'Beyond their age': coping of children and young people in child-headed households in South Africa
Dijk, D. van

Citation
Dijk, D. van. (2008). *'Beyond their age': coping of children and young people in child-headed households in South Africa*. Leiden: African Studies Centre. Retrieved from https://hdl.handle.net/1887/13382

'Beyond their age'
Coping of children and young people in child-headed households in South Africa

Een wetenschappelijke proeve op het gebied van de Sociale Wetenschappen

Proefschrift

ter verkrijging van de graad van doctor
aan de Radboud Universiteit Nijmegen
op gezag van de rector magnificus prof. mr. S.C.J.J. Kortmann
volgens besluit van het College van Decanen
in het openbaar te verdedigen op woensdag 26 november
om 15.30 uur precies

door
Dana Adriana van Dijk
geboren op 5 maart 1975
te Maassluis

'Beyond their age'

Coping of children and young people in child-headed households in South Africa

Diana van Dijk

This book is dedicated to

Thelma

Unable to access ARVs, she passed away during the course of this research
project at the age of 19.
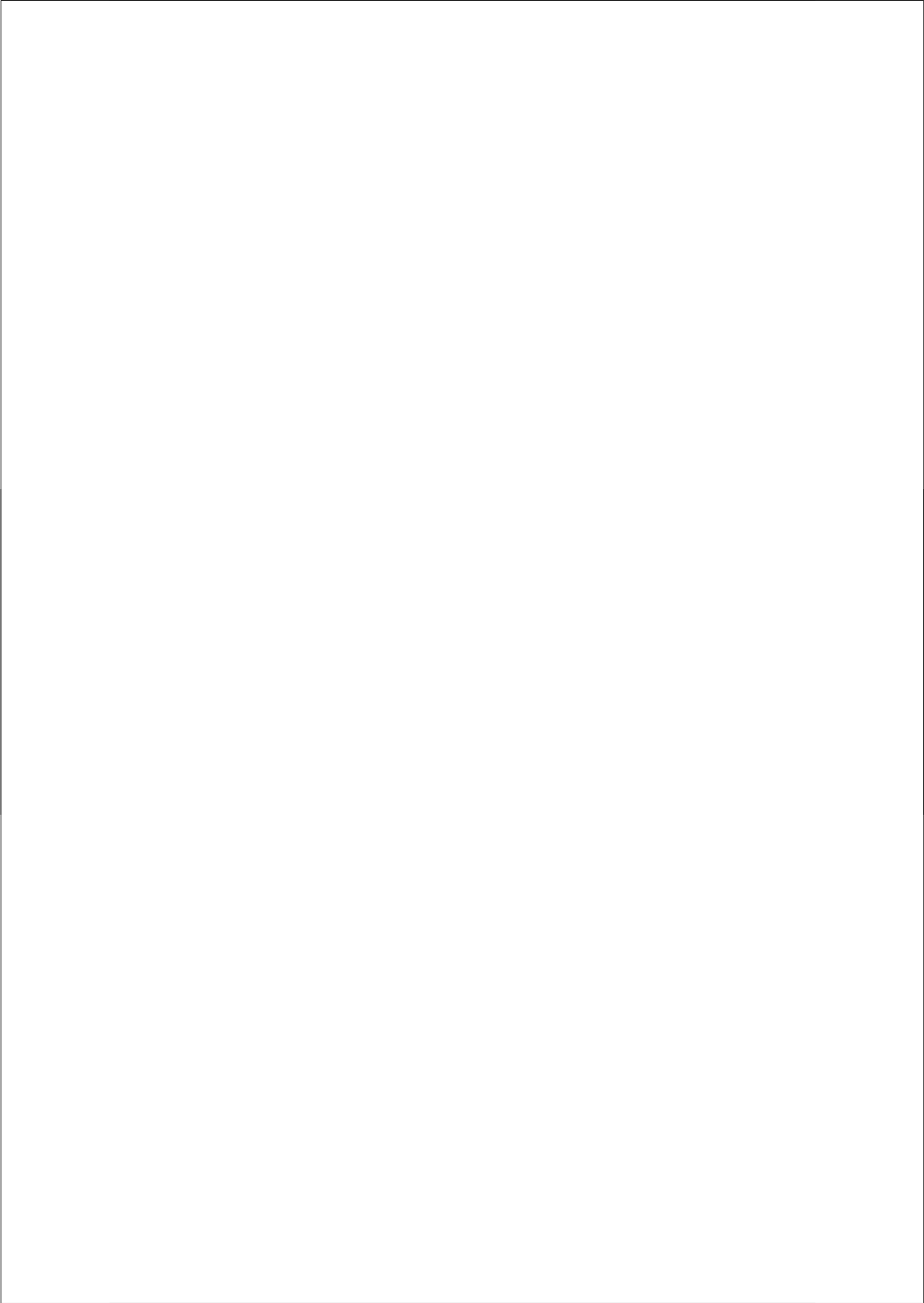
Contents

List of maps, pictures, tables and figures

Maps

Pictures

Tables

Figures

Abbreviations

AIDS   Acquired Immune Deficiency Syndrome
ANC   African National Congress
ARV   Anti-Retroviral
CABA   Children Affected by AIDS
CBO   Community Based Organisation
CBWG   Children's Bill Working Group
CHH   Child-Headed Household
CSG   Child Support Grant
DFID   British Government's Department for International Development
FCG   Foster Care Grant
GEAR   Growth, Employment and Redistribution
HAART   Highly Active Anti-Retroviral Therapy
HCBCS   Home and Community-Based Care and Support
HIV   Human Immunodeficiency Virus
NGO   Nongovernmental organization
NPA   National Plan of Action
OVC   Orphaned and Vulnerable Children
RDP   Reconstruction and Development Programme
SALC   South African Law Commission
TAC   Treatment Action Campaign
UNCRC   United Nations Convention on the Rights of the Child
UNAIDS   Joint United Nations Programme on HIV/AIDS
UNICEF   United Nations Children's Fund

Acknowledgements

This research project started five years ago when it brought me back to South Africa where I had conducted an earlier study with young people in Port Elizabeth. I have many people to thank who helped me to accomplish this project, but I will start with the people who are the subjects in this study: children and young people in child-headed households in Ibhayi, Port Elizabeth, South Africa. For most of them, life was very difficult but, despite their many difficulties, they welcomed me in their homes and lives, and shared their grief and joy with me. I have enormous respect for those youngsters who were able to look positively to the future and did everything in their power to improve their lives and those of their siblings. The same applies to all those people who worked with and for families affected by AIDS and poverty. Without the support of numerous community workers, many families would be unable to survive. The volunteers and employees working for Ncedisizwe Sethy Community Garden Project, Qaqaqwuli Health and Community Initiative, Ubuntu Education Fund, and GoGo Trust have been a daily inspiration for me, for which I thank them.

Although I was familiar with the area of Port Elizabeth, many people helped me to find my way to relevant organisations and to identify child-headed households. Thanks to Jacob Lief, Banks Gwaxula and Anika Millhouse (Ubuntu Education Fund), and Jill von der Marwitz (HIV and AIDS Unit, Nelson Mandela Metropolitan University) for helping me getting started. Heather, who worked at Ubuntu Education Fund in 2003, helped me to reflect on the ethical issues arising from the study. Thanks also to other staff members of Ubuntu Education Fund for helping me getting in touch with child-headed households, providing a space where I could always talk to somebody, and allowing me to join the yoga classes, which were a very welcome stress reliever. I would like to thank Sharron Frood (GoGo Trust) for being a friend and a sparring-partner. It proved very valuable to be able to share research findings and much astonishment.

Many thanks to the volunteers of both Ncedisizwe Sethy Community Garden Project and Qaqaqwuli Health and Community Initiative for showing me around in the Ibhayi community and explaining many cultural phenomena as well as clarifying community-based support. I am particularly grateful to Regina Nompiti Msutwana of the first organisation for always making me and my family feel welcome in her home. I wish to express my sincere thanks to the House of Resurrection (better known as the Aids Haven) and St. Francis Hospice in Port

Map 1   South Africa

1

Introduction

When she was 12 years old, Mona lived with her father and her stepmother in a modest two-bedroom house in one of the townships of Port Elizabeth.[1] Although they did not have much money, Mona thought they had enough and she was happy. However, her father contracted tuberculosis (TB), and died in early 2001. Her stepmother moved out of the house shortly afterwards. When I met Mona in 2004, she was 16 and had lived alone in the same house for almost four years. The house was in a very poor state; windows were broken, there was hardly any furniture and the front door did not close properly. Yet she was coping somehow. The question arising from Mona's case is how had she coped for the last four years? Did she have a job? Did she receive support from her extended family, from neighbours, or the Department of Social Development? How did she adapt to having to live alone when she was only twelve years old? Why did she live alone, and not with extended family members? This study deals with children and young people in similar situations, living in so called 'child-headed households' in the former townships of Port Elizabeth, South Africa.[2] The occurrence of these households is related to the high numbers of HIV-infected people in South Africa (the highest in the world). Port Elizabeth is located in the Eastern Cape, which is one of the poorest provinces, with high numbers of HIV infections, and the second highest percentage of orphaned children.

This study is informed by theoretical considerations of children, childhood and coping as well as dominant discourses on support to children in developing

---

[1] Mona is not her real name. I use pseudonyms for all children and young people throughout the dissertation.

[2] The choice of South Africa and Port Elizabeth will be explained in chapter three.

countries in general and child-headed households in particular. In this chapter, I first discuss what is known about child-headed households and whether these households are a new phenomenon and then discuss difficulties with statistical information about child-headed households. The problem with existing figures relates to the lack of consensus about what these households are. I discuss various ways of defining a child-headed household and the difficulties and advantages of such definitions. This is followed by a short discussion about international development and the idea of a 'universal childhood'. The most propagated type of support to (orphaned) children and child-headed households is a 'family and community-based' one, which will be discussed next. I conclude by discussing the focus of this study, namely coping capabilities of children and young people in child-headed households.

Are child-headed households a new phenomenon?
It is often argued that child-headed households are a new phenomenon, first recorded in Uganda in the late 1980s (Weselwiep 2005: 1).[3] Circumstances leading to households becoming 'child-headed' in sub-Saharan Africa are linked to HIV/AIDS (Germann 2005; Foster *et al.* 1997; Ayieko 1998; Strode 2003; Bless 2005), and/or armed conflict (for example, the 1994 genocide in Rwanda). The small amount of research on child-headed households shows that children in child-headed households are often poorer than children in adult-headed households (Donald & Clacherty 2005; Strode 2003; Bless 2005), may be struggling to stay in school (Luzze & Ssedyabule 2004; Bless 2005; UNICEF 2006), have emotional problems related to the death of caregivers (MacLellan 2005; Strode 2003; Frood 2007), and have difficulty accessing social services (Luzze & Ssedyabule 2004; Ledward & Mann 2000). Although many of these problems may be similar to those of orphaned children or those living in poverty, the problems of children in child-headed households are perceived of as more extreme and unrelenting (Foster 2004: 72) and they experience unique problems due to the absence of an adult caregiver (Rosa 2004: 4).

One such unique problem is that children in child-headed households are also responsible for younger siblings. Although caring for siblings and doing household chores may be perceived as 'normal' in any household, the role of children in child-headed households may go beyond the 'normal'. Bauman and Germann (2005: 101-103) argue that such children may become 'parentified', which entails a role reversal. When children in child-headed households take on a parental role, their responsibilities become much larger. This 'role-reversal' may

---

[3] Child-headed households have also been documented in Kenya (see the study of Ayieko, 1997), in Rwanda (Thurman *et al.* 2006), in Zimbabwe (research includes Germann 2005; Foster *et al.* 1997; van Diest 2001), in Mozambique (Dominguez 2005), in Lesotho (Bless 2005), in South Africa (Strode 2003), Afghanistan (Chrobok 2005), and in India (India HIV/AIDS Alliance 2006).

involve a great deal of stress and anxiety in children's lives. Children in child-headed households are further viewed as 'deprived' of parental guidance, support and protection (NMCF 2001; Rosa 2004). Consequently, they are more vulnerable to harassment, exploitation, discrimination, and physical and sexual abuse (Rosa 2004: 4; UNICEF 2007: 29). Overall, children in child-headed households are viewed as living in extremely vulnerable situations, and as in urgent need of protection and support. Consequently, there is a pressing need for more research on these households, on how they cope and how they can be assisted.

However, it is not yet known what the scope of the problem is. What is known is that the HIV epidemic has spread over the world in a relatively short time, and is now one of the biggest development challenges. At the end of 2005, 38 million people were living with the virus, and 25 million people had died from the disease.[4] Sub-Saharan Africa has been hit particularly hard; 25 million people are infected. In some sub-Saharan countries, the HIV epidemic has reached its peak, and the rate of new HIV infections is decreasing. However, most people in this region with HIV develop AIDS four to ten years after first being infected. Consequently, the number of people dying from AIDS has not reached its peak in most of these countries. Most people are infected in their younger years, and are often parents of young children. In the mid 1980s, the number of orphaned children in sub-Saharan Africa rose due to HIV-related deaths. At that time, there was little international attention for these AIDS-related orphans. However, there was a growing awareness that HIV/AIDS was more than just a disease, and that the epidemic could have far-reaching social consequences, particularly for children.

From the late 1980s awareness grew about the growing numbers of AIDS-related orphans. The first papers about 'AIDS orphans' were presented at the Global AIDS Conference in London in 1988, the first worldwide political gathering specifically focused on AIDS.[5] Foster (2002: 6) argues that despite discussions about the impact of AIDS on children in Africa in conferences and academic articles since the late 1980s and early 1990s, there were few international responses. International donors were more concerned with HIV prevention, and less attention was given to support at the household and community level. At that time, most support for orphaned children came from grandparents, other family members, and people from the community (ibid).

The World Summit for Children in 1990 included a plan for specific action for children in especially difficult circumstances, such as (AIDS) orphans. From that

---

[4]   65 million people have been infected and 25 million have died in the last 25 years (UNAIDS 2006: 2).

[5]   Children orphaned because of AIDS were first called "AIDS orphans" to distinguish them from children orphaned due to other causes. In this way, the impact of HIV/AIDS was made visible. However, organisations became aware that this term caused stigmatisation of children, among other things because people assumed that they were also infected.

time there was more international awareness that the HIV epidemic would cause many children to lose their parents. Models were developed to estimate future numbers of orphaned children and various research papers predicted that these would be enormous, especially in sub-Saharan Africa.[6] Between 1990 and 2003, the number of orphaned children rose from less than 1 million to more than 12 million in sub-Saharan Africa (UNICEF 2005: 68).

In the last years, international attention has shifted from 'orphaned children', to children affected by HIV/AIDS in general. This is because difficulties for children start long before the death of one of the parents. A household member developing AIDS results in an enormous financial drain on household income. People need medical care and treatment, and are also unable to contribute to household income. Children are sometimes kept out of school to help generate an income or to take care of the sick. Children in these households are thus affected by the HIV epidemic long before the death of a parent.

Accordingly, not only orphaned or infected children, are affected by HIV/AIDS. Children may live in households with an infected household member or that (informally) foster orphaned children or that (financially) support an HIV-positive family member. It is argued that children affected by HIV/AIDS are more vulnerable because HIV/AIDS increases child poverty; they are more prone to discrimination and stigmatisation, and more exposed to exploitation, abuse and violence (UNICEF 2007: 16-18). Children Affected by AIDS are internationally referred to as CABA or as Orphaned and Vulnerable Children (OVC).[7] The difference between the two terms is not very clear and neither is their exact meaning.[8] The concept OVC is also used as an umbrella notion covering many categories of 'vulnerable children', which seems synonymous with 'children in especially difficult circumstances'.[9] Among those perceived as the most vulnerable are children living outside parental, adult or family care. Children that are without such care are usually described as separated, unaccompanied or aban-

---

[6] Articles by Hunter (1990) and Cheek & Chin (1990) were among the first published research articles that stated that the number of orphans in sub-Saharan Africa was growing due to AIDS. For an extensive description of international awareness and responses since the 1980s, see Foster *et al.* (2005: 279-284).

[7] Meintjes & Giese (2006: 409) argue that the term OVC also came into practice to "move away from explicit reference to AIDS", although the term remains associated with AIDS.

[8] These terms may have a similar stigmatising effect to the term 'AIDS orphans'. It has been argued that OVC is mainly a term used by donor organisations, and that those working in the field often label certain children as OVC to access support. These remarks were made at the Halala! 2006 CINDI Conference, Pietermaritzburg, South Africa. This was a conference of local NGOs concerned with OVC.

[9] Children that are perceived as more or particularly vulnerable are children living in conflict areas, street children, children engaged in the worst forms of labour (particularly child soldiers), or those living with a disability. These children can further be orphaned, separated from family, living with dysfunctional parents, or have needs beyond parental care (for example, being HIV positive). Many children fall into a number of these categories, for example children who have been orphaned and live in the streets.

doned children.[10] These three categories include all children who have been separated from both parents and are not being cared for by an adult who, by law or custom, is required to do so, such as in the case of child-headed households.

In South Africa no reliable statistics exist about the number of child-headed households. Some argue that the numbers are low (Meintjes & Giese 2006: 415; UNICEF 2006), while others describe the number of child-headed households as 'escalating' or 'overwhelming' (Saloojee & Pettifor 2005: 432; Barolsky, 2003: 62; Diwouta & Tiki 2006: 80). According to the Nelson Mandela/HSRC Study of HIV/AIDS "just" 3% of South African households could be considered 'child-headed' (Shisana & Simbayi 2002: 68). The Census of 2001 estimates that there were 248,424 child-headed households in South Africa, which account for 2% of all households (Statistics South Africa 2001).[11] Based on the general household surveys of 2004 and 2005, Meintjes & Giese (2006: 69) argue that "only" 0.7% of all children were found to be living in child-headed households. These different percentages and numbers show that estimates of the number of child-headed households in South Africa vary widely and should be interpreted with caution.[12]

Although there is no consensus about the numbers of child-headed households in South Africa (or in other African countries), it is generally agreed that these households could become a more common phenomenon in the near future.[13] This is because the number of AIDS related deaths is expected to peak in 2010 in South Africa (Desmond *et al.* 2002: 447).[14] An estimated 5.5 million people are infected, which accounts for almost 20% of adults (defined as those who are 15 to 49 years old) (UNAIDS 2006: 455).[15] In July 2006, 1.5 million children were orphaned in South Africa (Dorrington *et al.* 2006: 31). With no sign of a declining rate of new HIV infections, and the peak in HIV-related deaths still to come, the number of orphaned children is expected to increase to 2 million by 2010.[16]

---

[10] White (2003) argues that the term 'abandoned', has a particularly strong emotional undertone, because it refers to desertion of family members and community members (also in a moral sense). These terms also suggest that children are in an abnormal state if they are without an adult (Ledward & Mann, 2000).

[11] See Annex 3 for the provincial statistics on child-headed households.

[12] Ziehl (2002: 13) argues that according to the 1996 census there were also households headed by 0 to 4 year old children, underlining the fact that such data are not very reliable.

[13] Although child-headed households are seen as something new and an outcome of HIV/AIDS and/or conflict, Richter argues that teenagers in the rural areas of South Africa have been responsible for managing the household since before the HIV epidemic, in households where parents had migrated to find work elsewhere (2004: 18).

[14] The link between HIV/AIDS and child-headed households in South Africa is also confirmed by the Nelson Mandela/HSRC Study of HIV/AIDS in South Africa (Shisana & Simbayi 2002); it found the highest number of child-headed households in urban informal areas (ibid: 68), which also have the highest HIV prevalence (ibid: 50).

[15] UNAIDS (2006) estimates range from 4.9 million to 6.1 million. These estimates of HIV prevalence are mainly based on surveillance among pregnant women attending sentinel antenatal clinics.

[16] AIDS is expected to kill 6 million people before 2010. Expectations of AIDS prevalence, deaths and the number of orphans have so far been projected correctly (Whiteside & Sunter 2000, for projections

At the same time, according to several authors, the number of children living in child-headed households will also increase (Rosa & Lehnert 2003; Rosa 2004; Desmond *et al.* 2002; Nelson Mandela Children's Fund 2001; Webb 2005: 241; Foster 2004; UNICEF 2006; Phiri & Webb 2001).

Some authors argue that it is difficult to enumerate child headed households; communities may be reluctant to acknowledge the existence of child-headed households (Roalkvam 2005: 212), child-headed households are sometimes a temporary arrangement (Schenk *et al.* 2007; Meintjes & Giese 2006: 415), and child-headed households may be underrepresented in household surveys because generally an adult is required to complete the household questionnaire (Monasch & Boerma 2004: 62).[17] The main problem with estimates of the number of child-headed households in South Africa is that they are based on household surveys which are not constructed with the objective of determining numbers of child-headed households. The first reason for the lack of adequate statistics on child-headed households is thus that definitions of child-headed households are often inadequate. Therefore, when doing research on child-headed households one first needs to establish what a child-headed household is.

