

COPING MECHANISMS OF CHILD-HEADED HOUSEHOLDS:
THE EXPERIENCE OF EIGHT HOUSEHOLDS SUPPORTED BY
MEKDIM ETHIOPIA NATIONAL ASSOCIATION
(CASE STUDY)

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ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

COPING MECHANISMS OF CHILD-HEADED HOUSEHOLDS:
THE EXPERIENCE OF EIGHT HOUSEHOLDS SUPPORTED BY
MEKDIM ETHIOPIA NATIONAL ASSOCIATION

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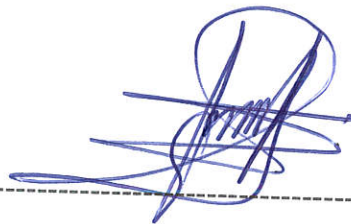
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Declaration

I, the undersigned Tsion Teferra, hereby confirm that this study in title “Coping Mechanisms of Child-Headed Households: The Experience of Eight Households Supported by Mekdim Ethiopia National Association” is the record of study carried out by me, and any material used in this study is duly acknowledged.

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Abstract

With the increasing number of orphan children, many children are left without parental care and support and lead their life in Child-Headed Households (CHHs) (ACPF, 2008). Available studies on CHHs indicated the economic, social and emotional challenges that the children are facing for several socio-economic factors, and for the fact that they are living alone without adult care (ACPF, 2008; Chizororo, 2007). This exploratory case study research is undertaken with major objective to understand the coping mechanisms used by CHHs to cope with the economic, social and emotional needs. In-depth interviews with eight child-heads and eight children living in CHHs, focus group discussion with child heads, and key informant interviews with five informants were conducted. The findings of the study indicated that child heads and other older children in the participated CHHs are burdened with adult responsibilities to fulfill the needs of their household; and they use different approach to organize themselves within their household to cope with their needs. Though there are supports the households gain from their social networks having roles in their coping mechanisms, the form and extent of support that the households are gaining vary depending on several factors.

ACRONYMS

ACPF	The African Child Policy Forum
AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organizations
CHHs	Child-Headed Households
FSCE	Forum on Street Children – Ethiopia
HIV	Human Immune-deficiency Virus
MoLSA	Ministry of Labor and Social Affairs
NGOs	Non-Governmental Organizations
NPAC	National Plan of Action for Children
OVC	Orphan and Vulnerable Children
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

INTRODUCTION

Thesis Organization

In this report, first the background, statement of the problem, research question and objectives of the study, significance of the study and area of the study are presented respectively. Following these, the review of different literatures, including regional and local study findings on CHHs, together with international and regional policy documents that the country has ratified and local policy documents and legislatives are reviewed. Theoretical perspectives from which concepts are used for undertaking this study, and operational definitions for key words are presented within the literature review section.

The third section deals with the research design and method used for undertaking the research. Here the sampling, data collection process and the data analysis methods, the ethical consideration, limitations and trustworthiness of the research are presented in detail. The fourth section deals with the findings, followed with the discussion section which is presented in line with the initial questions of study. Finally, the conclusion and social work implication of the study are presented respectively.

Background

The number of orphan children particularly in Sub-Saharan African countries is increasing at an alarming rate. In Sub-Saharan countries, the number of orphan children under 15 years of age, which was less than 1 million in 1990, has increased to 11 million in the year 2001. By the year 2010, it is estimated to reach 20 million. In Ethiopia, the number of orphan children, which was 3,839,000 in 2001, is estimated to reach 5,029,000 by the year 2010 (UNICEF, 2003).

According to UNICEF (2006), in Ethiopia, extended families such as uncles, aunts, and grandparents, are the primary sources of support for orphan children since very few

government services are available for helping this disadvantaged group. The report further indicated that, with the growing number of orphans, the capacity of extended families to take in orphan relatives is declining since the majority of the population in the country is living in poverty. As a result many orphan children end-up working in difficult conditions, others are forced to live and work on the street to survive, and others struggle in child-headed households (CHHs) (UNICEF, 2006). In Ethiopia, the number of CHHs which was about 77,000 by the year 2005 is estimated to reach 225,000 by the year 2010 resulting in over half a million children being dependent on their siblings who are children themselves (The African Child Policy Forum, 2008).

Children living in CHHs, where they are caring for each other with the responsibilities of adult caregivers, are exposed to different social, economic, physical and emotional challenges. They need to work for the basic necessities, and to care for each other. Their rights for education, health services, psychological support, and other needs for their survival and development are in danger since there is no adult in the house to provide care, or advocate, for them. They might be forced to cope with grief for parental loss or abandonment. These children are exposed to neglect, exploitation, violence and sexual and other forms of abuse (ACPF, 2007). This research, thus, is undertaken to understand how children living in CHHs are coping with their economic, social and emotional needs.

The research is conducted using qualitative case study design. It has studied eight different CHHs who are being supported by a local non governmental organization called Mekdim Ethiopia National Association. In-depth interviews were conducted with eight child-heads of the studied CHHs, and another eight children living within the same households but without heading responsibility. In addition, key informant interviews were conducted with five key informants selected from support providing sectors.

Statement of the Problem

A national survey report, in titled "Reversed Roles and Stressed Souls, Child-Headed Households in Ethiopia" was revealed by African Child Policy Forum (ACPF) in the year 2008. The report indicated that Ethiopia is one of the countries in Africa with highest percentage of CHHs. It estimated more than 77,000 CHHs existed in the country in the year 2005; and it further estimated the number of CHHs to reach about 225,000 by the year 2010, resulting in about 675,000 children being dependent solely on the care provided by their siblings (ACPF, 2008).

The same national study by the ACPF (2008) and an unpublished masters thesis by Mekdes (2008) have indicated the different challenges that children in CHHs are facing due to parental loss and the fact that they are living in a household all alone without adult care within their household. The identified challenges include monetary problems, housing and safety problems, and emotional problems particularly due to loss of their parents and the adult responsibility they are shouldering in taking care of their household. The studies also indicated health problems, and problems in relation to education that children living in CHHs are facing. The children also face challenges to access services and to claim their legal rights because they are children below the age of 18 years.

Such realities of children living in CHHs may lead to a question "how are the children coping with their life's needs having no adult figure living within their household to provide them with parental care and guidance?" This is a question particularly in the Ethiopian reality, where there is a high increase in the number of orphans with limited provision of services available within the country. Studies indicated, even though there are organizations in Ethiopia providing different forms of support for orphan children they are limited in number as well as provision of services; and that they are able to cover only a small number of children from the

large number of orphans and other vulnerable children in need of support (MoLSA, Italian Cooperation, & UNICEF, 2003).

Children living in CHHs are different from other orphans in that they are living by themselves without adult care and protection within their household. These children are left on their own to play the adult role in caring for each other, for which they are not matured enough physically, mentally, developmentally as well as emotionally. This means that these children are exposed to more challenges of life and are expected to deal with the challenges on their own. The two study reports in Ethiopia, by ACPF (2008) and Mekdes (2008), have presented different strategies that CHHs utilized to cope with the different challenges with particular focus on how the households fulfill their financial needs. According to the report by ACPF (2008), for fulfilling their monetary needs, the children are engaged in daily labor, involved in domestic employment, petty trading, fishing, and agricultural activities. Supports by service-providing agencies for those households that are able to access the supports also have role in helping CHHs to cope with their life demands; though, the study indicated that most services are concentrated on food and school material supports. The households need for mentoring, parenting support and skills training are almost totally missing (ACPF, 2008).

Both studies presented limited information on how the children cope with different social and emotional challenges they are facing. They also gave us limited information on how the children organize themselves and manage their household daily routine, including managing household expenditures; sharing responsibilities among siblings; fulfilling their need for emotional support, behavioral guidance and other care for younger siblings; allocating other household activities; and making decisions.

Furthermore, the two studies in Ethiopia gave us limited and general information on the role of informal support systems, such as of extended families, neighbors; and other prominent

community associations such as Idirs¹. Though the studies have indicated the presence of support these households are gaining from neighbors and community members as social strengths they did not adequately studied the kinds or forms and the extent of the supports. Furthermore, though the studies indicated the presence of formal support for OVC in general from which CHHs might get the benefit, particularly by NGOs, none of the studies showed in detail to what extent the supports helped the households to cope with their life demands. Both studies also failed to show strengths that existed within and in the social networks of the households. The primary focus of the studies seems mainly on problems and challenges of CHHs. Understanding strengths within and in the social environment of the households are fundamental to further empower and for addressing the needs of such households.

This exploratory research was conducted with the aim of beginning to fill the identified gaps; the research was conducted to develop an understanding of the mechanisms children living in CHHs utilize to cope with their economic, social and emotional needs. The study focused on exploring how children in CHHs organize themselves in fulfilling the day-to-day needs of their household. The study also explored the role of social supports from formal and informal social networks with whom the households have relationships. The strengths and challenges existed in the participated CHHs while trying to meet their needs; and existing gaps and factors affecting the households from utilizing services from their social networks are also identified with this research.

¹ Idir, also called Kire in some places, is a social system that exists throughout the country, whereby a group of people, in most cases who live in the same neighborhood, contribute a certain fee for membership on a regular basis; and when a death occurs in a member's household, or a close relative of a member, the Idir provides practical help and financial support to the family during the funeral and the three to seven day mourning period that follows. There are also cases in which the members contribute extra fees for supporting families in crises other than death, such as chronic illness, and for supporting children or elders who are remaining without care providers

Research Question and Objectives of the Study

Research Questions

The research had the following initial questions:

- How do CHHs organize themselves within their household in taking care of the daily household activities and in fulfilling the economic, social and emotional needs of the household members?
- In what way(s) do social networks of CHHs help them in their effort to cope with their economic, social and emotional needs;
- What factors affect CHHs from utilizing supports from their social networks?
- What challenges and strengths exist among CHHs while trying to cope with their needs?

Objectives of the Study

- To understand the experience of CHHs in organizing themselves within their household in taking care of the daily household activities, and in fulfilling the economic, social and emotional needs of the household members;
- To understand the existing social networks of CHHs, and their role in helping the households in their effort to cope with the economic, social and emotional needs;
- To learn what factors affect CHHs from utilizing supports from their social networks;
- To identify challenges and strengths of CHHs while trying to cope with their needs; and provide recommendations on how to strengthen their coping mechanisms.

Significance of the Study

I believe this study will contribute to knowledge building, having a role in bridging information gap in relation to the coping mechanisms CHHs use to cope with their economic, social and emotional needs. It informs how children living in CHHs organize themselves in undertaking the daily household routine and fulfilling their needs. It also identifies the form

and role of supports the households are gaining from their social networks as a means to cope with their needs. The study also provides information on the existing gaps and factors affecting CHHs from benefiting supports from their social networks; and on strengths and challenges of CHHs while trying to meet their needs. Such findings of the study can be referred as informative for further social work study and intervention. The findings of the study can also serve as a reference for influencing policies and legislations. Furthermore the study findings on the role of supports from social networks of the CHHs may have fundamental role for community mobilization. It may be informative for designing program that involve existing resources within the extended family system, and the community where the households reside.

Area of the Study

The participating CHHs for this research were contacted and identified from a non-governmental local organization called Mekdim Ethiopia National Association. Mekdim is a national association for people living with HIV/AIDS (PLWHA) and orphan children who lost their parents due to the pandemic. The organization was established in 1996 by groups of people living with the virus and orphan children who are affected by the pandemic. It has got license from Addis Ababa City Government and Ministry of Justice to operate as an NGO on a regional and national level. Currently the organization has a total of over 1500 orphans as members of the association, and provides them with diverse psychosocial supports. Even though there is no recorded data, according to the information gained from interviewed staff of the organization, it is estimated that about 300 children living in CHHs are beneficiaries of the organization.

Although the organization does not have any specific program designed for supporting CHHs, there are children living in such households that are benefiting from the organizations' psychosocial support services in the form of counseling and life skills trainings. There is also

an educational support program that covers school fees, and provision of materials such as school uniforms and note books. The organization also provides legal support for OVC in collaboration with several Kebeles and Idirs. Though previously the organization had food support programs for OVC, currently this service has stopped.

This organization is selected for this research with the understanding that currently the organization is undertaking OVC support programs through community mobilization. It provides trainings for community based organizations (CBOs) such as Idirs, different associations and anti-HIV/AIDS clubs, and community volunteers and works with them for identifying and delivering psychosocial support programs for OVC living in different communities. It is undertaking its psychosocial services by providing trainings for volunteers, where the volunteers provide home-based care for bed ridden HIV/AIDS patients and their children, counseling services and other educational activities for OVC. And I believe undertaking this research, having participants from this organization, will provide information for the organization that would also help for the development of intervention programs and for undertaking further studies in relation to CHHs.

LITERATURE REVIEW

The growing number of orphan children, particularly due to the HIV/AIDS pandemic, is one of the most visible social concerns in Sub-Saharan African countries, including Ethiopia. In Ethiopia, the total number of orphan children which was 3,839,000 in 2001 is estimated to reach 5,029,000 by the year 2010 (UNICEF, 2003). It is also estimated that, by the year 2010 over 1.8 million children will become orphans only due to HIV/AIDS (MoLSA, 2004).

With the death of parents, children lose part of their safety net. They become vulnerable to abuse, violence, exploitation, stigmatization and discrimination. In most cases, the children are forced to drop out of school and engage in child labor to gain income for their

daily meals and take care of each other (UNICEF, 2005). Many orphan children are living in disadvantageous conditions under the care of impoverished family members, while others are left in CHHs without adult care and struggle for life under exploitive situations or end-up on streets. Studies in African countries indicated that nearly all children in CHHs are deprived of their basic needs and are exposed to different forms of abuse and exploitation (Subbarao, Mattimore, & Plangemann, 2001).

Situation of Children Living In Child-Headed Households

Recently a national study on CHHs in title, titled "Reversed Roles and Stressed Souls, Child-Headed Households in Ethiopia" was revealed by African Child Policy Forum (ACPF) in the year 2008. In showing the prevalence of the problem, based on reports of UNICEF (2003) and UNAIDS (2006) the study has estimated more than 77,000 CHHs would exist in Ethiopia by the year 2005; and nearly half of a million children were estimated to be living within these households, relying solely on their siblings. Furthermore, the study estimated by the year 2010 the number of CHHs in Ethiopia would reach 225,000, resulting in about 675,000 children being dependent solely on the care of their siblings (ACPF, 2008).

There are two divergent views regarding the characteristics of CHHs in the literature. Some writers argue that CHHs are transient families where orphan children remain as a temporary base after the death of their parents until a permanent living place is arranged for them by extended families. They argued that the children are living with a co-resident adult who eventually will take the heading responsibility, or the children will be moved to other living arrangements with relatives or other support systems (Abebe & Aase, 2007). Others argue that the transient characteristic of CHHs is changing because of the enormous burden of the orphaning problem on the extended family system and the economic realities of most families in African countries. For example, Foster and his colleagues, based on findings of

their studies argue that with the increasing burden of the orphaning problem together with the economic realities of most families the transient characteristics of CHHs is transforming into a permanent setting (Foster, Makufa, Drew, & Kralovec, 1997).

When we look at the Ethiopian situation, the study report by ACPF (2008) on CHHs has indicated the increasing number of households in the country as a permanent setting after the death of their terminally ill parents. The study indicated that the majority of child-heads participating in the study have been heading their household an average of 2 to 4 years, and 12% of the children have been heading their household for 7 and more years (ACPF, 2008). These findings indicate more support for the permanent, rather than the transient, characteristics of the households where children take the heading responsibility.

Factors for the Emergence of Child-Headed Households

Subbarao et al (2001) explained the emergence of CHHs as an indication of weakening of the traditional safety net of the extended family system in African countries. According to this view, the extended family system, which is the main source of support for orphan children in most African countries, is weakening with the increasing burden of orphaning problems and economic difficulties. Children thus are slipping out of this traditional safety net and are forced to live in CHHs. However, other writers argue that the emergence of CHHs does not mean that children are slipping out of the traditional safety net of the extended family system. According to this view, in addition to the economic supports we also need to consider the non-material aspects of supports by extended families - the emotional and social guidance and parenting practice of African countries - that are not necessarily determined by the economic capacity of families (Abebe & Aase, 2007; Foster et al, 1997).

The factors that cause relatives to refuse fostering orphan children in their household include, economic constraint; social concerns including fear of accusation of neglecting

fostered orphan relative, fear of social stigmatization for having AIDS orphans and suspicion of HIV/AIDS as the cause of parental death; and a weak relationship to the family prior to parental death and distance of living areas among relatives. There are other cases in which relatives consider themselves free of responsibilities towards their orphan relatives and become reluctant to care for them, although they are closely related to the children (Foster et al, 1997).

There are also conditions in which orphan children might prefer to live under the care of their siblings than living with relatives or other support systems so that they would stay together as a family rather than being separated under the care of various relatives or other support systems (Foster, et al, 1997). Living in CHHs can also be seen as a means of expression of the children's desire for social recognition. By opting out to live alone in CHHs the children might be expressing their desire for independence and social recognition (UNICEF, 2001, cited in Chizororo, 2007). Fear of maltreatment by irresponsible relatives or other care providers, and concerns of losing inheritance rights to property of parents are also part of the factors for the preference of the children to live in CHHs (Chizororo, 2007).

Foster and his colleagues also explained the emergence of CHHs as an indication of a new coping strategy by extended families and communities to the overwhelming burden of caring for orphans on the family system. They argue that families are living close to CHHs, and that the extended family system serves as a main support system for the CHHs through provision of, such as material support, and regular follow-ups and supervision (Foster, et al 1997).

Studies in Ethiopia, though not in detail form, have indicated different factors for the emergence of CHHs. The ACPF report has indicted the death of parents or care providers due to HIV/AIDS to be the primary cause for the emergence of CHHs, followed by marital disintegration and inability to provide care due to poverty, health and age related factors (ACPF, 2008). Another study presented incapability of extended family members to foster the

increasing number of orphan children mainly due to lack of space and monetary problems; HIV/AIDS being the cause for parental death where relatives are afraid of being contaminated with the disease; and fear of exploitation by irresponsible relative, and preference of orphan children to live under the care of their siblings in CHHs so that they would be able to live together and keep their family bond; and wish to keep the family's Kebele house are among the major factors, for the establishment of the households. The study further presented the view of care provider who stated that keeping orphan children in CHHs was the only existing better solution given the fact that the existing formal support is insufficient to accommodate the increasing number of orphans in the country, and given the relatives' weak economic capacity (Mekedes, 2008).

Challenges of Child-Headed Households

Though it is stated that there are cases where children prefer to live together in CHHs than being separated to different support systems, for reasons including fear of separation, abuse by irresponsible care provider and to keep inheritance of their family property, there are situations in which children living in CHHs face challenges to take care of themselves and their household (Foster et al, 1997).

Child heads of households are burdened with adult responsibilities for providing parental care and guidance to their siblings, which are developmentally inappropriate tasks. Younger siblings in CHHs expect their older siblings to look after them and to meet their demands. In most cases older children, particularly girls, are forced to drop out of school and engage in income activities for fulfilling household basic needs for food, shelter, clothing and other needs. The children engage in different labor activities that expose them to physical hazards, abuse and exploitation (Chizororo, 2007).

