

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**SOCIAL AND ECONOMIC CONSTRAINTS AFFECTING THE WELFARE OF
HOUSEHOLDS HEADED BY CHILDREN IN MATHARE SLUMS, NAIROBI CITY
COUNTY, KENYA**

BY

NANCY KANYI

C50/73821/2012

**RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN
SOCIOLOGY IN THE UNIVERSITY OF NAIROBI**

NOVEMBER 2019

DECLARATION

This research project is my original work and it has not been presented for a degree in any other university.

.....

Nancy W. Kanyi

.....

Date

This research project has been submitted for examination with my approval as the university supervisor.

.....

Professor Edward K. Mburugu

.....

Date

Department of Sociology and Social Work

University of Nairobi

DEDICATION

I dedicate this project to my two lovely children, Victoria and Maria.

ACKNOWLEDGMENTS

This research project would not have been successful without the assistance of people and institutions. I would like to express my deepest appreciation to my supervisor, Prof. Edward K. Mburugu for his support and encouragement, for always patiently reading my proposal and research report and offering invaluable input.

I wish to convey sincere gratitude to my fellow students, and friends who assisted me in one way or the other to make this work a success may God bless you. I remain forever grateful to the almighty God for his abundance of grace and mercy during the entire period of my study.

TABLE OF CONTENT

| | |
|---|-------------|
| DECLARATION | ii |
| DEDICATION | iii |
| ACKNOWLEDGMENTS | iv |
| TABLE OF CONTENT | v |
| LIST OF TABLES | vii |
| LIST OF FIGURES | viii |
| DEFINITION OF TERMS | ix |
| LIST OF ACRONYMS | x |
| ABSTRACT | xi |
| CHAPTER ONE: INTRODUCTION | 1 |
| 1.1. Background to the Study | 1 |
| 1.2. Statement of the problem..... | 4 |
| 1.3. Research Questions | 5 |
| 1.4. Objectives of the Study | 6 |
| 1.5. Justification of the study..... | 6 |
| 1.6. Scope of the Study..... | 7 |
| 1.7. Limitations of the Study | 7 |
| CHAPTER TWO: LITERATURE REVIEW AND THEORITICAL FRAMEWORK ... | 8 |
| 2.1. Introduction..... | 8 |
| 2.2. Literature Review | 8 |
| 2.3. Theoretical Framework | 19 |
| 2.4. Conceptual Framework | 22 |
| CHAPTER THREE: RESEARCH METHODOLOGY | 23 |
| 3.1. Introduction..... | 23 |
| 3.2. Site Description..... | 23 |
| 3.3. Research Design..... | 24 |
| 3.4. Unit of Analysis and Unit of Observation | 24 |
| 3.5. Target Population | 24 |
| 3.6. Selection of the Entire Target Population..... | 25 |
| 3.7. Methods of Data Collection..... | 25 |
| 3.8. Pilot-Testing of Instruments | 26 |
| 3.9. Reliability of the Instruments | 27 |
| 3.10. Validity of Data Collection Instruments..... | 28 |

| | |
|---|-----------|
| 3.11. Ethical Cconsiderations | 29 |
| 3.12. Data Analysis | 30 |
| CHAPTER FOUR: DATA ANALYSIS, PRESENTATION & INTERPRETATION.... | 31 |
| 4.1. Introduction..... | 31 |
| 4.2. Research Instruments Return Rate | 31 |
| 4.3. Demographic Information of the Respondents | 32 |
| 2.1 Social Related Challenges | 36 |
| 4.4. Psychological Related Challenges | 38 |
| 4.5. Economical Challenges | 42 |
| 4.6. Gender Challenges | 45 |
| 4.7. Constraints in Child Headed Households | 48 |
| 4.8. Correlation of Study Variables | 51 |
| 4.9. Testing Regression Analysis..... | 53 |
| CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS | 55 |
| 5.1. Introduction..... | 55 |
| 5.2. Summary of study | 55 |
| 5.3. Major findings of the study..... | 57 |
| 5.4. Conclusions of the Study | 63 |
| 5.5. Recommendations of the Study | 65 |
| 5.6. Area for Further Research | 66 |
| REFERENCES | 67 |
| APPENDICES..... | 72 |
| APPENDIX 1: LETTER OF INTRODUCTION..... | 72 |
| APPENDIX 11: RESEARCH QUESTIONNAIRE | 73 |
| APPENDIX III: INTERVIEW GUIDE FOR THE KEY INFORMANTS | 80 |
| APPENDIX IV: LETTER FOR CHILDREN OFFICERS | 81 |

LIST OF TABLES

| | |
|---|----|
| Table 3. 1 Reliability test | 28 |
| Table 3. 2 Validity test..... | 29 |
| Table 4. 1 Response rate | 31 |
| Table 4. 2 Gender distribution of children in family | 32 |
| Table 4. 3 Age of respondents | 32 |
| Table 4. 4 Age of child-head when parent died..... | 33 |
| Table 4. 5 Caregiver after death of parent..... | 34 |
| Table 4. 6 Causes of child-headship | 34 |
| Table 4. 7 Social challenges | 35 |
| Table 4. 8 Rating of social aspects | 36 |
| Table 4. 9 Reasons relatives abandon orphans..... | 37 |
| Table 4. 10 Economic measures of fighting poverty | 38 |
| Table 4. 11 Psychological challenges faced by child-heads | 39 |
| Table 4. 12 Psychological challenges | 40 |
| Table 4. 13 Psychological challenges encountered | 41 |
| Table 4. 14 Rating psychological challenges | 42 |
| Table 4. 15 Economic challenges | 43 |
| Table 4. 16 Economic challenges faced by child-heads | 43 |
| Table 4. 17 Activities performed by child-heads | 44 |
| Table 4. 18 Gender-related challenges..... | 45 |
| Table 4. 19 Rating gender challenges | 48 |
| Table 4. 20 Causes of child-headed households..... | 49 |
| Table 4. 21 Constraints in child-headed households | 49 |
| Table 4. 22 Rating constraints | 50 |
| Table 4. 23 Correlation test | 52 |
| Table 4. 24 Coefficient test | 53 |

LIST OF FIGURES

| | |
|---|----|
| Figure 2. 1 Conceptual framework | 22 |
| Figure 4. 1 Gender challenges | 46 |
| Figure 4. 2 Ways of assisting child-headed households | 47 |

DEFINITION OF TERMS

- Child head:** refer to the situation where a child under age of 18 years has assumed the role of care-giver to other siblings due to the demise of the parents (Bower, 2005).
- Child-headed households:** (CHH) household where children under 18 years old are forced to take up parental responsibilities of even caring for their terminally ill parents (Grooten, 2006).
- Constraints:** refer to the challenges or hindrances affecting the general good of children in households headed by children. The hindrances are both social and economic. Social hindrances include stigmatization and discrimination with poverty representing the economic ones (Moyo, 2011).
- Family:** This is a social grouping of biologically, historically or emotionally connected people living together and who bring together their resources and perceive themselves as members of one household (Maqobo & Dreyer, 2007).
- Household:** refer to members of family residing under one compound usually bonded by blood relations (Adri, 2001).
- Orphan:** This is an individual below eighteen years of age who doesn't have one or both parents having lost them to death (Awino, 2010).

LIST OF ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome

HIV - Human Immune Deficiency Virus

OVC - Orphans and Vulnerable Children

UNAIDS - Joint United Nations Program on HIV/AIDS

UNICEF - United Nations Children's Fund

USAID - United States Agency for International Aid

ABSTRACT

The purpose of this study was to investigate the social and economic constraints facing households headed by children in Mathare slums Nairobi City County. The specific objectives were: To outline the social, psychological, economic and gender related constraints faced by households headed by children. The study was based in Mathare slums in Nairobi City County. Descriptive research was used in this study with qualitative and quantitative data being collected. The unit of analysis was the social and economic constraints facing households headed by children in Mathare slums in Nairobi City County. The units of observations were the sociological, psychological, economical and gender based constraints facing households headed by children in Mathare slums. The population of the study were the households headed by children in Mathare slums. The target populations were drawn from population of 55 families headed by children in Mathare slums. Multistage sampling procedure was applied in selecting sample size. Children officers and child heads were selected purposively followed by a census of all the 55 registered households headed by children and two children officers. Primary data was collected using questionnaires for child heads and interview guide for key informants like children officers. Secondary data was collected using documentary reviews based on social and economic constraints relating to households headed by children. The pre-test was conducted in Korogocho slum. Reliability and validity tests showed that all the variables were reliable and valid. Two techniques of data analysis were applied; descriptive and inferential statistics. In descriptive statistics, mean and percentages were used with regression and correlation applied in inferential statistics. The analysed data was presented in statistical tables and bar graphs. Based on correlation analysis, three variables namely; social, psychological and economic related challenges were positively significantly correlated to the constraints in household headed by children. Gender related challenges had a negative relationship to constraints in household headed by children. Economical related challenges (EC) had the best correlation of 0.622 which is a strong positive correlation. The implication is that economic support offered to orphaned children greatly enhanced their participation in overcoming orphan hood related trauma and fully participate in enhancing their life. Based on the regression analysis, sociological, psychological and economic related were positively correlated with constraints in households headed by children. The findings imply that economic challenges are the predictor variable that contributes the highest constraints in households headed by children in Mathare slums. Increase in unit by economic challenges, increases a total of 0.441 in constraints in households headed by children, provided other variables remain constant. The study concluded that following the death of the parents, majority of the orphans were taken in by their grandparents, uncles and other siblings soon after the death of the parents. The sociological difficulties faced by children heading families after death of the parents were related to school fees issues, denial of inheritance by relatives and property grabbing by relatives. The constraints experienced by child heads in households headed by children include high risk of neglect, violence and sexual assault, lack of chance to acquire life skills from parents and lack of daily adult care. The recommendations of the study were that attention should be taken by the government and other stakeholders to financially support the orphaned children to ease the economic burden of confronting the reality of orphan hood. State organs and security agents in slums areas need to guard the abuse of orphaned children from physical abuse and sexual exploitation by identifying and supporting them appropriately. An area for further study was that the study on the constraints facing orphaned children should be expanded to other slums in Kenya for comparative bases.

CHAPTER ONE: INTRODUCTION

1.1. Background to the Study

Sub Saharan Africa is one of the most devastated regions with HIV/AIDS. As of 2009, 22.5 million people had been infected with HIV virus. Of all HIV cases in the world reports show that 69% are in Sub Saharan Africa. The number of AIDS related deaths is high. Majority of HIV related deaths in Africa have given rise to many orphans with the orphaned children needing alternative care (Charlotte (2011). Besides HIV, children in the region are being orphaned by armed conflict, natural disasters and poverty.

At least fifty six million children were bereaved of one or both parent to various causes by the end of 2009. There is a rise in the number of children not being cared for by their parents especially in East and South Africa. At least a quarter of the parental deaths in this region are HIV related (African Child Policy, 2008). The result of this is households headed by children. This is a phenomena that was absent in Africa's history (UNAIDS, 2004).

Charlotte (2011) says there are many definitions of households headed by children. In the most general terms a child headed household is where one of the children especially the oldest takes up parental responsibilities. Such households in most cases are unable to adequately be supplied for. The children in such households are faced by high levels of vulnerability to abuse including economic and sexual (African Child Policy Forum, 2008). More than eighty percent of households headed by children are found in Sub Saharan Africa (Tebazayo, 2009).

In most countries, the legal systems demand that the government should provide for children who are not under the care of their parents be it temporarily or permanently with alternative that fit their circumstances. However, the reality is that in most cases these responsibilities are transferred to the extended family or the children themselves. In situations where the responsibility is handed over to the children themselves then their rights to suitable alternative care are violated. This is especially concerning when consideration is made to their often the case absorbable living conditions, the extent of abuse of their other human rights e.g. right to life and survival, education and participation (Swift & Maher, 2008).

In the traditional set up of Africa, orphaned children would be absorbed by close relatives. There was a historical obligation that family members had a moral duty to take care of their children. The child hence was always assured of adult care from his family be it his parents or others in the close family. However the pressure on African families due to so many parental deaths has made the orphans burdens insurmountable (Richter, 2004). The extended family network took responsibility for bereaved children has simply grown stretched beyond their capacity by the increase in huge proportion of children requiring their care and cannot cope (Snider, 2006). Initially as the burden of orphans grew and government options became more limited, there started being noticed a rise in households where aunties or grandparents were taking more and more control. However from the early 1990's as HIV devastation became more and more pressing, child headed households started emerging (Bennel, 2005).

In communities recording high prevalence rates of HIV, the number of orphans is on the rise. By middle of 1996, an approximated nine million children had lost their mothers to HIV with 90% of those being in Sub Saharan Africa (UNAIDS, 2004).

Adult population is proportionately reducing and income in households decreasing (Bennel, 2005). HIV/AIDS is affecting communities approach to care giving arrangement for affected children (Snider, 2006). Many orphaned children are under the care of their older siblings or elderly people. Some households are being led by children as young as 10.

The phenomena of households headed by children are new in Africa in relative terms. It was initially realized that in the late 1980s in Rakai District in Uganda (Donald & Clacherty, 2005) and Kagera regions of Tanzania all out of HIV pandemic (Mangiste & Alemu, 2002). By 1991 other regions in Africa had started having such households. These included Lusaka in Zambia (Ham 1992), Manicaland, Zimbabwe (UNICEF, 2006). In six villages in Masaka Uganda, there were observed child headed households which was a phenomena the villages had never witnessed in their history (African Union, 2007). Outside Africa, children taking adult roles of taking care of their ailing parents and siblings were also being noticed as happened in USA in 1993/94 (Moyo, 2011).

Rakai District in Uganda two percent of orphans were living in a household headed by a person under the age of 18 or less. However in 97% of households headed by children, there was a person of 17 years of age or older living in (African Child Policy Forum, 2008). By 1995, Zambia had an estimated 3.8 per cent of children orphaned by AIDS while Uganda recorded about 2.4 Percent. Zambia's portion of AIDS orphaned children increased to 5.5 Percent by the year 2000 while Uganda's rose to 3.5 Percent in the same period (African Union, 2007). In Zimbabwe, it was estimated that by 1996 about 8 % of children 15 years and below had lost their mothers to HIV with this

proportion rising to 22 Percent by the year 2001 and was by then estimated to rise to as high as 40 Percent by the year 2011 (Grooten, 2006).

It is evident from these figures that when household led by young ones start appearing in a given area out of HIV, their proportion in those communities is only likely to rise as more children grow orphaned. It is now assumed that extended family networks have been so devastated that they can no longer be relied on to take care of orphaned children. However this is an invalidated assumption since there hasn't been a research conducted on households headed by children in Kenya especially in the slums regions. HIV/AIDS is highest in slum areas in Kenya (WHO, UNAIDS and UNICEF, 2007). This research is out to investigate challenges facing the child-headed households in Mathare slums in Nairobi City County.

1.2. Statement of the problem

A child needs to be raised in an environment that provides him with opportunities of ultimate growth and development of his person. There is a general acceptance across the world that the child upbringing is the responsibility of his parents primarily. In an average family, the parents have a big role to play in the care, guidance, provision and socialization of the child into his society. They provide their children with required life skills training so that they can integrate with their communities well and in their major life stages transitions (Charlotte, 2011).