Contested definitions and characteristics
As there is no consensus about what constitutes a child-headed household, a variety of definitions can be found in research and policy papers. It is often assumed that children in child-headed households are orphaned and some definitions consequently include the orphan status of the children in the household (Sloth-Nielsen 2002: 2; Wevelsiep 2005: 2). Sloth-Nielsen (2002: 3), for example, defines a child-headed household as "children who have lost both parents due to HIV/AIDS, and have become the head of the household and breadwinner for younger siblings". She defines the head of household, though there might be more than one child heading the household. However, it is not clear why definitions of child-headed households are linked to orphan status and/or to HIV/AIDS. Although it is very likely that many child-headed households in South Africa are a result of HIV/AIDS, this is not necessarily always the case, and children in child-headed households are also not automatically orphaned. Research in Uganda has shown that many children and young people in child-headed households have at least one living parent (Luzze & Ssedyabule 2004: 23). It has also been suggested that children may live alone while parents work

---

and estimates in 1998). However, the numbers predicted by the ASSA2000 Orphans Model are even higher. This model predicts that the number of orphans is likely to peak in 2014, with 5.7 million children having lost one or both parents (Johnson & Dorrington 2001). Differences in statistics are largely a consequence of the definition of an orphan, which will be discussed in the section on contested definitions and characteristics.

[17] Robson found in Zimbabwe that the lack of information on children assuming caring roles is also the result of some state health officials denying their existence (Robson 2004: 237).

elsewhere (Giese *et al*. 2003: 59; Desmond *et al*. 2003: 56). A very common definition of the child-headed household is a household in which all the members are under the age of 18 (Rosa 2004: 3; Donald & Clacherty 2005: 22).[18] In such a definition, however, the head of the household is not identified. It is simply assumed that one of the children is the head of the household. Other definitions of child-headed households do consider the 'head of the household', and when the head is under the age of 18 the household is 'child-headed' (Foster 1997: 158; Walker 2002: 7; Strode 2003: 10). In contrast to the first definition, in this definition not all members of the household are necessarily under the age of 18. After all, the head of the household is not automatically the oldest member of the household. Households can be child-headed in the presence of an adult who is incapable of fulfilling this role, for example due to illness. It is assumed that there are more households headed by a minor containing an adult in need of care, than child-headed households without any adults (Desmond *et al*. 2003: 56).[19]

Although the definitions that consider headship are therefore broader than the first category of definitions, the notion of headship is far from unproblematic. Furthermore, 'age' is the most important determinant in both categories of definitions. According to such definitions, when one of the household members is over the age of 18, the household is not considered child-headed (anymore). This means that a child-headed household can turn into an adult-headed household overnight without changes in the composition of the household. As a result, the household loses its special status which may be related to particular state and other support. However, age of members does not necessarily relate to the vulnerability of such households, and therefore seems an arbitrary criterion (Strode 2003: 17). As is clear from the above, defining child-headed households is complicated.

Also being an orphan is not unproblematic. Orphans were first defined as children who lost both parents and were under the age of fifteen. This definition has now been expanded to include such children under the age of 18. One of the arguments for this was that the experience of losing one or both parents often delayed the age at which young people become independent, for example due to disrupted school attendance. Organisations further pleaded that children who lost

---

[18] In the South African figures discussed above, the number of child-headed households was also calculated by counting the number of households in which all members were under the age of 18.

[19] Consequently, if one does not define child-headed households as those without adults, the number of such households is much higher than usually assumed. However, numbers on child-headed households with a resident adult are most likely to be obscured because parents and children will often conceal children's roles as carers (Wyness 2005: 90). As a consequence, children and young people who care for ill relatives are largely invisible to researchers and policy-makers (Robson 2000: 59). Although child-headed households have not officially been recorded in Western Europe, it is estimated that there are between 19,000 and 51,000 children in the UK who are caring for their sick parent. They are referred to as 'child carers' (Wyness 2006: 90). More than half of these cases are single-parent households, and in such cases, children may consequently be responsible for the household (ibid).

8

one parent should also be considered orphans. This is because, if one of the parents has died of AIDS, the chances are high that the other parent is also infected and is likely to die as well. In addition, it has been argued that children are affected differently by loss of a mother to the loss of a father. It is assumed that losing a father often means losing an income, and when losing a mother a child is deprived of care. A child that has lost his or her mother is referred to as a 'maternal orphan'; one who has lost his or her father is a 'paternal orphan' and one who lost both is a 'double orphan'. These terms are, however, also not unproblematic. In poor countries, parents often both provide an income. Furthermore, especially in sub-Saharan Africa, many households are female-headed (Aliber 2003: 480). Losing a mother consequently means the loss of both income and care.[20] Consequently, the history of households prior to becoming child-headed and the composition of child-headed households are complicated and need to be studied. One of the objectives of this study is, therefore, to conceptualise and characterise child-headed households.

Also the support child-headed households should receive is a matter of great debate. Internationally, there has been much discussion about the appropriate response to the existence of child-headed households. Although in most of these discussions child-headed households are not viewed as desirable or ideal 'care options' for (orphaned) children, these households are regarded as unavoidable.[21] It is also possible for child-headed households, if they receive appropriate support and assistance, to be considered a 'viable care option' (UNICEF 2006: 22; Rosa 2004: 4). But what type of support is regarded as 'appropriate' for child-headed households? Little is known about how children cope in child-headed households, how they experience their lives, or simply how they manage to get food on the table. Despite this lack of knowledge, such children are often portrayed as extremely vulnerable, and in great need of adult protection and support. The idea that children are vulnerable, in need of protection and not able to take care of themselves, originates in the idea of one ideal and universal childhood, which will be discussed below.

International development and universal childhood
During the twentieth century, a number of international events, declarations and plans were launched that seem to have put 'young people' high on international agendas. In 1919, Save the Children was set up in London, with an initial

---

[20] In addition, although at the start of the epidemic more men were infected than women, today women account for about half of the infections. In sub-Saharan Africa, close to 60% of infected people are women (UNAIDS 2006: 15).

[21] Many discussions about child-headed households focus on the question of whether such households are an alternative option for (orphaned) children as opposed to care by the extended family, foster families or institutions. I put 'orphaned' in quotation marks as children perceived of as 'in need of care' are not necessarily orphaned, as will be discussed in a later section.

concern for children in Europe (Ansell 2005: 25). The organisation operated under a Declaration of Child Rights which was adopted by the League of Nations in 1924 as the Geneva Declaration of the Rights of the Child, and with some additions and amendments by the United Nations (UN) in 1959 (Ennew 2000: 44). These Declarations were concerned with child welfare and protection and with children as 'objects' of rights. From 1979, which was the UN International Year of the Child, the international community started to consider children as full subjects of human rights, and an assembly of government representatives met annually in Geneva to draft a new Declaration of the Rights of the Child between 1979 and 1988, which resulted in the United Nations Convention on the Rights of the Child (UNCRC 1989) (Ennew 2000: 45). The UNCRC acknowledges children as having agency and as having a voice that must be listened to.[22]

Although the UNCRC is one of the most ratified declarations related to children, other declarations followed such as the African Charter on the Rights and Welfare of the Child (ACRWC) and the World Declaration on the Survival, Protection and Development of Children, which was ratified during the World Summit for Children in New York in 1990.[23] However, few countries achieved the goals of the World Summit for Children (Ansell 2005: 30-31) and many other commitments are also not fulfilled. White (2003: 1) argues that, despite the careful work invested in drafting and promoting these declarations, conventions and goals, "the needs and rights of children and young people actually are not at all high on political agendas". The very fast ratifications of these commitments may very well be a sign that governments "do not mind committing themselves to obligations which they do not intend to fulfil" (ibid). Although states that ratified the UNCRC are obliged to bring their national legislation into line with the declaration, they cannot be forced to do so. States are required to report on the Convention's implementation to the Committee on the Rights of the Child (the central monitoring agency of the UNCRC), which addresses its possible concerns and recommendations. South Africa, for example, was criticised by the Committee for insufficient state provision to the large number of child-headed households in 2000 (Jansen van Rensburg 2005). Despite this criticism, Jansen van Rensburg argues that so far the government has been "extremely reluctant to put any provisions in place to support child-headed households" (ibid: 1).

Besides the criticism that most declarations on children are not fulfilled, many of these declarations are also criticised as being largely based on the idea of a

---

[22] However, children did not participate in the formulation of the UNCRC (White 2002: 1101).

[23] A new set of goals, directly and indirectly related to children, were declared in the Millennium Development Goals (MDGs) in 2000. Two MDGs, for example, are to reduce by two thirds the mortality rate among children under five by 2015, and to achieve universal primary education. It is, however, argued that most of the MDGs will not be reached in sub-Saharan Africa, which is partly due to the HIV epidemic (UN Millennium Project 2005: 148).

universal childhood. Since 1979 (the International Year of the Child) the notion of 'the world's children' became part of the discourse of UNICEF, the World Health Organisation (WHO) and the International Labour Organization (ILO), which mobilised a growing commitment to universal children's rights and welfare (Ansell 2005: 25). According to Boyden (1990: 197), this "rights lobby is in the forefront of the global spread of norms of childhood". These 'norms' seem however largely based on contemporary western ideas about childhood, according to which children should be raised in a nuclear family, without social or economic responsibility (Boyden & Mann, 2005: 10).[24] This context, of white middle class family life, is the standard against which healthy childhood is measured. The danger of ideas about one ideal childhood, is that children who do not fit this ideal picture are seen as deviant or abnormal (Boyden & Mann 2005; Punch 2003; Boyden 1990; White 2003; Ledward & Mann 2000).[25]

Paradoxically, most children in the world do not fit this picture. The globalised view of childhood is based on a minority group of children living in the West (Punch 2003: 277), and is of course first of all an 'ideal' (Ansell 2005: 23).[26] Many children do not have parents, do not live in a nuclear family and have to contribute to the household with work. In dominant views of childhood, there is a marked division between the roles and responsibilities of children and adults. In the west, children play and adults work. However, in some other cultures, children also contribute with work. These contributions range from simple tasks for younger children to the tasks of older children who have more responsibility (Archard 2004: 38; Twum-Danso 2005: 12). Punch (2003: 289) found in Bolivia that, although children carry out a significant workload for their household, they combine their work with play and move back and forth between adult and child-centred worlds. Consequently, there is no clear distinction between work and play or between childhood and adulthood, as is assumed in dominant views of childhood. Although the UNCRC views children as intrinsically different to adults, and therefore in need of rights that are separate from those of adults, the distinction between childhood and adulthood is not universally so clear cut.

---

[24] The UNCRC is most often accused of being largely based on western ideas of childhood. The main input to the drafting process of the UNCRC came from the nations of the North and few African countries participated throughout (Ennew 2000). The criticism of universal rights for children corresponds to the criticism of the Universal Declaration of Human Rights in the sense that it raised questions about the possibility of universal rights. For further discussion about universal standards based on universal notions of childhood see, Nieuwenhuys (2008), and White (1999).

[25] The African Charter on Rights and Welfare of the Child (ACRWC), adopted in 1990, is not very different from that of the UNCRC. The biggest difference is that it emphasises children's duties and responsibilities towards their family, society and the state (Twum-Danso 2005: 9).

[26] Punch and others, therefore, use the terms 'minority' and 'majority world', instead of terms such as 'first' and 'third world'. The majority world refers to those countries where the majority of children in the world reside, i.e. the 'third world'.

A related problem with declarations such as the United Nations Convention on the Rights of the Child is that they apply to all persons below the age of 18. The 'arbitrary cut-off point' at age 18 does not necessarily correspond with becoming an adult in many developing countries (Ansell 2005: 231; Twum-Danso 2005: 11). Age, rather, has a social and cultural meaning, and consequently age categories are not universally valid (Nieuwenhuys 1994: 24). Adulthood may be acquired in a more gradual way or reached through initiation rites, or *rites de passage*. These rites are often characterised by a period of learning how to behave as an adult, may involve a period of exclusion, and, in the case of men, also entail enduring pain and showing courage. Adulthood may also be reached simultaneously with biological maturity. This is usually at a much younger age than that of 18, and often has different implications for boys or girls. This is because a girl who is able to have children of her own can be considered old enough to marry.

Young people above the age of 18 have received far less international attention. Ansell (2005: 30-31) argues that this may relate to the popular image of children as apolitical and innocent, which cannot be sustained in relation to youth. Youth are often viewed as 'at risk' and a potential threat to society (De Boeck & Honwana 2005). The potential threat relates first of all to the high numbers of young people, which is a potential fiscal and economic risk because of the high costs of secondary schooling, the costs of addressing HIV/AIDS in this age-group, and unemployment amongst young people (World Bank 2006: 4). Unemployed youth are perceived as possible sources of 'social unrest' and thus a threat to society. On the other hand, young people are also referred to as 'the adults of tomorrow', and "the next generation of workers, parents and leaders" (World Bank 2006: 1). Seen this way, young people are 'an opportunity' in the eradication of poverty which makes it economically rational to invest in this large group of people (ibid). However, the construction of 'youth' may be even more complicated than the construction of 'childhood'.[27] Like childhood, youth is often defined according to age and ranges from age groups such as 13-19 to 10-19 to 15-24 (Bruce & Chong 2003: 1).[28] Youth is further viewed as a period 'in between' childhood and adulthood, which makes a youth neither child nor adult (MacLeod 2003; van Eerdewijk 2007).

In the above, I have discussed how perceptions of children shifted from them being objects (of welfare) to subjects (of rights). The UNCRC, and similar decla-

---

[27] Other terms for 'youth' include 'young people' 'teenagers' and 'adolescents'.

[28] In South Africa alone, definitions of young people vary: 14-35 (the National Youth Commission Act 1996), 16-30 (the White Paper for Social Welfare), 14-25 (young offenders according to the Department of Correctional Services), 10-24 (the National Health Policy Guidelines), and finally the National Youth Development Policy Framework defines young people as all those between the ages of 15 and 28.

rations and commitments, seem to take children and young people's needs seriously. However, the effects of these promises are very limited, as the example of the criticism of South Africa by the Committee on the Rights of the Child shows. Furthermore, such declarations ignore the cultural variations in childhood and youth. Age categories are not universally valid, and becoming an adult varies widely across cultures and also for men and women. Consequently, perceptions of childhood and youth and the practical implications of these vary considerably across cultures. There has been much debate about the assumed vulnerability of (orphaned) children which continues to reflect the idea of one ideal and universal childhood. The ideas on how to support (orphaned) children also reflect this idea. Furthermore, it is widely assumed that the family and community provide the best possible care.

Family and community-based care and support
Most international organisations (such as UNICEF) argue that care for orphans and vulnerable children should come from the family and the community. The families and communities are 'the first line of response to the epidemic', according to the widely endorsed 'framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS' (UNICEF 2004: 10). This is first of all because families and communities have absorbed many orphaned children into their care with "tremendous resilience and compassion" (ibid). This rather romantic view of the extended family and the community is evident in many articles, research reports, and conference papers. It is believed that the community and family of (orphaned) children provide children with the best, the most appropriate, and adequate care, which institutions or orphanages are unable to do (UNAIDS 2000: 27; Ayieko 1997: 1; Phiri & Tolfree 2005; Tolfree 2003). It is argued that children in institutions may be neglected, do not receive enough affection or love, and have difficulties reintegrating into society (UNICEF 2004: 37; Tolfree 2003; Richter *et al*. 2006).[29]

Maybe even more important in the promotion of community-based care is that institutional care is too expensive as the number of orphaned children is growing rapidly. This was the reason the World Bank propagated 'Home and Community-Based Care' (HCBC) for people living with AIDS as an alternative to hospital care.[30] Although home-based care was first promoted as care for people living

---

[29] Another often-heard reason for not establishing institutions is that parents will place their children in institutions when they do not have enough money to care for them (UNICEF 2007: 15; Phiri & Webb 2001: 14). In contradiction to the view that children in institutions are worse off, is the fear that institutions create elitism among orphaned children (Crewe 2001: 19), which suggests that children in institutions are better off. For a recent study on residential care in South Africa, see Meintjes *et al.* (2007).

[30] The World Bank declared, in 1997, that Community and Home-Based Care for people living with AIDS "greatly reduces the cost of care" (in Desmond & Gow 2002: 41). The cost of statutory

with AIDS, it is now promoted for a range of situations. HCBC is now widely viewed as *the* answer to the growing number of orphans and vulnerable children. This is also a result of an international trend towards reduction of the social welfare role of the state, towards a 'developmental' approach (Desmond & Quinlan 2002: 35). A developmental approach to social welfare is seen to encourage self-reliance and promote participation in decision-making at individual, family and community level.[31]

Community-based care is also viewed as the most effective because it assumedly has always existed in sub-Saharan Africa (Foster 2006: 5). In essence, community-based support is neighbours helping other neighbours in need (ibid). However, the type of care and support required for the growing number of affected children may be qualitatively very different to sharing food and resourses with neighbours. Besides support from 'neighbours', support is expected to come from community-based organisations. These are mostly run by volunteers. This is sometimes considered positive, as volunteers are seen as "motivated individuals who give love and care for children 'from their hearts'" (Foster 2002: 12). Phiri & Tolfree (2005: 23) even argue that the success or failure of community-based support lies in "the extent to which volunteers feel they are responding to a personal commitment". They argue that people should have the feeling that "they are doing what is their duty" (ibid: 23-24). What they mean by "their duty" is not entirely clear, but the question rises if there are enough 'volunteers' in highly affected communities who can provide care and support. Are child-headed households in themselves not proof of the breakdown of these family and community structures?

Numerous authors have pointed to the fact that 'traditional' family and community life has changed drastically in sub-Saharan Africa, due to demographic and social transformations (such as migrant labour, rapid urbanisation and modernisation) (NMCF 2001: 13; Germann 2005: 67). This is particularly the case in South Africa, with its history of apartheid and migrant labour. Many communities are very poor, and may not have the resources or skills necessary for an effective community response in dealing with HIV/AIDS-affected households. HIV prevalence already causes an enormous strain on communities. Before the HIV epidemic, people used to say that there was "no such thing as an orphan in Africa" (Foster *et al.* 1997: 157), as extended family members cared for orphaned children and treated them as their own. It is, however, argued that since the HIV epidemic, the extended family networks have weakened in many African countries (Sloth-Nielsen 2002: 5; Foster, 2004: 69; Loening-Voysey &

---

residential care for orphans is believed to be eight times more than the cost of community-based support structures (Desmond & Gow 2000). However, Desmond & Gow (2001) argue that further discussion is needed of the differences in the quality of care of different models (ibid: 37-38).

[31] The welfare approach, in contrast, is seen as creating dependency (Streak 2005: 7).

14

Wilson 2001: 25; Madhavan 2004: 1443; Booysen & Arntz, 2002; Germann 2005: 67).

Foster argues that the traditional first line of defence for vulnerable children is their aunts and uncles (2002: 5). In practice, however, the care of orphaned children often falls to the grandparents or other relatives.[32] Grandparents are likely to be older and less capable of taking care of children than other relatives, and may die before the children are adults. Grandparents may face major difficulties in caring for orphans and in fulfilling their needs, and may also experience emotional stress. In a study of the care of orphans by grandparents in Kenya, Nyambedha *et al.* (2003: 48) found that grandmothers "undertook the decision to accommodate orphans with great personal sacrifices. Such emotional decisions overshadowed the individual's economic ability to implement his/her decision". This meant that many orphaned children had to survive in very difficult economic circumstances. Grandparent-headed households may further become child-headed when grandparents need care, or when the grandparent dies. Consequently, the widespread care by grandparents is a sign that the capacity of the traditional care system is diminished or weakened.[33]

Despite the weakening of extended family networks, most orphaned children are supposedly taken care of by their relatives (UNAIDS *et al.* 2004: 10; UNAIDS 2006: 92; Monasch & Boerma 2004: 57).[34] Although many orphaned children may live with their extended families this does not necessarily mean that they are 'adequately' taken care of. Research in Malawi and Lesotho, for example, showed that children and young people that move to live with relatives are often not consulted and have difficulties adjusting to their new environment (Young & Ansell 2003). Among the problems they found were different treatment to that of biological children, rivalry between children, and having to work to contribute to the household. In addition, moving to another community means having to make new friends, have schooling disrupted and, when children move from an urban area to a rural area, they often have difficulties adapting to agricultural chores (2003: 5). Thurman *et al.* (2006: 226), in their research on youth-headed households in Rwanda, found that orphaned children consider family members to be more exploitative than strangers. Consequently, the 'fact' that

---

[32] The care by grandparents is sometimes referred to as "skip-generation parenting" (Foster *et al.* 1997: 164). It is estimated that 60% of orphaned children in South Africa, Namibia and Zimbabwe are cared for by their grandparents (Save the Children 2007: 2).