As the result of their parental roles, in addition to the day-to-day household activities, the child heads also feel responsible for disciplining their siblings when they misbehave. They feel frustrated and helpless when their younger siblings are engaged in unacceptable activities, such as stealing. The children might also challenge each other when a younger sibling feels the older sibling is attempting to limit his/her freedom (Masondo, 2006).

Children in CHHs also suffer emotional problems. The psychological trauma that orphan children pass through starts long before the death of their parents; caring for and watching dying parents by itself emotionally damages children. There are conditions that further traumatized children after the death of their parents. Separation among siblings and shouldering the burden of heading a household and caring for younger siblings are among the difficult circumstances that cause emotional stress on orphaned children (Subbarao et al., 2001). Loss of parents during childhood by itself brings depressive thoughts and feelings of sadness, anger and guilt to children. Orphan children may exhibit fear that something terrible might happen to them, particularly during illness (Family Health International, 2003).

The child heads of households have missed adult figures in their household to fulfill their own need for parental attention, love, care and guidance. They have no one to give them physical and emotional security. They have limited or no time to play due to the heavy responsibility of managing their household. The children feel intense feelings of vulnerability, loneliness and emptiness as the result of losing their parents (Masondo, 2006).

The study undertaken in Ethiopia by ACPF (2008) also indicated different physical, social, psychological and economic challenges that children living in CHHs are facing in their daily life. According to the study, the psychological challenges that the children are facing are mainly related to the traumatic experience of long lasting illness and death of their parents, and the stress in fulfilling the adult responsibility they shoulder for taking care of their siblings.

The study indicated that the children suffer feelings of loneliness, depression, low self-esteem, fear and sense of alienation.

Due to their young age, there are children in CHHs who face difficulties to assert their legal rights in cases of property inheritance because they have no adult to assist them in this regard. Their young age status also hinders the children's ability to access medical care, since it is not ethical for physicians to give medical prescriptions for children to take without assistance from adults and the children are required to come with adults to have the prescription. Financial constraint to fulfill their basic needs for food, shelter, healthcare, clothing, and schooling is also identified as a major challenge area for the CHHs. As a result the children are exposed to exploitation, unsafe work environments, forced labor and physical abuse (ACPF, 2008).

Coping Mechanisms of Child-Headed Households to Different Challenges

The study report by ACPF (2008) presented the different mechanisms that children living in CHHs utilize to cope with the different challenges, with particular focus on how the households fulfill their financial needs. According to the report by ACPF, for fulfilling their monetary needs, the majority of the children are engaged in daily labor, the rest are involved in domestic employment, petty trading, fishing, and agricultural activities (ACPF, 2008).

As coping mechanisms for their emotional needs, the same study indicated that, children in CHHs mainly prefer to talk to other children in similar situations as they are, than talking to neighbors or other support systems. It is true that some children in need of emotional support, particularly those who care for a bedridden HIV-positive parent within their household, go to churches or mosques, or talk to medical personnel (ACPF, 2008).

The study report by Mekdes (2008) also indicated that, even though the children feel badly treated by their extended families, they continue to seek support from their relatives as

one of their survival mechanisms. In addition, the study indicated supports that CHHs receive from their community, one of which is support by Idir members to help the households to keep their membership in the Idir (Mekedes, 2008).

The supports by service-providing agencies for those households that are able to access the service also play a role in helping CHHs to cope with their life demands. However, studies indicated presence of overlap on the kinds of support and lack of coordination among the service providing organizations. The research by Mekedes (2008) indicated that in most of the cases the support by aid organizations is limited for one or two children per household. In addition, the support is limited to provision of school uniforms and educational material, which is provided for the children once a year. There are a few cases of children who receive food support every three months, which is not enough for the whole family.

Due to the insufficient and limited support provided by the service-providing organizations, the children are forced to drop out of school and engage in income generating activities. There are also cases of children who lost the support they were getting from organizations because they dropped out of school and engaged in income activities to support their family, since the organizations only supported them as long as they were in school (Mekedes, 2008). Furthermore, the study undertaken by ACPF indicated that most services by aid organizations are concentrated on food and school material supports. The households need for mentoring, parenting support and skills training are almost totally missing. The supports for shelter, clothing and sanitary materials are provided inadequately (ACPF, 2008).

Government's Legislative and Policy Response

Ethiopia has legislative and policy documents addressing specific children's issues, as well as other general policy materials that have incorporated the children issues as one component.

Ethiopia has also ratified international legal documents, including the United Nations Convention

on The Rights of the Child (UN-CRC), the International Labor Organization Convention on The Worst Form of Child Labor (ILO-Convention182), in 1992 and 2003 respectively; and the regional instrument - the African Charter on the Rights and Welfare of the Child (ACRWC), in 1999.

The International and Regional Legal Framework

The UN- CRC is an important legal framework that Ethiopia has ratified concerning the rights of children. It provides legal framework that protects the survival and development of all children, including protection of children from any form of physical and emotional harm (Article 19). It also ensures the provision of assistance for fulfilling basic needs of children for ensuring their right for life, survival and development (Article 6). And those children who are deprived from their family environment are entitled for special protection and assistance provided by the state. The convention puts the responsibility on the state parties for ensuring the provision of alternative care and assistance for such children (Article, 20).

The United Nations CRC committee has recently raised the issue of CHHs in its General Comment No.3 (2003), on HIV/AIDS and the Rights of the Child. In its comment the committee has formally acknowledged the existence of CHHs and encouraged state parties to provide assistance for the households, stressing the need for keeping siblings together as the best support for the orphans in CHHs. It underlined the need for providing legal, economic and social protection to those children in CHHs, so that their access to education, inheritance, shelter, health and social services can be ensured. Safeguarding the protection of the children by national law is also mentioned as fundamental to make the orphan children less vulnerable to abuse and exploitation. The committee reminded state parties the need for providing support to strengthen the capacity of families and the general community, so that they would be able to provide the children with adequate support and assistance in their physical, social, psychological and economic aspects (Committee on The Rights of The Child, 2003).

Ethiopia has also ratified the ILO convention 182 on the Worst Form of child Labor, in 2003. The convention gives legal framework for protection of children from worst forms of labor activities that may affect the healthy growth of children. Such worst forms of child labor identified in the convention includes the sale and trafficking of children, engaging or offering a child for prostitution and other work activities that has potential to harm the health, safety or morals of children (Article 3). The convention, under Article 7.2 has reminded ratifying countries on the need for taking action for eliminating child labor, and providing assistance for children who are removed from labor activities through ensuring their access for free education and vocational training according to their age. It also further indicated the need for providing other support for the children for their rehabilitation and social integration.

In relation to regional policy frameworks, the African Charter on the Rights and Welfare of the Child (ACRWC) is an important regional framework that Ethiopia has ratified for ensuring the rights and welfare of children. Though issues of CHHs are not raised as a particular issue, the charter reinforces obligation on the state to ensure the survival, protection, and development of children to the maximum extent possible (Article 5). Furthermore, it specifically puts responsibility on the states to provide special protection and assistance, including ensuring alternative family care, for children who are temporarily or permanently deprived of their family environment (Article 25).

The National Legal and Policy Framework

The FDRE Constitution and the Revised Family Law that incorporated the issue of children in harmony with the UN-CRC and the ACRWC are major national policy documents for insuring the rights and welfare of children. The 1995 FDRE constitution, under Article 36, states the rights to children, including the right of the child to life and not to be engaged in any exploitative activities; neither to be required nor to be permitted to perform work which may be hazardous or harmful to his/her education, health and wellbeing. Article 36(5) of the

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constitution required the state to provide special protection to orphans in particular. In cases of those children who are left without parents or guardian, the constitution precisely indicated that the state is responsible to allocate resources to provide rehabilitation and assistance for the children, within the available means (Article 41.5).

The Revised Family Code has provided detailed discussions concerning the rights and limitations of children less than 18 years of age. The family code, under Article 242, has indicated that any child under the age of 18 years is incapable of and cannot take the responsibility of care giving or guardianship of a child except for his/her own children. The family code further indicated that a child under 18 years age can not be engaged with legal issues except for those cases that are allowed by the law, and any property rights of the child shall be under the responsibility of his/her legal guardian (Article 216). The proper upbringing responsibility of the child, including the health care and the behavioral and social development of the child is given to an adult who is the legal guardian of the child (Article 257 - 260). The family code further mentioned that, if the court believed it to be in the best interest of the child, it can decide that a child who is fourteen (14) and above is to be considered as an adult and capable of performing adult responsibilities (Article 312).

In addition to the above national legal frameworks, there also are national policy documents that the country has developed. The Developmental and Social Welfare Policy that Ethiopia has issued in 1996 is one of national policy documents that discussed different strategies for addressing the rights and welfare of children. The policy, however, has failed to recognize the problems of orphan children as a major social concern. This has an indication for the need of revision of the policy. The National Education Policy that was issued in 1994 is another policy document that Ethiopia has developed, which ensures the rights of children for basic education. For ensuring the provision of basic education for all, one of the strategies of

the policy is the provision of special financial assistance to those who have been deprived of educational opportunities. Such provisions of the policy are fundamental for ensuring the rights of orphan children in general and those CHHs in particular who are deprived from education due to financial constraints and other factors.

The National Plan of Action for Children (NPAC), which has implementation period from 2003 up to 2010, is another essential policy documents that Ethiopia has developed for addressing problems of children in difficult circumstances. This plan of action for children focused on four themes, these are: promoting healthy lives; providing quality education; protecting children against abuse, exploitation and violence; and combating HIV/AIDS. In addition to the general plans for all children, the NPAC considered the issue of orphan children as one component (MoLSA, 2004).

The Ministry of Labor and Social Affairs (MoLSA) of Ethiopia has also developed national guidelines on five alternative childcare programs in August 2001, namely: childcare institutions, community-based children support programs, child-family reunification, foster family care, and adoption. The guideline is prepared in line with the UN-CRC. It has covered the five support programs to be provided for orphan children, abandoned children, children with terminally ill parents, and other children in difficult circumstances. The guideline covered different structure and service characteristics that the five alternatives should incorporate. (MoLSA, 2001). Having such guidelines gives a framework for service providing sectors to follow, in insuring the rights and welfare of children, including orphans.

When we look at the relevance of such legal and policy frameworks to orphan children in general and CHHs in particular, the two international documents - UNCRC and ILO Convention 182, provides the framework that ensures the right and welfare of children. Particularly the comment by the United Nations CRC committee, No.3 (2003), recognized

presence of households headed by children and emphasized on the need to provide support for CHHs to protect the rights of the children to survival and development.

The ILO convention 182 also provides legal framework for the protection of children from the worst forms of labor activities that may affect their healthy growth, and reminded states of the need for providing assistance for children involved in labor activities so that they may have access to free education and other services for their rehabilitation and social integration. Though the issue of CHHs is not discussed in particular, the ACRWC is an important regional framework that Ethiopia has ratified for ensuring the rights and welfare of children. The charter specifically puts responsibility on the states to provide special protection and assistance for children who are temporarily or permanently deprived from their family environment (Article 25).

When we look at national documents, the FDRE Constitution and the revised family law are important national legal frameworks that the country has developed that also ensure the rights and welfare of children in general and orphan children in particular. However, when we come to the issue of CHHs the limitations set on the family law for children below the age of 18 years, particularly Article 216 and Articles 257-260, may cause challenges to CHHs where children are living under the care of a sibling who is also a child under 18 years. Because children living in CHHs are living with no parent or guardian within their household, who is responsible to care for them, it can be difficult for the households to fulfill their rights for legal support, health care, and other rights as there is requirement of adult presence in the law.

Though the family code mentioned that, if the court believed it to be in the best interest of the child, it can decide that a child who is fourteen (14) and above is to be considered as an adult and capable of performing adult responsibilities, the law still gives the responsibility to a legal guardian or an adult who is responsible for the child to claim for this right on behalf of

the child (Article 312 & 313). In cases of children living in CHHs, it may be difficult for the children to claim for this right to the court because they may not have an adult to represent them.

In addition to the national legal frameworks, the NPA for children and the guideline on alternative childcare programs are important policy documents that are developed with a focus only on children living in difficult circumstances, including orphan children. The national guideline on alternative childcare programs has a fundamental role in ensuring the rights and welfare of children, including orphans, through introducing alternative programs and strategies that different sectors involved in childcare activities should follow. When we look at the NPA for children, even though the plan of action has shown the difficult living situation of orphan children in the country, its targets, strategies, and activities mainly focused on prevention of HIV/AIDS; it has failed to incorporate strategies for addressing the current problems of orphans.

When it comes to issues concerning CHHs in particular, there are gaps in both the NPAC and the guideline on alternative childcare programs. The major focus of both documents is on those children who are under the care of adults or institutional based care. None of the documents put CHHs as an area of intervention. Furthermore, as the report of ACPF indicated, the local and national government officials' knowledge about the extent and situations of CHHs in Ethiopia is limited to hearsay about the presence of some children heading households (ACPF, 2008). This is compelling evidence that there is the need for further research and intervention plans in relation to CHHs in Ethiopia.

Theoretical Perspectives

Under this section three theoretical perspectives are presented, and one perspective is selected which is believed to be informative, and used for this particular study.

Structure-Functional Perspective

The structure-functional perspective looks at the family as a social institution that is expected by the society to perform certain essential functions in the upbringing of children, for creating dependable citizens for the society. For structure-functional perspective, the family - either nuclear or extended- is accountable for three major functions: to raise children responsibly, to provide economic support, and to give emotional security. In the function of raising children responsibly, the family is expected to feed, cloth, and shelter children until they become adults. The family is also expected to train its children to be aware of and behave according to the culture of the society so that they would become dependable members of the group. Providing economic support, which is the second function of family, refers to the involvement of family members to earn income for satisfying the needs for food, clothing, shelter, healthcare, and other basic needs of the family. And for this theory families, including the broader family network –grandparents, grown sisters and brothers, aunts and uncles- are often important sources of emotional security. According to this theory, the extended family supporting network is an important source of security in fulfilling the three functions. (Lamanna & Riemann, 2000).

In general, the structure-functional perspective gives a good base of analysis to understand the different roles of the family in the upbringing of children and for creating dependable citizens for the society. However, the theory seems to ignore transitions or changes in the family. Structure-functional perspective gives different fundamental roles to parental figures, and according to the theory deviance from each role would likely result in family disorganization. With the view of Structure-functional perspective, the roles of the adult (parental) figure is fundamental for the sustainability and smooth functioning of the family,

and if anything interferes with these roles the family becomes dysfunctional, resulting in negative effects on the larger society (Benokraities, 2002).

Thus, according to this theory, CHHs where children are living by themselves without adult figures within their households to provide them with care and guidance are dysfunctional families. Though the theory recognizes the valuable role of extended families in fulfilling the functions of families, it seems to ignore the fundamental role of other informal and formal support systems from the external environment in enabling families to maintain their coherence and functioning in their day-to-day lives.

The Family Ecology Perspective

The family ecology perspective provides theoretical base for researchers to understand the interconnectedness of the family and its environment - how a family influences and is influenced by its environment that surrounds it. It provides the conceptual base for researchers to study how various socio-cultural, economic and political environments affect families. In this theory, human needs and problems result from the interaction between people and their environment. And for people to cope with life transitions, in addition to the personality attributes of individuals, environmental supports from formal and informal sources are fundamental. The environment is determinant – it either assists or hinders people in coping with life transitions (Compton, Galaway & Cournoyer, 2005).

The family ecology perspective is inclusive of all aspects of the family environment, starting from the informal neighborhood support systems and cultural settings, to the broad economic and political structures and policy programs of the government. It tries to understand how different circumstances in the broader society affects families, starting from government regulations and procedures to other issues such as poverty, socio-cultural issues, available resources for families and spending for social services. It is a strength of this theory

that it is inclusive of significant politico-economic and socio-cultural issues (Lamanna, & Riedmann, 2000).

However, the ecological approach focuses more strongly on environmental influences than intra-family influences. Even though, the theory believes that for people to cope with environmental stress and life transitions, personality attributes and environmental supports are fundamental, it does not give detailed information on how families organize themselves within their family system to cope with environmental demands or life transitions.

Systems Theory

Systems theory examines both intra-family system and environmental influences on functioning of families. It look at in detail how the family organize itself within the intra-family system during crisis and life transition; at the same time it tries to understand the family system in the context of understanding how the environment influences the family and the family influences the environment.

Systems theory looks at the family as a whole that comprises different subsystems: the spousal, parental and sibling subsystems, each subsystem having its own tasks and functions to perform for maintaining family functioning. The subsystems operate in an integrated manner; and there is complementarity of roles within the family system enabling the family to remain unified and deal with crises and changes of life (Thomlison, 2002). According to systems theory families are dynamic in nature that helps them to ensure that they can meet challenges in their daily lives. Family systems organize themselves for fulfilling developmental needs of their members and to carry out challenges and tasks of life (Payne, 1991).

For systems theory, changes in a family can be temporary or permanent. When permanent change occurs in a family, such as with the death of a family member, reduction of income or other factors, the family reorganizes itself and shifts to a new balance. Though,

according to systems theory, most families reorganize themselves to handle changes, some families might face difficulty in adjusting for lack of resources or other factors, and look for assistance from social networks outside the family (Thomlison, 2002).

Social support involves any help that is provided to a family from its network, such as provision of aid, nurturance, or sustenance. According to systems theory, there are at least four types of social support. The first is instrumental support that includes support with money, child care, shelter and the like, that are basic to coping with life's demands. The second type of social support is informational support. This support involves provision of knowledge on relevant phenomena, information on processes and community resources. Emotional support is the third type of social support that families gain from their social network. Sharing feelings and experiences, intimacy, compassion, and friendship are part of emotional support. Affiliation support is the fourth support. This involves different associations and relationships that help the family (individual members of the family) to develop a sense of identity and belongingness to a particular group (Compton et al., 2005).

The sources for the above mentioned social support are categorized into two: formal and informal/natural sources. The formal sources of social support include people and organizations such as helping professionals, private and public social service agencies, and religious groups. The informal sources include family members, friends, peer groups, colleagues and neighbors (Compton et al., 2005).

The concepts in systems theory are found to be informative for this particular study on coping mechanisms of CHHs. The systems theory gives concepts to understand internal processes of families - how families organize themselves to cope with environmental demands or life transitions that are not explained in ecological perspectives. According to systems theory families organize themselves within their family system, and at the same time use

supports from social networks to cope with crisis and life transitions (Thomlison, 2002). The theory gives a conceptual base to understand how family systems utilize information, deal with problems, cope with crisis, and how they regulate their contact with the outside environment. It is a good analytical tool for analyzing particular family systems and can make visible the hidden strengths and costs of certain family patterns (Lamanna & Riemann, 2000).