However some changes have happened that have radically changed this position in the last few decades and upset traditional support systems. They are HIV/AIDS, urbanization, westernization and changes in economic circumstances. Life of family in Africa in traditional sense has been changed as African communities have over years interacted with foreigners mainly Arabs and later Europeans (UNICEF, 2006).

The idea of households headed by children is fairly new in Africa but one which is rapidly rising. Children are losing their parents to HIV, civil war, hunger, and other diseases. According to UNAIDS (2008), the leading cause of child headed households in Africa is HIV/AIDS. The children are left on their own to provide for themselves from their very early years. Without a well-coordinated well fare system many of these children end up being street children in urban centres. They have almost zero access to education, are poorly fed and consequently suffer poor health. Many are sexually exploited and get married as children (WHO, 2008).

Several researches have been undertaken focusing on the families headed by children. Awino (2010) studied on the daily experiences of children under households headed by fellow children in Western part of Kenya. She only concentrated on economic situations of the participants as the key variable of the study. Ayieko (2003) examined how orphans cope and community guided interventions for rural youth. The variables studied were the social and economic status of child headed households.

Moyo (2011) researched on child or youth-headed households; a gendered perspective. The variable studied were the religious and cultural perspective of the child headed households. No study has made an empirical analysis on a wide scale analysis of a multiple of constraints facing the child headed households in Kenyan slums. Hence this research will provide more details on this by surveying the constraints facing child-headed households in Mathare slums, Nairobi City County.

1.3. Research Questions

The research questions of the study were:

- a) Which are the social constraints facing the households headed by children?

- b) Which are the psychological constraints facing the households headed by children?
- c) Which are the economic constraints facing the households headed by children?
- d) Which is the gender based constraints facing the households headed by children?

1.4. Objectives of the Study

1.4.1. Main Objective

The main objective of this study was to investigate the social and economic constraints affecting the child headed households in Mathare slum in Nairobi City County.

1.4.2. Specific Objectives

The specific objectives of the study were:

- a) To outline the social constrains facing the households headed by children in Mathare slums.
- b) To identify the psychological constraints facing the households headed by children.
- c) To establish the economic constraints facing the households headed by children.
- d) To identify the gender based constraints facing the households headed by children.

1.5. Justification of the study

All over the world the issues of households headed by children is on the rise. This is especially problematic in developing countries. Children are being orphaned by many factors such as HIV/AIDS, civil wars, natural disasters and famine. According to UNAIDS (2008), HIV/AIDS is the leading cause of households headed by children in Africa as it kills many parents. Children are being made to provide for themselves at

very early ages and with poorly functioning support systems. Many of these children end up as abandoned street children in urban centres where they face many problems such as sexual exploitation, drugs abuse, poor health and housing (WHO, 2008). In this situation, these children face many challenges that gave impetus to this study to empirically investigate.

1.6. Scope of the Study

The study was conducted in Mathare slums in Nairobi City County. It comprised of the challenges facing the child-headed households in the slums both at a social or economic level. The variables addressed were the sociological, psychological, economic- related and gender based constraints facing the child heads.

1.7. Limitations of the Study

The study faced the challenge of lack of confidence of child-heads in providing information due to fear of psychological and emotional distress associated with the phenomenon of losing one or both parents. Assistance of child officer was sought to build the confidence levels of the respondents. Getting the required sampling frame was a challenge due to inaccessibility and fear of insecurity while tracing the respondents. Assistance of the children officer who was familiar with the setting of the slum was sought to minimize the stated challenges.

The study was limited by the confidentiality nature of the aspect of child-headed household and disclosure of information since some of the subjects under research were unwilling to provide personal information and other related queries on the subject. This made the researcher make changes to the tool to ensure the questioning was such that it would make the respondents comfortable to provide required information without feeling they are sharing too much personal information. Respondents were also allowed not to provide their personal identification details.

CHAPTER TWO: LITERATURE REVIEW AND THEORITICAL FRAMEWORK

2.1. Introduction

This chapter comprised of the literature review, theoretical and conceptual frameworks related to the constraints facing child headed households in Mathare slums. It presented a review of the sociological, psychological, and economic and gender based constraints related to literature.

2.2. Literature Review

2.2.1. Overview of Child Headed Households

Repercussions of the HIV/AIDS include the sprouting of child-headed households is widespread in many countries of the world. Explosion in the population of mortality rates among the population of adults is a threat to the well-being of people in both economic and social spheres (UNDP, 2005). These consequences of HIV/AIDS manifest themselves more in women and children who usually carry the burden of nursing the sick parents with meagre resources. Research has indicated that death of a husband in a family out of AIDS related complications results in the eventual death of the mother. The result is that the children are left as destitute and orphans (Ayieko, 2003).

According to Grooten (2006) in most cases where parents are sickly with HIV/AIDS, they neither take time to prepare the children for the reality of life after they are departed. After death, the children are left ill-prepared to move on with life and have limited resources to cushion them from the vulgarities of life. The reality of this situation is witnessed in rural and urban areas where the issue of households headed by children is widespread. Such children are usually deprived the opportunity to grow up under parental care and to lead normal lives (Tsegaye, 2008).

Grooten (2006) had pointed the reality that the rise of households headed by children since 1980 has heavily impacted on the sub-Saharan Africa more than any other part of the world. The spread of the epidemic has often been fanned by the state of civil war that has enveloped a number of African countries resulting to death of parents and children. Civil wars have also witnessed widespread cases of rape and other impunities associated with war leading to infection of HIV/AIDS. Help Age International (2007) alluded to the fact that most orphaned children end up under the care of relatives, non-relative and formal and informal institutions.

The concept of childhood is re-defined in most case after the parents die with children having to discontinue their education with girls mostly affected by this phenomenon. The parents death out of AIDS complications normally result to the orphaned children left in the state of destitution especially where wealthier parents have tendencies of abandoning the children left under their care. Due to fear of contracting HIV/AIDS, stigmatization leads to the withdrawal of the orphaned children breeding more discrimination and orientation of these children.

In the past, the extended family had played a significant role of catering for the orphaned children resulting to lowering percentage of households headed by child-heads. However, with the spread of HIV/AIDS in both the rural and urban areas, the ability of the wider family to provide and care for the orphaned children has been significantly eroded leading a rise in households under leadership of children (Nyambedha, 2004).

2.2.2. Social Challenges in Child-Headed Families

Social related challenges provide a big part of the leading causes of suffering for child-headed households. Some of these challenges include isolation and discrimination

from the society (Tsegaye, 2008). Maqobo and Dreyer (2007) argued that cases of orphaned children being scorned by other children exist. The orphaned children face discrimination, isolation and other forms of stigmatization that make them to prefer to keep away from the society. On the other hand, Swift and Maher (2008) revealed that orphans whose parents succumb to HIV/AIDS encounter stigmatization, isolation and are sometimes exposed to isolation and physical abuse from close friends and relatives.

According to UNAIDS (2008) the use of drugs as well as sexual exploitation have exacerbated the rate at which orphaned children contract the HIV/AIDS that resulted parents dying. Due to the effect of discrimination and stigmatization, many orphaned children in slums such as Mathare find themselves dropping out of school. This occurrence further creates a challenge since these children have no opportunity to gain the much needed information in schools of ways of preventing or even living positively with HIV/AIDS.

The resultant stress and trauma curtails any effort by the orphaned children to acquire live long skills from education. Mangiste and Alemu (2002) further revealed that stigmatization and exposure to discrimination among the orphaned children normally expose them to deprivation of acquisition of social services like education that they ought to enjoy. Bundy et al. (2006) on the other hand opined that cases of mistreatment, discrimination and stigmatization of orphaned children are quite rampant in communities and especially after the emergence of HIV/AIDS.

Aldri (2001) also adds that orphans face stigmatization ins schools over various reasons, key among them the fear of HIV/AIDS. This may make school an unappealing place for such orphaned children. UNAIDS (2008) orphaned children

leave school before completing their studies over factors such as discrimination, inability to finance their education or sheer distraught. Bundy et al. (2006)

Observes of numerous cases where orphans are bullied by other children and peers. In some slums like Mathare, orphaned children areas stigmatized by their friends who make them suffer from extreme anxiety, depression and live in fear. In Malawi same situation has been reported. Orphaned children reported or being discriminated in access to basic amenities in schools including food, materials and opportunities that other children were allowed. A study done to establish how policies affected orphaned children in Western Kenya showed that schooling, access to medication, clothing and food were the major areas of challenge (Nyambedha, 2004).

Many of the children end up in the street by themselves facing all forms of danger including sexual exploitation (Schoenteich, 2001). The opportunities to move out of the poverty cycle for these children is especially hard considering that most of them already come from impoverished families who rely on subsistence farming for survival with no other form of support (Nyambedha, 2004). In Mathare slums many children are taking care of their siblings without any form of support from their extended families.

Orphaned children are grieving with loss of one or all parents. The situation is made worse when they have to be separated from each other as they are transferred to other relatives or are sent to institutions like children centres (Gow, 2007). With very low economic opportunities, poor decisions they make as they are forced to decide on matters that should be done by adults, the children suffer consequences. They can't get quality education, their nutrition is likely to be poor and their health is likely to be negatively affected. The stunted rate is higher amongst orphaned children, for

example. Their ambition for better lives in future simply melts away even before they start living (Freeman, 2006).

2.2.3. Psychological Challenges in Child Headed Households

Orphaned children live with a lot of emotional and psychological trauma. They have to cope with lingering agony of death and separation from their parents (Avert, 2008). Most of these children are depressed, lonely, and live in desperation. The responsibility of shouldering adult responsibilities when very young, the loss of self-esteem and constant fear can be overwhelming (Agence-France Presse, 2007). This is made worse by the reality that the children start facing stigmatization and discrimination against even before the death of their parents in cases where the parents died of AIDS. Studies have proven that children with parents having HIV/AIDS have fewer friends and are socially isolated more than other children (Avert, 2008).

In slum areas like Mathare, orphaned children suffer monumental stress as they try to adapt to adult roles to provide for themselves and their siblings with minimal resources and little security. The children face high risk of physical and sexual abuse, neglect and other forms of violations. The children suffer extreme anxiety as they try to cope with fears about their future even as they struggle to cope with huge responsibilities that they are ill equipped for (Creswell, 2008).

Regardless of their environments, children headed households have been observed to stand higher chances of having poor outcomes such as higher morbidity and mortality rates as compared to other households (ECPAT International, 2007). Studies done in Ethiopia indicate that children in households headed by children are more unlikely to seek health attention in public health facilities. This was attributed to their low ability to figure out their health challenges well and not being of age to demand health rights.

Even when offered medication, they are highly likely to take them the wrong way (Gow, 2007).

Slums like Mathare are already hardship areas. Orphan hood in such environments is likely to come with aggravated emotional and psychological trauma and social distress. In regions where there are many children being orphaned by HIV and are having to be raised without adult guidance, the implications start being felt nationally. The children transition in masses into adulthood without being well equipped to handle life as adults. Therefore, it is not only their personal development that is in jeopardy but also national investments in some development aspects (Germann, 2004).

Study done in East Africa, Uganda, realized that when all other factors were put in control for, orphans demonstrated higher levels of trauma psychologically as compared to children who had both parents alive (Atwine, Cantor-Graae, & Bajunirwe, 2005). A study done in Kwazulu- Natal investigated the narratives of orphaned and non-orphaned children. They found that whereas for non-orphaned children the negative life incidences mentioned were at only 55 Percent, orphaned children mentioned negative life events at 92% of the time (Donald & Clacherty, 2005).

For children from households headed by children, they shared experiences of deaths of an average of three close relatives while children from adult led households reported an average of two (Phillips, 2011). It was evident in this research that many orphaned children were yet to address their inner feelings of loss the right way. Grief is common and especially so for children where their households were led by children who will most probably have lost their two parents and perhaps other close relatives as well (African Union, 2007).

Evidence indicates that children in Africa are allowed fuller participation to death and funeral processes as compared to children in the west. This gives African children greater levels of closure and facilitates grief (Yamba, 2006). Nevertheless, Nkomo (2006) indicated the experiences of children who had to head their households. The grief was related to many deaths that most of these children have to endure which is made more complex by them having headed the families with no much provision from elsewhere.

Children in USA who are orphaned or who have had to take care of an ailing parents have been noted to struggle with emotions of anger. This has been related to them feeling abandoned (Avert, 2008). This is a similar situation in Kenyan slums. Studies in Uganda showed that orphaned children presented much higher levels of anger as compared to non-orphaned children (Atwine et al., 2005). In USA, children with HIV infected parents have had to deal with extreme anxiety as they feel the need to conceal the sickness of their parents due to stigma associated with the disease (Avert, 2008). The same has been reported by studies in Uganda. Orphaned children showed higher levels of anxiety as compared to non-orphaned ones (Atwine et al., 2005). Stigma is an issue children orphaned by HIV/AIDS have to deal with (Pillay, 2011).

2.2.4. Child-Headed Households and Economic Challenges

According to Nkomo (2006) access to finances is central in running households and this is one of the critical roles played by parents. It is the parent or an adult in charge who is expected to go out and work to provide for the household. It is hardly expected for the child to do so. In case of households headed by children, the role of working to provide for the household is mainly left to the eldest child. These children experience great physical and psychological strain as they enter into fields reserved for adults and

this affects their current and future life choices in many ways (Yamba, 2006). This is what happens in Kenyan slums where there are children run households.

Meintjies (2010) reported that households headed by children in USA are unable to get financial support from government. In most cases the children are not under an adult who can help with the application with most children household heads being below 16 years of age. Snider (2006) gives the definition of a primary care giver as someone above the age of 16 years regardless of the relationship he has with the child taking main role providing for the children. Tabazayo (2009) reasoned that this is a problem to children aged sixteen years and below and who are in charge of households. He further reasons some children 16 years or below is denied recognition as households heads yet they are forced by circumstances to play exactly that role. This study further reveals that it is difficult to have these children appointed as foster parents of their siblings.

Phillips (2011) notes that although children are eligible for more than one of the grants provided, the process of apply for them is tedious, long, complicated, time consuming and in most cases they end up being unsuccessful due to lack of some of the required documents. In other cases they are not eligible to provide some information which disqualifies them from the whole grant all together. There are no government funded grants for child headed households in Kenya. Neilsen (2004) noted that children living under a child as the household head may struggle to acquire birth certificates. Ayieko (2003) adds that children heading households fail to qualify the available social grants because they are minors not allowed by the law to handle such. This is especially so on slums like Mathare.

Booyesen and Bachman (2003) give more light to the economic challenges orphaned children face. In most cases the living relatives are themselves too burdened to take care of their own children to be able to handle an extra burden. In some cases when their parents die, orphans are cheated off properties that they should have inherited from their parents. Maqobo and Dreyer (2007) emphasises the financial burden left on children left without parents in seeking their daily bread.

According to Bennel (2005) poor financial provision in a household headed by children has a poor influence on the well-being of the household. The younger the siblings are the more vulnerable they become since they are unable make a living. Many children are not able to meet their financial obligation related to their education such as payment of school fees, purchase of learning materials or school uniforms and hence end up dropping out. Mchombu (2009) adds that these children end up in a poverty cycle since even as adults they will not have adequate academic qualifications to compete in the job markets. Many girls find no other option but to get married early since they have no other means to survive or care for their siblings.