[33] Although grandparents have traditionally played an important role in raising and caring for children, the difference is that they are now expected to take on sole responsibility.

[34] It is estimated that 90% of orphaned children in sub-Saharan Africa live with relatives. This percentage was determined by Monasch & Boerma (2004) and is based on household surveys in sub-Saharan Africa carried out between 1999 and 2002. The definition of an orphan used was a child under the age of 15 years whose mother or father or both parents have died. It is therefore not known how many orphaned children between the ages of 15 and 18 are fostered by relatives.

most orphaned children are fostered by relatives is by no means proof that most orphaned children are well taken care of. This, and the diminishing capacity of the extended family, raises questions about the role of the extended family as the first line of support for (orphaned) children (Thurman *et al*. 2006: 226).

Some authors will argue that the extended family can still fulfil this supporting role, although, as a consequence of these changes and challenges, the shape or form of the support may have changed. In this line of reasoning, child-headed households are sometimes referred to as a 'new coping mechanism of the extended family' (Wevelsiep 2005: 1; FHI & International HIV/AIDS Alliance 2006; Bower 2005: 45; Foster *et al*. 1997). Foster was the first person to make this point, as his research on child-headed households in Zimbabwe showed that most households are supported and visited by extended family members. However, the nature of these visits and the quality of the support remains unclear. Foster later (2002: 5) argues that child-headed households may also be a sign of the "saturation of the extended family's capacity to care". Therefore, "child-headed households may be viewed at the same time as resulting from the failure of the extended family safety net and as being a new form of coping" (Foster 2002: 12). Similarly, the emphasis on family and community-based care of orphaned children is also based on these two contradicting ideas. On the one hand it is widely acknowledged that the capacity of families and communities is diminishing because of HIV and widespread poverty, but on the other hand there remains a strong belief in their capacities to take care of others.

Many authors therefore stress the importance of not viewing family and community-based support as an either/or solution; in cases where community and family members are not willing or able to provide care, orphanages or other alternative care arrangements should be provided (Crewe 2001; Streak 2005; UNICEF 2007). Community-based responses are mostly promoted as one of the ingredients of an overall approach in the response to vulnerable children. For example, UNICEF (2004) recommends five key strategies to governments for the care and support of orphaned and vulnerable children. Promoting and supporting community-based support is one of the five key strategies.[35] In line with this, is the current lobbying of major international organisations for social protection for children in sub-Saharan African countries.[36] Social protection refers to

---

[35] The other four key strategies are to strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support, to ensure access for orphans and vulnerable children to essential services, to protect the most vulnerable children through improved policy and legislation and, by channelling resources to families and communities, to raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS (UNICEF 2004).

[36] Such as Save the Children UK (London), Help Age International, Stop AIDS now! (Amsterdam) and the British Government's Department for International Development (DFID).

all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups. (Devereux and Sabates-Wheeler, 2004 in Devereux *et al.* 2005: 2)

Organisations for children argue that social protection for children should entail cash grants to children's families, as research has shown that cash grants are often used for the benefit of children, and should also involve (access to) social services (Devereux *et al.* 2005).[37]

In South Africa, the Department of Social Development, together with the Department of Education and Health, released the 'National Integrated Plan for children infected and affected by HIV/AIDS' (NIP) in 2000, of which Home-Based and Community-Based Care (HBCBC) is the key programme. The aim of this programme is to help ensure that AIDS-affected children remain in the care of their families or, at least, in their communities. The main method to achieve this is the provision of social assistance in the form of financial grants, particularly the Foster Care Grant (FCG). The government encourages people from the community or extended family to take in orphans by offering FCG incentives. However, the existence of growing numbers of child-headed households suggests that these children are not taken in. Moreover, it is not clear how they cope and whether they receive support or have access to grants or other forms of financial assistance in their own name.

A number of international lobby groups have been pushing for the legal recognition of child-headed households with the provision of 'appropriate' support and assistance (ISS & UNICEF 2004: 12; UNICEF 2007: 29). This is also the case in South Africa, where discussions on child-headed households were intensified during revisions of the Child Care Act of 1983. The new Children's Bill (2006), expected to be passed in 2008, will replace this Act. One section of the Bill deals with child-headed households. It states that child-headed households should be legally recognised as a placement option for (orphaned) children, with suitable adult support in the form of 'household mentors' (Republic of South Africa 2006: 30). These mentors should be able to access financial grants (such as the FCG) in name of the children. The idea of providing child-headed households with mentors originates in the assumption that orphaned children should be supported by their families or by people in their own community. Although the proposal to legally recognise child-headed households seems to acknowledge that these children are not always supported by their relatives or the community, the idea behind it seems nonetheless to stem from a strong belief in exactly the presence of those actors.

---

[37] For example, by providing 'fee waivers' (the removal of fees for services).

Not everybody, though, is in favour of supporting child-headed households. Loening-Voysey & Wilson (2001), for example, did not include child-headed households in their study of approaches to care for orphaned and vulnerable children in South Africa. They argued that such children would find themselves in an 'untenable' position (Loening-Voysey & Wilson 2001: 26). According to Giese *et al.* (2003: 73), some organisations dealing with children consider it immoral for the state to support 'inappropriate' households. The inappropriate-ness of these households lies in the premise that 'children' have to perform 'adult' tasks and responsibilities, which they should not or cannot perform. This stems from the belief that children are incompetent, vulnerable, and in need of adult protection and guidance and, consequently, should not run households autonomously.

To summarise, there are broadly two views of how child-headed households should be supported. One views these households as unacceptable and therefore argues that children in these households should be placed in alternative care. The other view is that child-headed households should be guided and supported by an adult mentor. However, the lack of research on child-headed households in general may result in support that is highly inappropriate. Germann (2005: 370) argues that "lack of understanding prompts support agencies to provide emotion-ally-driven recommendations" to child-headed households.[38] Reynolds *et al.* (2006: 292) argue that many children in difficult circumstances are coping well, and may feel humiliated when treated as minors in need of protection and advice. Insights into children's own experiences and coping strategies are consequently vital in developing support 'appropriate' to their needs and wishes. The objective of this explorative study is to provide more insights into coping in child-headed households from children and young people's own perspectives.

Coping in child-headed households
In literature, coping by children is often linked to the concepts of 'risk' and 'resilience'. Risk refers to variables that increase children's vulnerability to negative developmental outcomes and those who do not develop problems later on in life are considered 'resilient' (Boyden & Mann 2005: 6). Resilience is defined as the capacity of an individual "to recover from, adapt and remain strong in the face of adversity" (ibid: 4) or the "ability to retain his or her human dignity while coping with the negative cards that he or she has been dealt, and in the process, making a reasonable adjustment to the demands of life" (Grover 2005: 527). The concepts of risk and resilience are not straightforward however,

---

[38] Luzze (2002: 20), for example, found that NGO support may even be responsible for the emergence of child-headed households in Uganda. Furthermore, although children were better able to cope, with support from an NGO, they also became heavily dependent on that support, which made continuity of the project vital.

because they are based on western assumptions of children and childhood. As there is no universal experience of childhood, risk and resilience is also influenced by the specific context in which children live (Boyden & Mann 2005; McAdam-Crisp 2006).

There has been very limited research on the coping of children and young people in the majority world. Research and literature that deals specifically with coping by children affected by AIDS, also often do not take children directly into account. For example, viewing child-headed households as a 'new coping mechanism of extended families', says nothing about the coping strategies of children. As a result, children are diminished to objects of coping, instead of subjects who are themselves coping. There is very limited information on child-headed households in general and, as shown above, these children are viewed as living in extremely difficult and vulnerable situations. Research shows that such children experience all sorts of problems related to their specific living arrangements. As discussed above, children in difficult circumstances are often portrayed as vulnerable, powerless and victims. O'Connel Davidson argues that this view may result in children becoming 'victims of victimhood', who are "harmed by the fact that they are imagined as objects" (2005: 59). In other words, viewing children as victims, in need of rescue, denies children agency (McIntyre 2005: 1; White 2003: 12; Ebo 2005: 127-128; Boyden 2003). Children who live in so-called difficult circumstances may however not want to be 'rescued', but rather be supported in gaining more control over their own lives (White 2003: 13). Viewing children and young people as victims is consequently not really effective in supporting children to cope (Boyden & Mann 2005: 19).

Instead of being victims of circumstances children often make conscious choices about their lives. There are numerous examples of children who, even in the most difficult situations, are able to exercise power and take control over their lives. For example, some children choose to participate in armed conflict (see McIntyre 2005; Honwana & de Boeck 2005), or choose to live in the streets (Reynolds *et al.* 2006: 292). This does not mean that children in difficult circumstances do not experience hardship, or that these circumstances are acceptable. It means that this should not be a reason to assume that these children are not able to cope and are therefore in need of 'rescuing'. Rather, children should be viewed as social actors and child-headed households as possible viable living arrangements, if receiving appropriate support. In order to be able to provide 'appropriate' support to child-headed households, insights are needed about children's own views and experiences and the ways they cope. The main objective of this explorative study is therefore to provide more insights on child-headed households, and particularly on the ways children and young people cope and employ their agency.

From the brief discussion of earlier research on child-headed households at the start of this chapter, it follows that children as social agents have to cope with a lack of material resources in running their household. The question is what are children's and young people's strategies in fulfilling these material needs? Do they have jobs? Can they apply for financial grants? Do they receive support? As discussed above, it is often assumed that child-headed households are supported by the extended family and the community. It is unclear though what such support entails and if it contributes positively to the households' own coping strategies. To answer these questions, I use elements of the sustainable livelihood approach. As argued, however, children in child-headed households may be faced with a multiplicity of new tasks, responsibilities and challenges, such as having to care for their siblings. Children may be overwhelmed by these new responsibilities, and may not feel able to deal with the new situation. They have to deal with stress and grief related to their parent's death. Although I do not use, as my point of departure, the view that these children as either traumatised or in desperate need of support, I do assume that the transformation from an adult-headed household to a child-headed household requires a great deal of adaptation from children. They are expected to execute 'adult' tasks, to run their households independently, to be the main caregiver of younger siblings, to be responsible for daily food and to make important decisions. How do children and young people cope with these new responsibilities, the related stress and their grief? To study how children cope in this regard, parts of an additional framework will be used, namely the task model of coping (adapted by Meursing 1997). I discuss the livelihood framework and coping model in the second part of chapter two.

This study thus considers coping from two perspectives: coping as a household that needs to fulfil material demands and coping as 'children' who have to fulfil the role of their former caregiver. The question is whether these children are viewed and view themselves as able to carry out these tasks. As argued above, such children are often not viewed as capable of coping. Furthermore, a child will generally be in a subordinate position in the child-adult relationship. This difference in power between adults and children largely depends on the 'generational constructions' or the 'seniority system' in society. These constructions are the social processes through which people are represented, or represent themselves, as 'children' or 'adults'. Different characteristics are ascribed to children and adults, and this determines what behaviour is accepted and expected from both. Questions following from this relate to how childhood is locally constructed and how children position themselves.

These constructions, the presence and quality of support, and children's own feelings about their ability to cope, all influence their capabilities. The main question of this study is consequently: what are the coping capabilities of chil-

dren and young people in child-headed households? To study how children and young people in child-headed households cope, we first need to know what child-headed households are. As discussed at the start of this chapter, there is no consensus about how to define child-headed households, and definitions vary widely. The theoretical objectives of this study are therefore to conceptualise child-headed households and to develop a framework to study coping in child-headed households. In the first part of chapter two I discuss the concepts of childhood, headship, and households. In the second part of the chapter, I consider theoretical frameworks for the study of coping, and at the end of the chapter I describe how I will use different parts of these frameworks, and present a framework for the study of coping in child-headed households.

Chapter three deals with the research methodology. As child-headed households are a relatively unexplored phenomenon, my fieldwork had an ethnographic nature. The research setting and location are discussed as well as the criteria for the selection of participants. Doing research among these children involved ethical difficulties resulting from the difficult circumstances they live in and clashing ideas of childhood between my own and local views. The ethical issues and difficulties that arose during my fieldwork are discussed in the second part of the chapter. Chapter four gives an overview of the economic, political and social situation in South Africa. It starts with sketching the residential circumstances in which youngsters in child-headed households lived. The severity of the HIV epidemic and state policies regarding the HIV epidemic are discussed next. This is followed by a discussion of the high income inequality; South Africa is one of the most unequal countries in the world. Finally, the state policies regarding orphaned and vulnerable children are discussed.

Chapter five deals with local understandings and perceptions of childhood and adulthood. After exploring notions of childhood, I address dominant assumptions about the extended family structure and the community. This chapter further focuses on local perceptions about who should provide support to child-headed households, and what this support should entail. Chapter six deals with if, when, and from whom the children in my study received support. It deals with how they qualified for the support, and whether the support can be considered adequate. I explore whether the assumption that the extended family and community is supporting child-headed households and serves as a safety net is valid. Chapter seven deals with the multiple coping strategies of the children and the reasons why the children live in child-headed households, and links the type and quality of support with the children's strategies. Finally, in chapter eight, I answer the main question in this study and discuss the coping capabilities of child-headed households. At the end of chapter two, I provide a further outline of the dissertation.

2

Defining child-headed households and studying their coping strategies

Introduction

As argued, in order to study capabilities for coping in child-headed households, we first need to know what these households are. The first part of this chapter deals with the conceptualisation of child-headed households, starting with discourses on childhood. As discussed in the introduction, in dominant discourses, childhood is viewed as a distinct period or phase from adulthood, in which children are vulnerable, in need of protection and not able to take care of themselves. The characteristics attributed to children and adulthood have both cultural and ideological origins (Archard 2004: 37). After a short discussion of the different historical views of childhood, I discuss new social studies of childhood, in which children are seen as social agents and childhood as 'socially constructed'. As I shall show, these theoretical views differ greatly from dominant popular discourses, as they provide room for a variety of childhoods. The social processes through which people are represented, or represent themselves, as 'children' or 'adults' in society are discussed next. The second issue in conceptualising child-headed households is the concept of 'household'. Definitions of households vary widely and a universal definition is impossible. Nonetheless, in order to come to a conceptualisation of child-headed households, several issues concerning the household need to be addressed. Closely related to the household question is the debate about household headship. What does 'headship' entail, and what is meant by a 'child-head'? The concepts 'household' and 'headship' have been widely debated and criticised. I do not discuss these

debates in depth, but for the purpose of defining child-headed households I discuss the main themes in these debates.

The second part of the chapter deals with coping in child-headed households. To study how children cope with material demands, and the role of relatives and the community, I use the livelihood approach. However, coping goes beyond dealing with material demands and interference by outsiders. As discussed in the introduction, it is assumed that tasks and responsibilities become much larger and children and young people may become 'parentified'. This, and the loss of their parents, may involve a great deal of stress and anxiety in children's lives. Children and young people in child-headed households have to cope with various demands, which they may view as extremely challenging and exceeding the available recourses. A task model of coping which includes these non-material demands is discussed. The children and young people's coping capabilities were studied using a combination of both approaches in order to answer the questions in my study, which are presented at the end of the chapter.

Shifting discourses of childhood

Here I discuss the origins of popular and academic theories of childhood. Various, and often contradictory, conceptions of children and childhood have influenced popular Western constructions over the past centuries. Children have been viewed as 'little devils', 'little angels', 'naturally developing', and 'socially developing'. Although there have been many other discourses throughout history I focus here only on these four discourses as these have been very influential in popular discourses of children in general and particularly with regard to children who are perceived as living in 'difficult circumstances'.[1]

According to James *et al.* (1998: 10-11), during the seventeenth century, children were seen as primarily evil, and hence as little devils. This view, also referred to as the 'Dionysian' perspective, originated from the Christian belief in 'original sin'. Children were viewed as potentially threatening and in need of civilisation by adults, because "without parental constraint, the life of the child is anarchistic" (ibid: 11). The eighteenth century was the era of the 'Enlighten-ment', and children were increasingly seen as born with a natural goodness and innocence, which is lost in adult life (James *et al.* 1998: 13). In this 'Apollonian' view, the child is naturally virtuous and needs encouragement and support (Ansell 2005: 11). Children are further seen as nearest to God, and are without fault or sin (Archard 2005: 45-46). Although the conceptions of children as evil or good are contradictory, both perspectives proceed from the assumption that

---

[1]   For a more comprehensive discussion of the history of ideas and discourses of childhood, see, among others, Ansell 2005; Archard 2004; van Oudenhoven & Wazir 2006; and James *et al.* 1998.

children are closer to nature than adults, and both views originate in Christianity (Ansell 2005: 12).

The 'Dionysian' and the 'Apollonian' perspective have inspired characteristics attributed to children today. For example, the current view that children need protection and are an investment in the future originates in seeing children as naturally good and innocent (James *et al.* 1998: 10). The idea that children need adult supervision is also still present today, particularly in relation to children in 'difficult circumstances'. The increasing number of impoverished orphans is sometimes linked with crime. Children who grow up without sufficient adult guidance and supervision are assumed to be prone to criminal activities (Barnett & Whiteside 2000: 96).[2] Furthermore, both views have caused the removal of children from 'adult' public space and a public voice (Ansell 2005: 12). Children are considered to belong to their families, and their families should act on their behalf and represent their interests (ibid). As discussed, international development policies also proceed from the assumption that children should reside with their families, or alternatively with a foster family.

More recent is the model of the naturally developing child, which originates in development psychology. The work of Jean Piaget in the 1970s influenced this paradigm. In Piaget's model, child development is structured into a series of pre-determined stages.[3] Children move from one stage to the next as they acquire new cognitive competencies. These development stages ultimately lead to a pre-determined outcome: adulthood. Criticisms of this model are, among others, that development stages are seen as universal and are Eurocentric. The ideal of acquiring adult cognitive competence is dominantly a western ideal, and the stages are based on western logic. In addition, childhood is seen as a natural rather than a social phenomenon (James *et al.* 1998: 18-19). Nevertheless, Piaget's work had, and continues to have, enormous influence on Western views of childhood, child rearing practices, and educational thinking (ibid: 19).

The above views of childhood all proceeded, according to James *et al.* from a view of childhood as "outside or unformed by the social context within which the child resides" (1998: 10). This focus shifted as anthropologists (such as Margaret Mead) argued that childrearing practices vary across societies. It was now acknowledged that children were not merely naturally developing, but also 'socially developing'. In this view, the concept of 'socialisation' became central. Socialisation involves the conformation of children to social norms or "the

---

[2]   Authors who question the link between increasing criminal behaviour and numbers of orphans are among others Bray (2003a) and Pharoah & Weiss (2005).

[3]   The stages are: the sensorimotor stage (up to 2) in which a child performs actions through their senses and reflexes; the pre-operational stage (2-7) in which children acquire motor skills; the concrete operational stage (7-11) in which children start to think logically; and finally, the formal operational stage (after 11) which is the start of abstract reasoning.

successful transmission of culture from one generation to another" (James *et al.* 1998: 23). In the process of socialisation, parents play a vital role. They are the ones who first teach their children how (not) to speak and behave, followed by other family members, teachers, and peers. Socialisation theories have received much criticism, partly because they have been copied, almost literally, from psychology. In these theories, children's social life is still given little account and childhood and children themselves have not been the focus in childhood studies (ibid: 11). Furthermore, there is hardly any room for agency in this model, as "society shapes the individual, and in the process reproduces itself" (Ansell 2005: 19). Childhood studies have therefore been mostly concerned with the reproduction of the social order, because attention is focussed on the outcomes of socialisation, and especially on its failures (Prout & James 1990: 14).

The phenomenon of children living in child-headed households challenges most popular ideas about what constitutes a normal childhood. These children do not live with their families and are not directly protected and socialised by adults. Studying these children thus forces researchers to move beyond popular discourses prominent in international development thinking. One needs to let go of ideas of children as predominantly vulnerable and helpless. As one of my main questions of this study is what do children *do* in order to survive, a different approach is needed: an approach that assumes that children are agents in their own lives. In the following paragraph, I discuss 'the new social studies of childhood', which see childhood as 'socially constructed' and hence oblige one to think beyond the notion of intrinsic values in all children.

Children as agents

The 1970s witnessed a break with dominant social development thinking. Interpretive perspectives developed as criticisms of the dominant paradigm of structural functionalism (Prout & James 1990: 15-16). In general, the social sciences became more concerned with the agency and context of people's lives. Since the 1990s, childhoods have dominantly been seen as 'socially constructed'; childhood itself is the locus of concern, and children are understood "as social actors shaping as well as shaped by their circumstances" (James *et al.* 1998: 6). In the following I elaborate on these three main points.