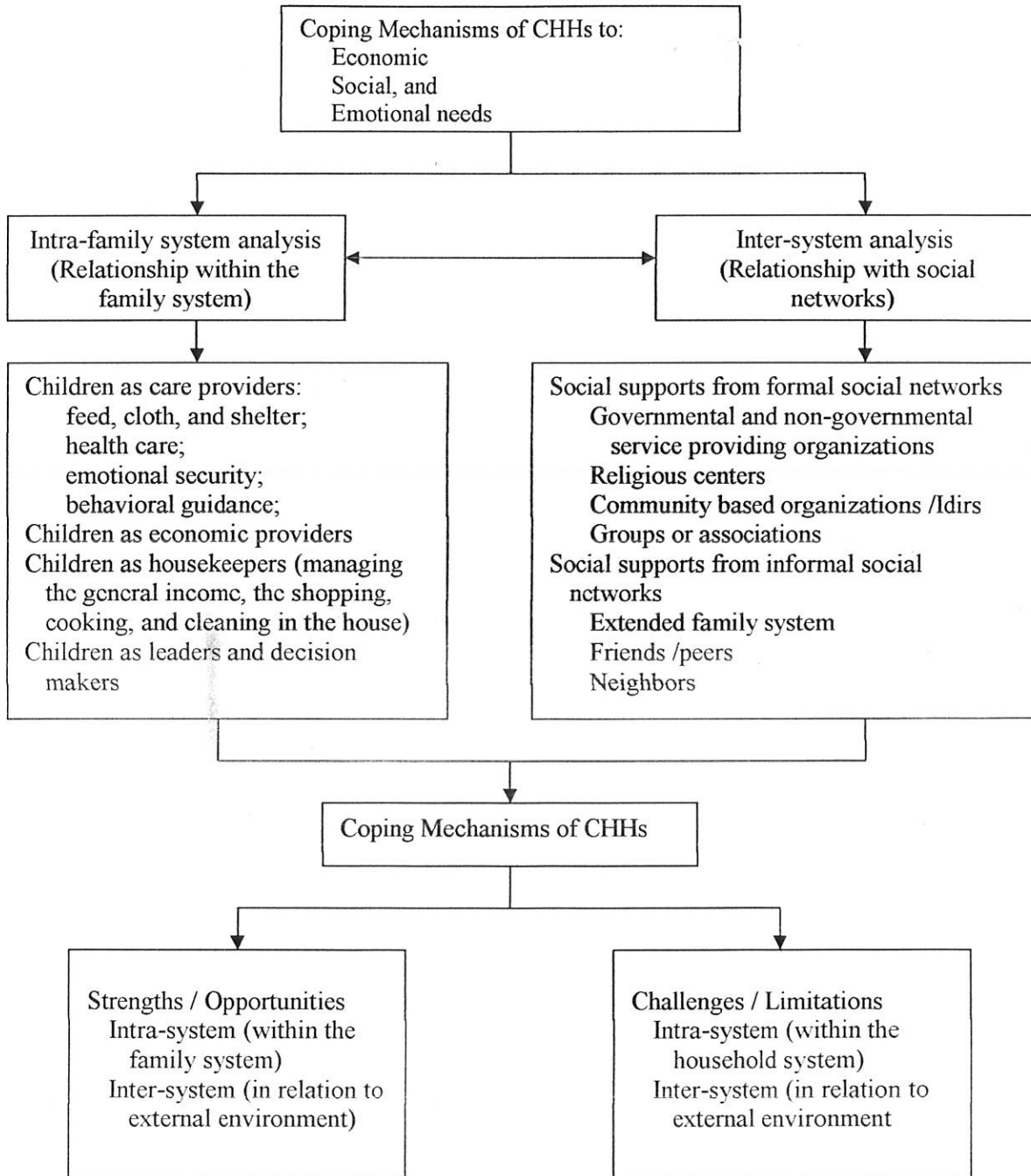
Other features of the larger sectors, such as the governmental structure for economic opportunities and limitations as well as opportunities available in the social environment of the family are not examined in as much detail in systems theory as in the ecological perspective (Lamanna & Riemann, 2000). However, systems theory gives a conceptual understanding to study the role of the external environment - that is the formal and informal social support systems - in helping families to cope with their daily life demands. The value of social network and support from the environment as a means to enable family systems to cope with environmental demands and life transitions is central in systems theory (Payne, 1991).

In contrast to the ecological perspective, systems theory examines how the family organizes itself to maintain some level of harmony within its system, in the context of understanding the constant interaction between the family and its environment. Systems theory also provides information on how different factors may prevent a family from utilizing supports from its social network in times of crisis. Appropriate services for their problem may not exist in their social environment; or they may not know about the existing supports. On the other hand, the family may not wish to use them for reasons that are personal for the family; the support systems policy may also create new problems or conflict with one another for the family to utilize them (Payne, 1991).

Conceptual Framework

For understanding the coping mechanisms of CHHs, this research has used concepts from systems theory. The research focused on understanding how the households organize themselves within their family system, in handling the day-to-day household routine and fulfilling members' need. For understanding this the study explored how children living in CHHs share different household roles; the relationship among siblings in terms of sharing feelings, helping each other physically and emotionally, and drawing on each other's resources in time of need; the discipline and decision making approaches that the child heads and other members of households utilize in times of need. The research also studied the relationship of the households with different informal and formal social networks, looking for supports in their coping effort manage their economic, social and emotional needs. In understanding the relationship of CHHs in intra-family system and their relation with social networks, the study identified strengths as well as challenges of CHHs while trying to cope with their needs.

Map of Conceptual Framework



Operational Definition

Child-Headed Household

UNICEF defines child-headed household as a household where other children are being looked after by older sibling(s) who are still children themselves, having the burden of caring for the family in the role of parents (UNICEF, 2005). With the aim of distinguishing the level of need of support, some authors distinguish between child-headed households (where a household is headed by children below 15 years of age), and adolescent-headed households (in cases of households where children between 15 - 18 years of age are heading the household). There is also a growing tendency to include households where children whose parent or caretaker is terminally ill and is unable to take care of the family, in the category of child-headed households (Nielsen, 2004).

In this research, child-headed household is a household that is headed by a person below 18 years of age, who has lost one or both parents, has responsibility of taking care of the family living in the household, and is not accompanied by any adult figure within the household.

Household (Family)

This refers to one person or group of people who are living together, caring for each other, sharing a room and/or a house

Head of Household

Head of household refers to a member or members of a household (male or female), who is primarily responsible for the day-to-day running of the household, including child care, breadwinning and household supervision.

Coping Mechanism

Coping mechanism refers to those strategies or techniques used by people whose existence and livelihood are threatened (WHO, 1998). Thus, in this research coping mechanism refers

to strategies or techniques that a child or children in CHHs utilize to fulfill their economic, social and emotional needs. There are two dimensions of coping mechanisms: positive strategies and negative strategies. Positive or healthy coping mechanisms involve those strategies that people use with potential contribution for their welfare and growth, such as using family and environmental resources. The negative coping mechanisms are those mechanisms that people use that may result in negative impacts on their welfare and growth, such as prostitution, child migration, and child labor.

Extended Family/ Relatives

The term extended family or relative used in this research refers to individuals who have a role and place in CHHs as the broad family members; it may include those who are not related by blood ties but are considered as family by the children.

Family (Household) System

System is defined as an assembly of interrelated elements or objects that exhibit coherent behavior (Thomlison, 2002). Thus, the family or household system in this research refers to interrelated members of a household that are interdependent with one another and exhibit coherent behaviors and regular interactions among each other.

Orphan Children

In the joint publication by UNAIDS, UNICEF and USAID (2004), in title Children on the Brink, the term orphan is defined in three categories: maternal orphans that refers to those children below the age of 18 years whose mother have died; paternal orphans that includes children below the age of 18 years whose father have died; and double orphans to refer those children below 18 years of age who have lost both of their parents.

In this research Orphan children are those children below the age of 18 years who have lost one or both parents regardless of how the parent(s) died.

Orphan and Vulnerable Children (OVC)

In Ethiopia, the term OVC is used in official government documents to refer to those children in difficult circumstances that include orphan children, street children, children with disabilities, and juvenile delinquents (MoLSA, 2004). In this research, the term OVC is used to refer to those orphan and other children who are vulnerable to challenges, and are exposed to different forms of abuse that threaten their rights to survival and development.

Social network

Social networks of a family refers to patterns of relationships that the family has with the outside environment that supports the family to cope with the usual demands of daily living and the impact of stressful situations (Thomlison, 2002). Social networks of a family can be categorized into two: formal and informal/natural networks. The formal network includes people and organizations such as helping professionals, private and public social service agencies, and religious groups. The informal network includes family members, friends, peer groups, colleagues and neighbors (Compton et al, 2005)

Social support

Social support involves any help that is provided for a family from its social network, such as provision of aid, nurturance, or sustenance. In this research, social supports are categorized into two: instrumental and non instrumental supports. Instrumental supports refers to supports in form of monetary support, shelter services (housing), food provision, support with school materials, and support with clothing; while the non instrumental refers to emotional supports, behavioral guidance, skills training, provision of information on community resources and processes, and guidance on household income management, food preparation, and child care

METHODS

This research is designed to be exploratory research using qualitative case study that has used qualitative data collection and analysis method. Exploratory study refers to a study on a relatively unknown issues or an issue about which researchers had written little (Kreuger & Neuman, 2006). The recent national survey on CHHs in Ethiopia by ACPF (2008) has indicated that, the issue of CHHs is a relatively unstudied area in the country, and the knowledge about the extent and situations of CHHs in Ethiopia is limited to hearsay about the presence of some children heading households (ACPF, 2008). Furthermore, the reviewed studies (ACPF, 2008, & Mekedes, 2008) has given us little information on coping mechanisms of CHHs, with particular focus on how the children fulfill the financial needs of their household and the challenges they face in doing so.

The qualitative case study approach was used to obtain a holistic picture and in-depth understanding of the coping mechanisms of orphan CHHs. Qualitative case study research facilitates in-depth exploration of a phenomenon through digging-out information from study participants within their socio-cultural and situational context (Padgett, 2008); and it allows researchers to gain holistic understanding on real-life events of the case being studied (Yin, 2003).

In doing research with children, it is useful to use a combination of data collection methods for engaging the children in research on sensitive issues. In most cases of researches with children both focus group discussion and interviews are used with same participants to elicit the needed information from participant children (Carr, 2006). With this understanding, this study has used both in-depth interview and focus group discussion with participant children.

The in-depth interview is the most commonly used data collection tool in qualitative research. It is designed to elicit detailed information on the particular perspective of each participant on the research topic, for eliciting information from individuals regarding their personal experiences. The in-depth interview is also an appropriate tool for addressing sensitive topics that people might be reluctant to discuss in group settings (Mack, Woodsong, MacQueen, Guest, & Namey 2005). Thus, two in-depth interviews with each participant CHHs were conducted to understand coping mechanisms used by each household in their effort to cope with the economic, social and emotional needs - one with the child who is heading the household and another with a child living in the household.

This study has also conducted the focus group discussion with participant child heads to build on individual experiences and to discuss broader issues and ideas in relation to the coping mechanisms of CHHs. Focus group discussion is one of the data collection tools used in qualitative research that is effective in stimulating conversation among participants in a group setting, and elicits a broad range of views on specific topic. It helps to capture different opinions or views within a similar population (Mack et al, 2005).

The experiences of everyday lives of children are heavily influenced by significant others in their lives, such as parents, care providers, community workers and the like. Therefore, to fully understand children's experiences, it is fundamental to conduct interviews with significant others in the lives of the children. This helps to have broad understanding of a particular issue concerning children, and this is further helpful for formulation of implications for intervention (Carr, 2006). Significant others, in the lives of children and young people are able to explain the links between ranges of challenges and difficulties experienced by children in their daily lives (White, 1996, cited in Carr, 2006). With such understanding, in addition to the in-depth interview and focus group discussion with children, this research has conducted

interviews with selected informants from support providers to CHHs. Furthermore, filed notes were taken on what is observable during the interviews and focus group discussions.

Sampling Technique

Well designed qualitative study usually uses a relatively small number of participants and elicits rich information and gain detailed understanding on the phenomenon under study. In qualitative study, 6 to 10 sample size can be planned as an initial sample, and the size may increase up to 30 until the data collected reach to saturation level. Feasibility issues in terms of time, money and respondent availability should be given consideration when designing the sampling plan (Dörnyei, 2007). In this study the number of participant CHHs were eight, of which 16 children (two from each) were contacted for undertaking the in-depth interview and focus group discussion. And for gaining the needed information and reach to saturation, homogeneity of study samples had been considered, as “the more homogeneous the sample, the faster the saturation is” (Dörnyei, 2007, p.115).

For keeping homogeneity of the research participants, the study has followed inclusion criteria, which were: the participant 8 CHHs that were selected for the study has included only those households that are headed by children from 15 up to 17 years of age, and have been headed by children for a minimum of one year. In addition to keeping homogeneity of participants, age limitation was set with understanding that older children and adolescents have more cognitive abilities to understand and explain things verbally than those young children who lack the cognitive maturation for explaining things verbally (Padgett, 2008). And those children living in CHHs but do not have heading responsibility, who were interviewed for the study included those oldest children above 11 years of age, other than the child heading the household. Furthermore, the participant CHHs that were selected to participate in the study

were those households that are beneficiaries of support provided by Mekdim Ethiopia, and reside at same sub-city, where the organization is working.

In qualitative research the people to be studied are selected based on their relevance to the topic to be studied using non-probability sampling technique. Purposive sampling is a non-probability sampling technique which is a commonly used sampling technique in qualitative study, wherein the researcher uses different methods to identify possible and specific samples that fit particular criteria (Kreuger & Neuman, 2006). For recruiting the samples, first two children who are heading their household and fulfill the sampling criteria were contacted using purposive sampling technique through advertising the research to those beneficiary CHHs at Mekdim Ethiopia with the help of a community worker in the organization.

The remaining participant children were recruited using the snowball sampling method, through networks of the identified two children, and other community volunteers identified through Idirs that are working in collaboration with Mekdim Ethiopia. Snowball sampling is another non-probability sampling technique in which samples are identified using networks of one or few people or cases (Kreuger & Neuman, 2006). The snowball sampling was used in this research with aim of keeping confidentiality of participant children, as the research samples are those children who are beneficiaries of the organization; with believe to avoid the risk of easy recognition of participant children for any information they have provided.

Equal proportions of CHHs headed by male and female children were recruited for the study. Equal number of male and female child heads were recruited with the belief that having the perspective and experiences of both female and male child-heads and children living in the households may help to have a broader understanding from the different perspectives, which further may help for the formulation of recommendations.

The key informants were selected being representatives from governmental administrative offices – Sub-city² and Kebele³ offices; from Mekdim Ethiopia National Association; community representative from Idir where CHHs are members; and a community volunteer. Key informants who have direct contact and are familiar with the living situation of CHHs were selected purposively from each sector.

Data Collection Procedure

In-depth Interview

The in-depth interview that took between the range of one and 1½ hour to conduct with each was undertaken with participant children using interview guide. The interview guide was developed using open-ended questions and probes for eliciting information, which aimed to allow the children to describe their views in their own words. The questions were divided in to two categories: (1) questions that elicit information to understand relationships that household members have within their household system in organizing themselves to cope with their needs; and (2) questions in relation to the form of relationships that the households have with social networks that have a role in their coping efforts (See Appendix B1 & B2).

Focus Group Discussion

In addition to the in-depth interview, one focus group discussion (FGD) that took an hour long was conducted with the same eight participant child heads, composed of equal proportion of male and female children with whom the interview was conducted. The focus group discussion was undertaken using guiding discussion points for gaining the experiences and opinion of the participants. The focus group discussion guide focuses on issues concerning coping mechanisms used by CHHS and strengths and challenges in coping mechanisms of CHHs; about the role of support systems in helping coping efforts of CHHs to their needs;

² Sub city is governmental administration office that heads ten to eleven Kebeles under its administration

³ Kebele is governmental administration office at community level

challenges that CHHs face in their effort to cope with their economic, social and emotional needs; and strengths among the children and in social environments of the households, that has positive contribution on the coping efforts of the households. There was also discussion point in which the children has discussed and gave their suggestions on how to further strengthen coping mechanisms of CHHs (See Appendix B3).

To create rapport with the children and elicit the needed information, different approaches were used during the interview and FGD. That include: each interview was conducted within the house of the children based on their own preference, and in absence of any person whose presence might interfere with the children in telling their experience. The children were also asked whether they would like anyone else to be present during the interview in case if they felt uncomfortable being interviewed alone. There were children who preferred to be interviewed in the presence of the other sibling. I also engaged in informal talk with the children before starting the interview, with the aim of making them comfortable and for establishing rapport.

For the FGD, the children were requested to suggest a place where they feel comfortable for conducting the discussion and they have suggested one Idir office where most of the children are familiar with, and it was there the discussion was conducted. Task based activities during the interview and FGD were used to help the children feel at ease and to prevent them from becoming bored with a series of question. The activities include drawing map of social networks, listing down household daily routines, and listing down strengths and challenges in coping mechanisms of CHHs. Sweets and drinks were available for the children to reduce physical fatigue at the time of interview and FGD.

Key Informant Interview

The study has also conducted key informant interviews, that took from 45 minutes to one hour, with selected informants. A semi-structured interview guide was used for undertaking the key informant interview, having guiding questions and probes for eliciting the needed information. The semi-structured interview guide incorporated questions that elicited information to understand the perspective of support providers of CHHs, on challenges and strengths of coping mechanisms of the households aimed to meet the economic, social, and emotional needs of their lives. There are also questions that aimed to gain information on the type, strength and gaps of supports being provided by formal and informal sources of supports that the households are utilizing to cope with their needs (See Appendix B4, B5 & B6).

During the interviews and focus group discussion tape recorder was used to capture the information. At the beginning, the importance of recording the interview using audiotape; how the recorded information will be used; and how confidentiality will be kept were explained to participants (See Appendix C). And all contacted participants were willing to tape record the information they were providing. Moreover, field notes were taken during the interview and focus group discussion, with particular focus on observation on housing condition and on what the respondents say focusing on the words they use, their gestures and tone of voices. Notes were also taken during the interview on major points for insuring the needed information was captured in case the recording was inaudible.

Data Analysis Method

Transcription of each recorded interview and the focus group discussion were done on paper, first in Amharic then translated to English, as the first stage for analysis of findings. I did the transcription by myself in order to maintain confidentiality of information; it was also advantageous as it has helped me to identify gaps in my interviewing technique and to further

improve it. Sufficient margin was left for memo and coding the transcribed information. In order to protect confidentiality during transcription, identifying details of informants were left in the transcription. Furthermore, identification numbers were used for each study participants to identify them. To become familiar with the collected information, I have read each transcribed document from the interviews and focus group discussion for two times highlighting major findings. The first reading was to become familiar with the information. In the second reading, important points were highlighted. Notes were taken on the margin space that was left for such purpose on the transcriptions. The notes have focused on my analytical reaction or meanings given to the highlighted issues and the rationale for that.

The highlighted points were categorized using coding technique; and notes were taken on possible questions and ideas that may arise in categorizing them, and each questions and ideas were critically addressed to understand the underlying meanings and reach to final decision for the categorization. I also believed doing this has helped me to control my personal bias in terms of pre-existed expectations on what findings of the research will be. Final revision on the categorized points was done to avoid vagueness about how any information is incorporated in particular category. Each category was compared and contrasted among each other to understand the relationship between them. Then, thematic issues were developed based on the identified relation between the different categories. Field notes that were taken during the interview and other relevant documents from literatures were used as supporting findings in the process of developing and analyzing thematic issues. The thematic issues were analyzed and interpreted identifying linkages between issues and common experiences among participants.