The research by Fox (UNDP, 2005) reports that financial pressure, low self-esteem, depressions makes many girls in child headed households move into commercial sex work or get married, often the case to older men. The same situation exists in Kenyan slums like Mathare. Booyesen and Bachman (2003) reports that girls from child headed households are themselves at a greater risk of HIV infection than other girls. The girls in these households engage in sexual activities with multiple men, often older than them and who have higher chance of having been exposed to the HIV virus.

These girls will engage in these sexual activities for monetary or material gains in a bid to survive. Many girls orphaned by HIV/AIDS and who do not have a stable family

support system are themselves vulnerable to sexual abuse and harassment. Boys on the other side are forced into armed gangs or become child soldiers in a bid to survive. Others become street children (UNDP, 2005).

Studies have proven that households led by children are much more vulnerable economically than households led by adults. In many countries income of adult led households have been seen to be 20-30% higher than that of households headed by children (Richter, 2004). A study in Kwazulu-Natal established children from households under children had to live on two thirds less than children under adult care do (Donald & Clacherty, 2005). The research found that in normal households it was the sole role of the adults to engage in income generating activities for the households' provision with no cases reported of children engaging in the same.

Children from households headed by children earned their income from activities such as taxi conducting, cleaning clothes, hair braiding or vending single cigarettes when not in school. Other children worked for kind payment such as fetching firewood, doing household chores for others, or making mud bricks. Most children also reported earnings from irregular gifts, or inconsistent provisions from family and help from neighbours especially with food (Nyambetha, 2004).

2.2.5. Gender-Related Problems in Child-Headed Households

According to Neilsen (2004), girls are particularly vulnerable in child headed households. Social structures divided certain jobs according to gender. Health care taking responsibilities are jobs left for girls and women. Girls are the one likely to have the duties of attending to their chronically ailing parents. This deprives the girls' opportunities to equally engage with boys in other life building activities such as education. The girls are often engaged in child labour like activities that is a violation

of their rights. Orphaned girls are at high risk of trafficking and sexual exploitation. According to Mangiste and Alemu (2002), orphaned girls will be exploited by family members or close people in the community which kills their self-esteem.

Fox (2006) the situation is worsened by the girls lack of parental guidance or traditional guidance on sexual matters. The girls are likely to have poor life skills as they are poorly socialized. Due to taboos related to sex, the girls are unaware or are unable to request for protective materials during sex and other reproductive health services that would help them when sexually active. Booysen and Bachman (2003) reports that less boys as compared to girls drop out of school or postpone their enrolment to higher levels. Mangiste and Alemu (2002) further report that girls end up in prostitution.

Snider (2006) researching gender discrimination in child headed households observed that most household chores are done by girls. The study noted that boys find girls more efficient in organizing households and expected that role to be theirs. Snider (2006) further reported that girls focused more on domestic roles while boys used that time to study. In some cultures and religious, young girls only entering puberty are considered as mature as women and hence should play the reproductive roles of women. In such communities the girls are likely to be forced into marriages.

According to Pillay (2011), reports that most girls in child headed households reported frustrations with numerous responsibilities expected of them in the households. They found it hard to cope with the responsibilities of an adult expected of them yet they were of children age. Many reported depression. The girls struggled to survive and reported learning challenges.

Many girls living with HIV have had little access to education, do not feel protected around where they live, have a higher risk of sexual coercions and have limited asset base if any to cover their livelihoods. This has forced the girls to exchange sex for material gains and survival (Nkomo, 2006). A study conducted in Zimbabwe revealed that 40 Percent of children in child headed households had received some form of abuse. The abuse was in the forms of physical assaults, verbal abuse and intimidations, sexual exploitation, and forced labour (Avert, 2008). Though the above literature has wholly focused on gender related issues in child- headed households, it has not shed light to the slums areas like Mathare where the same phenomenon is widespread.

2.3. Theoretical Framework

Theories basically bring together concepts and relationships in a systematic way to guide in scientific explanation, interpretation and prediction of future trends. They explain how various variables in phenomena affect each other (Gow, 2007). This study will be founded on the following theories; attachment theory and functionalism theory.

2.3.1. Attachment Theory

This research was anchored on the attachment theory. This theory was first brought forward by psychologist John Bowlby. He defined attachment as a sustaining psychological connection between human beings or an emotional connection between individuals. Attachment maintains the child close to its mother enhancing its chance of survival.

Bowlby's theory persistently mentions mothers, indicating the gendered perceptions around baby care and childrearing. Regrettably, the 'secure base' is being threatened by HIV and AIDS, which indicates the rising levels of devastation on children lives as a consequence of HIV. This phenomenon is a driving force in the mushrooming of households that are led by children. Indications of the connection between the

feminisation of AIDS and the establishment of households headed by children appeared in a 1997 UNAIDS report stated that by mid1996 about nine million mothers had lost their lives to AIDS. It also mentioned that over ninety percent of those children orphaned by AIDS are in sub Saharan Africa.

Although wars, accidents and natural disasters also lead to orphan hood, AIDS as a gendered pandemic has come to be identified as the chief factor influencing orphan hood and the establishment of households headed by children. Foster et al (2000) detected that countries in sub Saharan Africa were witnessing a rise of households headed by children during a study about supporting children through a community-based orphan programme in 1996.

2.3.2. Functionalism Theory

Functionalism theory has its origin from the works of Emile Durkheim. He was keen on how society is ordered socially and how society is able to maintain itself in relative stability. First, this theory at first made attempts to explain ways in which social institutions helped meet an individual's social needs. Functionalism provides an interpretation of how each part of society helps establish stability of the whole. Society is more than its individual parts and its stability and functioning is enabled by each part assuming its role fully. The different parts of the society are its institutions and each has its role and affects the whole in its own unique ways.

Some of the sociologists connected to this theory include Auguste Comte, Emile Durkheim, Herbert Spencer, Talcott Parsons, and Robert K. Merton. Herbert Spencer introduced the body analogy to this theory. It states that society is the body with many organs that work for the well-functioning of the body as a whole. Functionalism theory therefore attempts to explain the stability and internal cohesion of its parts to

ensure continued sustenance (Lakhi & Licy, 2011). Different institutions in the society are interlinked and change in one will precipitate a chain reaction on the other institutions. The society is like living organisms that depends on its various parts to survive and reproduce. All society parts works for the general balance of the whole society (Pillay, 2011).

Functionalism looks at how the society is organized and considers individual societal parts as important. When individuals are born into a society, they are shaped by it through family, education, religion and others (Lakhi & Licy, 2011). Order, integration and consensus form crucial parts of the society. These establish sets of shared norms and values which creates a common goal amongst all individuals. This minimizes conflict in the society (Snider, 2006).

For example, citizens will pay taxes while the government provides various amenities such as education, road infrastructure and so on. The education system helps individual families raise their children well. In turn the children grow to be responsible productive adults who continue to pay taxes to the government and the relational cycle continues. If the all goes well, the system sustain itself but if it is not producing stability and mutual benefits and productivity, it has to be reworked.

When the societal consensus and order is destabilized it reflects across board. This may happen for example when in a massive scale, parents die and significant number of children have to lead their households, something that was not envisaged or planned for in the initial societal order. Child headed households is a reflection of a societal function that is failed.

In this theory, each section of society relates with the others to provide stability to the whole. For example, the parents in a family provide basic needs like education for the children of the family, who in turn are expected to support the parents at old age.

2.4. Conceptual Framework

The conceptual framework showed the relationship between the independent variables; sociological, psychological, economical and gender related constraints on the dependent variable which is the child headed households. The conceptual framework showed that the relationship between the independent variables; social, psychological, economical and gender constraints have significant effect if resolved in ensuring the welfare of the child headed households. The indicators provided created the relationship between the independent and dependent variables.

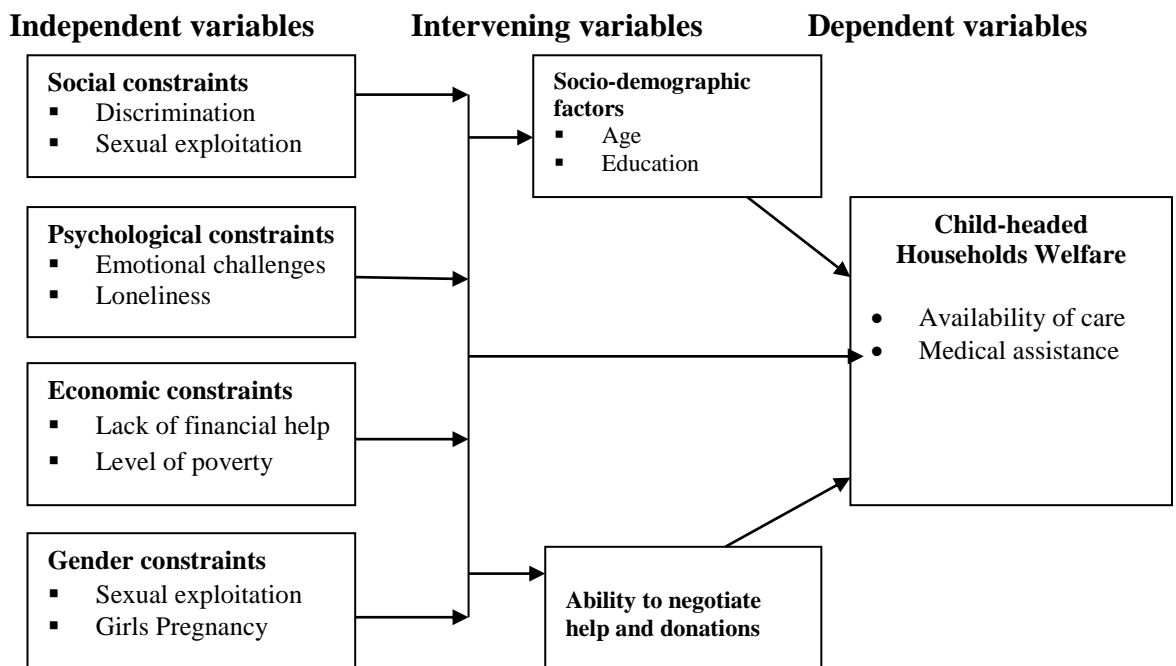


Figure 2. 1 Conceptual Framework

Source: Researcher

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

The chapter presents the research methodology to be applied in this study. It enumerates the site description, research design, unit of analysis and unit of observation, target population, methods of data collection, pre-testing, reliability, validity, ethical considerations and data analysis.

3.2. Site Description

Mathare slum is in Nairobi City County of Kenya, Starehe constituency in Mathare location and Gitathuru sub location. The slum which is approximately 73.7 hectares is located about 3 kilometres from Nairobi business district. Mathare slums are divided into three blocks, Kosovo, Mathare 4B and Bondeni (Mate, 2016). Bondeni block of the slum is on a section of Mathare valley. It is in Mabatini location and Juja road runs through it with Mathare River on the lower side. Kosovo block started in 2001 and is near Thika road.

This settlement started after the slum dwellers were evicted in a neighbouring part of the city (Nyamweru, & Dobson, 2014). With poor garbage collection system, most of the waste is directed to Mathare River. The slum has little formal connection to electric grid. The high density in the slum and poor planning of the building makes the slum inaccessible. There is only one public school, Kiboro primary school which has a very high student population compared to the teachers and infrastructure available. This affects poorly the quality of learning available there.

There is vocational training centre, Undungu society where youths get training. There are 55 registered child-headed households in Mathare slums. Most of the health facilities serving this slum are private with only one public dispensary. Most people

are informally employed. However there is still a huge unemployment rate in this area and a huge proportion of the youthful population abusing drugs (Mate, 2016).

3.3. Research Design

This is viewed as the plan or the foundation for the collection, assessment and the basic analysis of the information collected in the study (Cooper & Schindler, 2008). The ideal design for research utilized in this research was descriptive which collected qualitative and quantitative information. The use of descriptive research design is termed by Bryman and Bell (2007) as necessitating the collection of information at different timescales and situations. It also allows the collection of quantitative and qualitative information related to a number of variables geared towards getting bringing out the relationship between variables. Therefore, the research design was suitable in formulating the relationship between social and economic constraints and their effect on child-headed households in Mathare slums.

3.4. Unit of Analysis and Unit of Observation

Creswel (2008) says that unit of analysis is the most basic section of nay issues under study. The analysis unit in the study was the social and economic constraints facing child-headed households in Mathare slums in Nairobi. The observation units were the sociological, psychological, economical and gender-based constraints facing child-headed households in Mathare slums.

3.5. Target Population

Mugenda and Mugenda (2003) suggested that population in research refers to total number of cases, individuals and objects with similar features being observed. The child headed households in Mathare slums formed the target population in this study. The target populations were drawn from a population frame of 55 child headed families in Mathare slums (Office of Mathare Child Officer, 2017). Two children

officers, area chief and village elder were targeted as key informers. These child heads and children officers chief and village elder were the primary respondents.

3.6. Selection of the Entire Target Population

Multi-stage sampling procedure was applied in selecting sample size. Selection was purposive for child-heads, children officers, chief and village elder since they were information-rich participant on the social and economic constraints facing child-headed households. Shushil and Verma (2010) described purposive or judgement sampling as a technique that is based on the intuition of the researcher on parameters related to the stipulated target population. Purposive sampling involves the researcher selecting the issues on the population under study that provides information the represents the intended purpose (McMillan and Schumacher, 2010).

Secondly, due to the small size of the participants, a census was used to select all the 55 registered households headed by children. Census was based on the condition of participants having lived in Mathare slums in a child-headed household for at least two years. The entire target population of 55 child headed households in Mathare slums formed the sample size of this study. To supplement this data, two children officers chief and village elder were also sampled.

3.7. Methods of Data Collection

Kombo and Tromp (2006) stated that data collection process has a purpose of proving some facts about the subject of research. Both primary and secondary data was collected in this study. Primary data was collected using questionnaires for child heads and interview guide for key informants like children officers chief and village elder. Secondary data was collected using documentary reviews based on social and economic constraints relating to child-headed households. The researcher personally administered the instruments and collected them within a period of three weeks.

3.7.1. Collection of Quantitative Data

A questionnaire for child heads in child-headed households in Mathare slums containing both open and close-ended questions was used to collect quantitative data. The open-ended questions allowed the respondents to communicate their views freely without being forced to fit within the answers.

3.7.2. Collection of Qualitative Data

Qualitative data were collected from key informants who included two children officers of Mathare slums chief and village elder. In collecting this data, semi structured interview guides were used as the main instrument of research. In this study, the questions used related to specific objective of the study. According to Creswell (2008), semi-structured interview guides are essential in enabling the attainment of deep information from the targeted respondents. Through the use of semi-structured interview guides, the researchers gain the opportunity to interact closely with the participants in Mathare slums.

3.8. Pilot-Testing of Instruments

According to Macmillan and Schumacher (2010) a pilot test is a necessity for determining the clarity of a research instrument. It enables the researcher to eradicate ambiguity, omissions and flaws in a research instrument. The pilot test should replicate the procedure of undertaking the main research. Adams, Khan, Reaside and White (2007) suggested that the sample size of a pilot test should be 10% of the total sample size of the study. In this study, the pilot test involved the assessment of the quality of the instrument by the supervisor. Two master's students were also consulted on the strengths and weaknesses of the instrument. From the reviews and remarks of the two parties, the necessary amendments were undertaken on the instrument. Finally, the

pilot test was conducted in Korogocho slums which have similar characteristics to Mathare slums.