First of all, seeing childhood as 'socially constructed' means that childhood is not merely a natural phenomenon. Rather, childhood is "a mode of understanding of these facts" (Archard 2005: 25). Although physical immaturity may be a common feature of all children, the ways in which childhood is "interpreted, understood, and socially institutionalised" varies a great deal between cultures (James & James 2001: 26). This can be compared to the distinction between 'gender' and 'sex'. Where 'sex' refers to biological constructions of maleness

and femaleness, 'gender' refers to the socio-cultural categories of masculinity and femininity. Just as understandings of masculinity and femininity vary widely, there is also no such thing as a universal childhood. From this perspective, the term 'generation' is sometimes used to point to social cultural meanings of childhood (White 2003; Prout & James 1990).[4] 'Youth' has received far less attention in the new social studies of childhood but is, like 'children' and 'adults', also a social construct (Ansell 2005: 22; Eerdenwijk 2007: 65; MacLeod 2003: 434; Verhoeven *et al.* 2007: 30). Youth, young people and adolescents are generally perceived as neither children nor adults, but as something 'in between' (MacLeod 2003; Eerdenwijk 2007: 64). The construction of adolescence as a transitional, but not adult, stage greatly influences the power relations between adults and adolescents (MacLeod 2003: 421). The power relations between younger and older people in society can be analysed by studying 'generation' or 'generational constructions', which I discuss further in the next section.

Secondly, in the new childhood studies, children and childhood itself are the locus of concern. Before, children were mainly studied in order to analyse the (failed) outcomes of socialisation, as discussed in the previous paragraph. Here, however, children's views and perspectives are the point of departure or interest. They are not only viewed as 'becoming' adults, but as 'beings' in themselves. Despite the criticism of socialisation studies in such perspectives, children and young people in child-headed household may well be viewed by adults as lacking adult rearing or guidance. They may also not be 'socialised' into important social and cultural practices. Barbarin & Richter (2001: 160-161) argue that socialisation into cultural and religious values and practices is very important in African culture in South Africa. In a study of child-headed households then, the question is whether it is the children themselves or adults who believe that the children lack socialisation, and what the implications of the possible lack in socialisation are.

Seeing children as social actors thirdly, acknowledges that children have reasonable influence on their own lives. Children are thus not simply vulnerable and powerless, as children in difficult circumstances in particular are often portrayed. There are numerous examples of children who, even in the most difficult situations, are able to exercise power and take control over their lives, as stated in chapter one. As argued, viewing children in difficult circumstances, such as conflict and war, as victims only, denies them agency. According to the contributors to 'Invisible Stakeholders' (2004), edited by Angela McIntyre, children and youth have their own motives and reasons for participating in conflict and consequently do exercise agency. However, children's agency is not

---

[4] The term 'generation' has various meanings; see for an overview Närvänen & Näsman (2004), Kertzer (1983), Alanen (2001: 14-21) and Mayall (2001: 2-4).

necessarily straightforward or recognisable as such. Honwana, for example, describes the agency of child-soldiers in Angola, as 'tactical agency' (2005: 32). By 'tactical agency' she means an agency that "is devised to cope with and maximise the concrete, immediate circumstances of the military environment in which they have to operate" (ibid: 32). This means, according to Honwana, that although their actions were often not strategic (opportunities resulted from 'immediate circumstances'), children were conscious of the immediate returns (ibid: 48-50).

Living in a child-headed household is not necessarily the outcome of choice for many children. They may be forced to do so, they may not know relatives, or relatives or community-members may not willing or able to foster them. In any case, death of or abandonment by (grand)parents are not matters of choice. Nevertheless, a certain amount of agency or exercising of power is expected from these children as they have to execute 'adult tasks'. Accordingly, the question is not *if* children have agency, but *how* they exercise this agency. Acknowledging that children have agency does not imply that they have equal power to adults. Younger people usually have less power than older people and they may have to face adult opposition to their 'adult life style'. How children and adults relate to each other, depends largely on how childhood is constructed.

Generational constructions
The differences in power between 'children' and 'adults' does not necessarily relate to biological age, but rather to what is expected and accepted from younger and older people in a society, and the values attached to the activities of children and adults. This has been particularly stressed by authors who discuss child labour. Elson (in Nieuwenhuys 1996: 243) argues that children's work is mainly valued as inferior (to adult's work), not only because of the nature of the work, but the value attached to who performs it. In addition, children are often under the control of adults. As indicated in the introduction, how children and adults relate to each other largely depends on the generational constructions in society (Alanen 2003) or the 'seniority system' (Elson 1982 in Nieuwenhuys 1994: 23). The seniority system, or generational order, is a dimension of social organisation, and it parallels other key dimensions of social differentiation such as class and gender.

Leena Alanen (2003) is an important theorist in the generational debate. Her approach is based on relational thinking, which means that one position (the child) cannot exist without the other position (the adult) (2003: 38). Alanen (2003: 41) defines the generational order as

> the complex set of social (relational) processes through which some people become (or are 'constructed' as) 'children' while other people become (are 'constructed' as) 'adults'.

Both children and adults construct and deconstruct these 'generational constructions' in their interactions with each other. However, in most cases, the relationships between children and adults are highly unequal and younger people are in a structurally subordinate position to older people. Apart from legal restrictions informed by age, values attached to childhood and adulthood reflect differences in their power bases. Therefore, children's coping strategies will be highly influenced by these 'generational constructions'.

In order to study how and when people are constructed as either child or adult, I apply the 'gender lens' proposed by Davids & van Driel (2005). This lens enables one to analyse processes of socio-cultural construction and identity formations. It consists of three interrelated dimensions: 1) the symbolic, 2) the structural, and 3) the individual dimension. The symbolic dimension represents "symbols, ideas and images that can solidify into very persistent cultural texts and become stereotypes" (Davids & van Driel 2005: 7). The structural dimension refers to formal and informal institutions and practices of people. The subject dimension refers to the multiple identities that individuals have to relate to, in order to cope with daily realities. Although hierarchies are constructed within this dimension, they are continually changing and can be contradictory in nature. This approach helps to deconstruct various meanings and practices of childhood and adulthood. Children are often perceived as incapable actors, as vulnerable and in need of protection. However, they are also regarded as capable of executing household tasks. These sometimes contradicting ideas are institutionalised in various ways. The United Nations Convention on the Rights of the Child (UNCRC) for example, stresses the right to participation of children in issues directly affecting their lives, and, in what seems to be a contradictory position, emphasises that they need to be protected by adults (which may limit their ability to participate on their own free will).

Dominant ideas of childhood may be challenged with the increase in child-carers, child-workers and child soldiers. James & James (2001: 33) argue that this can result in two different consequences: reinforcement of existing childhood models or reconsideration of these models (ibid). The latter may be the case with child-headed households. Such households were first seen as 'unacceptable', then as 'unavoidable', and then as possibly 'viable'. However, only in the context of poor countries with a severe HIV epidemic could such households ever become somehow 'acceptable'. In industrialised countries, such households are unthinkable. Childhood models thus change over time, under the influence of, and in relation to, changing childhood conditions (Nieuwenhuys 1994: 25). In the west, for example, the expansion of capitalism and urbanisation brought about radical changes in childhood models. Technologies became more complex, children became less useful in industry, and schools became a training ground for indus-

trial work as well as a place for shaping childhood (Boyden 1990: 186-187; James *et al.* 1998: 101). With the exposure of child labour, discourses of children as economic contributors changed to a discourse that condemned child labour. According to Zelitzer (1985), the view of the economically useful child of the nineteenth century was slowly replaced by a perception of children as economically worthless, but emotionally priceless, in the United States.

Individuals can challenge or confirm existing discourses and practices, and individuals can take up multiple positions. The positions they can take up are not only dependent on 'age', and the expectations related to that, but also on different contexts and on the purposes. For this reason, the concept of the 'dialogical self' is useful. Buitelaar (2006: 261) argues that 'identity' is "the temporary outcome of responses to the various ways in which we are addressed".

> In terms of the dialogical self, the formation of identity is a process of orchestrating voices within the self that speak from different I-positions. Such voices are embedded in field-specific repertoires of practices, characters, discourses and power relations specific to the various groups to which individuals simultaneously belong. (Buitelaar 2006: 259)

An example of the different positions children take up to suit different contexts are children who contribute to the workload of their household, but combine their work with play. This is what Punch (2003) found in her study of children in Bolivia. She argues that children move between children's and adults' roles and use the various identities to suit different situations (Punch 2003: 290). In the same way, other people may also perceive individuals differently according to context. Children who are more autonomous may be perceived as socially older than other children of the same age (Solberg 1990). In the case of children and young people in child-headed households, these children may perceive themselves and are perceived as 'older' or more mature than their peers who live in adult-headed households. The opposite is also possible. These children may view themselves, and be viewed, as extremely vulnerable and in need of adult protection.

Although individuals can challenge existing discourses, ideologies and practices, they are also in many ways constrained by these. Children differ greatly in authority and decision-making power to adults, and most countries have special laws that serve 'to protect' children, which diminishes their freedom.[5] These restrictions can be seen as diminishing 'the room to manoeuvre' or 'space for negotiation' children have in the positions they hold (Davids & van Driel 2001: 160). The room to manoeuvre is further influenced by gender ideologies. Nieuwenhuys (1994) and Goddard (1985) make this point in relation to

---

[5] O'Connel Davidson (2005: 19-20) argues that the asymmetry of power that exists between children and adults is generally legitimated by the belief that children are incompetent, dependent and innocent, and hence need to be protected from themselves and others. The powers adults exercise over children are therefore considered desirable and necessary.

children's work. Girls' work is often valued less because it is "intimately related to women's" work (Nieuwenhuys 1994: 23). Boys, in many cases, have more freedom and are less controlled by their parents, because their work is often not confined to the home, in contrast to girl's work (Goddard 1985: 20).

From the above, it is clear that childhood cannot be separated from other social variables, such as gender, class or ethnicity. Children are by no means a homogenous group; they differ in their (social) age, interests, skills and capabilities, development, economic background etc. Furthermore, as rightfully noted by O'Connel Davidson, the idea that human beings can be divided into fixed groupings such as children and adults, is just an idea. In reality, the lines between childhood and adulthood are not so clear cut. In debates about policy nonetheless, this kind of dichotomous thinking is dominant. By focussing on the processes of socio-cultural construction of childhood and adulthood I attempt to transcend this way of thinking. Although taking all the above into account, in this study I focus above all on the youngsters' positions as 'children' who are heading households, who are coping as individuals with this 'special' status, and who have to survive in economically very challenging situations. However, I have put the concept of 'children' in quotations marks in order to emphasize the ambiguous meaning it can have in different contexts.

Households and headship
The household is usually the unit of analysis in large surveys, such as the Census in South Africa. Although a universal definition of 'household' is impossible, a household is commonly defined as a group of people who pool resources or 'eat from the same pot', have a common residence, and reside for a specific time span in the household. The concept of the household is however not an undisputed notion. Budlender (2003) argues for example that a person can be part of several households, when he or she 'shares the pot' in more than one household. This is for example the case in polygamous situations, but may also be a survival strategy for children in child-headed households who eat at different households. Furthermore, individuals may send money or other resources to another household. This may imply 'partial membership', as they may usually sleep in the household but share their recourses with another household (Budlender 2003: 58). A household can also imply a task-oriented unit or the site of shared activities (Beall & Kanji 1999: 1-2).

Van Driel (1994: 40) argues that not all activities of the household have to take place in the same physical structure. The residence, activities and consumption of household members can be separated. In her study in Botswana, for example, some household members worked in the fields or at cattle posts and lived there for part of the year while others lived in the village (van Driel 1994:

40). Consequently, people, who are not directly part of the immediate household (i.e. do not reside in the same physical structure), may still be considered household members. They may contribute to the household, such as in the case of migrant workers. This leads to the question whether extended family members of children in child-headed households who are supporting the children, should be viewed as part of those households. Beall & Kanji (1999: 2-3) argue, however, that although contributions of individuals not directly part of a household may be very important, they are qualitatively different to the contributions of 'immediate' household members. Immediate household members have to make decisions about resource distribution, negotiate social relationships and participate in activities in the community on a daily basis (ibid).

Household decisions are not necessarily based on agreement, although relationships within households are often portrayed as based on reciprocity and characterised by consensus. Particularly in household surveys, the household is treated as a single entity (Beall & Kanji 1999) or as a social 'unit' (van Vuuren 2003: 16). Seen this way, the household is treated "as if it were a person itself" (ibid). In other words, internal conflicts and power differences among the household members are ignored. Feminists were the first to reject the view of households as "natural units" and argued that one needs to understand gendered power relations within households (Beall & Kanji 1999; Guyer & Peter 1987). In studying child-headed households then, attention needs to be paid to power relations related to age and gender. For example, do the children make decisions together and, if not, who makes most decisions and why? In relation to the assumed support of relatives and neighbours to child-headed households, power relations outside the immediate household also need to be studied.

Another reason for abandoning the idea of a household as a 'static unit' is the variation in composition of the household over time (van Vuuren 2003: 17). Household members may move in and out of a household depending on, among many other things, work, marriage or financial reasons. Finance is often a reason in South Africa for the mobility of children between households and families. I discuss this in more detail in chapter four, but children are and have been informally fostered by relatives when biological parents are financially constrained or have to migrate for work. Households are consequently fluid entities (Young & Ansell 2003).

The distinctiveness of a child-headed household lies in the premise that a child is the head of a household. Like 'household' the concept of headship has also been the subject of debate. An important factor in identifying the head is the level of contribution to the household. The main economic provider (mostly assumed to be male) is often regarded as the head of the household. However, as is clear from the discussion of what constitutes a household, the main economic provider

does not necessarily reside in the same household. He or she may work for most of the year in another town, province or even country. Can he or she really be regarded as the head of the household? And, what does this say about child-headed households? Since it is assumed that they are materially supported by relatives, are the relatives then the heads of the households?

In identifying the head of the household, traditional (gender) norms and values play an important role (van Vuuren 2003: 23). A husband who works elsewhere may be identified as the 'head of the household', while the wife makes major decisions concerning the daily running of the household and the care of children. Gender norms also play a role in the identification of the heads in child-headed households in Kenya. Ayieko (1998) recorded more boys than girls as leaders of the household, irrespective of whether boys provided such leadership. In contrast, in most households girls were found to do most of the household chores and make most decisions about the major daily operations (ibid). These examples relate to two commonly accepted distinctions in headship: 'de jure' headship and 'de facto' headship (Aspaas 1999: 207). De jure household heads are individuals recognised as the legal heads of households and considered to provide household income and make major decisions. De facto household heads are individuals who find themselves primarily responsible for the well-being of the household members, but are not recognised as legal heads (Aspaas 1999: 208). Children in child-headed households are also sometimes referred to as 'de facto' heads, in cases where the resident adult is incapable of running the household or providing care. Germann (2005) refers to these households as 'accompanied', which means a household with a residing adult (in need of care).

The most common definition of headship is that the head of the household is the one "who makes major decisions or who exercises authority" (van Vuuren 2003: 23). The concept of headship consequently implies a certain authority within the household and within society (Villarreal 1994). If one assumes children to be in a subordinate position to older people, can a child have such authority? In other words, will a child-head be taken seriously by adults and can he or she perform tasks related to being the head of the household? What are the consequences of being the household head in practice (de facto) but not being recognised as such? For example, a child under a certain age may not be legally recognised as the head of a household, and may therefore not be able to access a government grant. An adult who resides with these children may be recognised as the head, and therefore be able to receive such grants. In practice, however, the child may be the main caregiver for his or her siblings, while the residing adult may have no interest in caring for the children.

On the household level, other problems may arise. Do the child-heads have authority over their siblings? Do the, assumedly younger, siblings accept their

rules and decisions? Younger siblings may view their older sibling as their peer, rather than their new guardian (Smit 2007: 167). These 'new' heads may not have experience in running a household and caring for or even raising their siblings. Related to this is the question whether 'children' feel capable and willing to fulfil this role. In contrast, it may very well be possible that in child-headed households there is nobody who really carries out the role of a head. For example, children take decisions jointly and make comparable contributions to the household. When there is little difference in household contributions and the level of authority between members, is it than possible to identify 'the' head?

Following from the above, the concept of headship is complicated and controversial as it carries assumptions about hierarchical relationships between the household members and about the importance of the head of the household (van Driel 1994: 44; Budlender 1997). The relevance of the concept of headship is also questioned by some authors (van Vuuren 2003: 239). However, households with a child-head should be clearly differentiated from other households. To escape the difficulties related to the concepts of 'childhood' and 'headship' some authors use different terms, such as 'sibling households' instead of 'child-headed households'. If one uses this term there is no need to explore who the head of the household is, or whether the household members are children or not. However, children in child-headed households are not necessarily siblings, or even related. To get away from the break-off age of 18, some authors use the term 'youth-headed households' (Brown *et al.* 2005; Thurman *et al.* 2006). But these definitions are still based on age categories. 'Orphan-headed households' (Boehm 2003: 7) is yet another term, which implies that children in such households are orphaned, which is often not the case. The term 'child-headed families' (Leatham 2005) seems even more complicated than the term 'child-headed household', as a family is usually more broadly defined than the household. It further implies that children have to be related to live in a child-headed household.

Removing the concept of 'child' from the definition may detract from the urgency of the phenomenon, as development agencies are more likely to support 'children'. On the other hand, referring to an individual above a certain age as a 'child' may be demeaning. I have chosen to use the term 'child-headed household', as it is the most widely used. The 'child' in this context should first of all not be regarded as fixed in a biological age category; the term points to social classification as a child, and to her or his being of the same generation as siblings residing in the household. Definitions of households and heads of households thus vary widely and largely depend on the context in which the definition is used. Therefore, households need to be defined for each specific context and studied in the wider context (van Driel 1994: 40). Thus, to explore what child-headed households are, an exploration is first required of the meanings of

'childhood', 'households' and 'headship'. In the next chapter, I present my working definition of a child-headed household. In the second part of this chapter, I discuss approaches to the study of coping strategies of children and young people in child-headed households.

Children's coping strategies

This study analyses coping from two approaches: the livelihood approach and the task model of coping. The livelihood approach is developed to study how poor households make a living. As I shall discuss, this approach lends itself to the study of what households have, as it considers both material and non-material assets. However, the approach disregards power relations within and outside the immediate household. As argued in the first part of this chapter, children are highly influenced by 'generational constructions'. These constructions should be part of an analysis of how children cope. Furthermore, although the livelihood model analyses strategies, it does not explain why people 'choose' a certain strategy, or why not. The task model of coping, links coping 'style' with an individual's feeling of being able to cope with the situation or not.

In the following I first discuss the sustainable livelihood approach, which has been adapted over the years. I particularly focus on the concepts which are most relevant in the study of child-headed households. As discussed in chapter one, when studying coping of children, studies generally focus on whether children are resilient and coping well. Hence, such studies mainly focus on the outcomes. With reference to Amartya Sen's original capabilities approach, I argue below that only looking at the outcomes of children's strategies does not say much about how children manage to cope or not, or how much influence or agency they have in the process. Therefore, I focus on the original capabilities approach of Amartya Sen as well as Naila Kabeer's elaborations of this approach.

This is followed by a discussion of the task model of coping. This approach focuses more on emotional coping strategies and also suggests a mutual link between the assets and the coping strategies adopted. I conclude with a discussion of the elements from the different approaches I use as a framework for the analysis of coping in child-headed households.

The sustainable livelihood approach
With the general rise of a more actor-oriented approach in development studies, household studies became more interested in the situations and actions of poor people (de Haan & Zoomers 2005: 28). Poor people were no longer perceived as passive victims but rather as active agents. The insight arose that poverty is a multi-dimensional problem and, therefore, should not only be defined by income.

Although poor people may not have an income, they may have other resources they are able to use. These insights led in the early 1990s to the 'sustainable livelihood approach' (ibid: 30). Chambers & Conway (1992: 7) developed what is now the accepted definition of a livelihood:

> A livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is viewed as sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base.

During that time, environmental issues played a prominent role in livelihood discussions, and most livelihood research dealt with a rural dimension. Recent research on urban poverty has shown that the livelihood approach is also a useful tool in an urban environment. The approach has been developed further and put into practice by a number of authors and international agencies, and as a result, different frameworks have been developed. The British Government's Department for International Development (DFID) framework is often used by researchers and policy makers (Kaag *et al.* 2004: 14-15).[6] However, schemes such as that of DFID cannot capture the complex dynamics of livelihood systems, and should therefore only be viewed as a supporting tool (ibid: 15). I use the DFID sustainable livelihood scheme here as a tool to visualise the different concepts of a livelihood framework (figure 2.1).