Ethical Consideration

Ethical consideration was one of the major concerns for this research. This research may also be sensitive since it uses vulnerable minors who are less than 18 years of age and are

living all alone without parental or guardian care. In cases of research that use minors to participate in research, it is fundamental to obtain consent from the parent or guardian; at the same time the minor who is potential participant of the research should be informed about the research and consent must be obtained from the child if the child is 12 and above years of age. And children under 12 years may give verbal assent (Padgett, 2008). However, in exceptional cases, such as in cases where minors are living outside the care of parent or guardian, extra measures are required to ensure their protection as they have no legal guardians to obtain informed consent from for participation of the minors. The recruitment of the children must be approved by relevant ethics review boards (Mack et al, 2005).

With such understanding, I first presented the study proposal to the School of Social Work, Addis Ababa University, and gained approval for undertaking the study. After gaining the approval from the university, an explanation on details of the consent was provided for Mekdim Ethiopia National Association, through which sample CHHs were accessed for the study, to further explain about ethical issues concerning the study and participation of the children, and gain consent of the organization.

The selected children from CHHs as well as other potential participants were provided with written consent that clearly presents their rights and what is expected from them if they are willing to be involved in the research, and about potential benefits and risks of participating in the research. The significance of the study was briefly discussed on the consent form as well as during the verbal explanation to participant children, as benefits of the study. Though the research would not bring any harm to the health and livelihood of the participants, issues that might be sensitive to participants but participants would be required to explain their experience and perspectives in relation to them were included in the consent form. Such possible sensitive issues include points that might require the child heads to remember and talk about stressful

experiences in relation to their coping efforts, points that might remind them of their deceased parents, and issues in relation to their experience in their relationship with Mekdim Ethiopia and other support systems (See Appendix C). This was done with the aim of fully informing the participants before they made the decision whether to participating on the study.

To assure confidentiality of the information that participants were required to provide, issue of anonymity - that information will not be used in a way that links to a specific individual and/or a household, and that their name and address will be kept confidential were clearly presented on the consent form. It was also explained in the consent form that interviews and the focus group discussion will be recorded for insuring all the needed information for the study are captured, and how written and recorded information will be handled after the completion of the research, and other issues that are necessary for the participants to be aware of before agreeing to participate in the research. The participants were also informed that they have the right to withdraw from participating in the research at anytime without explanation, and that their withdrawal will not bring any harm on them as well as other person, and the information they have provided will not be used.

In order to ensure their full understanding, the informed consent was verbally explained to the children using developmentally appropriate words. The children were also given time to reflect on their concerns for participating in the research, and to discuss it with trusted individual if they wished to. The children were also given information on how to get in touch with the researcher in case they had questions throughout the research process.

Those potential participants who were willing to participate were requested to put their signature on the written consent form. Each participant was provided with a copy of the consent form, which also contains my full name and contact information as the researcher, so

that participants would be able to contact me in cases of questions or problems related to the research.

Trustworthiness of the Study

According to Padgett (2008), major sources of threats to trustworthiness of qualitative research are caused by the effect of presence of the researcher on participants; the researcher's biases that are caused by preconceptions of the researcher on what findings would be and personal opinions on individuals and situations; and the respondents biases where the respondents might withhold vital information to protect their privacy or may try to be helpful to the researcher and give what they think the researcher would like to hear (Padgett, 2008). With this understanding different techniques were used throughout the research process.

The participants of the research were provided detailed information about the objectives of the research and the need for having genuine information from them; the participants were also assured about confidentiality issue, not only on the consent form but also with verbal explanation; and I have responded for their questions in relation to the research as well as confidentiality. Furthermore, different techniques were used during the focus group discussion as well as interviews with the children to create the relationship, help the children feel at ease, and elicit the needed information. Leading questions were avoided during the interview and in probing to elicit more information and clarification.

I also used different interviewing techniques, such as paraphrasing and seeking clarification for ensuring understanding of the meaning that is intended to be shared by participants. For avoiding my personal biases I have used bracketing technique, which is a technique where the researcher suspends personal assumptions, beliefs and feelings about situations or individuals in order to better understand the experience of respondents (Padgett, 2008). I have pre-recorded my personal expectations on what findings would be and my

perceptions on study participants to ensure that my interpretation and conclusion are dictated not by my pre-conceptions but by the data itself.

Limitations of the Study

Because the study is qualitative study that is undertaken with small participants selected through an organization, the information gathered cannot be generalized to the larger group of CHHs. In addition, the research had time and resource limitation to spend more time with participating children and for utilizing different research techniques with children to elicit more information. Furthermore, the research collected information only based on the perspective of two children from each household, without including other children within the households. Though it has gained the perspectives from those formal support providers, it did not participate significant others from informal network of the households that have close contact and significant role in the children's life.

FINDINGS

Under this section the major findings of the study in relation to the initial objectives are presented. First the demographic characteristics of the CHHs that participated in the study are presented. Then the findings of the study in relation to initial objectives are presented based on common and diverse experience of CHHs under four major topics. These are, the intra-system relationship where the form of relationship that CHHs have in organizing themselves within their household in their effort to cope with their needs; the inter-system relationship where social networks of CHHs and the extent and form of support that the households are gaining from each source; the existing gaps in supports and the factors affecting CHHs from utilizing supports from their network; and finally the identified challenges and strengths of CHHs while trying to cope with their needs are presented respectively.

Demographic Characteristics of Participant CHHs

Here the general demographic characteristics of participant children for the interview and focus group discussion, and the family background of the eight CHHs that are used for the study is summarized and presented. The age, sex, and educational status of participant children; the parental background of each of the eight CHHs; the age and sex distribution of household members within each household; and housing condition are presented respectively.

Table 1

Age and Sex distribution of participants

Age/year	Child-heads of CHH		Total	Children living in CHH		Total
	F	M		F	M	
11-14	-	-		1	2	3
15-17	4	4	8	4	1	5
Total	4	4	8	5	3	8

As it is indicated in Table 1 the total number of children who participated in this study are sixteen; of these eight of them are child heads of CHHs and another eight are children living within the same CHHs. An equal proportion of male and female child heads, having ages of 15 to 17 years, and more of female children living in the CHHs with ages of 15 to 17 years participated in the study.

When we look at the educational status of interviewed children, as presented in table 2, six of the child heads are attending school above 8th grade; of these one child head is attending preparatory education for joining college or university. Two of the child heads are drop-outs. Of the children living in the CHHs, two of them are attending above 8th grade level education and four children are at elementary level. One child is a drop-out and another child has never been in formal education.

Table 2

Educational status of participants

Grade level	Child-head of CHH		Total	Child living in CHH			Total
	Attending	Drop-out		Attending	Drop-out	Never been at school	
<5	-	-	-	-	-	1	1
5 – 7	-	1	1	4	1	-	5
8 – 10	2	1	3	1	-	-	1
10+	3	-	3	1	-	-	1
preparatory	1	-	1	-	-	-	-
Total	6	2	8	6	1	1	8

When we look at the parental status and the period of the households living as CHH, except for one household the rest have started living in CHH immediately after the death of their parents. In CHH 1 after the death of the mother the children had lived for three years with their aunt before becoming CHH. In CHH 5 orphan relatives are living together within same household. In CHH 8 the children have different fathers and they have lost them at different times; and their mother has got mental health problem. The mother has abandoned them and is living outside the household for the past three years, with no support or contact with her children (see Table 3, Appendix A).

When we look at the age and sex distribution and total number of household members, five of the studied CHHs are composed of three family members, two households have four family members each, and the remaining household is composed of two members. CHH 3 is a household having a seven-month-old baby who is a child of one of the orphan children living within the household; and there is a three-years-old boy living at CHH8. The rest of the CHHs have members ten years of age and above. In relation to sex distribution, CHH3 is composed

with only female children while CHH8 is with only male children; the rest of the households have both male and female family members (see Table 4, Appendix A).

In relation to the housing condition, all the CHHs where the children are living are owned by the local administration office (Kebele), for which the children pay from nine to twelve Birr per month. The children had been living within the same Kebele houses together with their parent(s) /care provider /. All the houses are constructed using mud and wood. Three of the studied households have two small rooms; the remaining are single room houses where the children cook their meal, study, and sleep. It is only one household that has a communal kitchen to share with other neighboring residents. All the houses have communal toilets and a space for washing cloths, which are also shared with other neighboring residents.

Intra-System: Relationship within the Household System

One of the objectives of this research was, to understand the experience of CHHs in organizing themselves within their household system in taking care of the daily household activities, and in fulfilling the needs of the household members. The findings in relation to this are presented thematically.

Role sharing

In the studied CHHs, roles are shared based on the age and sex status of household members, and their capability to handle the responsibility which is also related with the age, sex and previous exposure of the children for such activity.

Allocation of the heading responsibility. The heading responsibility in all CHHs, except for one, is given based on the age of children - for the elder child. In one of the households (CHH1), the middle child is identified as a head of the house for her ability to manage the income, shopping activities and communicate with formal social networks and other service sectors such as health centers. The child head in this household expressed that though she was

not performing such activities while her mother was alive, she said that she is able to perform such responsibilities with the help she gets from her aunt. Both children expressed that the elder child is not able to handling such responsibilities because of her limited exposure for city life and low level of education. This shows that age is not the only criteria for children to take heading responsibility, the ability of the child to handle the responsibilities is also fundamental for the child head to be identified as a head. Providing income for the household is another criterion for a child to be identified as head of the house.

The study also identified cases where the heading responsibility is assigned to the child heads by extended families as they are involved in the formation of the households; and still these children are responsible to perform responsibilities similar to other child heads. In CHH5, where orphan relatives are living together, the elder child is identified as a head for the house as he is the oldest one in the household, and he is able to handle formal communication with service sectors.

A promise made to a deceased parent and wish for keeping the family together are other reasons for the child heads to take heading responsibility. The child heads in CHH4, CHH7, and CHH8, have taken the heading responsibility by themselves because the elder child in each household feels responsible, and feels having an obligation to take care of her/his younger siblings and keep the family together. In addition to just feeling responsible CHH4 and CHH7 expressed that they have made a promise to their deceased mother to keep the family together, which make them to feel more responsible. The key informant finding also indicated that the children are afraid of separation, and that they prefer to live together despite the challenges, for wish of keeping the family together. In the remaining two households the elder children are identified as heads, not for special responsibility they have but only for their eldest age status.

The responsibilities house heads have as a head is different for each of the households, ranging from being a breadwinner for the family to handling every routine and fulfilling the needs of younger siblings within their household. Handling formal communications with support systems, breadwinning for the family and managing income, and making final decisions are common responsibilities for house heads except for the two households where there is no special responsibility. Though main breadwinners in the studied CHHs are the child heads, older children other than the head are also involved in paid work activities to support the family financially. The children in the two households look for income and other supports from their social networks as a means to cope with their individual needs.

The child-heads also perceive that their younger siblings expect love and care from them, and to fulfill their other needs. They also describe themselves, though not as a father or mother, most said that they need to fulfill the needs of their siblings playing the role of a father, a mother, as well as elder brother or sister. A child head, during focus group discussion said:

As I am the elder child in the house, it is my responsibility and also my obligation to take over the heading responsibility from my parents. First of all they need me to give them love; and then as they are children I need to provide them with what they need to live. I also need to be a good model for them, as a father, a mother, a brother as well as a best friend.

When we look at the expectation of the children from their sibling, who is heading the house, there are children who feel equally responsible and share the burden of the head. An interviewed child, when she was asked about her expectation from the child heading the house, said:

What would I expect from him? I want him to be my brother and be there for us, nothing else. We all have responsibility to care for one another. Now there is no family [parents], we need to help each other to survive. Because we know that our parents are not here, we are living supporting each other

The study also found out cases of children who have no expectation from their sibling heading the house because they believe that there is nothing the child can do. And they struggle for their own survival individually. On the other hand, one child expressed that he expects his brother to fulfill all their needs as he is the one who is responsible in handing the source of income for the family.

Role sharing in other domestic activities. As it is for the child heads, the other children living in the studied CHHs also have different roles within their household. In the CHH1, CHH4, CHH5, CHH6, and CHH7, the household members share responsibilities based on their age status and capability. There is also flexibility in the role sharing among members of the five households, in which other children cover a sibling's role in time of need. Furthermore, even though main responsibilities are shared among the child head and older children within the households, the other children also provide minor supports as they are requested to by the responsible person. Such cohesive characteristic of the households is also expressed by a community volunteer who was interviewed for this research.

The findings of the study also indicated domestic activities are not allocated only by sex, but the capability of the child based on age and previous exposure are also determinant. As it can be understood from table 5 (see Appendix A), it is mainly female children who are involved in domestic activities. However, there are also male children who are undertaking the domestic activities. It is particularly true for CHH6 where the elder children are boys.

In CHH6, the male children are responsible in undertaking the major domestic courses including baking Injera (Ethiopian food), which is identified as the most difficult domestic task by those households that are performing it. In addition, both interviewed children in CHH4 indicated that, though currently it is the fourteen years old girl who is mainly taking care of the domestic activities, previously it was the house head that had been taking care of all the

domestic activities to support the family. And currently he assists his sister doing the cooking and washing clothes during his spare time. On the other hand, in CHH8, where household members are composed of male children, the cooking and shopping activities are not being undertaken mainly for reason of lack of skill.

Children as Care and Support Providers

In general, all child-heads living in the studied CHHs indicated that they feel responsible to provide good care, love and attention for their younger sibling(s). Such feelings of responsibility is also shared by those older children living in the CHHs, particularly for those households where the child-head spent most of the time working outside of the home, and does not have enough time to spend with younger children at home. To fulfill these needs the children expressed different mechanisms they use, that include: as a way of giving good care and attention, all the children identify working to earn income for providing meal and fulfill other needs of siblings. Buying cloth and shoes during holidays whenever they are able to save some cash; and using incentives such as sweets, for encouraging good results at school and for good behavior are part of the identified mechanisms to care for younger siblings.

Providing care in time of sickness is also identified by all children as a way of caring for children in their household. However no incurable health problem is indicated by the participating CHHs, a child with an ear infection, another with an eye problem and another child with a heart problem are identified in three different CHHs. In these households the child-heads and interviewed older children feel frustrated feeling unable to give good care and support for the children - mainly for economic reasons that they are not able to take the children to visit a specialist for treatment, and questioning their own capability to give care in time of illness. Such feelings of responsibilities and the mechanisms used by the child head and other older children within the household indicates that the children are feeling and acting like

an adult figure for their household. They provide care and support for their younger siblings in a way adults would. The findings from key informant interviews also indicated that child-heads of households consider themselves as an adult for their household and undertake different adult responsibilities; and their younger siblings also look up to them to provide for their needs.

Children as Providers for Behavioral Guidance

Some of the behavioral issues among children identified by the interviewed child-heads and children living in CHHs include hyperactivity, stubborn behavior, arguing/fighting with others outside the family, staying late outside at night, and arguing with siblings. According to the finding of this study, the ultimate responsibility for behavioral guidance is for the child-heads; however, in those cases where the child-heads have little time to spend at home with younger children, this responsibility is for the next older child within the household.

Having discussion at home in relation to how to keep themselves from bad friends, giving advice for younger siblings for addressing bad behavior, and encouraging siblings to attend spiritual preaching at church are commonly identified mechanisms used by CHHs for directing children to develop socially desirable behavior. Corporal punishment is expressed as a method in three CHHs by the child-heads and/or other person from their extended family in time of serious misbehavior; and using incentives for encouraging good behavior is identified as a mechanism by one household. The child-heads and other older children in CHHs also use attending church as a mechanism to guide themselves in socially desirable behavior and healthy life style. The households also look for support from their informal social networks, relatives and neighbors, for behavioral guidance.

There are cases of CHHs who expressed their frustration feeling that they cannot control their siblings with their behavior. A child-head expressing her frustration at the 'hyperactive' behavior of her younger brother said:

My brother is very restless; he goes here and there, he cannot stay at one place. When I told him not to do something he doesn't listen, I just get upset and kick him. He just cannot stay at one place. He also like dismantling things, I tell him that one day he will be killed by a 'bomb' trying to dismantle it

There are cases where the children challenge each other when one is trying to guide the behavior of the other child; it is particularly true for those older children who take the responsibility of guiding the younger children's behavior in time of absence of the child-head. In such cases the children expressed they sometimes kick the other child when they get upset, and sometimes they end-up fighting with each other.

Dealing with Emotional Stress

The major factor for emotional stress identified by the child-heads is the heading responsibility that they are shouldering to take care of other children living in their households together with the economic challenges that is limiting them from fulfilling the basic needs of their siblings. Thoughts of their deceased parent(s)/care provider are also part of emotional stress for the child-heads. The other interviewed children living in the households expressed that, most of the time they feel sad when they think of their deceased parents, and when they have nothing at home to eat. There are children who also expressed watching their sibling heading the housing looking worried and sad due to difficulties of life, as part of the situations that make them feel sad and worried. In explaining such feelings, a child living in CHH4 said:

Before, when we were little I think about nothing, we play and we were very happy. Our brother [the child-head] also plays with us to make us happy. Now when I start to understand how life is difficult and when I see the sad look on my brother's face, I feel very worried about him. Even if I really wanted to drop-out of school and to work for earning income for us, he has refused it

The children who participated on the study expressed different mechanisms that they use to gain emotional relief when they get emotionally stressed or feel sad. Going to church and praying is the most common mechanism identified by all the child-heads as well as the

children living in the CHHs to be used in time of emotional stress and when they feel sad. Sharing feelings with siblings is another common mechanism identified by children living in CHHs, except for CHH8 where he has a 3 year old brother and a “very busy” elder brother (who is the head of the house). The children in CHH4, and CHH6 expressed that sometimes they do not share their feelings to their elder brother (the head) because they do not want to stress him.

Talking to trusted friends is another mechanism identified by this study where the children share their feelings with friends in time of stress. Those children, who expressed that they share their feelings with friends, identified those friends who are living in the same life situations as they are. Sleeping, crying, listening to music, and going out with friends to have a tea are other coping mechanisms identified by the children during emotional stress. One child living in CHH expressed that one time she closed herself for two days within her house talking to no one, having no adequate food but was breast feeding her baby.

All the children expressed that they never talk about their deceased parent(s) because they feel it will bring more stress on them. In those households where there are young children, it happened that the children cry thinking of their deceased parent, which is identified as confusing and frustrating moment by the interviewed children. In such cases the elder children use sweets or other activities to make them calm down and stop talking about parents.

Children as Economic Providers: Source of Income and Income management

As it is indicated under the role sharing section, child-heads of the participant eight CHHs are involved in different income earning activities to support their families. The main source of income for two of the households is support from their social network, which is from extended families. The remaining six households are engaged in different paid work activities including daily labor, working within a shop, providing tutorial support, renting bed, and

washing clothes (see Table 6, Appendix A). Of these, renting bed - in which the children rent their beds to individuals or for prostitution purposes to spend the night there, is the most challenging activity for the children. In these households the children sometimes stay until 4am to 5am in the morning waiting for customers. There are cases in which the children reported that sometimes those came as a customer steal things from the house, such as bed cover. There is also one case of a child who described an incident of an attempt to force her into bed by a drunken client. In these households, the children also share a room with their customers covering their sleeping area using curtain.