3.9. Reliability of the Instruments

According to Bryman (2011), reliability is a parameter for substantial measurement of the consistency of research instruments. Kombo and Trump (2006) added that consistency in the results induced in a research constitutes the aspect of reliability. A pilot test was done to establish reliability of this research. From the pilot, a Cronbach's Alpha was calculated. Bryman (2011) states that Cronbach Alpha has to be over 0.7 to be deemed appropriate.

The Cronbach values were computed as follows:

$$\alpha = K / (K - 1) [1 - (\sum \sigma_k^2 / \sigma_{total}^2)] \quad \dots\dots\dots \text{Equation (1) (Ritter, 2010)}$$

Where K is the number of items, $\sum \sigma_k^2$ is the sum of the k item score variances, and σ_{total}^2 is the variance of scores on the total measurement (Cronbach, 2004).

3.9.1. Reliability Test

Cronbach coefficient alpha is a method of measuring the reliability of tools used in research (Bryman, 2011). This test was done for the entire variable under the study. Reliability test establishes variable errors. These are errors that appear when a measurement is done so that a measure by the same tool produces different results on the same issue (Sekaran & Bougie, 2010). When Cronbach's alpha type reliability is above 0.7, then it is sufficient to continue with the tool (Sekaran & Bougie, 2010).

Table 3. 1 Reliability test

| Construct | Cronbach's Alpha | Comments |
|--------------------------|-------------------------|-----------------|
| Social challenges | 0.716145 | Accepted |
| Psychological challenges | 0.762898 | Accepted |
| Economic challenges | 0.773767 | Accepted |
| Gender constraints | 0.700649 | Accepted |

Source: Sekaran and Bougie (2010)

The research established that overall Cronbach's alpha for sociological challenges (0.716145), psychological challenges (0.762898), economic challenges (0.873767) and gender constraints (0.700649). The results show an overall Cronbach's alpha of above 0.7 showing that the tools for this research were reliable Thus there was an internal consistency of the constructs.

3.10. Validity of Data Collection Instruments

Validity is the level to which the tool being used to measure constructs under study measures the actual construct and not another thing (Sekaran & Bougie, 2008). Content validity is the level to which the instruments under use measure the content it is supposed to fully (Yaghmaie, 2003). Face validity is a form of content validity and that is what was used in this research. The research supervisor looked at the research tools and made suggestions on improving its quality and content depth. The instrument was then improved from these collections. This minimized errors and ambiguities (Sushil & Verma, 2010).

3.10.1. Validity Tests

Discriminant validity was used to conducted validity test for this study. Average Variance Extracted (AVE) was calculated and found to be higher than 0.7 which proved there was high validity.

Table 3. 2 Validity test

| | Sociological challenges | Psychological challenges | Economic challenges | Gender challenges | Child headed households |
|--------------------------|--------------------------------|---------------------------------|----------------------------|--------------------------|--------------------------------|
| Social challenges | 0.733 | | | | |
| Psychological challenges | -0.295 | 0.656 | | | |
| Economic challenges | 0.009 | 0.108 | 0.727 | | |
| Gender challenges | -0.451 | 0.433 | -0.271 | 0.778 | |
| Child headed households | -0.065 | 0.175 | 0.085 | 0.288 | 0.722 |

From the research findings, square root of AVE of each construct was greater than the correlation all other pairs of latent construct. For example the AVE for sociological challenges was 0.733 which is higher than the other latent constructs which scored (-0.25, 0.009, -0.451 and -0.065). This means that all the measures of independent and dependent variables had requisite validity to continue to the data analysis phase.

3.11. Ethical Cconsiderations

When researching on children, there are a lot of ethical issues that need to be put into consideration especially when the children have to be directly involved in research. Informed consent is necessary in this kind of research and confidentiality levels should be high. Inability to assure of these two may have one a researcher considers discontinuing with the study.

The children were informed what their involvement in the research meant and written consent was required of each participant. The children were informed on the purpose of the research, the assured level of confidentiality and possible risks involved by participating in the research (APA 2010). The participants were allowed to seek any

clarifications they needed at any point of their involvement in it and were free to discontinue their participation willingly at any point of the research with no penalties.

3.12. Data Analysis

Data analysis was done in line with study objectives. Statistical Package for Social Sciences (SPSS) software version 20 was used. When data was collected, it was coded, edited and cleaned. It was then organized into tables to allow for in depth exploration. Inferential and descriptive data analysis was employed in this research. Zikmund, Babin, Carr and Griffin (2013) stated that descriptive analysis is turning of raw data an understandable state.

This enables one to check for errors and make any needed verifications. In this study means, averages and percentages were used and presented in tables, and bar graphs. Sinkovics and Alfoldi (2012) denote that inferential statistics are analysis that enables the researcher to draw statistical inferences. The researcher is able to draw certain conclusions about the population based on the statistics of the sample he studied. Regression and correlation analysis were the inferential statistics used.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1. Introduction

This chapter contains the findings on the constraints facing the households headed by children in Mathare slums in Nairobi City County. The chapter included research instruments return rate, demographic information of the respondents, and review of the sociological, psychological, economical and gender based constraints related to child – headed households.

4.2. Research Instruments Return Rate

The research was done in three localities within Mathare slums within Nairobi City County. These were Mathare B, Bondeni and Kosovo. The rate of response is in Table 4.1.

Table 4. 1 Response rate

| School | Male | Female | Total realized | expected | Percentage |
|---------------|-------------|---------------|-----------------------|-----------------|-------------------|
| Mathare 4B | 5 | 12 | 17 | 22 | 77.3 |
| Bondeni | 3 | 10 | 13 | 20 | 65.0 |
| Kosovo | 4 | 8 | 12 | 13 | 92.3 |
| Total | 12 | 30 | 42 | 55 | 76.4 |

Table 4.1 showed that out of the three localities in the study, Kosovo realized the highest return rate of 92.3% followed by Mathare 4B at 77.3% and finally Bondeni at 65.0%. Similarly, more female than male respondents participated in the study. The overall return rate was 76.4%. Mugenda (2003) stated that a response rate of above 70.0% is acceptable in research. This was a good rate of response because the respondents filled the questionnaires on their own.

4.3. Demographic Information of the Respondents

This gave information on such information as distribution child heads in the family, age and gender distribution, ages at the time of parental demise, and guardian after parental demise. These were presented as follows.

4.3.1. Distribution of Child Heads in the Family

The researcher distributed the child heads in line with children in the family. This is shown in Table 4.2.

Table 4. 2 Gender distribution of children in family

| Male | Female | Frequency | Percent |
|-----------------|-----------------|-----------|---------------|
| 7 | 15 | 22 | 52.4 |
| 2 | 5 | 7 | 16.7 |
| 1 | 4 | 5 | 11.9 |
| 4 | 4 | 8 | 19.0 |
| 14 (33%) | 28 (67%) | 42 | 100.00 |

Table 4.2 showed that majority of the child heads were females (67%), with the males constituting (33%). In addition, most of the child heads (81.0%) had between 1-5 siblings in the family. This implied that more girls were getting into the phenomenon of child heads than boys in Mathare slums.

4.3.2. Ages of the Respondents

The child heads were asked state their age and shown in Table 4.3.

Table 4. 3 Age of respondents

| Age | Frequency | Percentage |
|----------------|-----------|---------------|
| Under 13 years | 6 | 14.3 |
| 13-15 years | 12 | 28.6 |
| 15-17 years | 14 | 33.3 |
| 17-18 years | 6 | 14.3 |
| Above 18 years | 4 | 9.5 |
| Total | 42 | 100.00 |

The study found out that majority of the child heads, 33.3% were in the age bracket of 15-17 years followed by the age bracket of 13-15 years (28.6%). This implies that these children are too young to take the position of heads of the family and they may not cope with the task.

4.3.3. Age of Child Heads by the Time Parent Died

The child heads were asked to state their age by the time of their parent’s death. What they shared is given in Table 4.4.

Table 4. 4 Age of child-head when parent died

| Age | Frequency | Percentage |
|--------------------|------------------|-------------------|
| Less than 10 years | 29 | 69.04 |
| 11-14 years | 5 | 11.9 |
| 14-16 years | 4 | 9.5 |
| 16-18 years | 3 | 7.1 |
| Over 18 years | 1 | 2.3 |
| Total | 42 | 100.00 |

From the study it was realized that most of the respondents (69.04%) were less than 10 years old at the time of the parent’s death. The results also indicate that only a few (2.3%) were old enough (over 18 years old) to be considered as mature enough to act as family heads. This implied that the children were too young to comprehend the implication of the parents death and they are not prepared to take the task of being parents to the other siblings.

4.3.4. Caregiver after the Death of Parent (s)

The study sought the response of the respondents on the caregivers after the death of the parents. The results are presented in Table 4.5.

Table 4. 5 Caregiver after death of parent

| Care giver | Frequency | Percent |
|-----------------|-----------|---------|
| Grandparents | 41 | 97.6 |
| Uncle | 38 | 90.5 |
| Aunt | 23 | 54.8 |
| Older siblings | 35 | 83.3 |
| Other relatives | 20 | 47.6 |

The findings show that most of the respondents (97.6%) were taken in by their grandparents soon after the death of the parents. In addition, 90.5% and 83.3 of the respondents were taken care of by the uncles and other siblings respectively. The findings support Swift and Maher (2008) assertion that in reality, the responsibility for the orphaned children is in normal cases handed over to the extended family and when it is households headed by children, the children themselves take up the role.

When the responsibility is given to the child, then the child's rights are violated. Considering the poor conditions the children live in and abuse of the basic human rights inherent including right to survival, development and participation. This means that stakeholders such as the government should offer financial assistance to children aimed at easing the hard life they have to face.

4.3.5. Establishment of Child-Headed Households

The study sought to establish the factors leading to the establishment of child-headed households. The response was presented in Table 4.6.

Table 4. 6 Causes of child-headship

| Factors that caused child headship | Frequency | Percentage |
|------------------------------------|-----------|------------|
| Parents death out of HIV/AIDS | 40 | 95.2 |
| Poverty in the family | 36 | 85.7 |
| Stigmatization due to HIV/AIDS | 29 | 69.0 |
| Lack of care-givers | 24 | 57.1 |

The results showed that 95.2% believe that parents' death due to AIDS complications is the leading cause of growth of households headed by children. Similarly, 85.7% and 69.0% of the respondents stated poverty in the family and stigmatization due to HIV/AIDS as the main factor to the rise of households headed by children. The findings agreed with Charlotte (2011) assertion that majority of the deaths are caused by HIV/AIDS resulting in the child losing one or both parents. Other factors that create orphanhood include civil wars, poverty, famine and natural disasters. The consequences of this phenomenon among the families in slums is that the calamity of HIV/AIDS should be urgently addressed and more so among the orphaned children to curb the rise of child-headed families or households, which was traditionally non-existent in Africa.

4.3.6. Social Challenges Encountered in Child-Headed Household

Specifically, the respondents were requested to share their challenges as child heads at home. The responses were as follows:

Table 4. 7 Social challenges

| Social challenges | Frequency | Percentage |
|---|------------------|-------------------|
| Discrimination and isolation by society | 40 | 95.2 |
| Physical abuse | 33 | 78.6 |
| Sexual exploitation | 39 | 92.9 |
| Dropping out from school | 31 | 73.8 |
| Stress | 32 | 76.2 |
| Drug use | 35 | 83.3 |

The research results indicated that majority of the respondents indicated that the challenges they encountered as child head at home were: sexual exploitation (92.9%), discrimination and isolation by society (95.2) and drug abuse (83.3 %). The findings support Swift and Maher (2008) suggestion children orphaned by HIV/AIDS face a lot of stigma which includes physical assault and sexual exploitation. This implied that the

state organs and security agents in slums areas need to guard the abuse of orphaned children from physical abuse and sexual exploitation by identifying and supporting them appropriately. Stringent laws ought to be set to guard orphaned children from such abuses.

2.1 Social Related Challenges

This section presented data on the children from households headed by children on aspects of sociological challenges. These were presented as follows.

4.3.7. Rating of Sociological Related Aspects

The respondents were asked to rate the extent of sociological challenges they faced after the death of the parent, using the scale of 1 to 5, where 1 not challenging, 2 moderately challenging, 3 challenging, 4 quite challenging and 5 very challenging.

Table 4. 8 Rating of social aspects

| Area of potential challenge as a child head | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|---|-----------------|------------------------|-------------|-------------------|------------------|--------|------------|
| School fees issues for children | 0 | 1 | 0 | 32 | 67 | 100 | 20 |
| Inadequate income for household needs | 0 | 12 | 1 | 32 | 55 | 100 | 20 |
| Denial of inheritance by relatives | 0 | 10 | 0 | 64 | 26 | 100 | 20 |
| Property grabbing by relatives | 0 | 16 | 0 | 34 | 60 | 100 | 22 |
| Discrimination and isolation | 0 | 20 | 0 | 52 | 28 | 100 | 20 |
| Sexual exploitation | 0 | 22 | 0 | 48 | 30 | 100 | 20 |

The results indicated that the respondents stated that the sociological difficulties suffered by child family heads after the death of the parents were, mean of 22% for property grabbing by relatives with all the others averaging a mean of 20%. The findings collaborates a report by UNAIDS (2008) that demonstrated that children from households led by children leave school when they are discriminated, unable to finance their education or distraught

Bundy et al. (2006) share that in many cases orphans suffer bullying from their peers. The implication for this study is that there is need for stakeholders to come together and address the needs of the orphaned children urgently especially in slum areas. The current system of free education should especially be a relief to the orphaned children in slums, and should be extended to non-government education institutions operating in slums areas.

4.3.8. Reasons Relatives Abandon Orphaned Children

The respondents were requested to state the reasons the relatives abandoned the children to live on their own.

Table 4. 9 Reasons relatives abandon orphans

| Child-heads response | Frequency | Percentage |
|--|------------------|-------------------|
| Orphaned children are viewed as a burden | 25 | 59.5 |
| Relatives have own family burdens | 10 | 23.8 |
| Relatives are poor | 3 | 7.1 |
| Orphaned children have no relatives | 4 | 9.5 |
| Total | 42 | 100.00 |

The reasons why relatives abandoned the children after their parent’s death were; orphaned children are viewed as a burden at 59.5% and relatives have own family burdens at 23.8%. The findings supports Gow (2007) sentiments children already suffering from grief and loss of their parents have to suffer more loss when they have to be separated from each other as they are handed over to different relatives or are taken to children homes. This implies that the government and other well-wishers should take over from the poverty stricken and poor relatives in taking care of the orphaned children in the slums. Special attention need to focus on addressing the sociological concerns of these children.

4.3.9. Economic Measures Taken to Fight Cycle of Poverty

The respondents were asked to express the economic measures the children heads have taken to fight poverty cycles.