Overall, a livelihood approach takes as its starting point what people have, rather than what they do not have. It is assumed that people need five vital assets in order to achieve a sustainable livelihood (de Haan 2000: 344).[7] These are the social, human, financial, physical, and natural assets (S, H, F, P and N in the diagram). Human assets refer to the labour available to the household: education, skills and health, experience, creativity and inventiveness. Financial assets refer to stocks of money the household has access to, such as loans, savings or credit. Natural assets are mostly environmental resources, such as land to grow vegetables. Physical assets are the conditions of houses, the neighbourhood etc. (such as infrastructure and availability of services). Social assets are social networks, and relationships, such as relationships of trust and reciprocity, and wider social claims. These are believed to be key assets for both rural and urban livelihoods, as will be discussed more thoroughly below. Resources are, thus, not only physical, but also social and human, including those that are communally owned. In an urban context, natural assets are less important for sustaining a livelihood,

---

[6] Other international agencies that use and have further developed the framework include Care International, the World Bank, and the United Nations Development Programme (UNDP).
[7] The terms 'capital' or 'resources' are also used to refer to assets.

while the labour available to the household is of greater importance (Moser 1998: 4).[8]

Figure 2.1   DFID sustainable livelihoods framework (Ashley & Carney 1999: 47)
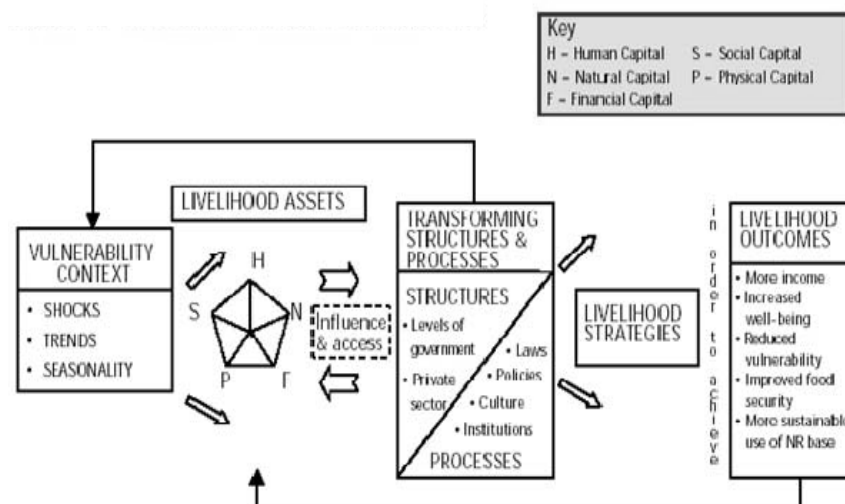
Because people move in and out of poverty, the concept of 'vulnerability' has been introduced. (See 'vulnerability context', in the left box in figure 2.1.) In an urban context, vulnerability can be defined as:

> insecurity and sensitivity in the well-being of individuals, households and communities in the face of a changing environment, and implicit in this, their responsiveness and resilience to risks that they face during such negative changes. (Moser 1998: 3)

The environmental change that may threaten welfare includes ecological, economic, social and political changes, and refers to long term trends and shocks (Moser 1998: 3). Vulnerability involves threats to as well as the resilience of a household, i.e. the ability to adapt to or recover from such threats. The more assets a household has, the more resilient it is assumed to be. Vulnerability is therefore closely linked to asset ownership (ibid). In the DFID framework, the vulnerability of a household is defined as its vulnerability context.

The 'access' people have to assets is stressed in the livelihoods framework. Generally, in livelihood studies, access is portrayed as influenced by 'mediating

---

8   Housing is another important asset in an urban context, as it may generate income, for example from the rental of rooms (Moser 1998: 4).

processes'. These 'mediating processes' are a large number of contextual, social, and economic factors that influence the translation of assets into a livelihood strategy (the policies, institutions and processes in figure 1). The livelihood strategies, finally, are all the activities required for making a living or sustaining the household. What all these activities are or should be, however, in order to be called a livelihood strategy, is not clear. Devereux (2001, in: de Haan & Zoomers 2005: 39) argues that there is a difference between long term strategies of the household (ex post behaviour) and its coping with immediate shocks (ex ante behaviour). The short-term responses in periods of shock are referred to as coping strategies (de Haan 2000: 347). An example of such coping strategies is cutting back in food consumption. Devereux argues however, that such activities should not be considered as coping strategies at all, because this risks overstating the resilience of the poor. If already malnourished people cut their food consumption, in what sense are they 'coping' (Devereux 2001: 512)?

Due to criticism such as that of Devereux, over the years various concepts have been added, and various authors and researchers stress different ingredients of the livelihood framework to fit different purposes. In the following, I consider criticisms and alterations and indicate which concepts are relevant in the study of child-headed households.

Strategies and capabilities
As indicated above, in livelihood debates, it is sometimes argued that short term responses to shocks should not be regarded as strategies. Moreover, the poorest households may not be strategically planning for a secure household, but are simply trying to survive on a day to day basis. Household behaviour is thus not always intentional or conscious (de Haan & Zoomers 2005: 38-39).[9] Consequently, children in child-headed households may not always be aware of the different livelihood options. Because they are relatively 'new' to having to sustain their own livelihood, they may not have work experience, and consequently do not know where to look for work, or how to negotiate wages. They may also not have information on different possible support channels, which adults may know about. For example, according to a study by the Nelson Mandela Children's Fund (NMCF 2001) on child-headed households, many children in such households do not know that they can apply for financial grants. Consequently, one needs to ask what they know and expect from these formal support structures, and what experiences children and young people have with waged labour. Such knowledge and experience can be viewed as part of the

---

[9]   De Haan & Zoomers (2005: 45) state that this is the second challenge in livelihood research: the relationship between access and decision making, which involves both strategic and unintentional behaviour, and structural factors.

capabilities children have in employing the strategies. Originally developed by Amartya Sen, the notion of capabilities in the livelihood approach refers to what a person is capable of doing and being (Kaag *et al.* 2004: 3). Different people and societies differ in their capacity to function, and use their assets differently. In other words, the capabilities determine to a large extent the strategies people are able to choose and employ. The capabilities depend first of all on the assets, of which I assume social assets to be fundamental for children and young people in child-headed households.

Social capital
Social assets are also referred to as 'social capital'. The concept of 'social capital' was initially introduced by Bourdieu, and the use of the concept has become fashionable in social sciences and economics (Nooteboom 2003: 46). Social capital is perceived as a vital part of livelihood strategies. The notion of social capital in the livelihood approach and the propagated community-driven development approach (as discussed in chapter one) are closely related. They both start with the view that poor people may not have income, but can be resourceful in employing survival strategies and are part of mutual help and support systems (González de la Rocha 2007: 46). González de la Rocha refers to this view as "the myth of survival" in which poor people are perceived as able to "implement survival strategies that are based on their endless capacity to work, to consume less and to be part of mutual help networks" (2007: 45). I agree with González de la Rocha that the focus on the social relationships and community safety nets of poor people may result in ignoring the real issues poor people face: high unemployment rates, insufficient housing and health care, among others. Nonetheless, children may depend on these social relationships for their daily survival. However, it should never be assumed that children and young people in child-headed households are sufficiently supported by neighbours or relatives.

Phillips' definition of social capital may be useful in this sense: she defines social capital as "the relationships and networks developed and drawn upon by the urban poor to survive and improve their livelihoods" (2002: 133). Seen in this way, the value of social capital depends on "its 'use value' and 'liquidity' in the specific social context in which it is found" (Foley & Edwards 1999: 146). Liquidity refers to the fact that having a certain 'network' in a specific context, does not mean that people use or are able to use this network in another context. The 'use value' of social capital means that a certain relationship is only valuable when it contributes to the ability to access other resources. The latter is of particular relevance in this study; it is often argued that children in child-headed households are still connected to their extended families, or are supported by their communities. The assumed connections or relationships may be very

important for children living in child-headed households, as they do not have immediate support from resident parents or grandparents. What is unknown, however, is how these are actually contributing to children's safety nets and access to resources. Hence, the question that must be raised is: what is the use value of these connections and relations?[10]

The concept of the use value of the social assets shows that the availability of certain assets alone does not tell us much, as "it does not tell us what the person can, in fact, do" with these assets (Sen 1983: 160). What individuals can do with available assets depends on their access to these assets as I discuss below.

Access and power
Although the livelihood approach stresses the importance of access, in practice structural constraints and power relations have received less attention (Ashley & Carney 1999; de Haan & Zoomers 2005; Nooteboom 2003). De Haan & Zoomers (2005: 36-37) state that the conceptualisation of 'access' will only be complete when power relations form part of it. In studying coping strategies of children, power relations are of key importance, as discussed in the section on generational constructions. These power relations can be unravelled by analysing the endowments and entitlements individuals have to certain assets or opportunities. Endowments form the basis for accessing assets, and can be viewed as rights or claims (Carter & May 1999: 4; de Haan & Zoomers 2005: 35). Endowments are for example welfare rights or social and familial reciprocity (Carter & May 1999: 4). When a person actually accesses the endowments, these endowments become entitlements. The process of accessing endowments and thus making them entitlements is referred to as 'entitlement mapping'. Mapping can therefore be viewed as equalising 'access' (de Haan & Zoomers 2005: 35). In this study, I assume that the generational constructions, as discussed earlier in this chapter, are part of the possibilities of entitlement mapping. Clearly, there are various institutionalised constraints related to being a certain age. As a legal minor, one can often not obtain official papers, such as an identity card or passport. I assume that there are similar restrictions that are related to 'social age', i.e. meanings and values related to being a child or adult. In other words, generational power relations largely influence what children are able to do with assets.

To conclude, the livelihood approach is particularly valuable in the sense that it stresses the agency of poor people and considers their actions and strategies. Power relations are however not made explicit in the framework. It therefore runs the risk of understating the influence of the structural environment in coping

---

[10] Household relations are also identified as an important asset to the urban poor and are closely related to social capital. Household relations refer to relations with the extended family, while social capital refers to reciprocity within the community (Moser 1998: 4). In my study, I also differentiate between family relations and community relations. However, I refer to both as social relationships or capital.

which may highly constrain poor people's strategies (Nooteboom 2003: 43). The livelihood framework does not offer tools to analyse power inequalities between groups of people or individuals. These power inequalities are the result of structural constraints, which influence people's room to manoeuvre. The three generational dimensions, discussed earlier in the chapter, do consider the interaction between structural constraints and the agency of people. To study children's coping strategies, the analysis of power relations is essential as indicated in the generational construction approach, where agency is located in the individual subject dimension. The original capabilities approach of Sen does consider how much agency individuals have in the outcomes of their strategies.

Agency and well-being
Turning endowments into entitlements, or accessing assets, is not the whole picture though. As argued above, the outcomes of strategies result in new levels of vulnerability or resilience of households. These outcomes are referred to as the level of well-being by Sen (1985). According to Sen, although these 'achievements' (or outcomes) should be considered when looking at well-being, the real opportunities that a person has, particularly in comparison to others, are equally important (1985: 51). These real opportunities are referred to as 'advantage'. Only considering 'well-being' is problematic, as there is no universally valued definition of well-being, and it may merely reflect the view of whoever is doing the measuring (Kabeer 2005: 440). In the analysis of (generational) power relations, it is therefore important to look at inequalities in ability to choose, rather than to differences in choices individuals make. The capacity to make choices implies that individuals have agency. Kabeer (1999) further developed the notions of choice, achievements and agency.

Kabeer argues that to be relevant for an analysis of power, the notion of choice has to be qualified in a number of ways (1999: 437-438). Choice, as argued above, first of all implies the possibility of alternatives. Being poor often means having no or little capability for meaningful choice, as people are simply trying to survive. Secondly, for the analysis of power, not all choices are equally relevant. Some choices have far greater consequences in people's lives than other choices. Choices that are critical for people to live the lives they want are referred to as strategic life choices. Kabeer argues that the ability to make such choices is related to three interrelated dimensions: resources, agency, and achievements. Resources are the pre-conditions, which include endowments, entitlements and social relations. The second dimension, that of agency, is "people's ability to make and act on their own life choices, even in the face of others' opposition" (2005: 14). According to her, agency is not just an 'observable action', but also includes the 'sense of agency', which is the "meaning,

motivation, and purpose which individuals bring to their actions" (ibid: 14-15). Resources and agency together are what Sen (1985) refers to as capabilities.

The third dimension of achievements can be problematic in the analysis of power and agency, as argued above. The question is whether there are universally valued achievements or definitions of well-being. As argued in chapter one, the outcomes of children's own coping strategies may be judged by adults to be damaging to their well-being, but children themselves may argue they are coping well.[11] On the other hand, good health and proper nourishment are generally viewed as universally valued outcomes. Differences in these outcomes may therefore be considered as inequalities in capability (Kabeer 1999: 439). There have been several attempts to make lists of universally accepted important capabilities.[12] What is important in such attempts, according to Sen, is the level of participation of poor people themselves (Clark 2006: 7-8). Such lists differ according to the contexts. In South Africa, there have been attempts to make such a list by considering the views of South Africans about important capabilities. According to Wright *et al.* (2007), an acceptable standard of living is perceived not merely in terms of subsistence, but includes a decent and secure home, having someone to look after you when you are ill and supportive social relationships.

Although there may be universally accepted outcomes or standards of well-being, this study focuses rather on the amount of agency children have in employing their strategies. In other words, it focuses on the motives and purposes related to the strategies and whether they have alternative opportunities and choices. When individuals are denied choice, they are disempowered. Furthermore, agency should include feelings of being able to act challenges they are confronted with.

In addition, children and young people in child-headed households have to cope with a multitude of new (challenging) tasks and responsibilities. For this end, I will discuss the task model of coping, revised by Meursing (1997) to study coping of people living with HIV/AIDS in Zimbabwe. This model seeks to explain why people under stress adapt a certain coping style, and how this contributes to coping with HIV/AIDS. Although in this study children may not have to cope with their own illness, they have to cope with illness and death of caregivers, the necessity to adapt to their new situation, and with related stress.

---

[11] Sen (1985) further argues that individuals may have values and goals that transcend and sometimes even conflict with personal well-being.

[12] The most well-known and influential is that of Martha Nussbaum (Clark 2006).

The task model of coping

In the task model of coping, coping is seen as a set of efforts to achieve certain goals or tasks, and is defined as "the process through which a person manages demands that are appraised as challenging or exceeding the available resources" (Taylor 1986 in: Meursing 1997: 43). When a person is confronted with a stressful situation, he or she appraises what resources are available to deal with the situation. The extent to which individuals believe they can deal with the situation is referred to as their 'self-efficacy beliefs'. Meursing adapted Taylor's model for her study on people living with HIV/AIDS in Zimbabwe. The main alteration is that she acknowledges that stressful situations change over time and because of coping (1997: 55-56). Meursing argues that coping is an iterative process, in which self-efficacy beliefs affect coping strategies and coping outcome, and self-efficacy beliefs influence the contextual factors. The significance of this last point will be taken up later. Before doing so, I discuss Meursing's adapted model (figure 2.2).

Figure 2.2   Meursing's adapted coping model (1997: 56)
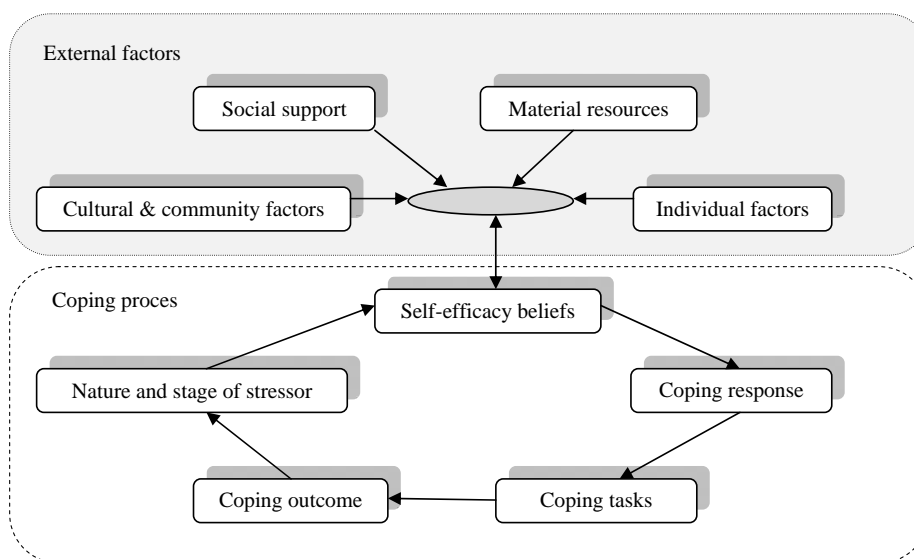
As shown in the top part of figure 2.2, the coping process is influenced by a number of factors: cultural and community factors, the availability and relevance of social support, material resources, and individual factors. In Meursing's study

the material resources are insurances, access to and quality of health care, and income-generating capacity. Social support is defined as the quality and nature of relationships, the availability of counselling and other support services for people with HIV/AIDS, and the attitudes to and knowledge of HIV (ibid: 56). Cultural and community factors are perceptions of HIV/AIDS, gender relations, social norms for sexual behaviour and condom use. The individual factors are age, gender, personality, level of education, HIV knowledge, and relevant coping skills. Some of these factors are similar to the assets in the livelihood approach. Social support is related to social capital, the material factors to the financial and physical assets, and the individual factors are related to the human assets, yet she takes a step further by including these self efficacy beliefs.

The different factors in the upper part of the model influence the 'self-efficacy beliefs', which in turn influence the coping style of individuals. For example, in Meursing's study, some people who were diagnosed HIV-positive had very low self-efficacy beliefs. This was mainly the result of the idea that HIV/AIDS meant an "imminent death and social rejection" (ibid: 303). The latter meant that these people did not seek social support, but rather tended to keep the diagnosis a secret; they did not expect social support when they disclosed their status. In addition, they did not believe in treatment of HIV/AIDS. This type of coping (secrecy) deals not with the stressor itself, but with the emotion it evokes (ibid: 303). When a person appraises that he or she has enough resources to deal with the situation, i.e. has a strong self-efficacy belief, he or she is likely to engage in problem-focussed coping. Problem-focussed coping means trying to deal with the problem itself, for example, by seeking information or support (ibid: 44).

Meursing argues that self-efficacy beliefs depend on the contextual factors discussed above, but also that self-efficacy beliefs influence these contextual factors (see the arrow connecting the two parts of figure 2.2). For example, social support influences self-efficacy beliefs positively, and stimulates 'active' or 'problem-focussed' coping. This type of coping generates more social support and/or better material resources. Consequently, there is a two-way relationship between the factors and resources in the upper half of the model, and the coping process in the lower half of the model (Meursing 1997: 56). Coping is thus iterative; self-efficacy beliefs affect strategies and outcome, and the other way around (ibid: 55). Self-efficacy can be considered a psychological asset that needs to be studied from that perspective. The sense of agency discussed above, is however related to these self-efficacy beliefs. Since this study is not done by a researcher trained in psychology, self-efficacy beliefs are restricted here to the

sense of agency that can be studied as the belief in the ability to act (Kabeer 1999).[13]

In the task model, a list of tasks is formulated of goals to be strived after in coping with a specific problem situation. Not all tasks have to be achieved in order to cope well; they should be seen as 'themes' around which coping efforts are clustered (Meursing 1997: 49).[14] Although as mentioned before, I am more interested in the motives of children's choices, sketching such themes may be useful. They may provide more insights in the motives as children are likely to pursue certain goals which illustrate their needs and wishes. Germann (2005: 299-300) formulated a list of coping tasks for children in child-headed households. According to him, the main coping demands are clustered around nutritional aspects, health aspects, educational aspects, social aspects (coping with siblings, with the extended family and the community), protection issues, spiritual aspects, economic aspects and emotional aspects. He also formulated the required coping behaviour and essential resources. At the end of this study, I also present themes that are important for the capabilities of the children and young people in child-headed households.

In sum, the livelihood approach and the task model have in common that both stress the importance of contextual factors, such as material resources and social relationships. The value of Meursing's is that she argues that self-efficacy beliefs influence and are influenced by these contextual factors. Based on the above considerations, the strategies of the children and young people are likely to be aimed at sustaining their household, and to deal with stress, grief and new tasks and responsibilities (such as caring for siblings). In this study I refer to all activities and strategies as coping strategies, which are all activities that children employ to fulfil their needs or to deal with the challenges they face. These strategies do not need to be intentional or conscious. In this study, children are limited in their actions by the generational constructions which, consequently, need to be part of the analytical approach to studying their strategies.

Research questions and a framework to study coping in child-headed households
Because children and young people in child-headed households first of all have to deal with running their households, aspects of the livelihood approach are very useful in studying the livelihood options and possible strategies of children. It implies that an inventory of all material (physical and financial) and social assets (human, and social capital) of the children, with special emphasis on the use

---

[13] Germann (2005) also used Meursing's coping model to study how children in child-headed households cope. Also not a psychologist, but with a social science and humanities training, he defines self-efficacy as the belief 'I can' (2005: 294).