In talking about their feelings and experiences as children who work for income to the family, the children expressed different impacts that working has caused on them. Feeling physically tired; having limited or no time to study or attend school, also to meet or go out with friends and have fun as other children of their age; and feelings of low self esteem are expressed by the children as the impact of work on them. Explaining this, a child-head said:

Before I used to focus on only one thing- my education, but now I need to think about lots of things, just you need to worry about lots of things. Before I was free to play and have good time with my friends, now it doesn't work. No fun because I need to work for survival; and I need to be serious in life. If there is fun there will be nothing to eat.

An interviewed key informant also expressed the impact of work on the children saying:

During their spare time, instead of studying or playing, the children go out looking for work to have income for their meal. When there is a child within their household needing something to be provided with, because they mostly cannot afford they get stressed with it. With such life how these children can properly attained their education. Life is even difficult for us, adults, let alone children.

Since the main provider of income for the family are the child-heads, the management of income is mainly undertaken by the heads of the households. In explaining how they allocate income to different expenses of the family, all interviewed child-heads indicated that they first prioritize their needs before spending their income. And the majority of their income is spent

for food expenses. The children from CHH4, CHH6, CHH7, and CHH8 indicated that they also do efforts to save some money for emergency and for their daily expense since in most of the time their income is dependent on a daily basis. Children in CHH2 and CHH3 indicated that because their income is not adequate enough, they sometimes spent having one meal per day and they have nothing to save.

The children living in CHH4 and CHH6, who are engaged in paid work activities, also support the child-head sharing the burden of providing income for the family. Though they have control over the money that they earn, both interviewed children within each household expressed that mostly they spent it buying food for the family in time when there is nothing to eat at home. They also support themselves buying materials they need for school. These have a constructive role in sharing the burden on the child-head to provide income for fulfilling the needs of the family members.

Children as Decision Makers

Arrangement of care for younger siblings is one major issue identified by participant child-heads that required their decision after they started living in CHHs. For children living in CHH1, CHH5 and CHH6 the decision for them to live together in CHHs was decided by extended families after discussing it with the children. The child-heads at CHH4, CHH7 expressed that, though they were advised to place their siblings under a different care system, they have refused because they preferred to live together as a family despite life challenges. There are other decision issues that the children have to make on their daily life, including economic issues, decisions in relation to schooling, and allocation of income.

In all CHHs, except for CHH2 and CHH3, the child-heads are mainly involved in the decision making process, whether the final decision is made by the child head or a relative. In the two households decisions are mainly made individually, though the children look for

advice from one another in time of need. And in all cases, the children expressed that they look for advice from adults outside the family in cases of issues that they found to be challenging for them to decide by themselves. The identified challenging issues where the children look for advices include, dropping out of school, engaging oneself in income activities that may risk wellbeing of children, and issues in relation to health concerns

Inter-System: Relationship with Social Networks

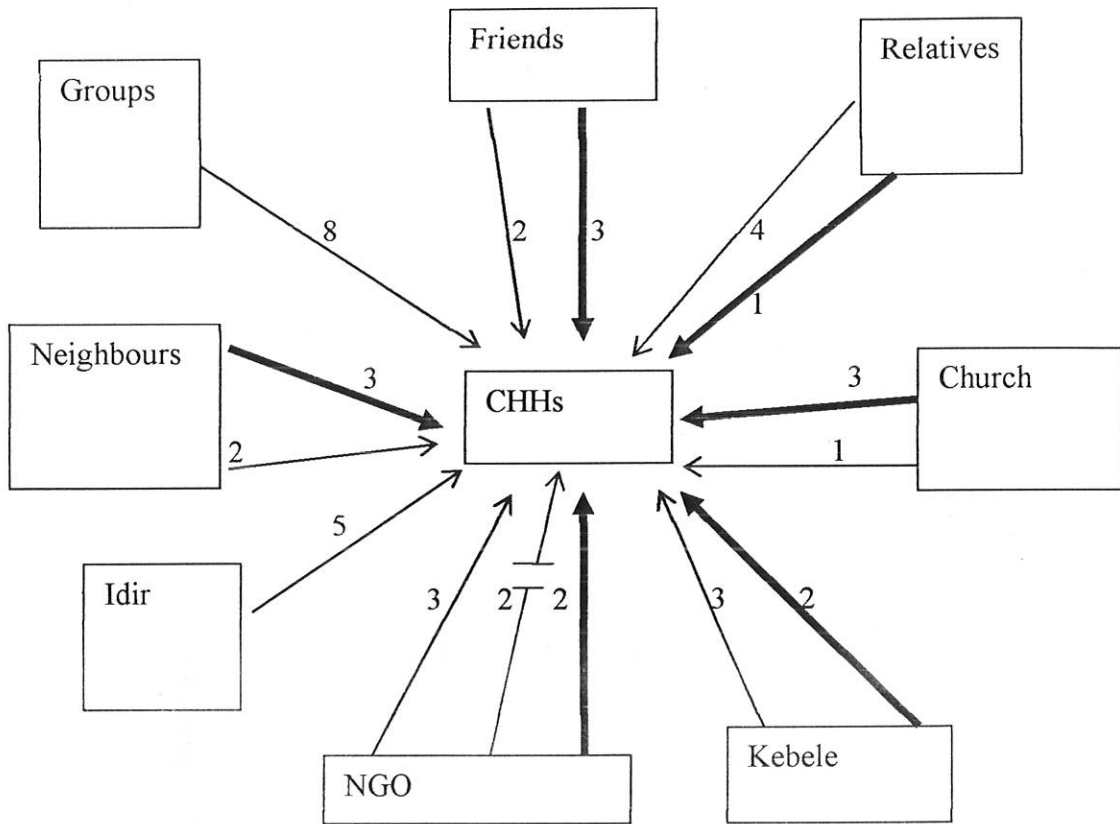
Understanding the social networks that CHHs have and their role in assisting the households to meet their economic, social and emotional needs; and existing gaps and factors that limit CHHs from utilizing supports from informal and formal social networks, were another objectives of the study. For understanding these, the children from each household were provided with a diagram activity on which they were requested to identify social networks that their households have and the level and extent of supports they are gaining from each identified networks. They were also requested to explain the form of supports they are getting from each, the forms of supports they expect from each, and their perspective on the existing gaps in the supports and the factors preventing them from utilizing supports from each network they have identified as having limited support or no support at all. Each participating children were also requested to explain their own individual experiences in relation to their own social networks.

Social Networks of CHHs and Type of Support Received

The study found out that the participated CHHs have different informal and formal social networks from which they look for supports in their effort to cope with their needs.

Figure 1

Social Networks of CHHs and Level of Support as Perceived by CHHs



Note: the numbers represent the number of CHHs identifying the social network

Very strong support **→** Interrupted support -|→
 Medium support **→**

As it can be understood from Figure 1, the social networks identified by the CHHs as highly supportive systems are friends, neighbors and church. When we aggregate the number of identified social networks by CHHs having strong and medium level of support for the households, both informal and formal networks are identified with equal proportion. This shows that both informal and formal social networks have a constructive role in supporting the studied CHHs to cope with their needs.

In relation to the form of supports provided by each social network, the findings of the study indicated that it is more of the informal networks that are involved in non-instrumental supports, including the emotional support, behavioral guidance, provision of information on resources and process, and assistance in different within household activities. The children indicated that they gain more instrumental support from NGOs, though there are informal networks that are involved in provision of material and financial support to the households, particularly relatives who are involved on the formation of the households (see Table 7, Appendix A).

When we look at the specific types of supports provided by each network, in relation to the non-instrumental supports, the emotional support the children get from friends and neighbors mainly related with feelings of belongingness and attention. Those interviewed children who expressed that they share their feelings with their friends in time of stress have identified those friends in similar conditions as they are; and the sharing of feelings is in both directions. These children expressed that they feel more understood and supported by their friends because they are in the same position as they are - being orphaned and living in similar life challenges. A key informant also indicated that neighbors of CHHs are playing significant role giving love and attention for orphan children, particularly during holydays, inviting them to spend the holyday together. In relation to expressing feelings, the interviewed community volunteer expressed that the children mainly look for material support from them; she said that the children are reluctant to share feelings with them may be due to lack of frequent communication or difficulty to trust.

In time of stress, it is common for all participants to go to church and pray to gain emotional relief. All the children identified church as sources of support for the emotional and behavioral guidance, mainly for having a place to pray and to listen to the teaching of the word

of God which they said would lead them to a healthy life. None of the households identified church providing practical counseling or emotional supports; though two child-heads identified individuals from church fellowship groups with whom they share their feelings and gain advice. And one child-head expressed a time when his previous fellowship groups collected money and support him to cover house rent expense.

The behavioral guidance the children get from their informal sources related to advice; and the information support related to information on resources - where and how to access support. However, there are children who expressed that their neighbors and relatives provided them with practical help through the process and do follow-ups for them to access services from schools and NGOs. Assistance in household activist include supports in forms of child care, shopping particularly for teff, advice on income management, assistance in food preparation, lending house equipments, on decision making process, and visitation and follow-ups on house condition.

Supports from NGO for those five households who have access to, is mainly in the form of food staff in form of wheat, bean, food oil and flour; and educational supports through provision of school uniform, notebooks, pen and pencil once per year. The food support is provided for the children every one or two months for maximum number of two children per household; and the children indicated that these supports are helpful but inadequate. Two male child-heads indicated that they have got skill trainings- one on video recording and editing and another on hair dressing; and two children have got a chance to attend life skill trainings provided by an NGO. In addition the Key informant interview findings also indicated the presence of trainings by Mekdim Ethiopia for community volunteers for addressing mainly the psychological needs of the children.

The support the CHHs are receiving from local administration office (Kebele) mainly related with providing support letters for the children to have access to service centers, such as schools, health centers and an aid organization (NGO). However there is one exceptional case of a child-head who expressed that the Kebele has allowed her to have access to the service within the Kebele for local residents with identification card, even though she is a minor and doesn't have resident identification card to benefit from it. None of the children identified living within a Kebele house with a cheaper price as a benefit from the Kebele.

There are children who expressed that it is their right as long as they are paying for it; and others expressed their fear that they don't know how long the Kebele will allow them to live there because they are not legally registered as resident of the house after the death of their parent(s). Though the findings from key informants indicated situations in which the children are supported to access Kebele house, even having debt to pay back, one child-head indicated that he has faced lots of challenges from the Kebele to remain living within the house after the death of their parents because there was a debt on the rent payment that their parents were supposed to cover.

The children expressed that supports from Idirs include keeping membership of CHHs within the Idirs even if they are below 18 years and their parents are not around. The findings from key informant interview and from the children indicated that, for helping the children to keep their membership, there are different supports provided by Idirs starting from encouraging the children to keep their membership to canceling debts for monthly contributions. There are also Idirs that are providing support for CHHs in terms of cash or material having members to contribute extra money during the monthly payments aimed for such purpose. Idir also serve as a linkage for CHHs to service providing sectors through communicating the children through its volunteers. Though it is not expressed by children from the CHHs, an interviewed Key

informant from Idir and a community volunteer also indicted that Idirs also do child legal protection activities, in relation to child abuse, in collaboration with the Child Protection Unit (CPU) of the Federal Police Commission.

Identified Gaps and Factors, and Challenges in Coping Mechanisms of CHHs

Findings of the study indicated different gaps on the existing informal and formal supports for CHHs and related factors that are limiting the households from utilizing them as a means to cope with their needs. The findings on the existing gaps and factors are discussed together with challenges in the coping mechanisms of CHHs as they interrelated to each other.

Procedural factors and gaps on available services. During the focus group discussion and individual interviews the participating children expressed that support from NGO they have access to is available to them as long as they are in school; but all expressed that no one is available to them from the organization to help them in their schooling. According to the children it is not fair for them to be expected to perform well at school while there is no adult around to support them, and with all the life challenges they are passing through. A female child-head during the focus group discussion said:

In most of the times organizations support us until we are in school. But it is obvious that many children, even those children under family care are failing the national exam at 10th grade. When it comes to children like us, no one dare to look for us if we got failed or dropped-out of school. If our parents were here with us they would have care for us even if we failed the exam. But the fates for those children like us who are living alone are street life, or engage themselves in prostitution if they drop-out or dismissed from school. Because when they drop-out of school, supports also stop immediately

The case of CHH3 can be a good example in this regard. The children in CHH3, because the support they used to get from an NGO was not adequate to fulfill their basic needs, both children dropped-out of school to engage themselves in income activities. As a result they both were canceled from the support, because attending school was the major requirement of the organization for the children to gain support. Now both children are not gaining any

support from any aid organization, and they are struggling on their own – one working for food, the other working for food and to earn income for taking care of herself and her 7 months old baby. Such experience of CHHs shows a procedural requirement within the NGO as a factor inhibiting the children from gaining support.

Inadequate service as a factor. The services provided by NGO for those CHHs who have got the access is not comprehensive for fulfilling the immediate needs of the children; and also not sustainable. As the result the children are forced to look for other means to cope with their needs. In the case of CHH4 because the support they used to gain from an NGO has stopped for a reason the child-head is not aware of, the he has dropped out of school and engaged in paid work to fulfill the household needs, and keep his siblings in school.

Limiting themselves from their basic need for food is another mechanism that the study identified that is used by CHHs for keeping the support they are earning from aid organization, and to cope with the economic challenge. CHH2 can be good example in this regard. In CHH2, the interviewed children expressed that the support they are getting from NGO is not adequate for both children to fulfill their needs (as it is given only for one child). The head indicated that sometimes she thinks of quitting her school and going to an Arab country to earn more, but because she loves her education and believes it is the only option for her to grow and bring a change in hers and her brother's life, she is struggling for accomplishing her education having one meal per day. Her brother also struggles to cope with his need for food working for meal.

The gaps in existing supports for CHHs by aid organizations are also strengthened by the findings from key informant interviews. A key informant explaining the gap said:

Most projects at NGOs are donor driven. If they were driven by the needs of beneficiaries, it would have been possible to address priorities of the children benefiting them, and would have become sustainable. But they are not functioning identifying priority needs. How can we ask a child to attain his education providing him only psychological support while he is hungry of food?

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Lack of information and access to resources. Not knowing existing resources and/or how to access existing resources is another factor identified by this study. Interviewed children from two of the CHHs have expressed that they do not know any service providing agency for them to contact in the first place; and even if they know, they said that they do not have the knowledge on how to contact them to access the service. The children suggested that it is the responsibility of the local administration office (Kebele) as a government office to contact them and take the responsibility for their wellbeing in absence of their parents. A child-head during a focus group discussion said:

When you appoint a leader you are appointing him to be responsible for your wellbeing, am I right? And for me the government, as a leader, it has obligation to take all responsibility. It should be like a family for us when they are not with us. The Kebele needs to make follow-ups on the delivery of service for us. It has to provide us with education and other support opportunities for our wellbeing. But no one come from Kebele to visit us, we are expected to go there and 'cry for help' when we are in trouble

Limiting food intake is also true for CHH3 and CHH8 who have no support from an aid organization (NGO); in both households, eating once per day is a common mechanism used in times when they run out of cash to buy food. There are children identified with this study who are at risk of exploitation because of the life struggle they are facing to fulfill their basic need for food. One child reported that she sometimes think about quitting school and going to an Arab country to earn an income. Another child reported she sometimes has thoughts of engaging herself in prostitution as other children she knows are doing, but she is also afraid of being infected by HIV.

Age as a factor. Age is indicated as a concern issue for CHHs in relation to the Kebele house they are living in. All the children indicated that they are living in the rented Kebele house where they were living with their parents (care providers) without having legalized declaration (registration) at Kebele as residents of the house after their parents' deaths. They

are not registered for two reasons, first they are under 18 years of age and second they have a debt of the expense for the house rent, which their parents should have covered.

However, concerning the Kebele house, interviewed key informants from the NGO and Idir indicated that they are working in collaboration with Kebeles to allow the children to remain there even though they cannot afford to pay their debt. But it does not seem to be working for all CHHs. One child-head shared his experience when he was requested by the Kebele to leave the house because he had over 1000.00Birr dept to pay to the Kebele. According to him, even if he has explained his situation to the Kebele and begged them to let him live there, he was not accepted. He said that he was able to stay in the house after covering over half of the dept with the support of people from his informal networks. Until now he is struggling to pay his debt paying from what he is earning from his work as a daily laborer.

Participating child-heads also expressed that they are not able to access some training opportunities organized by NGOs that are coming through Kebele because they are under 18 years of age, which is below the requirement for accessing the training. Such challenge is also supported by a key informant. In expressing the gaps in NGO projects for OVC, the interviewed key informant indicated that because aid organizations do not have projects designed for CHHs, children from such households could not access different trainings that would have contributed to improving their income generating activities.

Expectations of CHHs on forms of support. Expectation of children from organizations to provide them with more of material support than the emotional support was another factor indicated by Key informants as a factor for the children to benefit from the existing one. An interviewed community volunteer said:

As volunteers we provide emotional supports and education for the children, and the little children look very happy when we spent time with them. However, the bigger children are not so happy because they expect us to support them with cash or food. When we call the adult care givers on coffee ceremony program, some says that what

we are telling them is not their need, that they can have such information by listening radio. They say that they came to our meeting because they were thinking that we are going to provide them with cash

This study generally identified that the children expect more of material and educational supports than other non-material supports from NGO and other formal sectors including Kebele and Idir. However, the children from two different CHHs who have previous experience of close follow-ups and visitation from NGO volunteers expressed that they expect NGOs to provide them with such services as they are children living with no adult care. One of the child-heads, in discussing about gaps in existing services said:

You should see not only us, there are many other children living like us by themselves, but are engaged in risky situations. We need not only food support but emotional support and behavioral guidance are fundamental for children like us. There are so many children living by themselves in my community who are engaged in risky behaviors. They are not doing it because they want to, but first they are children, they think such activities as a fun. Second, life forced them. So it is important to organize counseling services and life skill trainings for children like us.

Though the key informant findings indicated economic characteristics of extended families as one factor affecting the children benefiting from the support from their extended families, none of the children identified it as a major factor. Instead, the finding of this study showed that children expect as well as give value for more of close follow-ups and emotional supports from their relatives than the material ones.

With this study it is found out that the supports CHHs are receiving from their relatives also relate to the involvement of relatives on the formation of the households. Three of the studied CHHs are formed with involvement of the extended families of the children; and these households have close contact with their relatives, who cover their monthly expenses and material needs for school and clothing. However, the interviewed children from these households have scored the support from their relatives as middle level. In explaining their reasons for this all the children indicated that, further than the monetary support, as they are

families they expect them more to be there for them as a parent - to share their feelings and have close follow-ups.

Previous relationship of parents with informal social networks. This study found out that, the current relationship of CHHs with informal social networks, in particular with neighbors and relatives, is affected by previous relationship their parents had with the networks before their death. The study findings indicated that those CHHs whose parents had close relationships with neighbors and extended family members have close relationship now after they become CHHs, and they are able to receive better support from those networks than those whose parents did not have good relationships with the networks (see Table 8, Appendix A).