Table 4. 10 Economic measures of fighting poverty

| Child-heads response | Frequency | Percentage |
|---------------------------------------|------------------|-------------------|
| Registering for funds for orphans | 3 | 7.1 |
| Attending schools for economic future | 5 | 11.9 |
| Working during weekdays and holidays | 20 | 47.6 |
| Taking up active employment | 9 | 21.4 |
| Begging for food and money | 2 | 4.8 |
| Help from relatives | 3 | 7.1 |
| Total | 42 | 100.00 |

The economic measures the children heads have taken to fight poverty cycles were expressed as working during weekdays and holidays at 47.6% and taking up active employment 21.4%. The results agreed with Nyambetha (2004) finding that children from households headed by children earn their income in various ways such as car washing, washing clothes, conducting taxis, hair dressing and vending of small items. This ideally mean that, to meet the financial needs of orphans help in stabilizing their living and enabling them to attend school.

4.4. Psychological Related Challenges

This section presents the analysis of the psychological related challenges facing the child-head households.

4.4.1. Psychological Challenges Encountered by Child Head households headed by children

The study tried to establish the psychological challenges encountered by child heads at home. The results were given below.

Table 4. 11 Psychological challenges faced by child-heads

| Psychological challenges | Frequency | Percentage |
|---------------------------------|------------------|-------------------|
| Emotional challenges | 26 | 61.9 |
| Feeling of loneliness | 38 | 90.5 |
| Desperation and depression | 30 | 71.2 |
| Low self-esteem | 22 | 52.4 |
| Fear | 32 | 76.2 |
| State of hopelessness | 40 | 95.2 |
| Pessimism and anxiety | 29 | 69.0 |

The results indicated that the psychological challenges encountered by child heads at home were state of hopelessness at 95.2%, feeling of loneliness at 90.5%, fear 76.4% and desperation and depression at 71.2%. The findings collaborates Avert (2008) face tremendous psychological difficulties. They have to face the haunting memories of their dead parents and lingering agony.

In addition, Agence-France Presse (2007) held that children suffer from loneliness, desperation and distress following death of the parents and having to assume adult responsibilities that they are not equipped for. The implication for this study is that, the government, NGOs, religious organizations and other stakeholders must first address the psychological needs of the orphaned children to enable them settle emotionally. Counselling should be offered to these children to address the emotional and mental balance.

4.4.2. Psychological Challenges

The respondents were asked to rate the psychological related challenges they encountered as a child head in a households headed by children.

Table 4. 12 Psychological challenges

| Area of potential challenge | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|--|-----------------|------------------------|-------------|-------------------|------------------|--------|------------|
| Poor nutrition. | 0 | 4 | 7 | 33 | 56 | 100 | 20 |
| Inadequate shelter. | 0 | 2 | 17 | 48 | 33 | 100 | 20 |
| Inaccessibility to proper health care. | 0 | 4 | 10 | 54 | 32 | 100 | 20 |
| Stress and chronic depression. | 0 | 4 | 10 | 36 | 50 | 100 | 20 |
| Vulnerability to sexual exploitation. | 0 | 0 | 14 | 30 | 56 | 100 | 20 |
| Vulnerability to HIV/AIDS | 0 | 2 | 23 | 35 | 40 | 100 | 20 |

The respondents rated all the psychological related challenges they encountered as child heads in a households headed by children; at an average mean of 20%. The findings support Avert (2008) statement that the children are already discriminated and stigmatized even before their HIV/AIDS suffering parents die due to stigmatization. In deed he reports that orphaned children report having fewer friends and being lonelier than non-orphaned children. This means that attention should focus on curing the emotional and mental challenges that orphaned children have to confront after the death of the parents to enable them recover and lead normal lives.

4.4.3. Psychological Challenges Encountered by Child Heads

The child heads were asked to list psychological related challenges they encountered as a child head in a households headed by children.

Table 4. 13 Psychological challenges encountered

| Respondents | Frequency | Percentage |
|-----------------------------------|------------------|-------------------|
| Stigmatization from friends | 23 | 54.8 |
| Unending grieving | 29 | 69.0 |
| Discrimination by friends | 38 | 90.5 |
| Desperation about life | 35 | 83.3 |
| Feeling of neglect from relatives | 23 | 54.8 |
| Feeling of hopelessness | 29 | 69.0 |

The results showed that the respondents listed the following as psychological related challenges encountered by child heads in a child-headed household: discrimination by friends at 90.5%, desperation about life at 83.3%, feeling of hopelessness at 69.0% and unending grieving at 69.0%. Discrimination by friends had the highest score of 90.5% instigating the fact that it leads to the psychological feeling of isolation and desperation of the respondents.

The findings support Creswell (2008) findings that orphaned children who face discrimination have to be in charge of their households growing depressed having to assume adult responsibilities that they are ill equipped for. The children suffer anxiety about their future under a grim present. The implication is that any attempt to ignore the psychological related challenges inflicting orphans will not heal the trauma and stress associated with orphan hood.

4.4.4. Rating the Psychological Challenges Experienced by Child Heads

This research attempted to rate from the child heads the extent of psychological related challenges they encountered at home. The results were presented in Table 4.14.

Table 4. 14 Rating psychological challenges

| Challenge | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|---------------------------------------|-----------------|------------------------|-------------|-------------------|------------------|--------|------------|
| Problem overcoming grief and loss | 0 | 4 | 8 | 38 | 50 | 100 | 20 |
| High levels of psychological distress | 2 | 6 | 10 | 22 | 60 | 100 | 20 |
| On- going traumatic stress | 0 | 7 | 13 | 43 | 37 | 100 | 20 |
| Lack of proper treatment for illness | 0 | 0 | 14 | 35 | 51 | 100 | 20 |
| Taking medication with wrong dosage | 2 | 2 | 22 | 40 | 34 | 100 | 20 |

The respondents rated the psychological related challenges encountered at home by child heads as; high levels of psychological distress as most serious at 60%, lack of proper treatment for illness as most serious at 51% and problem overcoming grief and loss as most serious at 50%. The results agreed with a report by African Union (2007) which stated children from child headed households appeared not to have fully resolved internal issues and grief resulting from the loss of their parents. This implies that care should be taken to address emotional and mental distress afflicting the orphans especially in slums through counselling and other support services.

4.5. Economical Challenges

This section presents data of the economical related difficulties encountered by child heads in child-head households.

4.5.1. Economic Challenges Encountered by Child Heads

The respondents were asked to express their opinions on economical related challenges faced in households headed by children. The results are presented in Table 4.15.

Table 4. 15 Economic challenges

| Economic challenges | Frequency | Percent |
|---|------------------|----------------|
| Lack of access to money | 39 | 92.9 |
| Lack of financial support from relatives | 40 | 95.2 |
| Performing care-giving roles at home | 33 | 78.6 |
| Confiscation of property by relatives | 37 | 88.1 |
| Dropping out from school | 31 | 73.8 |
| Inaccessibility of help due to age limitation | 23 | 54.8 |
| Extreme poverty at home | 38 | 90.5 |

The results showed that the respondents opinions on economical related challenges faced in child-headed households were: lack of financial support from relatives at 95.2%, lack of access to money at 92.9%, extreme poverty at home at 90.5% and performing care-giving roles at home at 78.6%. The findings collaborates Ayieko (2003), who stated that in Kenya, grants for child-headed households are non-existence. Ayieko (2003) adds that households headed by children struggle to get financial security grants since their relatives are likely to have neglected them. This implies that stakeholders operating in slums like the government, religious organizations and NGOs need to address the financial needs of the orphaned children.

4.5.2. Economic Challenges Faced by Child Heads

The respondents were asked to rate seven economical related challenges faced by child heads in the society. The response was presented in Table 4.16.

Table 4. 16 Economic challenges faced by child-heads

| Challenge | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|--|------------------------|-------------------------------|--------------------|--------------------------|-------------------------|---------------|-------------------|
| Sexual abuse of girls for economic gains | 0 | 0 | 6 | 56 | 38 | 100 | 20 |
| Boys going to streets for economic gains | 0 | 6 | 16 | 34 | 44 | 100 | 20 |
| Exploitation in work places | 0 | 2 | 3 | 53 | 42 | 100 | 20 |
| Low income after work | 2 | 5 | 13 | 34 | 46 | 100 | 20 |
| Involving in crime for financial reasons | 0 | 7 | 10 | 29 | 54 | 100 | 20 |

The results indicated that the economical related challenges were rated; sexual abuse for girls for economic gains as more serious at 56%, involving in crime for financial reasons at 54% exploitation at work places as more serious at 53%. These findings support a research by Fox (UNDP, 2005) who reported that poor educational access, and punishing conditions financially push girls in child headed households into commercial sex work for survival and early marriages often to older men. This implies that solving the financial challenges of the orphans would be crucial in creating financial stability and purpose in life.

4.5.3. Activities Child Heads Engage in to Support Family

The respondents were asked to express their opinions on a variety of activities children in households headed by children engage in to support the families. The results are presented in Table 4.17.

Table 4. 17 Activities performed by child-heads

| Activities | Frequency | Percentage |
|-------------------------------|------------------|-------------------|
| Fetching water | 35 | 83.3 |
| Working in construction sites | 23 | 54.8 |
| Begging in the streets | 30 | 71.4 |
| Scavenging in garbage sites | 41 | 97.6 |
| Baby sitting | 33 | 78.6 |

The opinions of the respondents on a wide range of activities children households headed by children engage in to support the families were stated as scavenging in garbage sites at 97.6%, fetching water at 83.3%, baby sitting at 78.6% and begging in the streets at 71.4%. The results collaborated with Nyambetha (2004) findings made money from such activities as braiding hair, conducting taxis, fetching water and fire wood, washing clothes or working for payment in kind. This means that financial support of orphaned children will enable them to attend school and have a future by

curbing the need to look for opportunities to look for activities to supplement their economic needs.

4.6. Gender Challenges

This section presents an data on the gender related difficulties faced by child heads in households headed by children.

4.6.1. Gender Challenges Faced by Child Heads

The respondents were asked to indicate the gender related difficulties faced by children in households headed by children. The responses were given in Table 4.18.

Table 4. 18 Gender-related challenges

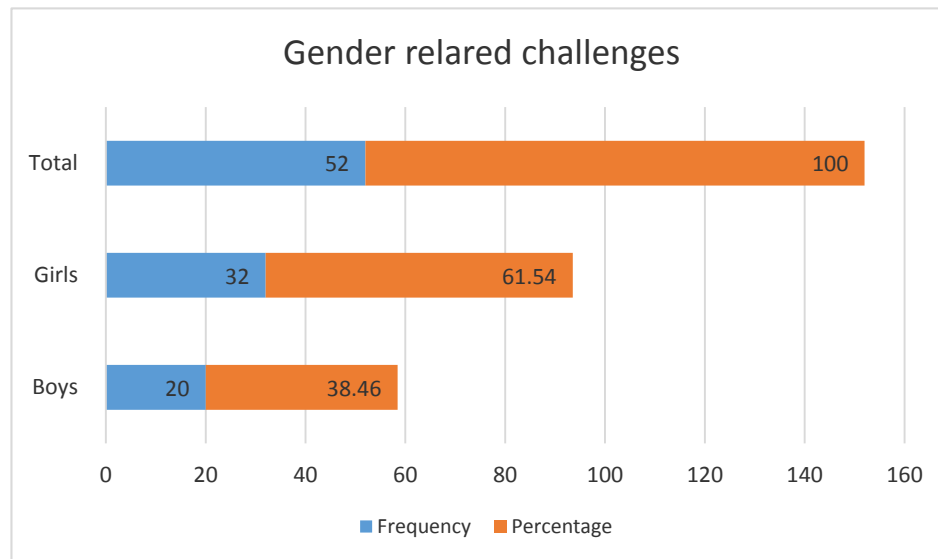
| Gender related challenges | Frequency | Percent |
|---|------------------|----------------|
| Sexual exploitation for girls | 38 | 90.5 |
| More girls than boys drop outs | 38 | 90.5 |
| Pregnancy for girls | 40 | 95.2 |
| More girls than boys HIV/AIDS infection | 21 | 50 |
| Being called derogatory names by adults | 33 | 78.6 |
| Physical abuse and beatings | 39 | 92.9 |

The gender related difficulties for children in households led by children included, pregnancy for girls at 95.2%, sexual exploitation for girls at 90.5%, physical abuse and being called derogatory names by adults at 78.6%. The results agreed with Mangiste and Alemu (2002) argument that orphaned girls have higher vulnerability levels for sexual abuse. The fact that orphaned girls are abused by close people such as relatives results to lost self-confidence. The implication for this study is that the phenomenon of gender related challenges in slums like Mathare generally befalls the girls more than the boys.

4.6.2. Rating the Gender Related Challenges Based on Gender

The respondents were asked to gauge the likelihood of encountering gender related challenges between boys and girls. The response was presented in figure 4.1.

Figure 4. 1 Gender related challenges



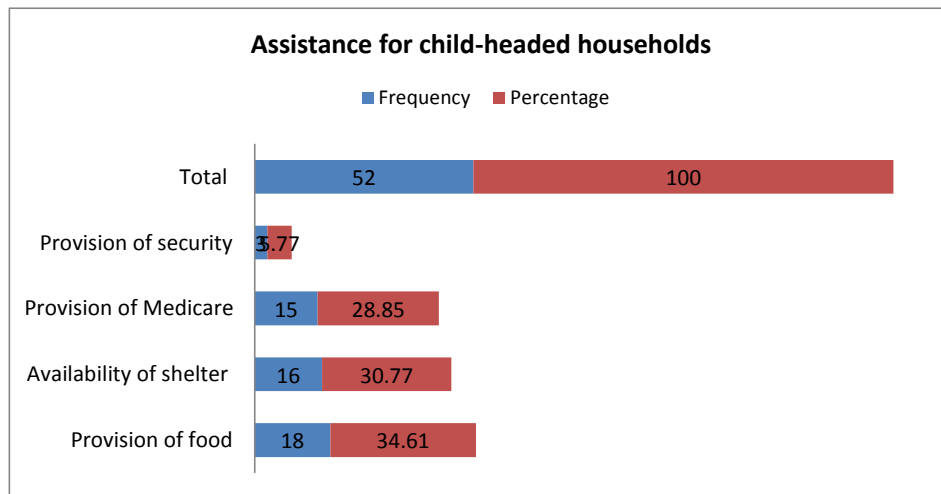
According to the results, majority of the respondents (61.54%) indicated that girls were more likely to experience gender related challenges on the aspects of their gender. The other 38.46% indicated that boys were likely to be discriminated based on gender aspects. The results agreed with Fox (2006) who stated that the situation of the girls becomes worse owing to the reality that they have no parental role models and have limited access to traditional guidance on sexual matters. They are inferiorly socialized and have no adequate life skills.

Many of HIV orphans are sexually harassed. Due to taboos around sexuality, girls have no way of accessing health information on preventing themselves from harmful consequences of sex. The implication for this study is highlighted that girls in slums areas like Mathare are twice as likely as boys to suffer from gender related abuses due to social and cultural stigmatization. Therefore attention should be dedicated on saving the orphaned girls from the plight of abuse and neglect for them to have decent lifestyles.

4.6.3. Ways of Assisting Child-Headed Households

The respondents were asked to express their opinion on how the government and stakeholders can assist children in households headed by children. The response was presented in figure 4.2.