[14] In coping with HIV in Zimbabwe, such themes were for example, the emotional, economic and medical consequences of HIV (Meursing 1997).

value of the social relations is needed. The use value of social relations refers to the contribution of these social relationships in accessing other resources. In other words, it assesses how supportive children's social relationships are. However, as argued above, assets alone do not tell us whether children are able to cope. If and how they are able to use these assets is of importance, i.e. their capabilities are at stake. The main question of this study is therefore, what are the capabilities of the children and young people to cope in child-headed households?

In order to study the coping capabilities of children and young people in child-headed households the question of how child-headed households are conceptualised first has to be addressed. Consequently the first sub-question is what are child-headed households? In this chapter we have seen that there is no single definition of a 'household', that 'head of household' is also variously defined in the literature, and that there is no consensus about what a 'child' is. The meanings of these concepts will be explored in the local context, first in chapter three where I elaborate on the complex selection process of child-headed households. Elements of how to define child-headed households can be found in the remainder of this dissertation and I will come back to the question of definition in the concluding chapter.

In this study, as discussed above, I operationalise the capabilities of children as the assets (or endowments) and the room to manoeuvre. In order to study these capabilities which are crucial in transforming endowments into entitlements, I have designed a framework presented in figure 2.3. The framework is an analytical tool to study the complex reality of coping in child-headed households. The coping process can be viewed as a process of turning endowments into entitlements. As visualised in figure 2.3, the entitlement process includes the endowments or assets, the room to manoeuvre, and the coping strategies. The endowments are both formal and informal claims and rights. The first are, for example socio-economic rights in the form of financial grants up to a certain age (which will be discussed in chapter four). Informal endowments also relate to family and community obligations to care for (orphaned) children.[15] The second sub-question consequently reads, what are the formal and informal endowments of children and young people?

Turning endowments into entitlements depends on several factors. Children not only need to know how to access support, they need to have the sense that they are able to ask or seek support. As argued above, the social support that children receive or not, strongly influences their sense of agency and consequently the coping process. This is because individuals who receive social sup-

---

[15] In Meursing's model these would be grouped under cultural and community factors, and in the livelihood model as social assets.

port are more inclined to believe they can deal with the situation (i.e. the sense of agency) and therefore seek social support. I analyse the social relationships the children have, and more importantly, how these contribute to their coping. To analyse this, children's assessments of the quality of these relationships are vital. The third sub-question is therefore, what are the social relationships, and how do they contribute to children's sense of agency and coping?

Figure 2.3   Coping process in child-headed households
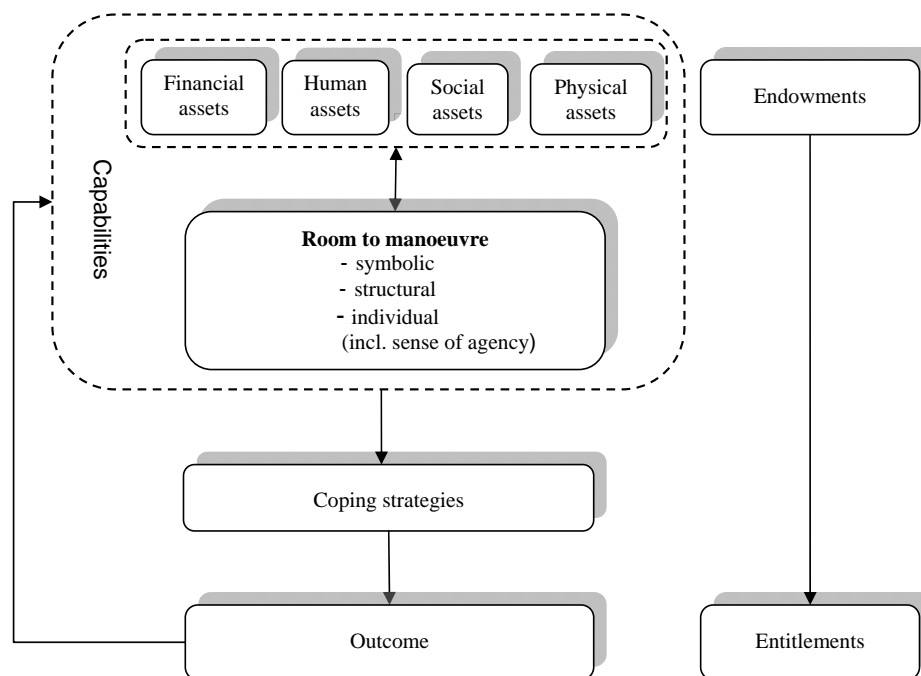
The sense of agency is part of the room to manoeuvre which is determined by the generational constructions, as discussed in the first part of this chapter. To analyse these, I use the three interrelated dimensions of the generation lens. Although the dimensions are difficult to separate in practice, there are several questions related to the separate dimensions. Questions related to the symbolic dimension are: What are local ideals of childhood? Is childhood related with vulnerability? When and how are individuals constructed as either child or adult? What is the influence of gender ideas on these constructions? Are 'children' perceived as capable of running their own households, or are they viewed as in

need of 'adult' support? Related to this are understandings about who should support the children, why and how. The structural dimension is the generational practices and formal and informal institutions. Questions related to this dimension are: What are the formal rules, laws and regulations related with biological age? What are associated rights and obligations? Besides these formal rules, there are also the unwritten rules. Children are expected to behave or communicate in certain ways, particularly towards adults. The questions are therefore: What are the generational practices? Do children behave differently among adults? How do children address adults, and vice versa? The individual dimension is concerned with the ways children themselves relate to various (contradicting) ideals of childhood, adulthood, and gender, among others, and the related rules and regulations. Do 'children' perceive themselves as too young to run their own households, or do they feel 'older' performing these 'adult' tasks and responsibilities? In other words, do they have a sense of agency? The sense of agency and the mutual link with social support will also be addressed.

Children's strategies or activities result from the assets or endowments, the availability of support, and the room to manoeuvre. To study the children's coping strategies, several questions need to be answered. First of all, what is it that they need to cope with? What do they perceive as challenges, and where do they see opportunities? As argued, I assume that the children need to cope with a lack of material assets and have to adapt to whole new living arrangements. In other words, they need to cope with material and immaterial demands. Consequently, I define coping in terms of coping strategies, i.e. as the activities they employ to make a living or sustain their households, their strategies for dealing with new responsibilities such as caring for siblings, and their attempts to turn endowments into entitlements.

As discussed above and represented in the top left side of the framework, the capabilities are the assets and the room to manoeuvre (the generational dimensions). In reality, the generational dimensions are difficult to separate and influence all aspects of the coping process. The sense of agency is part of the individual dimension, but is made explicit in figure 2.3 to illustrate the mutual influence between the assets and the strategies. The outcome of the strategies influences the capabilities. For example, a positive outcome of a certain strategy could be more material assets or a better sense of agency. As visualised in figure 2.3, the entitlement processes are located in the room to manoeuvre and coping strategies. The outcomes are the successes or failures of turning endowments into entitlements. The framework is a tool to analyse the complex reality of coping in child-headed households. However, like the DFID livelihood scheme, it does not capture the complex coping processes and realities, and should therefore only be viewed as a visual supporting tool.

<div style="text-align: right">

3

</div>

Studying children and young people in child-headed households

Introduction

This chapter deals with the selection of the participants, the research methods and difficulties in the field related to the methods and ethics. This chapter is divided in two parts; the first deals with the research methodology and the second with ethical issues and difficulties that arose during my fieldwork. I end the chapter with some concluding remarks about the methodology, ethics and limitations of the study. As child-headed households are a relatively unexplored phenomenon, my fieldwork had an ethnographic nature. This is because, to understand children's views and experiences, it is necessary to spend a great deal of time with the children. James *et al.* (1998: 5) also argue that ethnography allows children a more direct voice than other research methods.

Doing research in and writing about South Africa makes it necessary to talk about race. The population is divided into four population groups in general statistics: African/black, Coloured, Indian, and white. These four categories are based on the classifications of people according to their 'race' during apartheid. It is now generally understood that race is not based on biological differences between people, but is a social construct.[1] Although the term 'Africans' seems to suggest that the other groups are not African, I use the term to refer to people who are Nguni, comprising the Zulu, Xhosa, Ndebele and Swazi; the Sotho-

---

[1] This was particularly evident during apartheid, when people could be reclassified as belonging to another race (Lester *et al.* 2000: 3). Hundreds of people each year successfully applied to be reclassified to a different racial group. Furthermore, individuals belonging to the same family were sometimes classified as belonging to different race groups.

Tswana people, comprising the Southern, Northern and Western Sotho (Tswana); the Tsonga; and the Venda.[2]

Research methodology

In this first section, I briefly discuss the research setting and time frame, which is followed by a more in-depth discussion of the research location Ibhayi. After that, I discuss the criteria in the selection of participants. Setting the criteria for the participants was not straightforward and, as will become clear, my initial criteria needed adaptation during my fieldwork. The research methods related to the research themes are discussed next, followed by methodological difficulties. These methodological difficulties partly stem from ethical considerations, which will be discussed in the second part of the chapter.

The research setting and time frame
The research took place in the area of Ibhayi, one of the former black townships in Port Elizabeth, South Africa.[3] Port Elizabeth, now part of the Nelson Mandela Metropolitan area, is the fourth largest city in South Africa, and is situated on the coast in the Eastern Cape where the majority of African people are Xhosa.[4] The Eastern Cape is one the poorest provinces, with 7 million inhabitants, who are primarily Xhosa-speaking (Butler 2004: 42), and has the second highest percentage of children living in poverty (80%) compared to the national percentage of 66% (Meintjes *et al.* 2006: 69).[5] Furthermore, although 54% of children nationally have access to basic sanitation, in the Eastern Cape this is only 36% (Leatt & Berry 2006: 78). However, this is related to the fact that most children (77%) in the Eastern Cape live in rural areas (Hall & Berry 2006: 80).

The Eastern Cape also has among the highest percentages of orphaned children (25%) (Meintjes *et al.* 2006: 68) and child-headed households.[6] The

---

2   These ethnic categories are also languages. There are eleven official languages in South Africa. The other two are English and Afrikaans.

3   With 'former' townships I mean that since the abolition of apartheid, black people are not forced to live in these townships by law. However, as the majority of black people are still in an economic disadvantaged position compared to the majority of white people, they are still economically 'forced' to live in these historically black areas. I discuss the history of apartheid and economic inequalities in chapter four.

4   In apartheid South Africa, the population was divided into different 'racial' groups: black, Coloured, Asian, and white. These terms are still used in official statistics. These categories have a long social significance in South Africa but were formalised in the 1950 Population Registration Act, one of the pillars of apartheid policy. This legislation was scrapped in the early 1990s and South Africans are no longer classified in terms of them at birth but they remain socially significant and are also necessary for the implementation of post-apartheid affirmative action, employment equity and black economic empowerment policy.

5   Limpopo has the highest rate of child poverty (83%) (Meintjes *et al.* 2006: 69)

6   According to the 2001 Census, the number of child-headed households was highest in Limpopo (23.5%), followed by the Eastern Cape (17.2%), and KwaZulu Natal (17.05%). For the percentages of

majority of the people in the Eastern Cape are black (87.5%), and 38.8% of the population is younger than 15 years. Most African people in the Eastern Cape are Xhosa-speaking; the two 'homelands' (Transkei and Ciskei) for Xhosa people were located in the area which is now the Eastern Cape.[7] Besides the high number of orphaned children, and relatively high level of poverty, the location of Ibhayi was chosen because I had conducted an earlier study there and had a number of contacts in the field (van Dijk 2002). Furthermore, according to the Nelson Mandela/HSRC Study of HIV/AIDS the highest numbers of child-headed households are found in urban informal areas (Shisana & Simbayi 2002: 68).

The research involved three periods of ethnographic fieldwork for a total of one and a half years: from December 2003 to March 2004; from July 2004 to May 2005; and from March 2006 to May 2006.[8] The first fieldtrip was conducted to explore the research setting, to establish contacts in the field, and to investigate which organisations were active in providing support to children. During the second period of field work I conducted the main part of this study. The third research period gave me the chance to study if and what had changed in the lives of the children involved. It could therefore be considered a follow-up study. (I refer to this period as the follow-up.) It gave me the opportunity to discuss my main conclusions with some of the children involved, the interpreters, and people working at the organisations I worked with, as will be discussed below.[9]

Ibhayi
Most of the children resided in Ibhayi, which translates as 'the bay', and is, traditionally, also the Xhosa name for Port Elizabeth.[10] However, when referring to Ibhayi here, I refer to the former townships of New Brighton and Zwide, which together formed the administrative area of Ibhayi during apartheid municipal administration (in map 3.1 the area of Ibhayi is the African area New Brighton). It is estimated that 250,000 people reside in Ibhayi, which is probably an underestimation. Nonetheless, with an estimated 775,000 people living in Port Elizabeth in total, this is almost a third of the total population.[11]

---

the other provinces, see Annex 3. KwaZulu-Natal has the highest percentage of orphaned children (26%). Information retrieved on 31 October 2007 from *http://www.childrencount.ci.org.za*.

[7] 'Homelands' or 'bantustans' were reserves where a large part of the black population was forced to live during apartheid. This will be discussed further in the next chapter.

[8] In July 2007, I visited Port Elizabeth shortly to attend a conference, and met with some of my respondents.

[9] Furthermore, I discussed my conclusions at the CINDI (Children in Distress Network) Conference in 2006. CINDI (founded in 1996) consists of over 150 NGOs, CBOs, government agencies and individuals, who collaborate in the interest of children affected by HIV and AIDS in KwaZulu-Natal, South Africa. More information can be found at *www.cindi.org.za*.

[10] Two child-headed households were found in two other township areas of Port Elizabeth, namely Motherwell, and Kwamagaxi.

[11] Statistics compiled by AJ Christopher (2004), Nelson Mandela Metropolitan University.

Map 3.1 Historic group areas of Port Elizabeth
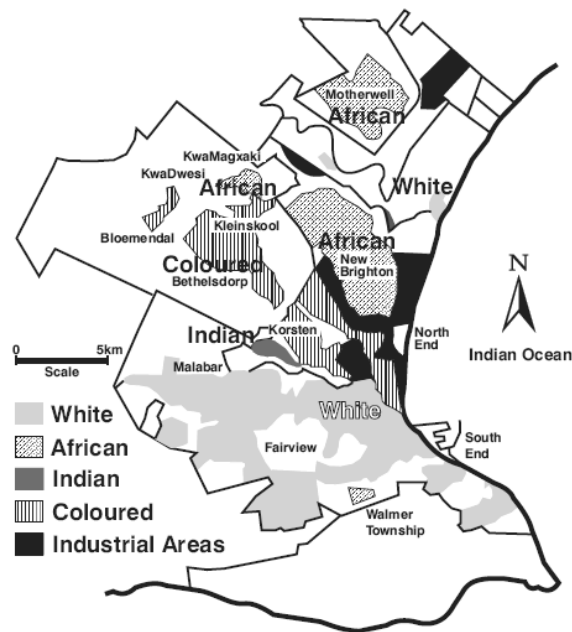
Source: Thomas *et al.* (1999).

During apartheid, black people were removed from the inner cities and moved to the townships, purposely sited far from the city (Lester *et al.* 2000: 158).[12] The black population in Port Elizabeth was forced to reside mainly in New Brighton and other Port Elizabeth 'townships'. Only in the area of Walmer Township, still located in the middle of a traditionally white area, did black people allegedly resist forced removal. The reason for its existence is also that Walmer used to be a separate municipal area and Walmer Township was 'its' township. Although all apartheid legislation was scrapped by 1994, 90% of Port Elizabeth black people still reside in one of the former black townships.[13] Since 1994, there has been much progress in these areas: houses have been built, electricity and water installed, and several new roads have been constructed.[14] However, despite much

---

[12] I discuss these policies in chapter four.

[13] 409,305 or 88% of 464,419, the total number of black people in Port Elizabeth, live in the townships of Kwamagaxi, Kwadwezi, Motherwell, Zwide, New Brighton and Walmer Township (based on statistics provided by Prof. A.J. Christopher (2004), Nelson Mandela Metropolitan University, Port Elizabeth).

[14] I particularly observed new roads constructed in the area during my absence of five years.

progress, many people still live in challenging situations, such as in inadequate homes, with insufficient sanitary provisions, and little access to medical care.

At first arrival in Ibhayi, one notices that the houses are very diverse. There are shacks made of corrugated iron; RDP houses which are very small brick houses built with a state housing subsidy; older and sometimes larger brick houses; and large villas.[15] The shacks are mostly in the informal settlements, which are usually areas that are not really fit for housing, such as on or near a waste belt. Nonetheless, nearly all of the houses have a plot or a yard around the house. This is used for a variety of activities. Some households have a small vegetable garden, mostly with spinach and tomatoes. Several households grow attractive flowers and plants in their garden. Most gardens or plots are swept every day and look very neat and clean. Furthermore, in these backyards, one often finds an additional room or building used for residence. These extra rooms or buildings are sometimes rented out to households who cannot afford housing of their own, or are used by relatives. People living in these rooms generally make use of the facilities of the main house, such as the kitchen and the toilet. Sometimes these rooms around the house are nothing more than shacks.

I was invited into numerous homes, probably because many people were surprised to see a white person in Ibhayi.[16] The insides of the houses were often painted with bright shining colours. Most houses had a front and a back door, the first leading into the living room, the latter into the kitchen. In most of the formal houses there was a prepaid electricity meter. People have to buy a prepaid card with which they type in a code on their meter in order to have electricity. In most cases, the toilet was outside, and in some cases needed to be shared with several other households. There are also several informal settlements or 'squatter camps' in the area of Ibhayi. Some of these homes were quite pleasant inside, and one could easily forget that the house was made of pieces of corrugated iron. Nails were hammered through lids of cola bottles, and windows were covered with curtains. However, most shacks were remote from the romantic pictures in trendy books such as 'Shack Chic'.[17] Shacks were made of waste, regularly leaked or flooded, were either extremely cold or hot inside, and often had a sand floor. Shacks were often overcrowded, with many people having to share one bed or

---

[15] From the 1980s, there has been a lack in houses for the black population who could also often not afford to pay for state housing. Black townships therefore expanded with shacks built in informal settlements.
RDP stands for 'Reconstruction and Development Programme', which will be discussed briefly in chapter four. In accordance with the RDP, people living in shacks can be considered for a subsidy for a brick house, a so-called RDP house. For more explanation, see Goodlad (1996).

[16] Although apartheid has officially ended, people still live in largely segregated situations. Although black people have moved to formerly white areas, not many white people have moved to the former black areas. White people are very rare in the townships, and when moving as a white person through the townships, one attracts a lot of attention.

[17] Fraser, C. (2003) *Shack Chic: Art and Innovation in South African Shack-Lands.*

sleep on the couch or the floor. They shared a water tap and toilet facilities, mostly bucket systems, with other people in the neighbourhood. Buckets full of human excrement were only emptied once a week.

In sum, although there are houses of good or moderate quality in the townships, many people live in inadequate homes, as will be discussed further in chapter four. In general, there are clearly disadvantages to living in a township compared to living in a former 'white' area. Roads are often of much lower quality, there are fewer facilities such recreation areas or shops, the city centre is remote, and travelling to work or a shopping mall is expensive and time consuming. Shopping in the townships is relatively expensive as the local *spazas* sell smaller portions for a higher price than the larger supermarkets.[18] One might wonder why so many people still live in these dusty townships. The answer is simple: houses in the townships are relatively cheap, and most people are not, and probably will never be, able to buy a house in one of the former white areas.

Selection of participants

In locating child-headed households, I was dependent on people who knew the area well. At the start of my fieldwork, some people working for CBOs or NGOs in the area were sceptical about my research; they said that there were no child-headed households, as orphaned children were taken care of by their relatives. As discussed in chapter one, the existence of child-headed households is sometimes denied by community members as well as local authorities. In this paragraph, I discuss how I selected the participants in my study. The participants were first and foremost children living in child-headed households. In some cases neighbours or relatives of children were also interviewed. In addition, I interviewed people working for CBOs and NGOs in the area, and staff from the local office of the Department of Social Development. In this paragraph, I discuss the selection of the child-headed households. Other participants will be discussed in the section on the research methods.

During my first fieldwork period, I contacted a local NGO that I was familiar with. This NGO, Ubuntu Education Fund (UEF), is a South African and United States collaboration, which aims to support children in the Ibhayi community.[19] At UEF people who live in Ibhayi worked as counsellors for children in need of emotional support. These counsellors were very familiar with the area, had established contacts in primary and secondary schools, and were highly aware of the difficult circumstances of many children in their communities. Therefore, I asked these counsellors, if they were interested in helping me locate children living in child-headed households, and possibly working as interpreters. At the beginning

---

[18] Spazas are small township shops.
[19] For more information about Ubuntu Education Fund, see their website www.ubuntufund.org.

of the fieldwork, I started with five interpreters. However, I only worked closely and frequently with two of these.[20] In addition, I became acquainted with other small organisations that supported children. One of these organisations, GoGo Trust, is run by an English woman, Sharron Frood. She started her organisation, while doing research on orphaned children in Ibhayi. We helped each other with contacts in the field, interviewed the same children (in a few cases together), and also set up a discussion group. Two other small CBOs were Qaqaqwuli Health and Community Initiative, and Ncedisizwe Sethu community project, which were run by volunteers who supported AIDS-affected families in their communities.