There are different factors expressed by the children affecting previous parents' relationship with informal networks and/or the current relationship CHHs have with such networks. One of which is the distance factor. Interviewed children from CHH3, and CHH7 indicated that their relationship with their extended family members were limited due to the fact that they are living out of Addis Ababa. Though they are far away, they still have contact with them through telephone and mail. In relation to the case of CHH2 and CHH8, the factor for them to have limited support from relatives is that they never had contact and close relationship with them in the first place.

When we look at the factors for limited relationship with neighbors, in the case of CHH2 the child head indicated that her brother was not close to his neighbors; he was not also a member of any Idir or other community association that would contact him with neighbors. For CHH4, the interviewed children indicated that their neighbors were not positively related to their household. The reason for this was the drinking habit of their father, who used to get ' drunk every night and disturb the neighborhood. The children even used to be labeled as 'children of the drunkard'.

There are also other factors expressed by participants preventing them from benefiting supports from their informal network. The behavior issue indicated by children living in CHH2 that caused their aunt to leave them in CHHs; the children's preference to live together as a family instead of being separated under the care of different relatives; avoidance of support request by extended families; and the children's own feeling that they don't need any support from neighbors believing that they are gaining enough support from relatives are part of the identified factors.

Question of trust.

I have friends who are nice people; we go out for tea together. They also come to my house to visit me. I share my ideas and plans with them but I don't want to share my feelings with them when I feel emotionally stressed or sad. It is just because I believe that I get solutions from my God, not from them. Maybe I would be sorry later for telling them my secrets, my feelings, because they are just human being and they may not be around with me later ...

The other factor identified with this research is difficulty among children in CHHs to trust others in their social network. Particularly sharing feelings with others in time of stress is difficult for the children. It is mainly because they do not feel they will be understood with friends around them; and there are also issues of being trusted by others when they share their life stress and ask for others' help. Those children who expressed that they have friends to share feelings with in time of distress identified those children who are in similar situation as they are - orphan children and those benefiting from support by similar aid organizations.

Time factor. Time limitation is another factor identified by this study that limits the children from having times with their friends with whom they had been together before their parents' death. It is true particularly for those child-heads who are burdened with the responsibility to support their siblings economically and fulfill their needs. During the focus

group discussion as well as individual interviews the children expressed that because they now have more responsibility they are not spending time with their friends as they used to before.

I have friends, best friends who are close to me. But I don't meet them as before. They spent their day time at school and I spent it at work. After their school time, because I attend school at the evening class we cannot meet. And in the weekend I attend half day class, and the rest of the day I have other domestic tasks to take care of. Sometimes they come home on Sundays afternoon when I am home, but I cannot talk with them about my issues after all we are meeting in long time.

Strengths of CHHs in the Mechanisms They Use to Cope with Their Needs

This study has identified strengths in the studied CHHs in relation to how they organize themselves to fulfill the missed parental role and provide the needs of household members.

There are CHHs participating in the study that have strong and cohesive relationships in organizing themselves and handling household routines to fulfill their needs. The children engage themselves to provide income for the family. They use the income not for fulfilling their personal needs, but mainly for fulfilling the needs of their household.

There is also flexible role sharing among household members in handling the daily routine of the household. The child-heads and other older children provide behavioral advice as adults would do, to guide siblings in socially acceptable behavior. There is emotional closeness, sharing of feelings and support among household members in time of need. Though there are some situations where the children limit themselves from sharing feelings to siblings, it is not for question of trust, but it is their way of protecting their sibling from emotional stress. All such characteristics show the strength of CHHs in organizing themselves within their household. Such characteristic of the households is also expressed by a community volunteer who was interviewed for this research. The interviewee said:

The children amazingly become very cohesive in their relationship after their parents' death. This could be due to the fact that they have no one to go to. In most cases they refuse separation; they prefer to live together whatever challenge they face. They care

for each other, and rely on each other's resources. However, there are also children who become disintegrated due to conflicts, mainly for disagreement in relation to inheritance.

There are two CHHs identified with this study where individual members use individual mechanisms to fulfill their material and monetary needs as a way to cope with their needs; and a case of a household where members are totally dependent on the child head. However, still in these households there is emotional closeness among siblings. Household members rely on each other's resources in time of crisis, such as sickness, and they share ideas and gain advice from siblings.

The other strength this study found out is the ability of CHHs to create relationships with social networks and accept supports from their networks in relation to those needs that they cannot fulfill on their own. Though it is not for all households, there are CHHs with supportive networks where the children look for and receive supports that help them in their effort to cope with their needs. And their networks include both informal and formal support systems, where the children can get instrumental and non-instrumental supports. Presence of such networks by itself can be taken as a strength for the CHHs that has potential to be further empowered to address their needs.

The third strength identified by this study is the ability of the children to see their challenging life in CHH as an opportunity - a means of growth. Even though the children express different challenges they are facing in handling their responsibilities and in their living condition, the children explained the challenges as life lessons through which they are learning good life skills. The children looked at the challenges as an opportunity in different ways: for one it is an opportunity for developing house management skills, for another is an opportunity for developing a compassionate heart for others in difficult conditions. Other children expressed living in CHHs with all the struggles as an opportunity for them to unite and come

together and care for one another as a family. There are children who are optimistic about their future; they believe they would become experts in their interest area, such as a medical doctor, a good lawyer, and a business man.

During the interview and focus group discussions, all the children expressed that being able to live as a family together despite their life challenges as one of their strengths. There are children who mentioned their ability to have interests and keep up their education, despite the life challenges, as their own strengths. Their ability to keep themselves away from bad friendships and bad behaviors is also presented by the participating children as their strength.

DISCUSSION

According to systems theory, families organize themselves within their household, while at the same time looking for support from their social networks as a coping strategy to family transitions and crises (Thomlison, 2002). Two of initially raised questions to understand with this research were: how do CHHs organizing themselves within their household in taking care of the daily household activities and in fulfilling the economic, social and emotional needs of the household members; and in what way(s) do informal and formal support systems help CHHs, in the households' effort to cope with their needs?

Organization of CHHs within Their Household System

The result of the study indicated that members of CHHs organize themselves in sharing responsibilities and in their effort to cope with the economic, social and emotional needs of the household members individually and as a family.

The Heading Role in CHHs

The findings of this study indicated that being an elder child is one major feature for taking the heading responsibility. The elder children in the households feel the responsibility and obligation to take care of her/his younger siblings and keep the family together. But, being

only an elder sibling is not the only criteria for the child to be identified as a head of the house. The knowledge of communicating systems, handling income and managing the house are also fundamental criteria for the child-head to be appointed as a head. Chizororo (2007) indicated that being a child head is a position that is continuously negotiated among siblings within CHHs; the eldest children are not always considered as head if they do not perform the important roles of providing income and food for the family.

Chizororo (2007) further indicated that younger siblings in CHHs expect their older siblings to look after them and to meet their demands. With this study, it is understood that child-heads undertake adults' responsibilities: they work and provide income for the family; they give behavioral guidance for siblings providing advice in a way adults would advise children; they are involved in major decision making processes; and they handle different social activities within their community. Such roles of child-heads have indications that they are appointed and expected by household members to fulfill the parental role within their household.

The study also found out cases in which other older children also support the child head in providing care for younger children, involve in the decision-making process, undertaking household routines, and supporting the family by engaging themselves in income-generating activities. Thus, the responsibilities allocated to the head are also shared by other older siblings even though they are not identified as heads of the house.

Role Sharing In Domestic Activities

Literatures indicated that when the family breadwinner gets terminally ill or dies, girls are the first to be taken out of school to carry out household chores and undertake income-generating activities to support the family (Garbus, 2003, & Subbarao *et al*, 2001). According to the findings of this study, domestic activities such as cooking, cleaning, washing clothes,

and caring for little children, are shared among members within the studied CHHs based on not only on gender, but also age and capability.

Though it is mainly female children who are involved in domestic activities, there are also male children who are undertaking the domestic activities, including cooking, despite what is a common practice in the society. The male children are involved in such domestic activities because they feel responsible as they are older children for the family and there is no one in the household to cook and feed them; and they learn doing it by their own effort, and with support of neighbors. The younger children are also provided with responsibilities to handle as household members. However there are cases of households where there is no specific role sharing; and other case where all household activities are undertaken by a male child head.

Emotional Support, Care and Behavioral Guidance in CHHs

This study found out that thought of deceased parent(s); the heading responsibility that child-heads are shouldering, together with economic constraints; watching sibling heading the house feeling sad and stressed with life challenges are major factors causing emotional stress for child heads and other older children living in CHHs. The ACPF report also indicated that the emotional challenges that CHHs are facing are mainly related to the traumatic experience of long lasting illness and death of their parents, and the stress in fulfilling the adult responsibility they shoulder for taking care of their siblings (ACPF, 2008). For dealing with emotional stress and for fulfilling the need of younger children for love and attention, this study identified different mechanisms used by CHHs, some are constructive others are with potential impact on the wellbeing of the children. These mechanisms include sharing feelings among siblings and with a trusted friend, going to church and praying, crying, listening to music, being alone sleeping at home, and going out with friends to have tea.

With this study it is understood that child-heads of households do engage in efforts to fulfill the need for love and attention of their siblings, and provide them care to keep them physically and emotionally well. They take the adult responsibility for their siblings while having no adult within their household to fulfill their own need for love and attention. Masondo (2006) indicated that, the child heads of households miss adult figures in their household to fulfill their own need for parental attention, love, care and guidance. They have no one to give them physical and emotional security. As the result the children feel intense feelings of vulnerability, loneliness and emptiness. However, this study also found cases of child heads who use their own social networks to indirectly meet their need for love and attention, such as closed relatives, and God parents.

Behavioral guidance is another issue that the children in CHHs are struggling to provide for their younger siblings living in their household. It is indicated in the reviewed literature that, as the result of their parental roles, in addition to the day-to-day household activities, the child heads also feel responsible for disciplining their siblings when they misbehave. They feel frustrated and helpless when their younger siblings are engaged in unacceptable behaviors. The children might also challenge each other when a younger sibling feels the older sibling is attempting to limit his/her freedom (Masondo, 2006).

It is also understood with this study that child-heads of the studied CHHs are faced with different challenging behaviors, and there are situations in which they feel frustrated, feeling that they are not capable enough to guide the behavior of their siblings. As it is indicated in Table 4 most children living within the studied CHHs are above 10 years of age, and most of them have little age difference with the child-head. These children also have lost their parent(s), and are passing through difficult life experiences. Understanding why a child is behaving in a certain way and how to manage his/her behavior, and guide him/her in socially

acceptable behavior could be confusing, frustrating and above the understanding level of a child heading a household. The children use different mechanisms to lead their siblings to socially acceptable behavior, starting from discussion to using physical punishment for serious misbehaviors. They also look for guidance from their social network.

In general it can be concluded that, such adult responsibilities that child heads and other older children in CHHs are burdened with due to lack of parental care and support within their household, go in contrast to the right for special protection that they are provided with the international, regional and national legal frameworks (UN-CRC Article 20; ACRWC Article 25; FDRE Constitution Article 41.5). This has an implication for need of the government to take measures for ensuring rights of children in CHHs; and of social work intervention having role for policy advocacy.

Providing Income for the Family

The ACPF (2008) report indicated that for fulfilling their monetary needs, children in CHHs are engaged in different work activities including daily labor, domestic employment, petty trading, fishing, and agricultural activities. This study also found out that to provide income to the family and fulfill their basic needs, heads of the studied CHHs engage themselves in paid work activities, dropping-out of school, despite the provision of the constitution under Article 36. The article provides the right for the child neither to be required nor to be permitted to perform work which may be hazardous or harmful to his/her education, health and wellbeing. There are children who are fulfilling their need renting their own bed for prostitution purposes; other children cope with it having one meal per day.

Decision making process

The decision making approaches used by CHHs are mainly dominated by the child-heads as they are responsible persons for the family. This strengthens the conclusion that child-

heads of CHHs are taking the position of the parental sub-system, and they act, and also feel, responsible like an adult for their family. The major decisions that CHHs have made in their households mainly related to placement of children after the death of parents; and there are decisions the children had to make in their daily life concerning allocation of income. Though the child-heads are the final decision makers they do not just take decisions as they wish. Discussing the issue with other household members and their approach to look for adults' support from their social network can be taken as strengths of the CHHs.

Such involvement of child heads and other older children in CHHs shows that the children are exercising their right to express their views on issues concerning them and their household members which goes in line with the UN-CRC Article 12; and ACRWC Article 7. However none of the children expressed their involvement in issues concerning them in relation to services by governmental and none governmental organizations.

Social Networks of CHHs and Their Role in Coping Mechanisms of the Households

With this study it is understood that both informal and formal social networks have a constructive role in supporting the studied CHHs in their effort to cope with their needs. And it is not only children who contact networks for support but networks also offer support to the children. Mekdes (2008) indicated that children in CHHs use supports from their relatives as one of their survival mechanisms in form of financial support and household assistance. She further indicated that child-headed households receive assistance from Idir members in which they help the households to keep their membership in the Idir.

With this study it is understood that generally, the support that CHHs are gaining from their informal networks, such as relatives, neighbors and friends, are mainly non-instrumental in nature, including assistance in household activities, behavioral guidance, child care, emotional support, and informational support on resources. The findings of this study also

indicated, other than supports to keep the membership of children, Idirs are also playing a significant role linking children to aid organizations, and provide financial and material assistance to CHHs. Though it is not indicated by the participating children, key informant interviews also indicated that Idirs play a role in addressing child abuse issues within the community in collaboration with the police commission.

The ACPF report indicated that support by service-providing agencies for those households that are able to access the service play a role in helping CHHs cope with their life demands. However, most services by aid organizations are concentrated on food and school material support (ACPF, 2008). This study also found that the supports those studied CHHs that accesses services from non-governmental and governmental sectors mainly relate to material items in the form of food and school materials; and provision of training, and support letters so that the children could access services. The NGO where the studied CHHs were accessed also provides training for community volunteers to addressing mainly the psychological needs of the children.

However, there are different factors inhibiting CHHs from benefiting from the existing support by informal and formal social networks. There are also gaps in the available services and as a result the children are forced to use different mechanisms to cope with their needs, which are challenging to the rights and wellbeing of the children.

Factors and Gaps Preventing CHHs from Benefiting Supports from Their Social Networks

Understanding what existing gaps and factors affect CHHs from utilizing supports from informal and formal support systems, in their effort to cope with their needs, was another initial question for this research. Payne indicates that different factors may prevent families from utilizing supports from their social networks. Some factors may relate with non availability of appropriate services in their social network; or they may not know about existing supports.

There are cases in which the family may refuse to use the existing supports from their social network for their own reasons. There are also cases in which the policy or procedural requirements of the support systems that may prevent the family from utilizing the support (Payne, 1991). The findings of this study indicated several factors that are inhibiting CHHs from utilizing services. These factors, as related to formal services, include procedural factors within the organization, gaps in existing services, and lack of information.

The reviewed literature indicated that most services by aid organizations are concentrated on food and school material support; and the households need for mentoring, parenting support and skills training are almost totally missing. The support for shelter, clothing and sanitary materials are provided inadequately (ACPF, 2008). The findings of this study also indicated that the existing services which the interviewed children have access to, are not comprehensive and do not recognize the needs of CHHs. What they need is more than food and educational support; the CHHs' need for mentoring and parenting support are not available in formal aid organizations. Support programs which benefit CHHs are not designed specifically for CHHs and, as the result, the children are limited from fully utilizing the existing support.

Although reviewed literature indicated that the age status of children is one factor limiting children from accessing services at health centers (ACPF, 2008), this study found that age is not a significant factor in relation to accessing services. The children expressed that they are easily accessing services, such as school and health center if they have support letters from the local administration office (Kebele) and/or NGO. However, they face limitations in accessing existing training opportunities within NGOs because of the requirements that provides the service for those above 18 years of age. In addition, the children expressed their fear that they may lose their Kebele house because they are not registered as residents there

because of their age status. This has an implication for the need for ensuring the right of the children in CHHs to access secured shelter which is provided by the UN-CRC Article 27.

The question of trust is another factor identified by this research that limits children from gaining emotional support in particular from their informal networks. Particularly sharing feelings with others in time of stress is difficult for the children. It is mainly because they do not feel they will be understood with friends around them; and there are also issues of being trusted by others when they share their life stress and ask for others' help. Similar finding is also indicated on the report by ACPF (2008).

Support provided by those who have experienced similar life stressors or living situation as the support recipient are most likely effective, as such characteristics enhance empathic understanding of the support provider which is fundamental in the exchange of support within social networks, particularly for emotional support. Those who need the support feel understood by those who have been in a similar situation as they are; it also eliminates the stigma feeling among the recipients that is associated with seeking help from others (Olson, & Frain, 2000). This study also found that the children prefer to share their feelings with, and also feel understood by, those children who are in similar situations as they are.

Parents' previous relationship with informal social networks is also identified as a factor for the children to access supports from such sources. Thomlison (2002) indicated that families who had weak relationships in earlier years are less likely to have adequate support from informal social networks during a crisis that may occur later in their life. With this study it is learnt that, the current relationship of CHHs with informal social networks, in particular with neighbors and relatives, is affected by the previous relationship their parents had with the networks before their death. The study findings indicated that those CHHs whose parents had close relationships with neighbors and extended family members have close relationship now

after they become CHHs, and they are able to receive better support from those networks than those whose parents did not have good relationships with the networks.

The support CHHs are receiving from their relatives also relates to the involvement of the relatives on the formation of the households. Foster et al (1997) indicated that the formation of CHHs as a coping mechanism by the community and extended family systems due to the increasing number of orphaned children; and that such households gained close follow-ups and on going support from their relatives. This study also understood that three of the studied CHHs are formed with the involvement of the extended families of the children; and these households receive close follow-up and material support from their relatives.

Though reviewed literatures indicated economic characteristics of extended families as one factor affecting the children benefiting from the support from their relatives (Foster et al 1997, & Mekedes 2008), none of the children identified it as a major factor. Instead, the finding of this study showed that children expect, as well as give value, more for close follow-ups and emotional support from their relatives than the material ones. Abebe et al (2007) also presented the undeniable value of such non material supports provided by extended families for orphan children, which cannot be solely affected by financial capacity of the family.

Reviewed literatures indicated that orphan children face a stigma in their neighborhood community, and within the extended family system, if HIV/AIDS was the cause of their parents' death. And the stigma is related to fear of contamination by the disease and other social concerns related to fostering HIV-orphaned children (Foster et al, 1997; Subbarao, et al 2001). It was also one of the interest areas probed during the interview and focus group discussion. The study found that HIV/AIDS being the cause of parents' death was not a serious issue for those participating CHHs in this study in their relationship with social networks.

Existing Challenges in Coping Mechanisms Used by CHHs

The findings of this study indicated economic challenges that CHHs are struggling with; and that the support being provided by NGO for those CHHs that have access to is not comprehensive enough to address all their needs. There are also cases where the support they do receive is interrupted. As the result there are children who are forced to drop out of school and work to earn income for the family. Other children try to cope with the economic challenge having one meal per day; there are children who are renting their beds for prostitution purposes, sharing their single room. Such experiences of the children have potential impact on the emotional and physical wellbeing of the children. There are children who are at risk for child labor and sexual exploitation. Reviewed literature also indicates that due to economic challenges to fulfill their need for food and other basic needs, children in CHHs are engaged in different income activities that expose them to exploitation, physical hazards, abuse and exploitation (ACPF, 2008).