Figure 4. 2 Ways of assisting child-headed households



The respondent's opinion on how the government and stakeholders can assist children in child-headed households included provision of food at 34.61%, availability of shelter at 30.77% and provision of medical attention at 28.55%. The results add weight to a report by the African Union (2007) that indicated that the government, NGOs, religious bodies and other well-wishers must urgently address the phenomenon of child-headed families by guaranteeing and facilitating the needed basic needs to enable them have a decent lifestyle. This means that provision of basic necessities will allow the orphaned children lead a normal life.

4.6.4. Rating Gender Challenges

The respondents were asked to rate the gender related challenges experienced by child heads in households headed by children.

Table 4. 19 Rating gender challenges

| Challenge | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|--|-----------------|------------------------|-------------|-------------------|------------------|--------|------------|
| Caring for terminally ill parents/siblings | 0 | 0 | 16 | 30 | 54 | 100 | 20 |
| Being victim of child abuse | 0 | 4 | 12 | 23 | 56 | 100 | 20 |
| Being subjected to child labour | 0 | 2 | 15 | 33 | 50 | 100 | 20 |
| Frequent abuse from relatives | 2 | 6 | 25 | 23 | 44 | 100 | 20 |
| Sexual abuse by older people | 0 | 12 | 20 | 33 | 35 | 100 | 20 |

The gender related challenges experienced by child heads in child-headed households according to the respondents are: being victims of child abuse rated as most serious at 56%, caring for terminally ill parents and siblings rated as most serious at 54% and subjected to child labour rated as most serious at 50%. The results collaborated Nkomo (2006) sentiment that many girls infected or affected by HIV have very limited access to education, feel insecure in their communities, live under fear of sexual exploitation and have few assets to guarantee their livelihoods. All these factors push them into commercial sex work for survival. This can be deduced that girls in child-headed families and especially in slums suffer more than boys as a result of gender related stereotyping.

4.7. Constraints in Child Headed Households

This section presents data on the constraints encountered by child heads in households headed by children.

4.7.1. Causes of Emergence of Phenomenon of Child-Headed Households

The respondents were asked to express their opinions on causes of the emergence of the issue of households headed by children.

Table 4. 20 Causes of child-headed households

| Causes of child-headed households | Frequency | Percent |
|--|------------------|----------------|
| Prevalence of HIV/AIDS | 42 | 100 |
| Lack of parental care from relatives | 32 | 76.2 |
| Lack of institution to cater for orphans | 22 | 52.4 |
| Impoverished relatives | 34 | 80.9 |
| Stigma from society | 35 | 83.3 |
| Fear of relative contracting HIV/AIDS | 28 | 66.7 |

The respondents stated that the rise of the issue of households headed by children is caused by prevalence of HIV/AIDS at 100%, stigma from society at 83.3%, impoverished relatives at 80.9% and lack of parental care from relatives at 76.2%. The finding supports Grooten (2006) who found that is a new phenomenon Africa first noted in 1980s with communities affected by HIV in Sub Saharan region. The implication for this study is that the association of the phenomenon of households headed by children leads to suffering and stigmatization of the affected children after neglect by the society more so in slums areas like Mathare.

4.7.2. Constraints Faced by Children in households headed by children

The respondents were asked to give their opinions on the constraints that households headed by children led by children frequently suffer from as shown in Table 4.21.

Table 4. 21 Constraints in households headed by children

| Constraints | Frequency | Percentage |
|--|------------------|-------------------|
| Poor health lack access to nutritious food | 40 | 95.2 |
| Medical care is equally inaccessible | 34 | 80.9 |
| Screening for HIV/AIDS does not take place | 23 | 54.8 |
| Antiretroviral drugs are not readily available | 39 | 92.9 |
| Diagnosis of and treatment for psychological trauma is unavailable | 36 | 85.7 |
| Loss of parents to HIV/AIDS | 38 | 90.5 |
| Inability to obtain birth registration and identity documentation | 36 | 85.7 |

The results indicated that children living in households headed by children frequently suffer from the following constraints: poor health, lack access to nutritious food at 95.2%, parents deaths to AIDS related complications at 90.5%, unavailability of antiretroviral drugs at 92.9% and identification of psychological trauma and treatment of the same trauma is unavailable at 85.7% as well as inability to obtain birth registration and identity documentation at 85.7%. The results supports a report by WHO (2008) children orphaned by HIV/AIDS and without a proper support system end up in the streets in the urban areas without education, health care or proper nutrition. Girls get married early or engage in commercial sex works with boys joining gangs and starting to abuse drugs. This implies that the phenomenon of households headed by children is an indicator of other related constraints facing the victims in slums like Mathare.

4.7.3. Rating the Constraints Experience by Child Heads

The respondents were asked to rate the constraints experienced by child head in child-headed household. The response was detailed in Table 4.22.

Table 4. 22 Rating constraints

| Constraints | Not challenging | Moderately challenging | Challenging | Quite challenging | Very challenging | % mean | Mean score |
|---|-----------------|------------------------|-------------|-------------------|------------------|--------|------------|
| Lack of daily adult care | 0 | 4 | 8 | 35 | 53 | 100 | 20 |
| Children are both physically and mentally immature | 0 | 6 | 15 | 30 | 49 | 100 | 20 |
| Children live in permanent fear | 0 | 2 | 10 | 43 | 45 | 100 | 20 |
| High risk of neglect, violence and sexual assault | 0 | 2 | 4 | 34 | 60 | 100 | 20 |
| Lack of opportunity to learn much-needed life skills from parents | 2 | 5 | 2 | 36 | 55 | 100 | 20 |

The respondents showed that the constraints experienced leading children in households headed by them: fear of abandonment, violence and sexual abuse rated as most serious at 60%, lack of chance to gain life skills from parents rated as most serious at 55% and lack of daily adult care rated as most serious at 53%. The findings agreed with UNAID (2008) report that the results of HIV/AIDs related deaths are that the orphaned children who are orphaned by HIV end up in streets in urban centres as street children. They have no education, poor nutrition, inadequate shelter and have poor health. Some of the girls end up in sex work and early marriages while boys become gangsters and drug peddlers. This therefore calls for the government and other stakeholders in the slums to rise up and address the plight of these children in the slums for them to lead a decent life.

4.8. Correlation of Study Variables

This section details how various variables relate. Correlation refers to a quantitative estimation of the oscillation of two variables with each other. The increase or decrease of two variables in parallel leads to a positive correlation. However, in case one variable increases and the other decreases, then the correlation is negative. In this study, correlation analysis was undertaken to measure the strength of the linear association between the independent and dependent variables. Usually, the Pearson Correlation Coefficient, r values range from +1 to -1, that is coefficient r may portray either a positive or negative relationship. The correlation matrix for the independent and dependent variable is explained in Table 4.23.

Table 4. 23 Correlation test

| | | CONS. | EC | SC | PC | GC |
|-------------|---------------------|--------------|-----------|-----------|-----------|-----------|
| CONS | Pearson Correlation | 1 | .459** | .216 | .559** | -.076 |
| | Sig. (2-tailed) | | .622 | .253 | .426 | .013 |
| | N | 42 | 42 | 42 | 42 | 42 |
| EC | Pearson Correlation | .459** | 1 | .581** | .690** | .412** |
| | Sig. (2-tailed) | .622 | | .000 | .000 | .004 |
| | N | 42 | 42 | 42 | 42 | 42 |
| SC | Pearson Correlation | .216 | .581** | 1 | .386** | .561** |
| | Sig. (2-tailed) | .253 | .000 | | .008 | .000 |
| | N | 42 | 42 | 42 | 42 | 42 |
| PC | Pearson Correlation | .559** | .690** | .386** | 1 | .498** |
| | Sig. (2-tailed) | .426 | .000 | .008 | | .000 |
| | N | 42 | 42 | 42 | 42 | 42 |
| GC | Pearson Correlation | -.076 | .412** | .561** | .498** | 1 |
| | Sig. (2-tailed) | .013 | .004 | .000 | .000 | |
| | N | 42 | 42 | 42 | 42 | 42 |

** Correlation is significant at the 0.05 level (2-tailed)

Correlations among variables are used to find out how variables related (Pallant, 2010). As can be seen above, it was realized that three variables namely; sociological, psychological and economic related challenges were positively significantly correlated to the constraints in child-headed households. Gender related challenges had a negative relationship to constraints in child-headed households. Economical related challenges (EC) had the best correlation of 0.622 which is a strong positive correlation. The implication is that economic support offered to orphaned children will greatly enhance their participation in overcoming orphan hood related trauma and fully participate in enhancing their life. Psychological related challenges (PC) was the second best with a moderate positive correlation of $r=0.426$.

This implies that psychological support to a great extent enhance the coping of orphaned children with the state of orphan hood occasioned by death of bread winner. Sociological related challenges (SC) had a weak positive correlation of $r=0.253$. This implies that societal support of the orphaned children will insulate the suffering occasioned by grieving and trauma associated with death. The last factor was gender

related challenges (GC) with a weak negative correlation of $r=0.013$. This implies that gender related challenges support for orphaned children chiefly depend on the other constructs that impact on orphan hood.

4.9. Testing Regression Analysis

The regression for all the variables was conducted to establish the criteria of relationship as indicated in Table 4.26.

Table 4. 24 Coefficient test

| Model | Unstandardized Coefficients | | Standardized Coefficients Beta | T | Sig. |
|----------------|-----------------------------|------------|-----------------------------------|--------|------|
| | B | Std. Error | | | |
| (Constant) | -.049 | .087 | | -.570 | .001 |
| 1 Sociological | .273 | .089 | .321 | 0.453 | .000 |
| Psychological | .329 | .088 | .344 | 1.589 | .013 |
| Economic | .441 | .088 | .363 | 1.711 | .001 |
| Gender related | -.235 | .089 | -.151 | -0.954 | .051 |

a) Predictors: (constant), sociological, psychological, economic and gender related

b) Dependent variable: constraints in households headed by children.

Based on the results, the regression equation for the constraints facing child-headed households is:

$$\text{CHH} = -0.049 + 0.273x_1 + 0.329x_2 + 0.441x_3 - 0.235x_4$$

Based on the above equation, sociological, psychological and economic related challenges are positively correlated with constraints in child-headed households. Gender related challenges have a negative relationship to constraints in child-headed households. The results agreed with Freeman (2006), who found that with increased economic hardships, poverty among the orphans escalates; the children do not attend

school giving them little opportunity to have a good childhood and this has a mark in their later lives.

The findings imply that economic challenges are the predictor variable that contributes the highest to constraints in child-headed households in Mathare slums. Per rise in a unit by economic challenges will increase a total of 0.441 in constraints in child-headed households, provided other variables remain constant. Gender related challenges had a negative relationship with constraints in child-headed households. Therefore, every one unit increase in gender related challenges decrease constraints in child-headed households by 0.235 holding other variables constant.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

In this chapter are findings of the research, conclusions arrived at and recommendations all grounded on the specific objectives of the research.

5.2. Summary of study

The family set up in Africa, as has traditionally been has been significantly changed by developments in the region in the last century notably introduction of western culture, growth of urban centers and more recently HIV/AIDS. A previously unknown phenomena of households headed by children have started rising and are on the increase in this region. Most children who are growing orphaned are as a result of several factors such as civil wars, famine, natural disasters and now HIV/AIDS. The purpose of this study was to investigate the constraints facing the households headed by children in Mathare slums in Nairobi City County.

The study aimed at outlining the social related constrains, the psychological related constraints, the economical and the gender based constraints facing the households headed by children. The study adopted a qualitative research approach, specifically a phenomenological approach to research. The population of the study was 55 respondents, where all the respondents had a chance to share their stories as children living in households run by children. The unit of analysis was the constraints facing child-headed households in Mathare slums in Nairobi.

The units of observation were the sociological, psychological, economical and gender-based constraints facing child-headed households in Mathare slums. For people who could provide rich information, they were purposively selected for the study. All

participants had to be living in a household led by a child. The researcher sought a letter from University of Nairobi and the Department of Children's Services which introduced her to the respondents. This research relied on data that was collected from primary sources.

The questionnaires were personally delivered by the researcher and left with all filled questionnaires. This took seven days. A questionnaire for child heads in households headed by children in Mathare slums containing both open and close-ended questions was used to collect quantitative data. Qualitative data were collected from key informants who included the chief and elders, children officer of Mathare slums. The pre-test was conducted in Korogocho slums which have similar characteristics to Mathare slums. Cronbach's alpha was used to test the reliability of the measures of the questionnaire.

Validating the questionnaire involved sociology experts using review and comment on the content and quality of the questionnaire. Data analysis was done using qualitative and quantitative methods. The results were presented in statistical Tables and bar graphs. Based on correlation analysis, three variables namely; sociological, psychological and economic related challenges were positively significantly correlated to the constraints in child-headed households. Gender related challenges had a negative relationship to constraints in child-headed households. Economical related challenges (EC) had the best correlation of 0.622 which is a strong positive correlation. The implication is that economic support offered to orphaned children greatly enhanced their participation in overcoming orphan hood related trauma and fully participate in enhancing their life.

Based on the regression analysis, sociological, psychological and economic related challenges are positively correlated with constraints in child-headed households. These findings suggest that economic challenges are the predictor variable that contributes the highest to constraints in child-headed households in Mathare slums. Every unit increase by economic challenges will increase a total of 0.441 in constraints in child-headed households, provided other variables remain constant.

The study concluded that following their parents death, majority of the orphans were taken in by their grandparents, uncles and other siblings soon after the death of the parents. The sociological difficulties faced by child house heads after the death of the parents were related to school fees issues, denial of inheritance by relatives and property grabbing by relatives. The constraints experienced by child heads in households headed by children included high risk of neglect, violence and sexual assault, limited opportunities and skills in life from parents and lack of daily adult care.

The recommendations of the study were that attention should be taken by the government and other stakeholders to financially support the orphaned children to ease the economic burden of confronting the reality of orphan hood. State organs and security agents in slums areas need to guard the abuse of orphaned children from physical abuse and sexual exploitation by identifying and supporting them appropriately. An area for further study was that the study on the constraints facing orphaned children should be expanded to other slums in Kenya for comparative bases.

5.3. Major findings of the study

The major findings of the study were presented in this section:

The findings on caregivers when the parents die indicated that majority of the respondents (97.6%) were taken in by their grandparents soon after the death of the

parents. In addition, 90.5% and 83.3 of the respondents were taken care of by the uncles and other siblings respectively. This meant that financial support should be provided to the orphaned children by government and other institutions and stakeholders to ease the burden of confronting the reality of orphan hood.

The findings on the factors leading to the establishment of households headed by children indicated that majority of the respondents (95.2%), belief that death of the parents due to HIV/AIDS is the leading cause of establishment of child-headed households. Similarly, 85.7% and 69.0% of the respondents stated poverty in the family and stigmatization due to HIV/AIDS as resulting to the rise of households headed by children. The consequences of this phenomenon among the families in slums is that the calamity of HIV/AIDS should be urgently addressed and more so among the orphaned children to curb the rise of child headed families or households, which was traditionally non-existent in Africa.

The challenges encountered by child heads at home were as follows: sexual exploitation (92.9%), discrimination by society (95.2), isolation by society (90.5) and drug abuse (83.3 %). This implied that the state organs and security agents in slums areas need to guard the abuse of orphaned children from physical abuse and sexual exploitation by identifying and supporting them appropriately. Stringent laws ought to be set to guard orphaned children from such abuses.