The first criterion in the selection of the participants was that the participant lived, or previously had lived, in a child-headed household. This proved not to be a simple or straightforward criterion, as one of the aims of this study was to find defining characteristics of child-headed households. At the start of my study, I decided to define child-headed households as those households that were labelled child-headed by my contacts. My working definition of child-headed households resulted in my being taken to an overwhelming number of households. These households consisted of only siblings (and sometimes cousins), without the presence of (grand)parents, aunts or uncles. In addition, I was taken to households which were presumably headed by children, despite their living with (grand)parents or other family members. According to my interpreters, in these households the 'caregivers' were either often absent from the home or spent most of their money on alcohol. I soon realised that my working definition was too broad. Identifying who is the head of a household is very complicated, as discussed earlier. Although many of these children may indeed act as the heads in many of these households, it seemed too complicated to establish whether they actually were doing so at the time of selection. Therefore, I decided to narrow my working definition.

At the start of my study, I did not want to define child-headed households in terms of the age of the members. As discussed earlier, childhood cannot be defined solely by age, and is largely socially constructed. Furthermore, biological ages of household members are not very good determinants of the vulnerability of the households. Nonetheless, narrowing the working definition with age restrictions seemed the most viable solution to the criteria difficulties. By mainly focussing on people under the age of 18 living together, households with adult relatives (such as (grand)parents, aunts and uncles) were excluded, and the number of households consisting of only siblings fitting this definition became much smaller.[21]An additional difficulty in the criteria of selection lies in the

---

[20] When referring to one of the two interpreters in the text, I always refer to 'my interpreter'.

[21] At the start of my research, the age of majority in South Africa was twenty-one, but this was lowered to 18 in the course of my study. I discuss this more in detail in the next chapter. The choice of the age restriction of 18 years was first of all in order to lower the number of households in the sample.

definition of 'household'. Who belongs to a household? This is a very compli-
cated question, but, in the case of my selection criteria I simply asked the
children to name all people who lived in their household. I felt this question was
not a sensitive one and relatively simple for children to answer during our first
meeting.[22]

All participants lived in the area of Ibhayi. This was however not a criterion at
the start of the study; I had also contacted organisations outside this area (within
the area of Port Elizabeth).[23] Nonetheless, because I started my study in Ibhayi,
and worked closely with the UEF counsellors, I spend most of my days there. I
soon was in contact with other small organisations and individuals who helped
me with my study. Restricting my study mainly to residents of Ibhayi, not only
made the logistics easier (although they remained difficult, as I discuss later), but
also made me more knowledgeable about where and what was possible (such as
support systems for the children).

Twenty households participated in this study (see table 3.1). In these house-
holds, most children had been under the age of 18 when the household became
child-headed. In seven of the twenty cases, the oldest person in the household
was 18 or older when the household became 'child-headed'. These households
were included in the sample for a number of reasons. First of all, it was not
immediately clear or straightforward when a child had become the head of the
household. In my working definition of child-headed households, I start from the
view that one of the children may become the head of the household during the
illness of a caregiver, during the temporary absence of caregivers, or after death
or permanent leaving of caregivers. For most children, talking about the death
and illness of caregivers was very difficult. For this reason, I mostly did not raise
this subject unless a child initiated it or only after several interviews or informal
meetings. Consequently, in the first interview I mostly did not know at what age
a child became the head of the household. Two households are included which I
knew from the start did not fit the age criterion.

These were those of Sindy and Linda, as they were respectively 26 and 25
years old when becoming 'child-heads'. I met these two young women at the
start of my fieldwork, and decided to include them in the sample for two reasons.
First of all, both their households were relatively large. Linda's household con-
sisted of five residents with four dependent children, and Sindy's household of

---

Furthermore, by excluding households with adult relatives, information about who was in fact the head of the household was not required, as I assumed it was one of the members of the household (who are all under the age of 18). Nonetheless, as will become clear during the coming chapters, this assumption was not always viable.

[22] Nonetheless, as I discuss more thoroughly in the following chapters, the question of whether one belongs to a household or not, is not a simple question, and is, particularly in the case of child-headed households, not easily answered.

[23] Two households were not located in the area of Ibhayi. They lived in Motherwell and Kwamagaxi .

seven, with six dependent children, two of whom are her own biological children. They both did not have an income from employment, and their households were hence also in very economically challenging situations. Furthermore, their older ages proved to be very useful to compare the coping of younger household heads with, as well as for the analysis of the influence of generational constructions on coping. Another exception was the child-headed household of Kerry, with two resident 'adults', one of whom was mentally ill and the other an alcoholic.[24] I was introduced to this household by a neighbour who worked as a volunteer for a CBO. Although the household did not fit into my working definition, I decided to include the household in my sample for two reasons. First of all, according to the neighbour, Kerry was the primary caregiver for her younger brother, and secondly they both did not receive any support from their uncles, from other relatives, or from social workers. Hence, the vulnerability of this household was a stronger criterion for inclusion than the criterion of the ages of the members.[25]

In sum, the households perceived as child-headed by the gatekeepers were extremely diverse (with or without resident adults), which points to the confusion about how to define a child-headed household. Furthermore, the gatekeepers defined the households more by vulnerability than by age. The reality is hence very complex and these households are difficult to pin down with one all-embracing definition. Moreover, to establish the age of the children was sometimes problematic. The information children shared about their ages or living arrangements did not always correlate with what neighbours or relatives told us. In one case, a participant was said to be born in 1988, which made him 16 at the time we met him in 2004. However, about ten months later, he was arrested for petty crime and we found out that he was allocated to an adult detention centre. My interpreter and I went angrily to the local police station, and found out that he was actually 18 years old. In the same household, his brother who had been said to be 18 was actually 20. Although they did not remember how old they had been when they started living without an adult caregiver, from the interviews we learned that it must have been at least two years. When they became a child-headed household, they were at least 16 and 18 years old, but possibly younger.

Because the study had an explorative character, there were no other criteria such as marital status, having children of their own, gender, or income of participants. The study took place in a former black township with widespread poverty and HIV/AIDS. Consequently, most participants were expected to have little income. Nonetheless, economic positions of people living in this township vary

---

[24] On many occasions, we could not do our interview at this young woman's house, as her uncle was very drunk and aggressive towards us.

[25] Kerry also appeared very eager to talk to me. She was a young energetic woman who was very bright and desperately wanted to study further. In opposition to her dreams, she found herself in a daily struggle to survive and take care of her younger brother.

greatly, as I discuss in chapter four. The economic background of youngsters in child-headed households therefore also varied. In three cases, one of the members in the household had children of their own. These biological children are represented separately in the table below (table 3.1). Child-headed households, as defined here, should be differentiated from households where young people are living with and taking care only of their own children instead of their siblings. However, these biological children do grow up child-headed households.

Table 3.1   Composition of child-headed households

Name child-head (pseudonyms)	Gender	Year we met	Age head	Age head at start CHH	Age of siblings	Ages biological children
Zack	M	2004	18	16	20	
Mona	F	2004	16	12		
Nick	M	2004	18	16	15	
Lauren	F	2004	19	17	17, 16, 14	
Aidan	M	2004	18	18	14, 11	
Marc & Janin	M, F	2004	13	13	13	
Noleta	F	2004	19	18	9, 8	
Nell	F	2005	22	16	16, 14, 9, 7	2
Stephen	M	2004	15	15	11	
Phoebe	F	2006	20	18	14, 13, 6, 2	0,5
Todd	M	2004	17	16	14	
Peter	M	2004	18	17		
Maria	F	2005	18	17	17	
Terah	F	2004	19	17		
Tara	F	2005	14	14		
Sindy	F	2005	26	26	17, 15, 10, 8	6, 9
Morton	M	2004	21	21	18	
Linda	F	2004	25	25	20, 14, 10, 6	
Kerry	F	2005	19	19	9	
Norah	F	2005	23	17	19, 15, 10	

Table 3.1 shows the composition of the households, the ages of the head of the households and of siblings at the time we met, the age of the head when becoming child-headed, and the ages of biological children of the heads of households. The names at the left are pseudonyms for the heads of the households. The oldest

household member was the one who was identified by outsiders as the head of the household (except in Kerry's case; she was not the oldest member of the household, as she resided with two older uncles, who are not included in the table).[26] Furthermore, in the case of Zack, it was not clear who was the head of the household. The role of his older brother in the household was also not clear, as he was almost never at home. From the ages of the head when we first met and the ages they were when the household became child-headed we can see that about five households became child-headed in the year we met. I met most child-headed households (thirteen of the twenty) first in 2004, the year I started my fieldwork.[27] I stayed in contact with some of the youngsters over the next two years. This was particularly the case with Zack, Mona, Lauren, Stephen and Aidan. They all lived in very different circumstances, which made these cases very interesting for my research. Furthermore, I established a particular relationship of trust with them. Their names appear frequently in the following chapters. The interview process with the five of them also differed considerably, as I describe below.

In fifteen households, the oldest sibling had one or more younger siblings to take care of, and Phoebe and Nell had to care of very young children when they became child-heads (infants of a few months and a year respectively).[28] In my sample, there are more girls and young women heading the households (twelve) than boys or young men (seven).[29] Furthermore, the largest households are also headed by girls or young women (Nell, Lauren, Phoebe, Norah, Linda and Sindy). In the three largest households (those of Nell, Sindy, and Phoebe), the head of the household is also the biological mother of one or two children. Eight households consist of two persons, and in four cases the household consists of only one person. The median age at which the children became the head of the household is 16.5.[30] Most households had been child-headed for at least a year before we met. The table above offers some clarification of the composition of the households in the study. However, the households changed in composition over time: siblings or relatives moved in or out; babies were born; and in one case there was a death.[31] Therefore, the table only shows a snapshot of the households at a particular time.

---

[26] As stated above, one of the uncles was mentally ill and the other uncle was an alcoholic. Neither of the two fulfilled the role of the caregiver, or supported Kerry in the care of her younger brother.

[27] Only one household (that of Phoebe) was added during my third and final fieldwork stage. The most important reason that not many households were included after 2004 was that it took a long time to establish a relationship of trust, as will be discussed in a later section.

[28] In these cases, the younger siblings were under the age of 18 when the household became child-headed.

[29] In one case, that of Janin and Marc, a boy and a girl are heading the household together.

[30] If the two oldest heads (Linda and Sindy, who were 25 and 26 respectively when they became heads) are excluded, the median age is one year younger, i.e. 15.5.

[31] This will be discussed in chapter seven.

When discussing the different cases throughout this dissertation, I use the participants' pseudonyms. However the pseudonyms are not always relevant, and, in some cases, may jeopardise their anonymity. Therefore, I also use terms such as 'children', 'young people', 'young woman/man', and 'girl' or 'boy'. In South Africa, a person is a child up to the age of 18 in terms of legal status. Before the age of 18 a person is not yet a full citizen legally. However, an 18 or 19 year old person may not perceive him or herself as an 'adult', or may not be perceived as such by others. These terms are not neutral, and imply certain characteristics. In practice, however, it is difficult not to refer to somebody as either a child, adult or youth. As discussed, the latter category is also not a neutral term. In this dissertation, I use the term 'child' for a person under the age of 18, 'young man' or 'young woman' for participants over the age of 18, or 'youngsters' when referring to children and young people.[32]

In all cases, the oldest member of the household was most involved in the study. The oldest member was also the one who was identified by outsiders as the head of the household (except in Kerry's case). At the start of the study, I intended to involve all children of the households in the study. However, it turned out to be very difficult to do so. In one case, even after several interviews, a child (aged 14 at the time) hardly said anything during our meetings. In many other cases as well, younger children appeared shyer or less interested in talking to me. In one household (Zack's), the oldest brother did not want to talk to me. Nonetheless, in two households (those of Stephen and Nick) I did interview all members, and four households only comprised one person. Furthermore, in some cases, younger children were present during the interviews. Although they were often too shy to speak, it did give me the opportunity to observe their interactions. In addition, during the follow-up, I did have the chance to talk to some of the younger members of the child-headed households, as I discuss in a later section.

In identifying child-headed households, practical factors also played an important role. Living or having lived in a child-headed household was the most important condition.[33] As argued above, in the identification of the households I was dependent on the gatekeepers, which led to much confusion about what a child-headed household was, and also resulted in a great number of households. As a result, I had to adjust my definition to a stricter one. Furthermore, given the limited time and resources for this study I was unable to do a survey. However, as discussed in chapter one, although surveys might give some insights about the number of such households, they only provide rather superficial information

---

[32] As will become clear, adults (such as my interpreters and neighbours) referred to all the young people as 'children'.

[33] In one case, a child had been living in a child-headed household for four years and was in the process of being adopted when we first met.

about the living circumstances of the children, their coping strategies, social support, and what constitutes a child-headed household.[34] My aim in this study is not to generalise the findings, but rather to provide insights about the processes of coping and their various determinants.

I interacted much more with some households than with others. This was because some children were more interested in participating in the study, shared more information with me, or simply always showed up at our appointments. (I discuss the difficulties with appointments later.) In one case, a young man agreed to participate in the research but at two of our appointments, he appeared to be under the influence of drugs. I did not feel comfortable with the situation, as his home was also a meeting place for many of his friends. This situation was not unique however. In several homes, I smelled dagga (the South African term for marijuana), and friends would be in or around the houses. Nonetheless, in the other cases I did not feel threatened in any way, and I continued meeting in these homes. In one of these cases, I only found out during the follow-up that the participant used various drugs and was involved in several criminal activities.[35] If I had known this during my second period of fieldwork, I would probably not have continued meeting him for safety reasons. He was, however, one of my and my interpreter's favourite participants, and he provided me with a great deal of relevant information.

In order to interview children and young people about sensitive subjects, such as the death of their parents, a certain relationship of trust needed to be built. In most cases, only after several meetings did the children start to tell me more about their lives. However, my picture of their lives started to get more compli-cated with each interview. Information told in one interview sometimes did not correspond with information from a previous interview. Sometimes I was able to unravel these apparent inconsistencies with my interpreter or the children. In some instances the information was just contradictory or incorrect, such as in the example given above about the age of a respondent. In one case a grandmother told me she had lived with two children since their mother died. However, according to the children, they were living alone. These are not just cases of who is right or wrong, or who is lying and who is telling the truth but are an indication of the complexity of these households and their survival. More importantly, when doing research among youngsters in child-headed households one cannot assume to know the whole story, and particularly not after one visit. This is a strong argument in favour of qualitative research among a small group of participants. In addition, qualitative research and fieldwork is not a 'fact finding mission' (van

---

[34] As discussed in chapter one, the number of child-headed households is also debateable.

[35] During the interviews in the second fieldwork period, he was often sleeping so soundly that he did not even notice when we entered his house; he was also often shivering and sometimes seemed very absent.

Eerdewijk 2007: 49). My study deals with very tangible subjects, such as the conditions of the houses of the children, but even more with the intangible, with perceptions of children about their living conditions, the (quality of) support they receive, and if or when they are 'old' enough to run their own household. This type of information is new.

Methods related to research themes
The questions of this study can be systematised into three broad themes: the assets or endowments, the room to manoeuvre, and the resulting coping strategies. The assets or endowments are first of all the material assets such as housing, income and social grants that children are able to use. The endowments are related to formal and informal rights or claims. Finally, the social support that children receive is also part of these assets and endowments. The room to manoeuvre entails norms and values related to childhood and adulthood, generational practices, and how children and young people position themselves.

Information about the material assets of the child-headed households was gained first of all by observation of the homes of the children. When I visited the children regularly, I asked them to show me their whole home, to open cupboards, and show me toilet facilities. In addition, in the interviews I often asked if they had spent any money that week and if they did, how much that was, where they had got it, and what they spent it on. In most interviews I asked them if they had any food in their household. Gaining information about their social assets, their relationships and networks, was however more complicated. I asked all to name their family members, and if they could, where they lived. However, this information is not very useful at its own. What we need to know, is whether they still see these family members, how frequently, and if and what sort of support they receive from them, i.e. the use value of these relationships. This will be discussed in more detail in chapter six.

Most information about the material and social assets was gained through one-to-one interviews with the children. I conducted 77 one-to-one interviews with the children and young people. To gain information about their social relationships and support I asked them, at almost every visit, to remember who they visited, by whom they were visited, and what the purpose of these meetings was. This way I gained insight into how they related to relatives, neighbours and peers, and what their closest relationships were. Through the stories of the children I somehow became acquainted with some of these relationships, and also acquired a sense of what these relationships entailed and meant for the children. Furthermore, the discussions about the relationships with relatives, neighbours and friends, also provided me with many insights into generational relationships. Further information about generational relationships and construc-

tions was obtained by observing interactions between respondents and adults, and by asking the 'children' if they perceived themselves as 'child', 'adult', or 'something in between', and what that meant and entailed. Informal visits to the respondents proved very insightful. My interpreter and I would come by unannounced and ask children how they were doing. Sometimes these visits were very short; the children were occupied, tired or not at home. In some cases, however, we would find the children in some sort of difficulty. For example, in one case, we encountered a very upset girl in a serious fight with her older brother. In that particular case, immediate intervention was needed from the counsellors of Ubuntu Education Fund, which will be discussed in chapter seven.

In most visits, I was assisted by an interpreter. The children spoke Xhosa, my interpreter translated it to English for me, and my English was translated to Xhosa for the children. Although some children may have found it a strange construction, it worked quite well.[36] My interpreter translated after every sentence, which sometimes made the interview resemble a television talk show. Some of the respondents spoke English very well. In most of these cases, after I was accompanied by a counsellor for the first or second meeting, I would visit and interview them alone.[37] The interviews mostly had a conversational form, meaning that children could discuss the subjects they wanted to discuss. With most children the interviewing worked well. After a couple of meetings, most seemed comfortable talking with me and often started talking about subjects related to my research without my asking them directly. With all of the children I conducted at least one in-depth interview, and with about half of the cases I conducted more than five in-depth interviews (see annex 1). The latter were children and young people I met in an early stage of my fieldwork and whom I was able to follow for a few months. Most of these interviews lasted for about one and a half hours. However, in some cases interviews were interrupted as friends or neighbours joined us uninvited, when children sometimes became too emotional to talk, or because the children became tired. (I elaborate on these issues in the second part of the chapter.) Almost all of the interviews were conducted in the homes of the children themselves. This was always in accordance with the wish of the participant him or herself. Children did not want to

---

[36] Although this worked very well with most children, with adults it was more complicated. In many cases, the adults that I interviewed spoke in very long sentences but the interpreter sometimes translated these into English sentences of only a few words. After frequent stressing on my part that they should translate every single word, I found out that in Xhosa people say the same things in many different ways. There is often rhetorical flourish and it is not polite to be too goal-oriented in conversation. For example, they might ask my interpreter how she and her family were. Another difficulty was that older people tended to speak for a longer time. My interpreter would mostly not interrupt such a person, as a sign of respect to older people, which will be a common theme through this dissertation.

[37] Because I visited them without a counsellor, in some cases, children and young people revealed things or initiated certain subjects which they might have been reluctant to in the presence of the counsellor.

meet at their schools, and this may be because they wanted more privacy.[38] In some cases, children did not have any furniture in their home and we would sit outside on the grass or meet in my interpreter's house. Nearly all interviews were recorded. Quotations in the text consequently are literally what a respondent stated, or are the literal translation of the statement by one of my research assistants. [39]

As discussed above, the youngsters that I stayed in contact with the longest were Zack, Mona, Lauren, Stephen and Aidan. I interviewed Zack and Mona the most. However, I frequently visited Lauren, Stephen and Aidan. These visits involved more informal discussions, which were not recorded. The conversation usually followed their preference. Zack, for instance, directed most conversations to a more serious level. After the usual small talk, he often started talking about a research related subject. Unlike Zack, Lauren liked a more casual approach. At the first interview, she told me she did not like to be interviewed in a conventional manner, where I asked questions and she gave answers. She wanted us to have conversations instead, preferably with some background music. Stephen (aged 15) and his younger brother (aged 11) always seem to enjoy our conversations, but they mostly tried to direct the topic to mobile phones, musical artists, or television. Furthermore, because they were frequently not at home at our appointments, I often visited them unexpectedly. These visits consequently did not involve interviews, but more informal conversations.