As was presented earlier, different mechanisms are used by CHHs to deal with emotional stress; and some of the mechanisms used have potential impact on the wellbeing of the children. Closing self in a room for more than a day and crying is potentially a dysfunctional way of coping with stress. It is also understood with this study that child-heads of the studied CHHs have to deal with challenging behaviors among their siblings. There are situations in which child heads sometimes feel frustrated, feeling that they are not capable enough to guide the behavior of their siblings.

Strengths of CHHs in the Mechanisms They Use to Cope with Their Needs

Strong families are characterized by a commitment to address the physical, emotional and spiritual needs of family members. Such strong families also have constructive and responsible relationships outside the family, and they are able to accept help from such social networks

when needed (Olson, & Frain, 2000). There are CHHs participating in the study that have a strong and cohesive relationship in organizing themselves and handling household routines to fulfill their needs. The children also share flexible roles in handling the daily routine of their household; have emotional closeness among each other; and household members rely on each other's resources in time of crisis, such as sickness.

The ability of CHHs to create relationships with social networks and use support from their networks is another strength identified with this study. Their informal and formal social networks are also part of the strength for the CHHs that can be further empowered to address their needs. The ability of the children to see their challenging life in CHH as an opportunity - a means of growth is another strength identified with this study.

CONCLUSION AND SOCIAL WORK IMPLICATIONS

Conclusion

This study is conducted using qualitative case study that has studied unique experiences of CHHs having a relatively small number of participants. It is one of the limitations of this study, as it is for qualitative case studies, that the findings on unique experiences of the participated CHHs in their effort to cope with their needs cannot be generalized to the larger group. However, there are issues that are revealed with this study that I believe can be used as a stepping stone for further social work studies and development of programs.

This study revealed that, though there is no adult figure within their household system, children in the studied CHHs organize themselves to cope with the life transition that occurred within their household due to the death of their parent(s) or care provider, and do efforts to fulfill their needs. Despite what is stated by the country's law, where it is indicated that any child below the age of 18 years is incapable of and cannot take the caring responsibility for a child except for his/her own children (The Revised Family Law, Article 242), child heads and

other older children assume a caring responsibility for younger siblings and are maintaining multiple adult roles within their household, for ensuring the fulfillment of basic needs of the family. They work to earn income; they provide behavioral guidance for younger siblings; they get worried and provide care in time of sickness among household members; and they do efforts to fulfill the need for love, care and other emotional support for younger siblings.

The loss of a sustainable income source is another feature of CHHs that is revealed with this study as a major challenge for CHHs. None of the households expressed situations in which their parents had left them with any finance that has helped them; and none of them have sustainable source of income or support for fulfilling their needs. To cope with their financial needs, the children engage themselves in different paid work activities that have impacted their education, caused physical fatigue and emotional stress; limited them from social engagement and play activities with their peers; and made them vulnerable to abuse. With the current economic crisis these children potentially are at risk to be in more vulnerable and exploitive situations. Such realities of the children go in contrast with the provision in the 1995 FDRE Constitution of the country, where it has stated the right of the child neither to be required nor to be permitted to perform work which may be hazardous to his/her education, health and wellbeing (Article 36).

CHHs also use supports from their formal and informal social networks in their effort to cope with their needs. The households mainly look for and/or get material, and education and training support from their formal networks, mainly NGOs. And they get non-material support in forms of household assistance, information, emotional support and behavioral guidance from their informal networks such as relatives, neighbors and friends. However, existing gaps on services, unsustainable and uncoordinated efforts among service providers, and other factors affect the households from benefiting supports from their social networks. As

the result of the factors, and other realities of their life, the children are forced to find different mechanisms to cope with their needs - some are constructive and others are with potential impact on their wellbeing.

In general it can be concluded that the rights of children in CHHs, that are provided by the international, regional, and national frameworks, including - the right to life, survival, and development; the right to education and leisure; and the right to a special measure of protection, are in danger. And the role of social work intervention for ensuring the rights of CHHs and addressing their needs is fundamental.

Despite all life challenges they are dealing with it was also possible to understand with this study that CHHs also have strengths in their effort to cope with their needs. Strong and cohesive relationships in organizing themselves and handling household routines and the flexible role sharing within their household system; the ability of the households to create relationships with social networks and use supports from their networks; and the ability of the children to see their challenging life in CHH as an opportunity - a means to growth - are strengths identified with this study that can be further empowered.

Social Work Implication

The challenges and impact of the adult responsibilities that child heads and other older children within the participant CHHs are burdened with, together with the economic realities and limited access for services, are social concern issue that should not be underestimated. Based on findings of the study the following social work implications in relation to (1) practice that aimed at addressing the immediate needs of CHHs; (2) policy where major policy implications of the study that suggested revision on existing policies and on translating them into practice; and (3) research where further research area that the study implies are presented, for insuring the attainment of rights of orphan children in CHHs.

Practice

Strengthening within household system of CHHs. The child heads and other older children in CHHs assume a caring responsibility for younger siblings and are maintaining multiple adult roles within their household having limited support from support systems. Providing the children with skill trainings and other educational opportunities are fundamental, as the children are presently taking all the adult responsibilities for their household. It would be beneficial to provide them with training in relation to issues such as, child care, household management, including income management and decision making; basic nutrition and cooking; dealing with loss and bereavement, and other emotional stresses; dealing with conflict at home and with others; dealing with challenging behaviors; and about child abuse and health issues.

Designing programs and facilitating access for services. The socio-economic challenges and other life realities of CHHs identified with this study indicates the need for intervention, for providing to the immediate needs of the households in form of food support and ensuring their access for secured shelter. The government has to take the main responsibility in this regard as it has the mandate on the international and regional legislatives that the country has ratified, and national legislatives and policy documents. This can be fulfilled through establishing a social security fund, exempting house rent fees and other school expenses, and through mobilizing non-governmental aid organizations for developing programs that consider the life reality of CHHs.

Though children in CHHs are struggling with emotional stress, none of the children reported the presence of professional counseling support that they have access to. This has an indication of the fundamental need for social work intervention through providing individual or group base support; as well as creating networks among professional and support systems for CHHs to access such services.

Empowering the informal support system and other identified resources within community.

With this study it is understood that, neighbors and extended families are playing constructive role in coping efforts of CHHs, through provision of such supports as financial, household assistance, behavioral guidance and emotional support. Such resources within the extended family system and neighbors of CHHs, if further studied and empowered, would have a fundamental role in fulfilling the parenting and mentoring needs of the households. On the other hand, there are CHHs identified with this study that have totally missed or have limited assistance from such social networks. This is an indication for need of finding alternative resources for fulfilling the households' such needs.

The Idir system, as community-based resource, is playing diverse roles as part of addressing the needs of OVC where the CHHs may benefit. Reviewing the Idir system for understanding its resources and how its role could be expanded through social work services as a means to address the needs of OVC in general and CHHs in particular is fundamental. The religious system (church), which is commonly preferred systems by all CHHs in time of stress, is another community resource that needs further assessment, to use the potential that religious system may have as part of taking responsive role to the needs of children in CHHs.

Policy

None of the existing national policy frameworks do consider the issue of CHHs; the focus is on intervention programs for children who are living under the care of adults or institutional care systems. The existing formal services that those CHHs could access are also designed without considering the life reality of CHHs. In addition the findings of this study showed that the CHHs are denied for their rights, including the rights for survival and development, education, safe shelter and special protection, despite what is provided for them in international, regional and national frameworks.

Such gap between the policy and the life reality of CHHs shows presence of gaps in translating the existing policies into practice. In addition, the existing gap in the available national policies, where the issue of CHHs is missed, could have potential impact affecting the development of services concerning CHHs. This shows the significant role where social workers and other concerned professionals and organizations need to play for addressing the existing gaps on the policies through advocacy, as well as in bringing them into practice, through undertaking further study on the issue and designing programs accordingly.

Research

Despite the increasing number of CHHs in the country following the pervasive impact of HIV/AIDS pandemic that caused many children remain without parents, there is extremely limited study undertaken on the issue. Even the knowledge among the accredited governmental bodies is limited with hearsay about presence of such households (ACPF, 2008). This has an implication for need of further intensive research on CHHs to better understand the children's life reality in such households and inform policy and program intervention.

Undertaking further research to understand the psychosocial impact living in CHHs has on children; and the impact the adult responsibilities child heads and other older children in CHHs are burdened with; and undertaking research that considers multiple levels of social networks and their potentials and existing influence on the life of CHHs, can have constructive role for developing effective social work intervention for addressing the emerging issue of CHHs.

The theoretical implication of emergence of CHHs in relation to the prevailing assumption of household that comprised adults and children, if further researched, could have contribution for social work education, for theorizing such new household formation composed of only children.

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⁴ In accordance with Ethiopian custom, the first name or given name is substituted for the surname, and the father's name and grandfather's name is spelled out in full

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APPENDIX

Appendix A: Tables

Table 1

Age and Sex distribution of participants

Age/year	Child-heads of CHH		Total	Children living in CHH		Total
	F	M		F	M	
11-14	-	-		1	2	3
15-17	4	4	8	4	1	5
Total	4	4	8	5	3	8

Table 2

Educational status of participants

Grade level	Child-head of CHH		Total	Child living in CHH			Total
	Attending	Drop-out		Attending	Drop-out	Never been at school	
<5	-	-	-	-	-	1	1
5 - 7	-	1	1	4	1	-	5
8 - 10	2	1	3	1	-	-	1
10+	3	-	3	1	-	-	1
preparatory	1	-	1	-	-	-	-
Total	6	2	8	6	1	1	8

Table 3

Family background of CHHs

Household	Parental status		Period of orphanhood (in years)	Period of living in CHH (in years)
	Mother	Father		
CHH1	Dead	Dead	5 years	2 years
CHH2	Dead	Unknown	3 years	3 years
CHH3	Dead	Unknown	4 years	4 years
CHH4	Dead	Dead	3 years	3 years
CHH5	Dead	Dead	Varied for each household member	3 years
CHH6	Abandoned	Dead	4 years	4 years
CHH7	Dead	Dead	1 year	1 year
CHH8	Abandoned (Mentally sick)	Dead	8 years for the elder 3 years for the two younger children	3 years

Table 4

Age and sex distribution of household members

Household	Head of the HH/ sex	Age distribution / sex		Total HH members
		F	M	
CHH1	15yrs (F)	17yrs	10yrs	3
CHH2	16yrs (F)	-	11yrs	2
CHH3	17yrs (F)	16yrs, 7months baby		3
CHH4	17yrs (M)	14yrs, 13yrs	11yrs	4
CHH5	17yrs (M)	16yrs, 15 yrs	13yrs	4
CHH6	17yrs (M)	10 yrs	15 yrs	3
CHH7	16yrs (F)	14yrs	10yrs	3
CHH8	16yrs (M)		11yrs, 3 yrs	3

Table 5

Role Sharing Among Members in CHHs

Activities	Mainly responsible person within the household							
	CHH1	CHH2*	CHH 3*	CHH4	CHH 5	CHH6	CHH7	CHH8
Involve in paid work	CH	CH	CH,F	CH,F	CH	CH,M	CH	CH
Work for food	-	M	CH,F	-	-	-	-	-
Baking Injera	CH,F	-	-	-	F	CH,M	CH	-
Cooking	CH,F	CH	F	F	F	CH,M	F	-
Shopping	CH	CH	F	CH,F	F,SN	M	CH	-
Cleaning rooms	CH,F	CH	F	F	F	Y	F	CH
Washing cloths	CH,F	CH,M	F,CH	F	F	CH,M	CH	CH
Washing dishes	CH,F	CH	F	F	F	Y	F	-
Fetch water	CH,F	CH	F	F	F	CH,M	CH	CH
Caring for young child	CH,F	-	F	CH,F	F,CH	CH,M	CH,F	CH
Provide behavioral guidance	CH,F	CH	SN	CH,F	CH,SN	M	F	CH
Performing social responsibilities (such as attending Idirs & funerals)	-	-	F	CH	-	-	-	CH
Communicating with other formal systems (such as aid agencies and Kebele)	CH	CH	CH,F	CH	CH	CH	CH	CH
Caring for in time of sickness	CH,F	CH,M	CH,F	CH,F	F,CH	CH,M	CH,F	CH,SN
Managing household expenditure	CH,SN	CH	F,CH	CH	CH,SN	CH	CH	CH
Taking out garbage	Y	M	F	Y	F,Y	M,Y	F,Y	M

*In CHH2 and CHH 3 activities are undertaken mainly for fulfilling individual needs

CH: The child heading the household

Y: The youngest child in the household

F: Female child/ren with no heading responsibility

SN: support from social network

M: Male child/ren with no heading responsibility

NA: Not applicable for the household

Table 6

Source of Income of CHHs

CHH	Main source of income	Other source of income
1	Support from social network	Local Hair dressing
2	Providing tutorial support	-
3	Renting bed ¹	Selling boiled potato
4	Daily laborer	Selling gum
5	Support from social network	Daily laborer
6	Video camera man assistant	Gardner
7	Employed at a small shop	-
8	Renting bed	-

¹Renting bed is one of income earning activity undertaken by CHHs where the children rent a bed in their house for people who want to sleep at night by paying some amount of money; and most of the time it is used for prostitution purposes.

Table 7

Type of supports per social networks

CHH	Instrumental supports			Non-instrumental supports				
	Material support	Financial support	Support to access service	Skills Training	Emotional support	Behavioral guidance	Informational support	Assistance in HH activities
1	NGO Neighbor	Relative	Kebele		Friends	Relative	Relative	Relative Neighbor
2	NGO	-	Kebele NGO		church	-	Neighbors	Neighbor
3	neighbor	Neighbor (in time of crisis) Idir (for holydays)			Neighbor	Neighbor	Neighbor	neighbor
4		Idir (for holydays)		NGO	Friends, church	Church	group	Relative
5	Relatives NGO	Relatives Idir (for holydays)		NGO	Friends Church	Church	Relative Friends Group Idir	Relative, Friends Neighbor
6	NGO	-	Kebele	NGO	Relative Friends Neighbor Church	-	Friends Idir	Neighbor
7	Relatives NGO Neighbor Idir	-	Kebele		Relatives Neighbor	-	Neighbor Idir	Neighbor
8	Neighbor	Idir -for holydays			Friends Church	Church		Neighbor

Table 8

Previous and Current Relationship with Informal Networks

CHHs	Previous relationship of parents of CHHs with informal networks		Current relationship of CHHs with informal networks	
	Relatives	Neighbors	Relatives	Neighbors
1	Supportive	Supportive	Supportive	Supportive
2	No relationship	Limited	No relationship	Limited
3	Limited	Supportive	Limited	Supportive
4	Limited	Negative	Limited	Negative
5	Supportive	Supportive	Supportive	Limited
6	Supportive	Supportive	Limited	Supportive
7	Supportive	Supportive	Limited	Supportive
8	Limited	Supportive	Limited	Supportive

Appendix B

Appendix B1

In-Depth Interview Schedule for Heads of CHHs and children living in CHHs

Age of interviewee: _____ Sex: _____

Educational Level: _____

Are you currently attending school? Yes ____ No ____

I. Background Information

1. How long have you been heading your household? (*Probe: age at the time of taking the heading responsibility; before or after parental death ;*) Is there other child who has heading responsibility together with you?
2. Can you tell me the number of family members in your household together with their age and sex, and the relationship they have with you?

Age	Number	Relationship			Sex	
		Sibling	Cousin	Unrelated	M	F
Below 2 years						
2 – 5 years						
6 – 13 years						
14 – 18 years						
Total family members						

3. How many of your family members are attending school currently? (*Probe: type of school – private or public; grade level; if not attending school – reasons for not attending school; who covers the school expense; study practices – who supports you, how long do you study*)
4. Is there a child living in your household with an illness or disability? If yes please explain the illness or disability.

I. Intra-system / Relationship within the family

1. Please list the daily activities within your household, and who is responsible for each activity that you have listed.

school, or in other social relation; other needs, What would you do when you see your siblings looking sad or needing emotional support?)

6. What would you do when you feel angry, sad or frustrated? *(Probe: talk to your siblings; look for support from outside at the same time looking for support from your family members; look for support from the outside only; deal with your feelings by yourself)*
 - 6.1 If you look for support from your siblings or others outside the family, to what extent do you feel supported? And what are the things that help you feel better?
 - 6.2 If not supported by your siblings or others what do you think is keeping you from benefiting from their support?
 - 6.3 If you try to deal with your feelings by yourself, which techniques would you use? Please explain
7. Who is responsible for disciplining siblings in times of misbehaviors? What techniques are used for disciplining *(Probe: based on discussion; use physical punishment; shouting; do nothing; to what extent do your siblings obey you and each other, or are willing to discuss in times of need?)*
8. Can you tell me about a time (or times) when you had to make decision regarding yourself, your household, and/or your siblings? *(Probe: issues concerning family property; about placement of young siblings to other care system; schooling; etc).* Who has helped you in the decision process?
 - 8.1 Who usually involve in decision makings concerning individual members of your household, regarding roles and responsibilities, and other issues concerning the family as a whole? Who has the final say and on what issues?

II. Inter-system / Relationship With Social Networks

1. How long have you been living in this community? *(Probe: Before the death of parents or after the death of parents; migrated from other community)*
2. Which social engagements do you have in this community? *(Probe: membership of a group: youth, gender, religious, etc; membership of Idirs; other social involvement)*
3. Please explain any difficulties you face in your relation with others in your relation with others
 - 3.1 Have you ever faced difficulties in your communication with others due to your young age? *(Probe: in contacting support providing agencies; service centers such as schools and health centers; with government offices, such as Kebele; in your relation with neighbors and*

community associations such as Idirs; other social contacts) If yes, please explain? What have you done to address the challenges and who have helped you in the process?

3.2 Does the cause of death of your parents affect your relationship with other support systems? If yes please explain how

3.3 Is there a way it becomes an opportunity for you in gaining support from others? If yes please explain how

4 What are your means of income to fulfill your basic needs? (*Probe: Work; gain support from relatives and/or aid organizations; rent a house...*)

4.1 If you and/or your siblings work what do you do? And to what extent the income you gain is helping your household?

4.2 To what extent do you feel safe at your work place? (*Probe: in your relation with 'colleague'; with employer; in terms of type of work; what challenges do you encounter*)

4.3 Does working affect you negatively? If yes in which way? (*Probe: in your education; play time; feeling over burdened/ causing emotional stress; in terms of physical health*)

4.4 If you are getting financial support from other social networks, please explain what are your sources? To what extent is the support helping you in fulfilling your household needs?

4.5 Are you expected to do something in return for the support? If yes please explain

4.6 How do you manage your income? (*Probe points: payment for services like electricity and water bill, expenses for meal, house rent, health needs, ? Do disagreements arise with your siblings in the process of distribution of income? If yes please explain the disagreements and how you handle them?*) Do you have supports from others in managing your household income?

