Hampden in enhancing their livelihood during COVID 19
- 6. To identify ways to improve the coping strategies employed by Child Headed Household during COVID 19.

**APPENDIX 3: INFORMED CONSENT FORM FOR CHILD HEADED PARTICIPANTS**

My Name is Charlene Mawunga. I am a fourth year Social Work Student from Bindura University. I am doing a research on **the Survival strategies employed by Child Headed Household in the face of COVID 19 in Mt Hampden**. I am asking for your permission to take part in this research study. First, I will describe the study and your part in it. If anything does not make sense, please ask me to stop and I will better explain and you can withdraw from the study anytime. Please feel free to ask any questions and take as much time as you need. When you feel like you have understood all the information, if you agree to take part in the study, then you are free to sign this form.

**For the Participant**

I... .. Agree to participate in the research project titled **Survival Strategies employed by Child Headed Household in the face of COVID 19** Conducted by Charlene Mawunga.

I consent to participate in the research project and the following has been explained to me:

- 11. The research may not be of direct benefit to me
- 12. My participation is voluntary
- 13. My right to withdraw from the study anytime
- 14. Audio – visual recording any part of or research activities
- 15. Publications of results from this study on the condition that I remain anonymous.

Signature: .....

Date: .....

**OBJECTIVES**

- 7. To Identify the survival strategies employed by the Child Headed Households
- 8. To explore the effectiveness of the coping strategies employed by Child Headed Households of Mt Hampden in enhancing their livelihood during COVID 19
- 9. To identify ways to improve the coping strategies employed by Child Headed Household during COVID 19.

**APPENDIX 4: INTERVIEW GUIDE FOR KEY INFORMANTS**  
**BIOGRAPHICAL INFORMATION OF THE PARTICIPANT**

Location:

Date and Time:

## Organisation and Informant Designation

1. What is your name? (Optional).
2. Years of experience in the respective designation?
3. How long have you been a social worker/or nurse
4. How do you identify Child Headed Households in Mt Hampden?
5. How did they survive before COVID 19?
6. How did they survive during COVID 19?

### **SECTION A: THE SURVIVAL STRATEGIES OF THE CHH**

1. What were the strategies employed by the CHH?
2. Comment overally on the strategies used by the CHH?
3. Who assisted these CHH during COVID 19?
4. Did this help improve the lives of CHH?

### **SECTION B: THE EFFECTIVENESS OF THE SURVIVAL STRATEGIES**

1. How did the survival strategies improve their lives?
2. What challenges did they face in meeting their basic needs?
3. When they faced problems how did they overcome them?
4. Comment Overally on how these strategies were effective?

### **SECTION C: THE IMPROVEMENT OF THE COPING STRATEGIES**

1. What should be done by the government to help the CHH meet their basic needs?
2. What can be done by the Non-Governmental Organisations to assist the CHH in meeting their basic needs?
3. Comment overally on how these strategies should be improved?

## **APPENDIX 5: INTERVIEW GUIDE FOR CHILD HEADED HOUSEHOLD**

### **PARTICIPANTS/ GUARDIAN**

#### **BIOGRAPHICAL INFORMATION FOR THE CHH PARTICIPANT**

1. What is your name?
2. How old are you?
3. How many are you in your family?
4. Where do you stay [ in your parents' house or you rent]
5. Do you mind telling us what happened to your parents and how you ended up being CHH?
6. How did you survive before COVID19?

#### **SECTION A: IDENTIFYING SURVIVAL STRATEGIES**

1. How were you surviving during COVID 19?
2. Challenges you faced in applying these strategies?
3. Who assisted you during COVID 19?