5.3.1. Findings on Social Challenges

The findings showed that the respondents rated the a mean of 20% of sociological difficulties child heads face after the death of the parents as: 67% as very challenging for school fees issues, 64% as quite challenging for denial of inheritance by relatives and 60% as very challenging for property grabbing by relatives. The implication for

this study is that there is need for stakeholders to come together and address the needs of the orphaned children urgently especially in slum areas. The reasons why relatives abandoned the children to live on their own after the death of the parents were; orphaned children are viewed as a burden at 59.5% and relatives have own family burdens at 23.8%. This implies that the government and other well-wishers should take over from the poverty stricken and poor relatives in taking care of the orphaned children in the slums.

Special attention need to focus on addressing the sociological concerns of these children. The economic measures the children heads have taken to fight poverty cycles were expressed as working during weekdays and holidays at 47.6% and taking up active employment 21.4%. This ideally mean that, to address the financial needs of orphans will go a long way in stabilizing their living and enabling them to attend school.

5.3.2. Findings on Psychological Challenges

The findings on the psychological challenges encountered by child heads at home indicated that the psychological challenges encountered by child heads at home were state of hopelessness at 95.2%, feeling of loneliness at 90.5%, fear 76.4% and desperation and depression at 71.2%. The implication for this study is that, the government, NGOs, religious organizations and other stakeholders must first address the psychological needs of the orphaned children to enable them settle emotionally. Counselling should be offered to these children to address the emotional and mental balance.

The respondents rated the psychological related challenges they encountered as child heads in a child-headed household poor nutrition as very challenging at 56%,

vulnerability to sexual exploitation as very challenging at 56% and inaccessibility to proper health care as moderately challenging at 54% and with a mean of 20%. This means that attention should focus on curing the emotional and mental challenges that orphaned children have to confront after the death of the parents to enable them recover and lead normal lives.

The results showed that the respondents listed the following as psychological related challenges encountered by child heads in a child-headed household: discrimination by friends at 90.5%, desperation about life at 83.3%, feeling of hopelessness at 69.0% and unending grieving at 69.0%. The implication is that any attempt to ignore the psychological related challenges inflicting orphans will not heal the trauma and stress associated with orphan hood. The respondents rated the psychological related challenges encountered at home by child heads as; high levels of psychological distress as most serious at 60%, lack of proper treatment for illness as most serious at 51% and problem overcoming grief and loss as most serious at 50%, all with a mean of 20%. This implies that care should be taken to address emotional and mental distress afflicting the orphans especially in slums through counselling and other support services.

5.3.3. Findings on Economic Challenges

The findings on economical related difficulties faced in child-headed households showed that the respondents opinions on economical related challenges faced in households headed by children were: lack of financial support from relatives at 95.2%, lack of access to money at 92.9%, extreme poverty at home at 90.5% and performing care-giving roles at home at 78.6%. This implies that stakeholders operating in slums like the government, religious organizations and NGOs need to address the financial needs of the orphaned children.

The results indicated that the economical related challenges were rated; sexual abuse for girls for economic gains as more serious at 56%, involving in crime for financial reasons at 54% exploitation at work places as more serious at 53%. The results on a variety of activities children in child-headed households engage in to support the families were stated as: scavenging in garbage sites at 97.6%, fetching water at 83.3%, baby sitting at 78.6% and begging in the streets at 71.4%. This means that financial support of orphaned children will enable them to attend school and have a future by curbing the need to look for opportunities to look for activities to supplement their economic needs.

5.3.4. Findings on Gender Challenges

The findings based the gender related issues faced by children in households headed by children showed that: pregnancy for girls at 95.2%, sexual exploitation for girls at 90.5%, physical abuse and being called derogatory names by adults at 78.6%. The implication for this study is that the phenomenon of gender related challenges in slums like Mathare generally befalls the girls more than the boys. The results to gauge the likelihood of encountering gender related challenges between boys and girls showed that, majority of the respondents (61.54%) indicated that girls were more likely to experience gender related challenges on the aspects of their gender.

The other 38.46% indicated that boys were likely to be discriminated based on gender aspects. The implication for this study is highlighted that girls in slums areas like Mathare are twice as likely as boys to suffer from gender related abuses due to social and cultural stigmatization. Therefore attention should be dedicated on saving the orphaned girls from the plight of abuse and neglect for them to have decent lifestyles.

The results on the opinion on how the government and stakeholders can assist children in households headed by children included: provision of food at 34.61%, availability of shelter at 30.77% and provision of medical attention at 28.55%. This means that provision of basic necessities will allow the orphaned children lead a normal life. The results on the rating on the gender related challenges experienced by child heads in child-headed households were: being victims of child abuse rated as most serious at 56%, caring for terminally ill parents and siblings rated as most serious at 54% and being subjected to child labour rated as most serious at 50%. The results collaborated This can be deduced that girls in child-headed families and especially in slums suffer more than boys as a result of gender related stereotyping.

5.3.5. Findings on Households Constraints

The findings on respondent's opinions on causes of the emergence of the phenomenon of households headed by children showed that: the phenomenon of households headed by children is caused by prevalence of HIV/AIDS at 100%, stigma from society at 83.3%, impoverished relatives at 80.9% and lack of parental care from relatives at 76.2%. The implication for this study is that the association of the phenomenon of households headed by children leads to suffering and stigmatization of the affected children after neglect by the society more so in slums areas like Mathare.

The results also indicated that children living in households headed by children frequently suffer from the following constraints: poor health lack access to nutritious food at 95.2%, death of parents out of AIDS related complications at 90.5%, unavailability of antiretroviral drugs at 92.9% and identification and treatment of psychological issues that arise is unavailable at 85.7% as well as inability to obtain birth registration and identity documentation at 85.7%. This implies that the

phenomenon of households headed by children is an indicator of other related constraints facing the victims in slums like Mathare.

The respondents showed that the constraints experienced by heads in households headed by children include: concerns over abandonment, violence and sexual exploitation rated as most serious at 60%, inability to acquire requisite skills in life rated as most serious at 55% and lack of daily adult care rated as most serious at 53%. The implication for this study is that HIV/AIDS is the major cause of child-headed households following the parents' death who are usually the bread winners. This therefore calls for the government and other stakeholders in the slums to rise up and address the plight of these children in the slums for them to lead a decent life.

5.4. Conclusions of the Study

The study concluded that when the parent dies majority of the orphans were taken in by their grandparents, uncles and other siblings soon after the death of the parents. The establishment of child-headed households was chiefly caused by HIV/AIDS which is the leading cause of establishment of households headed by children. The consequences of this phenomenon among the families in slums is that the calamity of HIV/AIDS should be urgently addressed and more so among the orphaned children to curb the rise of child headed families or households, which was traditionally non-existent in Africa.

The study concluded that the sociological hardships faced by children heading the households after the death of the parents were related to school fees issues, denial of inheritance by relatives and property grabbing by relatives. The economic reasons why relatives abandoned the children to live on their own after the death of the parents were due to the fact that orphaned children are viewed as a burden and relatives have own

family burdens. The economic measures the children heads have taken to fight poverty cycles were expressed as working during weekdays and holidays and taking up active employment.

The study concluded that the psychological challenges encountered by child heads at home were state of hopelessness, feeling of loneliness, fear and desperation and depression. The psychological related challenges encountered by child heads in a child-headed household included poor nutrition, vulnerability to sexual exploitation and inaccessibility to proper health care. The psychological related challenges encountered at home by child heads were high levels of psychological distress, lack of proper treatment for illness and problem overcoming grief and loss.

The study concluded that economical related challenges faced in households headed by children were lack of financial support from relatives, lack of access to money, extreme poverty at home and performing care-giving roles at home. The economical related challenges facing orphans were sexual abuse for girls for economic gains, involving in crime for financial reasons and exploitation at work places. The variety of activities kids in households headed by children engage in to support the families were, scavenging in garbage sites, fetching water, baby sitting and begging in the streets.

The study concluded that the gender related difficulties children in in households headed by children faced included, pregnancy for girls, sexual exploitation for girls, physical abuse and beating, more girls than boys drop outs and being called derogatory names by adults. The girls were more likely to experience gender related challenges on the aspects of their gender while boys were likely to be discriminated based on gender aspects. The government and stakeholders can assist the minors in households headed by children through provision of food, availability of shelter and provision of medical

attention. This means that provision of basic necessities will allow the orphaned children lead a normal life.

The study concluded that the phenomenon of households headed by children is caused by prevalence of HIV/AIDS, stigma from society, impoverished relatives and lack of parental care from relatives. The minors residing in households headed by children frequently suffer from poor health, lack access to nutritious food, having to be without parents after their deaths out of AIDS related complications, unavailability of antiretroviral drugs and handling of psychological pains out of the loss. They also suffered from inability to attain birth certificates and national identity cards. The constraints experienced by minors heading households included high risk of neglect, violence and sexual assault, lack of chances to learn life skills that they require that the parents would have provided.

5.5. Recommendations of the Study

Based on the major findings of the study and conclusions, the study made the following recommendations:

Attention should be taken by the government and other stakeholders to financially support the orphaned children to ease the economic burden of confronting the reality of orphan hood. State organs and security agents in slums areas need to guard the abuse of orphaned children from physical abuse and sexual exploitation by identifying and supporting them appropriately. There is need for stakeholders to come together and address the economic needs of the orphaned children urgently especially in slum areas. The government and other well-wishers should take over from the poverty stricken and poor relatives in providing for orphans in the slums.

The government, NGOs, religious organizations and other stakeholders must first address the psychological needs of the orphaned children to enable them settle emotionally. Counselling should be offered to these children to address the emotional and mental balance. Care should be taken to address emotional and mental distress afflicting the orphans especially in slums through counselling and other support services. Stakeholders operating in slums like the government, religious organizations and NGOs need to address the financial needs of the orphaned children. Attention should be dedicated on saving the orphaned girls from the plight of abuse and neglect for them to have decent lifestyles. Provision of basic necessities is a necessity to allow the orphaned children lead a normal life. The association of the phenomenon of child-headed household leads to suffering and stigmatization of the affected children after neglect by the society more so in slums. The phenomenon of child-headed households is an indicator of other related constraints facing the victims in slums. The government and other stakeholders in the slums must rise up and address the plight of the orphaned children in the slums for them to lead a decent life.

5.6. Area for Further Research

1. The study on the constraints facing orphaned children should be expanded to other slums in Kenya for comparative bases.
2. A study on the challenges faced by orphaned children in non-slums settings should be undertaken.

REFERENCES

- African Child Policy Forum (2008). *Reversed Roles and Stressed Souls: Child Headed Households in Ethiopia*. African Child Policy Forum (2007). *Child-Headed Households in Sub-Saharan Africa*. Unpublished.
- African Union (2007). *Second Pan African Forum on Children: Mid-Term Review 29 October – 2 November 2007, Cairo, Egypt PANAF/FORUM/CHD/EXP/2(II) Progress Report on the Implementation of the Declaration and Plan of Action of Africa Fit for Children (Mid-Term Review)*.
- Agence-France Presse (2007). *Prevention better than cure, AIDS chiefs warn, April 17. 2015 and 2050*. International Food Policy Research Institute. February 2005.
- Aldri, P. (2001). Community and Home based care practices for HIV/AIDS infected and affected children in Uganda lessons learned from Kasese and Arua districts, *Journal of sociology (4)* 78-110.
- American Psychological Association (2010). *Ethical Principles of Psychologists and Code of Conduct*. 2010. <http://www.apa.org/ethics/code/index.aspx> (accessed February 2, 2014).
- AVERT, (2008). *HIV Treatment and Children*. Available at: <http://www.avert.org/children-hiv.htm>
- Awino, T.A. (2010). Teachers 'pastoral role in Response to the Needs of orphaned learners. *International journal of Education policy and leadership* 5 (12) 22-42.
- Ayieko, M. A. (1997). *From Single Parents to Child-Headed Households: The Case of Children Orphaned by Aids in Kisumu and Siaya Districts*. An unpublished research project report.
- Bennel, P. (2005). *The impact of the AIDS Epidemic on the schooling of orphans and other directly affected children in Sub-Saharan Africa*. *The journal of Development Studies*, <41:3 467-488.<http://dx.do.org/1080/00220380424000313336/za/library/unisa.>> [28 July 2014].
- Bequele, A. (2007). Speech delivered at the Opening Session of the 5th African Conference on Child Abuse and Neglect on HIV/AIDS and Children: The Challenges of care for and protection of children in Africa organized by the ANPPCAN Uganda Chapter Kampala, Uganda (27-29 March 2007).
- Booyesen, F.R. & Bachman, M. (2003). *HIV/AIDS, poverty and growth. Evidence from Household impact study conducted in Free State province South Africa*, *Journal of African Research* (3) 26-39.
- Bower, C. (2005). South Africa: The case for child-headed households. *Early Childhood Matters, December*, 45-49.
- Bronfenbrenner, U. (2004). *Making Human Beings Human*. New York: Sage Publications.
- Bryman, A. & Bell, E. (2007). *Business Research Methods*, Third edition, Oxford University Press.

- Bundy, D. & Mandas, F. (2006). *Ensuring Education Access for Orphans and Vulnerable children*. London: Imperial College.
- Case, A., & Cally, A. (2006). The impact of parental death on school enrolment and achievement: Longitudinal evidence from South Africa. *Demography*, 2006: vol. 43, No. 3 pp.401-420.
- Case, A., Christina, P., & Albeidinger, J. (2004). Orphans in Africa: Parental death, poverty, and school enrolment. *Demography*, 1 (2), 483-508.
- Cooper, D.R. & Schindler, P.S. (2008). *Business Research Methods (9th Ed.)*. New York, USA: The Irwin/McGraw-Hill Series.
- Creswell, J. W. (2008). *Research Design qualitative, quantitative and mixed approaches*. London: SAGE.
- Donald, D., & Clacherty, G. (2005). Developmental vulnerabilities and strengths of children living in child headed households: A comparison with children in adult-headed households in equivalent impoverished communities. *African Journal of AIDS Research*, 4(1), 21-25.
- ECPAT International, (2007). Linkages between HIV/AIDS and the Commercial Sexual Exploitation of Children in Africa. FAO (1996). AIDS and Agriculture in sub-Saharan Africa. Available at: <http://www.fao.org.50>
- Foster, G., Makufa, C., Drew, R. & Kralovec, E. (1997). Factors Leading to the Establishment of Child-Headed Households. *Health Transition Review* 2, no. 7:155-168.
- Freeman, M., & Nkomo, N. (2006). Assistance needed for the integration of orphaned and vulnerable children: Views of South African family and community members. *SAHARA: Journal of the Social Aspects of HIV/AIDS*, 3(3), 503-509.
- Germann, S. E. (2004). *An exploratory study of quality of life and coping strategies of child headed homes in Harare*. New York: Sage Publications.
- Gow, J. and Desmond, C. (Eds). (2007). *Impacts and interventions. The HIV/AIDS epidemic and the children of South Africa*. Scotville: University of Natal Press.
- Grooten, S. (2006). *HIV/AIDS and its impact on orphans*. Policy Brief, UNICEF.
- Help Age International (2007). *Stronger Together: Supporting the vital role played by older people in the fight against the HIV and AIDS pandemic*. London:
- IRIN (2003). The Sugar Daddy Phenomenon. July 24, 2014. Available at: [<http://www.aegis.com/news/irin/2003/ir030735.html>].
- Kombo, K., & Tromp, D. (2006). *Proposal and Thesis Writing: An Introduction*. Nairobi, Kenya: Paulines Publications Africa
- Lakhi, N. & Licy, A. D. (2011). *Theoretical perspectives in sociology*. University of Calicut School of Distance Education Calcutta University, Kerala, India 673 635.