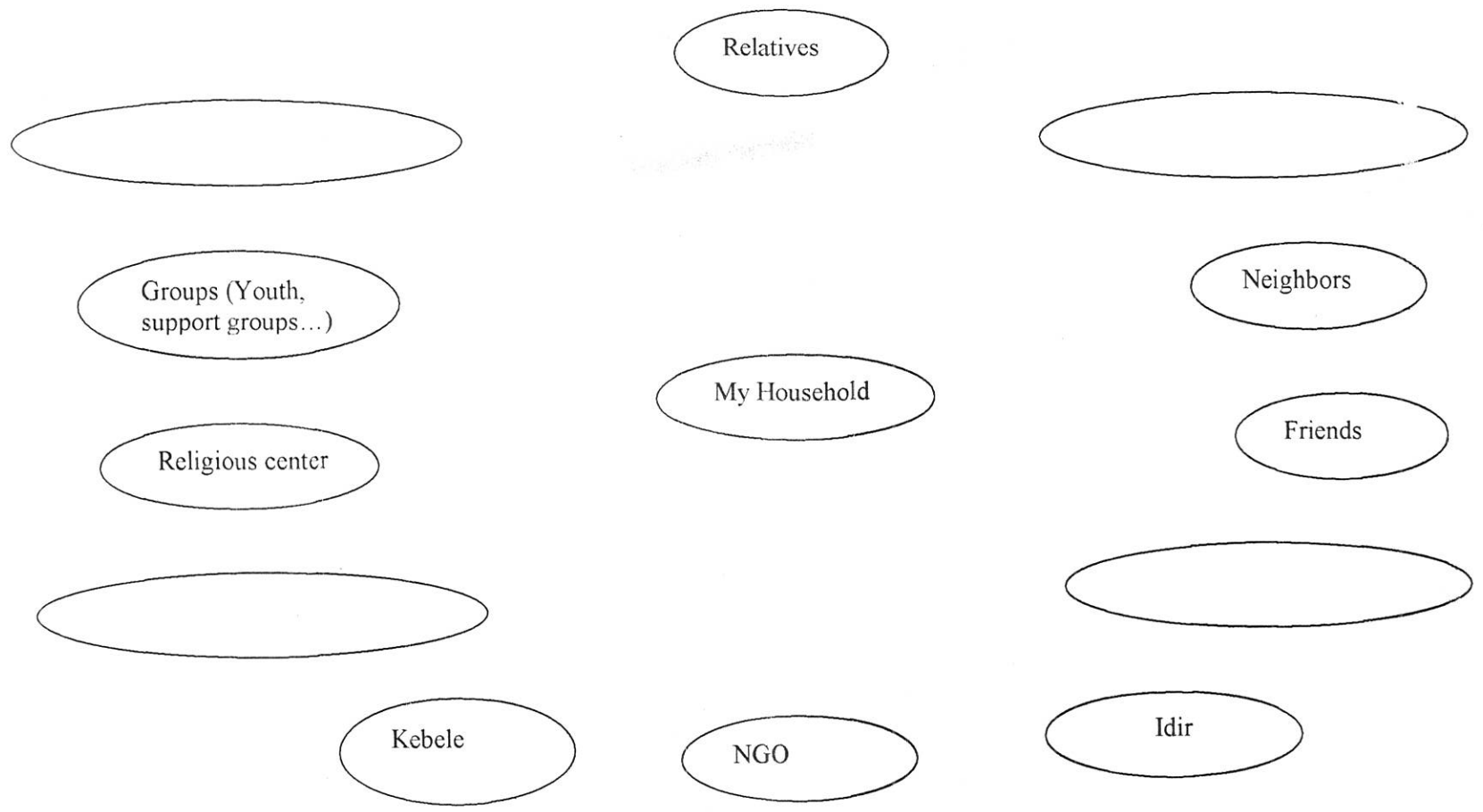
5 Now I would like you to help me understand the relationship you have with other support systems outside your family by drawing lines on the following blank map. And add those networks helping your family that are not mentioned on map on the blank spaces.

First select colors and fill the following boxes with a color that you would like to represent the type of relationship you have, and draw a line with the selected colors showing the type of relationship you have with each networks/ support systems:

Strong relationship

Little relationship

No relationship



Strong relationship
Little relationship
No relationship

- 6 Can you tell me the type of support you are getting from each of the support systems that you have identified having relationship with? (*Probe: Material supports: food, shelter, school material, money, clothing; Emotional supports; Social/behavioral guidance; Informational support: on resources, processes, advise on household management and caring for siblings ...*)
- 6.1 How frequently do you get the supports?
- 6.2 How long have you been getting the support from each source?
- 6.3 To what extent are the supports helping you to cope with your needs?
- 6.4 Are you expected to do something in return for the support you are getting from each source?
If yes please explain
- 6.5 Are there any sources of support that have helped you in the past, but not now? If yes please explain the reasons for the interruption of the support
- 7 Regarding those social networks that you have identified having little and no relationship, what are the major factors that are affecting your relationship or limiting you from benefiting from their support? (*Probe: distance factors; procedural factors; having no communication in the first place; not knowing how to contact them; age limitations; concerns in relation to cause of parental death /HIV; the health status of sibling(s) within the household; other disagreements ...*)
- 8 Describe those things that you think are major gaps of the supports you are gaining from formal and informal social networks? (*Probe: in terms of material supports; emotional supports; social supports and/or behavioral guidance; and informational supports*)
- 8.1 What would you suggest to be done for improving the identified gaps?
- 9 Are there other challenges that you are facing in your effort to cope with the social, economic and emotional needs of yourself and other family members of your household?
- 10 What would you suggest to be done for improving your life and the life of other households who are being headed by children like yourself?
- 10.1 Who do you think is responsible for doing that? Why?
- 10.2 In which way would you suggest children living in child-headed households should be involved in the process?
- 11 Is there anything you would like to add?

Thank you very much!

Appendix B2

Interview Questions for a Child Living in CHH

Age of interviewee: _____ Sex: _____

Educational Level: _____

Are you currently attending school? Yes _____ No _____

I. Intra-system/ Relationship within the Family

1. How do you share the daily activities within your household with your siblings? What are your roles or responsibilities in your household? (*Probe: What was your role in your household before the death of your parents? Who has assigned you with such roles or responsibilities? What do you feel about the responsibility you are given with? How long have you taken the responsibilities? How do your siblings and the sibling who is heading the household help you in performing your roles? To what extent do you feel your roles are accepted and respected by your siblings?*)
2. What does living in a household under the care of your sibling who is still a child mean for you? (*Probe: do you feel well loved and cared for? how does the experience differ from that of the time when your parents were alive? What do you and the other siblings expect from the sibling who is heading the household? To what extent do you share your feeling or needs with the child head? To what extent do you feel she/he understands you?*)
3. Tell me about the extent of the relationship among you as a family in sharing feelings in times of need? (*Probe: in times of sadness or emotional stress; when one is in trouble with friends or school, or in other social relation; other needs, What would you do when you see your siblings looking sad or needing emotional support?*)
4. What would you do when you feel angry, sad or frustrated? (*Probe: talk to your siblings; look for support from outside at the same time looking for support from your family members; look for support from the outside only; deal with your feelings by yourself*)
 - 4.1 If you look for support from your siblings or others outside the family, to what extent do you feel supported? And what are the things that help you feel better?
 - 4.2 If not supported by your siblings or others what do you think is keeping you from benefiting from their support?
 - 4.3 If you try to deal with your feelings by yourself, which techniques would you use? Please explain

5. Who is responsible for disciplining siblings in times of misbehaviors? What techniques are used for disciplining (*Probe: based on discussion; use physical punishment; shouting; do nothing; to what extent do your siblings obey you and each other, or are willing to discuss in times of need? What do you feel about the discipline style (approach) used in your household?*)
6. Tell me how conflict is handled within your family (in times of conflicts within household and with others outside the household)? (*Probe: cause of conflicts, frequency of the conflict, and reaction to the conflict*)
7. Who usually involve in decision makings concerning individual members of your household, regarding roles and responsibilities, and other issues concerning the family as a whole? (*Probe: what is your role in the decision process? Who has the final say and on what issues?*)

II. Inter-system / Relationship With Social Networks

1. Which social engagements do you have in this community? (*Probe: membership of a group: youth, gender, religious, etc; other social involvement*)
2. Does the cause of death of your parents affect your relationship with other support systems? If yes please explain how
3. Do you work to support your family financially? (*Probe: If yes, what do you do? To what extent do you feel safe at your work place- in your relation with 'colleague'; with employer; in terms of type of work; what challenges do you encounter at your working place and relations*)
 - 3.1 Does working affect you negatively? If yes in which way? (*Probe: in your education; play time; feeling over burdened/ causing emotional stress; in terms of physical health*)
 - 3.2 How do you share your income with your family and for your needs? (*Probe: Does anyone help you in the process? Do disagreements arise with your siblings in the process of distribution of income? If yes please explain the disagreements and how you handle them?*)
4. Do you individually and as a family have any form of support from others (Such as friends, relatives, neighbors, groups ...)? (*Probe: in helping you financially; listening to your feelings and problems and support you emotionally; support with school material; support in your study; provide you social and behavioral guidance; providing you information about services and processes, household management, job opportunities, ...*). Please explain

- 4.1 How frequently do you get the supports? How long have you been getting the support from each source?
- 4.2 To what extent are the supports helping you to cope with your needs?
- 4.3 Are you expected to do something in return for the support you are getting from each source? If yes please explain
5. What factors limit you from benefiting from supports from your network? (*Probe: distance factors; procedural factors; having no communication in the first place; not knowing how to contact them; age limitations; concerns in relation to cause of parental death /HIV/; other disagreements ...*)
6. Describe those things that you think are major gaps of the supports you are gaining from formal and informal social networks? (*Probe: in terms of material supports; emotional supports; social supports and/or behavioral guidance; and informational supports*). What would you suggest to be done for improving the identified gaps?
7. Are there other challenges that you and your household members are facing in your effort to cope with the social, economic and emotional needs?
8. What would you suggest to be done for improving your life and the life of other households who are being headed by children like yourself? Who do you think is responsible for doing that? Why?
9. In which way would you suggest children living in child-headed households should be involved in the process?
10. Is there anything you would like to add?

Thank you very much!

Appendix B3

Focus Group Discussion Guide for Child Heads of Child-Headed Households

1. How do children living in CHHs organize themselves within their household in their effort to fulfill the parental role and cope with the economic, social and emotional needs? (*Probe: in sharing responsibilities; in decision making processes; behavioral guidance; in fulfilling their need for love and attention; sharing feelings and supporting each other; in other social responsibilities; etc*)
2. How is your life in different from the time when your parents were alive? (*Probe: Do you feel your responsibilities are accepted by your siblings? What do you think your siblings expect from you as the head of your household? How do you fulfill such needs/ expectations of your siblings?*)
3. In your opinion, what is the role of the government and service providing organizations (NGOs) in supporting CHHs in their effort to cope with their needs? (*Probe: in providing material supports; emotional supports; social and behavioral guidance; and other forms of support*)
4. What about the role of extended families, neighbors, friends and other informal sources?
5. In your opinion, what are the major challenges that CHHs face in their effort to cope with their economic, social and emotional needs? (*Probe: in mechanisms used to fulfill the economic, social and emotional needs; in terms of their relation with social networks; in relation to processes or bureaucratic procedures; challenges due to age status; Challenges due to cause of parental death -HIV/AIDS, for not having adult figure in their household; etc*)
6. What are the major strengths in their coping mechanisms? (*Probe: in organizing themselves within household, in relation to support systems, previous experiences*)
7. What would you suggest to be done for alleviating challenges of CHHs and empower their coping effort?
8. Who is responsible for implementing what you have suggested? And in which way would you suggest children living in CHHs should be involved in the process?

Appendix B4

Key Informant Interview Schedule for the Sub-City and Kebele Officials

1. Position of contact person: _____
2. How many child-headed households are there in your Sub-city (Kebele)?
3. Which kinds of support programs, follow-ups and/or services are available for the children living in CHHs in your sub-city (Kebele), that help the household to cope with their economic, social and emotional needs?
4. Does having heads of the households who are children less than 18 years of age has caused any challenge on your office in the delivery of the support to the households? (*Probe: in terms of office procedures; the law's requirements of age for services; other*)
5. How do you evaluate the role of informal and formal support systems in helping CHHs to cope with their needs? (*Probe: The government's role; Extended families of the children; aid organizations; Community associations, such as Idirs; neighbors; others sources of support*)
6. In what way do you mobilize the general community for care and support for children living in CHHs?
7. Can you tell me the challenges, problems or gaps you have encountered in trying to address problems of children living in CHHs?
8. What would you suggest for addressing the encountered challenges or gaps?
9. Who do you think is needed to be involved for addressing needs of the households? Why?
10. Anything you would like to add

Thank you very much!

Key Informant Interview Schedule for Mekdem Ethiopia National Association

1. Position of contact person: _____
2. How many children living in CHHs are benefiting from your organization?
3. What kind of mechanism do you have for identifying such households? (*Probe: Do the children come looking for support by themselves? Does your organization do assessment to identify them? Is it through the government office? Other technique*)
4. To what extent do you think you are successful in identifying the needing households?
5. In your opinion, what are the major mechanisms used by CHHs in their effort to fulfill the economic, social and emotional needs of their household? (*Probe: engagement in income generating activities; income management; providing social and behavioral guidance for siblings; handling conflicts; decision making; during times of stress or emotional support needs*)
6. Which support program do you have for CHHs that help the households to cope with the economic, social and emotional needs of their household? (*Probe: Material supports; emotional supports; social/behavioral guidance; etc*)
 - 6.1 Can you explain the supports that your organization is providing for the households that aimed at fulfilling the parenting needs of the children?
 - 6.2 How do you support the households in terms of legal support needs of the households?
7. Can you explain basic requirements from your organization for the children to fulfill for benefiting from the supports of the organization?
8. In addition to your support do the children engage in income earning activities to support their household needs?
 - 8.1 If yes what are the contributing factors?
 - 8.2 In which way do you think it is affecting the children? (*Probe: in terms of their schooling; emotional stress; physical health; play activities; etc*)
 - 8.3 Which efforts is your organization doing to alleviate such involvement of the children?
9. Does having heads of the households who are children less than 18 years of age cause any challenge on your agency in the delivery of the support to the households? (*Probe: in terms of formal procedures the children need to pass with your/other offices; in providing cash for the*

households; in doing follow-ups on proper utilization of the supports; in terms of fulfilling their legal rights; etc)

- 9.1 What particular techniques has your organization used for alleviating such gaps or challenges caused by the age status of the children?
- 10 In your opinion, in general, what are the challenges and strengths in the coping mechanisms that the households utilize to cope with their economic, social and emotional needs? (*Probe: in fulfilling their monetary needs; in terms of behavioral guidance; in handling conflicts; in fulfilling emotional needs or in times of stress; in their communication with social networks; etc)*)
- 11 In what way do you mobilize the general community to be involved in care and support activities for children living in child-headed households?
- 12 In your opinion, what are the responses or role of the community and extended families in helping the household to cope with their economic, social and emotional needs? (*Probe: challenges the households face in accessing such supports from informal sources due to the cause of their parental death - HIV/AIDS?*)
- 13 Can you tell me the challenges, problems or gaps you have faced in supporting children living in CHHs?
- 14 What would you suggest to be done for improving the living condition of CHHs?
- 15 In your opinion, who should be involved (is responsible) for implementing what you have suggested? And in which way do you suggest children living in CHHs should be involved in the process?
- 16 Anything you would like to add

Thank you very much!

Key Informant Interview Schedule for Community Leader and Volunteer

1. Position of contact person: _____
2. What is the prevalence of CHHs in your community?
3. What are the coping mechanisms that the households utilize to manage their economic, social and emotional needs? (*Probe: in fulfilling their monetary needs; in times of behavioral problems; in handling conflicts; in fulfilling emotional needs or in times of stress; in their communication with social networks; etc*)
 - 3.1 What are the challenges and strengths in such coping mechanisms of the households?
4. In your opinion, in general what is the response of community members to such households? (*Probe: supportive; the households are not recognized by the community; not supportive /discriminating; in relation to the cause of parental death –HIV/AIDS*)
 - 4.1. If not supportive or are not well recognized what are the contributing factors for such gaps?
5. Do you think the children are facing challenges in their social communication and in accessing services due to their age status? If yes please explain
6. In your opinion, what is the role of informal and formal support systems in your community in helping the household to cope with their economic, social and emotional needs? (*Probe: Extended families; neighbors; governmental and non-governmental sectors; community associations such as Idirs and different groups; religious centers; etc*)
 - 6.1 If involved, what are the major roles (supports) of each sector in helping the households? (*probe: in terms of providing material and financial support; social and behavioral guidance; emotional supports; informational supports; other*)
 - 6.2 If not involved, what are the contributing factors?
7. What kind of formal and/or informal mechanism do you have for identifying and helping such households in your community?
8. In what way do you mobilize the general community to be involved in care and support activities for children living in CHHs?
9. In what ways do you work in collaboration with other support systems for helping CHHs to cope with their needs?

10. Can you tell me the challenges, problems or gaps you have encountered in your effort to support children living in CHHs?
11. What is would you suggest to be done for improving the living condition of CHHs in your community?
12. Who do you think is responsible for implementing what you have suggested? And in which way do you suggest children living in CHHs should be involved in the process?
13. Anything you would like to add

Thank you very much!

Appendix C

INFORMED CONSENT FORM

This research on coping mechanisms of child-headed households will be conducted by Tsion Teferra, student of Addis Ababa University, Graduate School of Social Work. The research is an academic research for the fulfillment of Masters in Social Work program at the university.

The research has major objective of understanding coping mechanisms of child-headed households to economic, social and emotional needs. In trying to understand the coping mechanisms, the research will study how children in child-headed households organize themselves within their household in fulfilling the different functions of the family; and the role of social support from social networks in helping the households' coping effort.

With this research, the challenges in coping mechanisms of the households as well as opportunities or strengths within the social environment of the households will be identified, and recommendations for building on those strengths will be provided. Indicators for further social work studies in the area will also be identified through the research.

As part of the research, children living in child-headed households, and those individuals and organizations providing different supports for the households will be contacted. It is also believed that your participation in the research - sharing your thoughts, views, and experiences - will make a valuable contribution to the study. Participating in the research will require participants to give their time and to share genuine information based on their experiences and perspectives. Sharing experiences may bring sad memories, and may require you to share personal information.

Your participation in the study is entirely voluntary, and you have the full right to withdraw at anytime without explanation. Your withdrawal will not bring any effect on you or anyone else, and the data you have provided will be destroyed. It is an ethical principle of the study to keep your anonymity – that information will not be used in a way that links a specific individual or a household, and that your name and address will be kept confidential. The information you will give will not be shared separately with anyone else; it will be analyzed and reported together with information that will be gained from other participants of the study.

If you are willing to participate in the study, you will be interviewed and the interview will be tape recorded to make sure that no information is missed. Notes will also be taken during the interview and discussion. All the recordings and notes will be destroyed as soon as the final grade is confirmed by the university for the student. The final report of the study will be presented and documented at the school of social work. If you have any questions regarding the study and your participation, you can contact me with the following address: _____

I would like to express my gratitude for your willingness to participate in the study.

Please put your name and signature below as confirmation that you have read and understood the above and of your agreement to participate in the study.

Name of Participant (optional): _____

Signature: _____ Date: _____