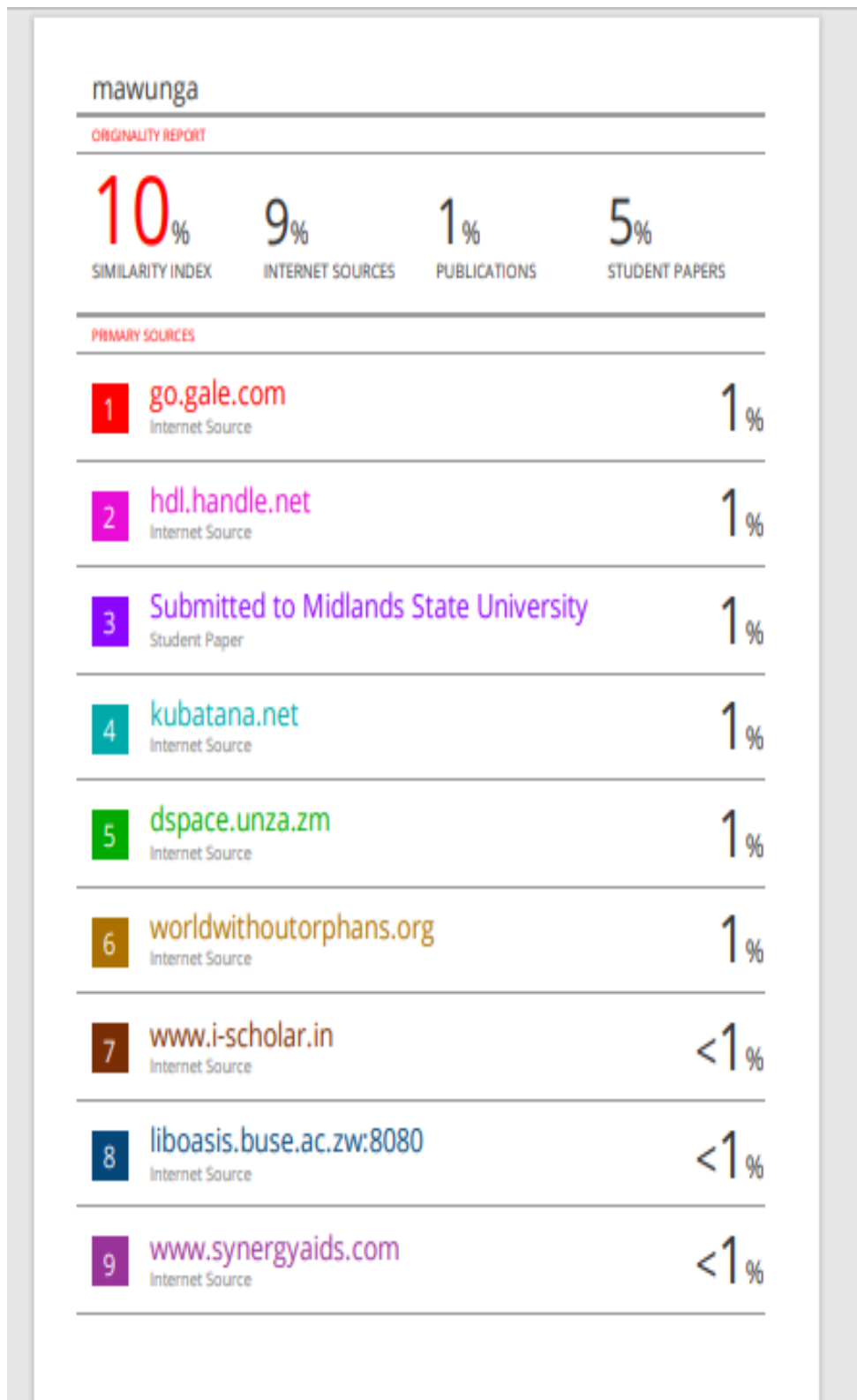
#### **SECTION B: EFFECTIVENESS OF THE STRATEGIES**

1. Did the strategies improve your lives?
2. How did you overcome the problem you were facing in applying the survival strategies?

#### **SECTION C: IMPROVEMENT OF THE SURVIVAL STRATEGIES**

1. What can the government do to improve the survival strategies?
2. What can you do as CHH to improve your survival strategies?

3. What do you need to improve your survival strategies?



Official communications should  
Not be addressed to individuals

Telephone: Harare 790872/7  
Telegrams "SECLAB"  
Private Bag 7707/7750



ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND  
SOCIAL WELFARE  
Compensation House  
Cnr 4<sup>th</sup> Street and Central Avenue  
HARARE

09 May 2023

**Charlene Tsitsi Mawunga**  
**Bindura University**

**REF: PERMISSION TO CARRY OUT ACADEMIC RESEARCH ON TOPIC  
ENTITLED "SURVIVAL STRATEGIES EMPLOYED BY CHILD HEADED  
HOUSEHOLD IN THE FACE OF COVID 19. A CASE OF MOUNT HAMPDEN"**

Receipt of your letter with the above-mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research on a topic entitled "**Survival strategies employed by child headed household in the face of COVID 19. A case of Mount Hampden**". Permission is granted **STRICTLY** on condition that the research is for academic Purposes only in pursuit of your post graduate diploma in Social Work. The data collected should not be shared to third parties.

You are kindly requested to submit a copy of your final research documents to the Department of Social Development upon completion as your research has a bearing to the Department's mandate.

Dr. E. Mtetwa

**CHIEF DIRECTOR -SOCIAL DEVELOPMENT AND DISABILITY AFFAIRS**

cc: S Masanga – Permanent Secretary  
Director Social Development  
NL Bore – Director Human Resources