- MacMillan, J.H. & Schumacher, S. (2010). *Research in Education-Evidence based inquiry International Edition*. Boston: Pearson Education incl.
- Mangiste, D. & Alemu, T. (2002). *Coping strategies of AIDS orphans in Woreda*. Addis Ababa: Forum on street children.
- Maqoko, Z., & Yolanda, D. (2007). Child-headed Households because of the Trauma Surrounding HIV&AIDS. in *HTS: Theological Studies*, 63 (2), 717-731.
- Mate, S. C. (2016). *Role of community dialogues in enrollment and retention of children in primary school in Mathare informal settlements, Nairobi City County-Kenya* (Doctoral dissertation, University of Nairobi).
- Meintjies, H., Hall, K., Marera, D. & Boulle, A. (2010). Orphans of the AIDS Epidemic. The extent, nature and circumstances of child-headed households in South Africa. *AIDS care*, 22(1) 40-49.
- Murphy, L. L., Harvey, P., & Silvestre, E. (2005). How do we know what we know about the impact of AIDS on food and livelihood insecurity? A review of empirical research from rural Sub Saharan Africa. *Human Organization*, 64 (3), 265-275.
- Nkomo, N. (2006). The experiences of children carrying responsibility for child-headed households as a result of parental death due to HIV/AIDS. Unpublished Master's Thesis, University of Pretoria, Pretoria, RSA.
- Nyambedha, E. O. (2004). Change and Continuity in Kin-Based Support Systems for Widows and Orphans among. *African Sociological Review*.
- Nyambedha, E. O., Wandibba, S. & Jens, A. H. (2001). Policy implications of the inadequate support. *Health Policy*, 58:83-96.
- Nyamweru, H., & Dobson, S. (2014). *Building partnerships between urban poor communities and local governments*. IIED working paper.
- OCHA & IRIN (2003). Special Report: Child Soldiers. PREM (Poverty Reduction and Economic Management Network), ARD (Agriculture and Rural orphans living in child-headed households in an urban high HIV-prevalent community in Zimbabwe, Southern Africa. *Vulnerable Children and Youth Studies*, 1(2), 149-158.
- Phillips, C. (2011). *Child-headed households: A feasible way forward, or an infringement of children's rights to alternative care?* Available at <www.charlotte_Phillips.org> [28 October 2014].
- Pillay, J. (2011). Experiences of learners from child-headed households in a vulnerable school that makes a difference: *Lessons for school psychologists*. 33 (1) 3-21.
- Richter, L. (2004). The impact of HIV/AIDS on the development of children. In R. Pharoah (Ed.), *a generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa (ISS Monograph No 109)* (pp. 10-31). Pretoria, South Africa: Institute for Security Studies.

- Richter, L., & Desmond, C. (2008). Targeting AIDS Orphans and Child-Headed Households: A Perspective from National Surveys in South Africa, 1995 to 2005. *AIDS Care Vol.* 20, no. 9, 1019-1028.
- Schoenteich, M. (2001). A Generation at Risk: AIDS orphans, vulnerable children and Human security in Africa. *Orphans and Vulnerable Children*. Uppsala: *Nordic African Institute*. 1 (3) 1-6.
- Sekeran, T. & Bougie, K. (2008). *Cluster-Based Industrial Development: A Comparative Study of Asia and Africa*. Basingstoke: Palgrave Macmillan.
- Shushila, L. R., Verma, C. J. (2010). Dimensions of Citizenship and Opportunities for youth development: The what, why, when, where and who of Citizenship Development. *Applied Developmental Science*, 6 (4), 264-272.
- Sinkovics, R. R., & Alfoldi, E. A. (2012). Progressive focusing and trustworthiness in qualitative research. *Management International Review*, 52(6), 817-845.
- Snider, L. M. & Andy, D. (2006). *Psychosocial Vulnerability and Resilience Measures for National-Level Monitoring of Orphans and Other Vulnerable Children: Recommendations for Revision of the UNICEF Psychological Indicator*. UNICEF, 2006.
- Snider, L. M. (2006). Psychosocial support and marginalization of youth-headed households in Rwanda. *AIDS care*, 18(3), 220-229.
- Swift, A. & Maher, S. (2008). Growing pains: how poverty and AIDS are challenging adulthood. *Journal of Human Organization* 42(2)120-125.
- Tebazayo, P. (2009). The Duty of the state to give effect on the rights of children in Child-headed households in the context of section 28 (1) (b) and (c) of the constitution of the Republic of South Africa: Unpublished Master's thesis, University of South Africa.
- Tsegaye, S. (2005). *HIV/AIDS orphans and child-headed households in Sub-Saharan Africa*: The African Policy Forum.
- Tsegaye, S. (2008). *Short Lives and Limited Life Chances: An overview of child wellbeing in Africa*. The African Child Policy Forum.
- UNAIDS, (2008). The global HIV challenge: assessing progress, identifying obstacles, renewing commitment. Report on the Global AIDS Epidemic.
- UNDP, (2005). Human Development Report 2005. International cooperation at a crossroads: Aid, trade and security in an unequal world.
- UNICEF, (2006). State of the World's Children 2007. Women and Children: The Double Dividend of Gender Equality. New York: Sage Publications.
- Von Braun, J., Rosegrant, M. W., Pandya-Lorch, R., Cohen, M. J., Cline, S.A., Brown, M. A. and Bos, M. S. (2005). *New risks and opportunities for food security scenario analyses*. New York: Sage Publications.

- Walker, L. (2002). *We will bury ourselves. A Study of Child-Headed Households on Commercial Farms in Zimbabwe*. Farm Orphan Support Trust of Zimbabwe. Harare.
- WHO, UNAIDS & UNICEF (2007). Significant growth in access to HIV treatment in 2006, Joint News Release. Available at: 2015 and 2050. International Food Policy Research Institute.
- Yaghmaie, C. (2005). Small Business Challenges- The Perception Problem: Size Doesn't Matter. Washington DC: *Washington Business Journal* 6 (2) 2-4
- Yamba, C. B. (2006). Loveness and her brothers: Trajectories of life for children orphaned by HIV/AIDS in Zambia. *African Journal of AIDS Research*, 4(3), 205-210.
- Zikmund, W. G., Babin, B. J., Carr, J. C., & Griffin, M. (2013). *Business research methods*. Cengage Learning.

APPENDICES

APPENDIX 1: LETTER OF INTRODUCTION

.....

Dear Sir/Madam

RE:REQUEST FOR YOUR PARTICIPATION IN MY RESEARCH

My name is Nancy Wangui Kanyi, a Master of Sociology student at university of Nairobi. I am conducting research on **“the constraints facing the child-headed households in Mathare slums in Nairobi.”** I would very much appreciate your participation in my research. Please answer truthfully and objectively to the questions provided in the questionnaire. Kindly note that information attained through this research will be treated with utmost confidentiality and will only be used for the purposes of this research only. Your participation and assistance is highly regarded.

Yours

Nancy W. Kanyi

APPENDIX 11: RESEARCH QUESTIONNAIRE

You are kindly requested to complete the questionnaire as fully as possible and give honest responses. Tick (✓) where appropriate

SECTION A: DEMOGRAPHIC INFORMATION

1. **Name (optional)**

2. **Number of children in family:**

- a) 1-2 ()
- b) 3-4 ()
- c) Between 4 and 5 ()
- d) More than 5 ()

3. **Age:**

- a) Under 13 ()
- b) 13-15 ()
- c) 15-17 ()
- d) 17-18 ()
- e) Above 18 ()

4. **Gender:**

- a) Male ()
- b) Female ()

5. **How many years were you when your parent died?**

- a) Less than 10 years ()
- b) 11-14 years ()
- c) 14-16 years ()
- d) 16-18 years ()
- e) Over 18 years ()

6. **Who cared for you after the death of your parents?**

- a) Grandparents ()
- b) Uncle ()
- c) Aunt ()
- d) Older siblings ()
- e) Other relatives

SECTION B: SOCIAL RELATED CHALLENGES

7. **State the factors that have generally led to the establishment of child-headed households in Mathare slums.**

.....

8. State the sociological challenges that you encounter as a head in your household.

- a) Discrimination by society ()
- b) Isolation in the society ()
- c) Physical abuse ()
- d) Sexual exploitation ()
- e) Dropping out from school ()
- f) Stress ()
- g) Drug use ()

9. With the death of your parent, how challenging is each of the following sociological aspects to cope with? Please mark in the Table below their order of difficulty using 1 to 5, where 1 not challenging, 2 less challenging, 3 challenging, 4 moderately challenging and 5 very challenging.

| Area of Potential challenge as a child head | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| School fees issues for children | | | | | |
| Inadequate income for household needs | | | | | |
| Denial of inheritance by relatives | | | | | |
| Property grabbing by relatives | | | | | |
| Discrimination and isolation | | | | | |
| Sexual exploitation | | | | | |

10. State the reasons why relatives Abandon orphaned children.

.....

11. Explain the economic measures that the children in Mathare slums have taken to fight the cycle of poverty in their midst.

.....

SECTION C: PSYCHOLOGICAL RELATED CHALLENGES

12. State the psychological challenges that you encounter as a head of your household.

- a) Emotional challenges ()
- b) Feeling of loneliness ()
- c) Desperation and depression ()
- d) Low self-esteem ()
- e) Fear ()
- f) State of hopelessness ()
- g) Pessimism and anxiety ()

13. Which are some of the psychological related challenges that children households headed by children may be vulnerable to? Please mark in the Table below their order of difficulty using 1 to 5, where 1 not challenging, 2 less challenging, 3 challenging, 4 moderately challenging and 5 very challenging.

| Area of potential challenge | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Poor nutrition. | | | | | |
| Inadequate shelter. | | | | | |
| Inaccessibility to proper health care. | | | | | |
| Stress and chronic depression. | | | | | |
| Vulnerability to sexual exploitation. | | | | | |
| Vulnerability to HIV/AIDS. | | | | | |

14. List the psychological related challenges you have encountered as a child head in a child-headed household in Mathare slums?

.....

15. How would you rate the psychological related challenges you experience as a child head in a child- headed household? Tick your opinion on a scale of 1-5, where 1= not serious, 2 less serious, 3 serious 4 more serious and 5 most serious

| Challenge | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------|---|---|---|---|---|
| Problem overcoming grief and loss | | | | | |

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| High levels of psychological distress | | | | | |
| On- going traumatic stress | | | | | |
| Lack of proper treatment for illness | | | | | |
| Taking medication with wrong dosage | | | | | |

SECTION D: ECONOMICAL RELATED CHALLENGES

16. State the economical related challenges that you encounter as head in the household.

- a) Lack of access to money ()
- b) Lack of financial support from relatives ()
- c) Performing care-giving roles at home ()
- d) Confiscation of property by relatives ()
- e) Dropping out from school ()
- f) Inaccessibility of help due to age limitation ()
- g) Extreme poverty at home ()

17. Below are seven economic related challenges that children in child-headed households may face within the society. Tick your opinion on a scale of 1-5; where 1= not serious, 2 less serious, 3 serious 4 more serious and 5 most serious

| Challenge | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Sexual abuse of girls for economic gains | | | | | |
| Boys going to streets for economic gains | | | | | |
| Exploitation in work places | | | | | |
| Low income after work | | | | | |
| Involving in crime for financial reasons | | | | | |

18. Children in households headed by children have to work sometimes to support their families. Tick some of the activities that they engage in to earn a living?

| Activities | Tick |
|-------------------------------|------|
| Household work | |
| Fetching water | |
| Working in construction sites | |

| | |
|-----------------------------|--|
| Begging in the streets | |
| Scavenging in garbage sites | |
| Baby sitting | |

SECTION E: GENDER RELATED CHALLENGES

19. State the gender related challenges that you encounter as a head of your household.

- a) Sexual exploitation for girls ()
- b) More girls than boys drop outs ()
- c) Pregnancy for girls ()
- d) More girls than boys HIV/AIDS infection ()
- e) Dropping out from school ()
- f) Being called derogatory names by adults ()
- g) Physical abuse and beatings ()

20. Gender related challenges are common in child headed households especially in areas like Mathare slums. Between boys and girls, who are more likely to encounter these challenges?

- a) Boys ()
- b) Girls ()

Explain your answer

.....

21. Explain how the government and stakeholders can assist the children in households headed by children to overcome the gender related challenges.

.....

22. How would you rate the gender related challenges you experience as a child head in a child- headed household? Tick your opinion on a scale of 1-5 ; where 1= not serious, 2 less serious, 3 serious 4 more serious and 5 most serious

| Challenge | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Caring for terminally ill parents/siblings | | | | | |

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| Being victim of child trafficking | | | | | |
| Being subjected to child labour | | | | | |
| Frequent abuse from relatives | | | | | |
| Sexual abuse by older people | | | | | |

SECTION F: CONSTRAINTS IN HOUSE HOLDS HEADED BY CHILDREN

23. Explain the causes of the emergence of the phenomenon of households headed by children in Mathare slums. (Tick appropriately)

- a) Prevalence of HIV/AIDS ()
- b) Lack of parental care from relatives ()
- c) Lack of institution to cater for orphans ()
- d) Impoverished relatives ()
- e) Stigma from society ()
- f) Fear of relative contracting HIV/AIDS ()

24. Children in households headed by children frequently suffer from a number of constraints. Tick the challenges faced in Mathare slums.

- a) Poor health lack, ()
- b) Medical care ()
- c) Inadequate access to HIV testing centres ()
- d) ARVs not easily available ()
- e) Counselling and treatment of psychological challenges ()
- f) Death of parents from AIDS complications ()
- g) Lack of access to birth certificates and identity cards ()

25. Rate the constraints you experience as a child head your household? Tick your opinion on a scale of 1-5; where 1=not serious, 2 less serious, 3 serious 4 more serious and 5 most serious

| Challenge | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Lack of daily adult care | | | | | |
| Children are immature mentally and physically | | | | | |
| Children live in permanent fear | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Abandonment, physical assault and sexual exploitation | | | | | |
| Low chances to attain life skills from parents | | | | | |

**APPENDIX III: INTERVIEW GUIDE FOR THE KEY
INFORMANTS (CHILDREN OFFICERS)**

1. What is your name? (optional)
2. Where were you born in Mathare slum?
3. For how long have you lived in Mathare slums?
4. Are you aware of the presence of households headed by children in Mathare slums?
5. What is the actual number of children in households headed by children in Mathare slums?
6. Which are some of the social, psychological, economical and gender related challenges facing children in child-headed households in Mathare slums?
7. What are the major causes of emergence of households headed by children in Mathare slums?
8. Explain how your office has been of assistance to the children in households headed by children in Mathare slums?
9. Are there strategies for managing the phenomenon of households headed by children in Mathare slums?

Thank you for your assistance

APPENDIX IV: LETTER FOR CHILDREN OFFICERS