To help children express their ideas in the individual interviews and in the group discussions, I often discussed the story or example of another child in a similar situation. From their reaction I could learn if things like that happened more often, and ask them what they would do if something like that happened to them. We would also discuss my personal life, such as problems I encountered being a stranger in South Africa or being young in the Netherlands. The children were very interested as they wanted to know when Dutch young people moved out of the house, whether they used drugs, and whether they had many relationships. These conversations were, besides being enjoyable, also very useful as they provided me with their personal views on several issues. Discussing more emotional subjects proved to be more difficult however. Respondents often became upset when discussing their situation or the death of their parents. As I discuss later in this chapter, I therefore tried to avoid these subjects. Sharron Frood, on the other hand, did manage to discuss the more emotional side of the

---

[38] Schools are also places that are controlled by adult teachers, and children may feel more pressured to give the rights answers, or feel obliged to participate in the research.

[39] In these quotations … means a pause and […] means I have omitted a piece of the quotation. I give the interview number in brackets after each quotation and the reader can refer to annex 1.

respondents' situations.[40] As explained, in a few cases we interviewed the same respondents. In these cases, I have also used her transcripts of the interviews in order to provide more insights in the emotional difficulties of the respondents. When referring to an interview with one of the respondents I use an abbreviation to refer to an individual interview with the children (Int.) followed by the number of the interview (interviews with the children or young people are Int. 1 to Int. 77, see annex 1).[41]

At the start of my fieldwork, I planned to have focus group discussions with the children, mostly because it is often argued that with group interviews the adult-child relationship is less of a constraint than in one-to-one interviewing (Wyness 2006: 192; James *et al.* 1998: 190).[42] However, in the context of my research this was very difficult to realise. Planning the individual interviews proved difficult enough. In many cases, children were not at home for our appointments. There were several reasons for this. Most children in this study did not have a diary or a watch and they often simply forgot. For all respondents, when there was something more pressing than the interview, they did not show up. This could range from school duties to being sent somewhere by neighbours to having the opportunity to go to the swimming pool on a hot day. Furthermore, we did not find an appropriate venue for our focus group discussions.[43] Children could not afford the fare for a minibus taxi, and did not want to travel too far.

At the end of my second fieldwork period, however, Sharron Frood (GoGo Trust) and I managed to join a small group of children and young people in a discussion group that met twice a month. Although we had a venue for this group, and GoGo Trust paid all children's transport costs (and additionally gave money for groceries), the problem of not showing up continued. We were curious about the reasons, but most children did not really give a reason. Therefore, during my third fieldwork period, I made a 'secret box' in which children could anonymously put their ideas. One reason that was mentioned twice, and seemed very plausible, was that children were afraid of being punished when they did something 'wrong'. For instance, one of the reasons given was that children who did not show up at the meeting may have used the money they received for groceries for something else.

I also asked the children to take pictures of themselves and of family, friends, and their neighbourhood with disposable cameras I gave them. Besides my getting a better representation of the social relationships of the respondents,

---

[40] She has completed an MA in Health Sciences, which focussed on the experiences of AIDS orphans living in a township. See Frood, 2007.

[41] The interview transcripts of Sharron Frood are numbers 11, 19, 35, 45, and 62 (annex 1).

[42] On the other hand, in group discussions with peers, children and young people may feel more inhibited to talk freely about more personal subjects.

[43] Children were in all cases reluctant to talk in school settings; school buildings were hence not suitable.

taking pictures proved very enjoyable for the children involved. During the second fieldwork period, many of the pictures children took could not be developed.[44] It is possible that the children had never used a camera before, and therefore this method was unsuccessful. However, they all did enjoy it, which suggests that I should have put more effort in showing them how to use a camera.

Therefore, in the third field trip, I thoroughly explained how to take pictures. Most of these children were involved in the support/discussion group (GoGo Trust). This time, most pictures worked out quite well. The children presented their pictures in the discussion group to the other children (see picture 3.1). They explained what the pictures were about or who the person in the picture was. Many children showed a great deal of confidence in presenting their pictures and interest in looking at other pictures. Some pictures realistically showed what life is like in the townships. For example, in picture 3.2 we see that the home of this child-headed household does not provide much privacy for the children who reside in it. The homes were often cramped and activities such as washing, cooking and sleeping often occur in the same room. (The picture has been cropped to assure the anonymity of the children.)

In seven cases, I interviewed the neighbours of the children after agreement with the child or children (see annex 1, NC 1 to 7). Not all children wanted me to talk to neighbours, and I never did so before discussing this with the children concerned. The interviews provided me with information about the support they provided (or did not) for the children and why (not). This was important in understanding why some children received support while others did not. During these interviews, I would also try to gain information about the perceptions of children living in child-headed households. What kind of support do they require? When are children perceived to be old enough to care for themselves and siblings? Are these living arrangements considered acceptable?

In addition to these interviews and group discussions, I participated in a four-day home-based care course at the House of Resurrection (better known as the Aids Haven) in Salsoneville, Port Elizabeth. The House of Resurrection takes care of abandoned or orphaned HIV-positive children, and people who are ill with AIDS and do not receive appropriate care at home.[45] From this course, I

---

[44] The photo strategy worked the best with Stephen (aged 15) and his younger brother (aged 11). They made pictures of important people in their lives, and of favourite items of their deceased mother. One young man (18) tried to make pictures twice, with two disposable cameras. Both times the pictures could not be developed.

[45] Besides providing care for HIV positive children and adults, they have a community outreach and training programme which the home-based care course is part of. (They offer courses to the community, schools, tertiary institutions, churches, business and other organisations.) This community-based organisation does not receive any government funding, as the government does not want to encourage orphanages but encourages the community to care for orphans, as well as people with AIDS.

learned what home-based care entails. During this course, I was able to talk to and learn from people who worked as volunteers or employees at organisations that worked in the communities, not as a researcher, but as a course member. In addition, I participated in an orphan project at St. Francis Hope, a Faith Based Organisation (FBO).[46] This project aimed to provide the children (aged 12 to 14) with the opportunity to talk to each other about difficulties they faced, and also organised several 'fun' or informative activities. One of these activities was a five-day programme during a school holiday. During this week there was much emphasis on teaching children how to communicate with older people. Hence, participating in this group during this week gave me much information about how children and adults relate to each other. I also participated in an intersectoral forum which is held a meeting every month at Dora Nginza Hospital.[47] The purpose of these meetings was to share resources and information, and to link organisations. The participants at the meetings included members of CBOs, NGOs and FBOs, nurses, representatives of the Department of Social Development, and other interested parties.

Because my interpreters worked at Ubuntu Education Fund (UEF), I was frequently at their office. The UEF office came to represent a sort of refuge for me, where I was able to use a flush toilet, eat my lunch, and talk to the counsellors about difficult cases. These talks were often very informative. I had two focus group discussions with nine of the counsellors who worked at UEF (see annex 1), at which we discussed how children should be supported, the role of the extended family and the community, and relationships between men and women. My interpreters proved to be key informants. Not only did they help to reflect on what children had said after the interviews, they also explained many cultural phenomena. We often discussed similar cases they encountered during their counselling work.[48] Besides UEF, I was also in regular contact with three other organisations. These three organisations were small community-based initiatives, whose activities were aimed at providing support for AIDS-affected households. With the volunteers of these organisations I also had several informal conversations. I had five in-depth interviews with people who worked either for UEF or one of the CBOs (Annex 1, C1 to C10). These conversations and interviews provided me with much information about perceptions of how to

---

[46] Like the House of Resurrection, St. Francis Hope offers care for HIV positive people and home-based care courses. Besides that, they have a grandparents' support group, for people who care for their grandchildren whose parents have died.

[47] Dora Nginza Hospital is a state hospital located in Ibhayi.

[48] These cases always remained confidential. Furthermore, some of the children involved in the research were also involved in the UEF counselling program, and sometimes their counsellor was also my interpreter. What children discussed during counselling sessions with the UEF counsellors was not revealed to me.

Picture 3.1   Presenting their pictures

Picture 3.2   Picture taken by one of the children

support children. They also gave me information on the practice of Home and Community-Based Care and Support (HCBCS) programmes in which smaller organisations are believed to play an important role. (I discuss these in the next chapter). The other actors in HCBCS are the social workers of the Department of Social Development. I interviewed three social workers (annex 1, SW 1 to SW 3). Finally, I interviewed one ward-councillor. Ward councillors are representatives of local government and will be discussed further in chapter four. I was unable to secure an appointment with other ward councillors.

The third period of fieldwork gave me the opportunity to discuss my findings with the respondents, my interpreters and with some workers or volunteers of the organisations discussed above. I did not visit or interview all children and young people who participated during my second fieldwork period (see annex 1). This was because time was limited and my interpreters lost contact with some of them. I did discuss my main findings with children and young people in similar situations in the support group at GoGo Trust.

Finally, the research methods included literature study and analysis of secondary data. Information on South African children is available from a number of sources, but this information is not integrated at one single point (Bray & Dawes 2007: 11). The Children's Institute of the University of Cape Town, however, somehow fills this gap with their project Children Count – Abantwana Babalulekile (ibid).[49] It provides data on basic demographics and care arrangements for children, which are drawn from national survey data among others.[50] The Children's Institute also annually publishes the South African Child Gauge which discusses the most important changes and developments in child legislation and child-centred data.

I found very little information about understandings of Xhosa culture. 'Introduction to Xhosa Culture' by Mtuze (2004) was the most recent published work, which deals with both traditional and contemporary Xhosa customs. I interviewed the author, Professor Peter Mtuze of Rhodes University in Grahamstown, twice to discuss the differences between traditional and contemporary Xhosa practices, particularly concerning care and support of (orphaned) children (IM 1 and IM 2, see annex 1).

Difficulties during the fieldwork
Interviewing children in these situations proved difficult. The children and young people were often shy when we first started the interviews but opened up after a few meetings. However, the younger the children the more difficult it was. Some counsellors at UEF thought that there were several reasons for this. First of all,

---

[49] Abantwana Babalulekile means 'children are important' in Xhosa.
[50] For more information, visit the website www.childrencount.ci.org.za.

children saw me as an 'elder', as somebody who is much older than they are. As becomes clear in chapter five, children are expected to communicate with 'elders' or 'seniors' in a certain way, which may have hindered them in talking freely to me. These children are also not used to talking to 'white' people and, according to one counsellor, may also worry about what the neighbours will think if they see a white person visit them.

Another difficulty was that on many occasions children were not at home on the day and time we had agreed to meet. To prevent this, I always wrote down the date and time of our next meeting on a piece of paper with my phone number for the participants. Although most participants would be unlikely to have money to call, it was always possible to send a free 'call me back' with one of the South African cellular phone services. Also, whenever possible, one of my interpreters would send someone to remind respondents of our appointment a day in advance. Despite these precautions, for almost half of all appointments children were not at home at the scheduled time. This could be as sign that children did not want to participate in my study. However, as I discuss later in this chapter, all measures were taken to assure that participation was voluntary at all times.

As I was conducting my fieldwork, I often felt weighed down by the difficult experiences of many children. I struggled with my role as an objective re-searcher, and often found myself very (emotionally) involved. Fortunately, I was working with two interpreters who were very skilled child counsellors. They were frequently able to refer children to support systems. In addition, talking and reflecting on the children's situations with them provided support. The interpret-ers also prevented me getting lost, and made me feel safer. However, our views on children and childhood, and ideas on possible interventions frequently differed and sometimes clashed. This was also the case with some volunteers at one of the CBOs I worked with. These different ideas about childhood and my emotional involvement with some of the children made for a number of ethical dilemmas and questions, which I discuss below.

Ethical dilemmas and responsibilities

As discussed in chapter two, children are recognised as social actors in the social sciences. However, ethical issues in research following from this new view on childhood have received less attention. Existing ethical guidelines for conducting research with children are mainly based on developmental discourses.[51] Ethical considerations are part of any research project, but it is often argued that research among children raises some particular issues. This is because children are usually

---

[51] These discussions mainly focus on children defined by age (0 to 17) and mostly use the term 'children'.

seen as intrinsically different to adults, as discussed in chapter two. Children are often portrayed as ignorant and incompetent, and therefore unable to understand and consent to research. It is often argued that with research among children and young people extra precautions are needed (Schenk & Williamson 2005). This is based on the assumption that children are more or less powerless in relation to adults. Christensen & Prout (2002) argue in contradiction, that the ethical relationship is the same whether one conducts research with adults or with children (2002: 482). They argue that the ethical issues in studying children as agents should start with a conception of "ethical symmetry" between children and adults.[52] However, during my fieldwork, I experienced ethical difficulties arising from my view that children are capable actors, as that view often clashed with local perceptions of childhood, and existing ethical guidelines in childhood research. In the following, I first discuss existing ethical principles in research with children, and proceed to discuss how I dealt with the ethical principles of informed consent, protection and benefits to the participants. After that, I discuss how I dealt with differences between local ideas about childhood and my own, and end the chapter with some concluding remarks about methodological and ethical considerations.

Ethical principles
There are four fundamental duties or responsibilities that the researcher has in research: to seek individual informed consent, to protect participants from harm and increase possible benefits, to ensure that the benefits and burdens of research are distributed, and that information remains confidential (Schenk & Williamson 2005: 4). These principles apply in all research, but it is assumed that these are more complicated when doing research among children. These assumptions are largely based on the premise that children and adults are intrinsically different (Schenk & Williamson 2005; Thomas & O'Kane 1998). It is sometimes argued that children cannot give informed consent because they are not able to fully understand the content and consequences of participation. In addition, children are seen as more vulnerable and hence in need of protection. Children should be protected from harm caused by research (as should adults). However, the issue of protection in research among children also may conflict with the principle of confidentiality. A child may disclose that he or she is at some sort of risk. A possible dilemma, following from this, is then whether or not to intervene. Some argue that adult researchers have a moral obligation to protect children and should thus intervene, even if this causes losing access to or the trust of the children (James *et al*. 1998: 188). James (ibid) warns that overemphasis on protection can result in excluding children from research altogether. In any re-

---

[52] For more discussion, see van Dijk (2006).

search, a researcher should also maximise possible benefits and make sure that these are distributed evenly. However, in most social research, the outcomes will not directly benefit participants.

When doing research with children one needs to reflect on one's role as researcher and one's conceptions about childhood. As said before, I view children as capable actors, which is not to say that I ignore that there are differences between adults and children. For instance, from earlier research, I was aware that Xhosa culture is very hierarchically organised, especially when it comes to age differences (van Dijk 2002). Traditionally, children cannot directly confront an older person. They have to do as they are told, and also show respect to older women or men by calling them 'Mama' or 'Tata'. In the eyes of the children, I was probably an 'older person' and this may complicate the research. It is sometimes suggested that fieldworkers should adopt the role of "the least adult", which means complete involvement in the children's world (James *et al*. 1998: 183; Christensen 2004: 166). However, according to James *et al*. (1998: 183) it is not possible for adults "to pass unnoticed" in the company of children as differences in age, size and authority always intervene. Moreover, there may be benefits to maintaining differences between the child and the researcher (James *et al*. 1998: 183). The researcher can behave in non-child like way and ask ignorant questions. Hence, researchers need not pretend to be children to argue from their point of view (ibid).

During my fieldwork, I always introduced myself as a research student from abroad and explained that I wanted to learn as much as possible from their experiences. To counteract the possible differences in power between me and the children, I tried as much as possible to have the children and young people 'wield their power', as will be discussed in a later section. Besides being an 'older person' in the eyes of the children, I am also a white person. My whiteness significantly affected how people perceived me. During my fieldwork, many people were surprised that I visited the townships alone. Most people, of all race groups, were worried because they thought it was very dangerous. Generally, when I walked or drove through the streets in Ibhayi, I was a major attraction. People smiled, laughed or waved, but also called me names, such as *boer* or *oubaas*.[53] Although I mostly perceived this as harmless, one of my interpreters was always highly annoyed by these remarks because she perceived them to be offensive. In any case, it was clear that white people were a rarity in the black townships. Community members often mistook me for a social worker when I visited children. Many people also perceived me as wealthy. This resulted in

---

[53] 'Boer' literally means 'farmer' but is often used (sometimes in defiance or in a derogatory manner) to refer to (mostly Afrikaans-speaking) white people. 'Oubaas' literally means 'old boss' or 'old master' in Afrikaans.

neighbours visiting the children after I had left to ask what I had given them or neighbouring children coming to the house asking for food. In addition, neighbouring people called me to visit them because they were also 'suffering'. In what follows, I shall discuss and reflect on how I dealt with the ethical principles of informed consent, maximum benefit and protection from harm. As I shall show, in dealing with each three of these principles, I always tried to give the child as much autonomy as possible. In addition, I discuss how I dealt with clashing views of childhood.

Informed consent

Informed consent in research among minor children means in practice firstly that consent is needed from parents or guardians. However, obtaining consent from parents or caregivers seems contradictory to the right of children to participate. Also, if consent from adults is required first, certainty of choice from the children cannot always be guaranteed because children are subject to sets of power relations, such as in school or at home (James *et al.* 1998: 187). Hence, it is possible that the child consents because of fear of sanction. In my view, children are capable actors, and hence able to make an informed decision. Moreover, most children did not have parents or guardians. However, neighbours, family members or volunteers were sometimes involved in the lives of these children. Although I did not ask their permission directly, they did serve somehow as 'gatekeepers', as they frequently introduced me to the children. As Xhosa culture is very hierarchical, it is possible that children agreed to participate in the research because I was introduced by an older person in their community. Therefore, in all cases, I did not obtain consent from any adults who were somehow involved in children's lives.

In order to make sure participation was voluntary, I viewed consent as a continuous process, and mostly it worked as follows. The first time I met the children I would briefly explain the research and introduce myself to them and ask them to tell me about their living situation and the composition of the household. If the composition of the household was suitable for the research, I would tell them more about it. This entailed explaining that my research was about children in situations like theirs, that I wanted to learn from their experiences about how they dealt with difficulties in their lives, that no help should be expected to come from the research, that participation was and remained voluntary and that they could stop participating if they wanted to, and that information was confidential.[54] I would ask if we could make an appointment for the first interview. In this way the children had a chance to think and talk to others about

---

[54] It was explained that information they gave me would be used in a report with pseudonyms for their names and no reference to their addresses.

it. At the start of the first and following interviews, I always asked if they still wanted to participate in the research. In the first interview, I asked them to tell me what they thought the research was about. This way I gained some insight in what they understood or not from my earlier explanations, and we discussed it more thoroughly. The children always decided when and where the next meeting would take place.[55] At each meeting I would ask them if they felt like talking to me, or whether they felt too tired or were occupied with other things. This way, I thought that if they did not feel like talking to me they could say that they were busy with homework, for example. Occasionally children cancelled our appointment for that reason, and we made a new appointment.

Although I felt that through my approach to informed consent all children truly participated voluntarily and were also fully aware of what (not) to expect from the study, in a few cases my approach did cause some problems for the children. Mona (16) had been sleeping with a neighbouring family for some weeks when I met her. After our first meeting, I went to the family she was staying with to introduce myself and explain the research. I did not ask their permission as Mona had already agreed to participate in the research. I always, at Mona's request, met her at her own house or at my interpreter's house.

I interviewed Mona a few times after she started talking less and seeming upset, but she did not want to talk about it. One day we went to the house Mona was staying in to talk to her. Mona seemed not to want to talk to us, and the family was very upset with me. We went into the house to talk to them; they were angry and wanted to know what we were talking about during the interviews. I explained that I did not want to talk to them about the interviews without Mona's permission. They insisted, however, that they wanted to know exactly what we were talking about or they would not let Mona talk to us anymore. Mona was upset as well and I asked Mona to talk to us and the family to explain the interviews but she did not want that. I suggested that we stop the interviews as they had created problems for her and she agreed.

It seems that the foster family felt overlooked because I did not consult them. At first, I thought I had made the mistake of not obtaining their consent before

---

[55] As explained, almost all children preferred to meet at their own house, and not for example at school. Schools are also places that are controlled by adult teachers, and children may feel more pressured to give the 'right' answers (Punch 2002: 328), or feel more obliged to participate in the research. Furthermore, on one occasion, I passed by a school that one of my respondents attended. Classes had just ended and all learners were leaving the school building. I noticed my respondent trying to avoid me as he quickly passed by with his friends. I realised that schools may also not be a good place to interview the children as they would be singled out from others and possibly feel ashamed. However, van der Brug (2006), in her master's degree study of orphaned children in Namibia, found that fostered children felt more comfortable talking at school as interview questions related to their home situation. In any case, it is clear that the location where interviews are carried out influence the way children respond (Ahmad *et al.* 2003: 22-23).

speaking with Mona. However, a week after this incident, Mona contacted us to meet us as the office of UEF. She wanted to continue seeing us, but said that the family did not want her to talk to us. This showed that Mona wished to participate on her own free will. A few weeks later, as a result of continuing fights with the family, Mona decided to move back to her own house. After Mona moved into her own house, I started meeting her on regular basis again. Problems did not end however. Because Mona was without support now (the neighbouring family did not want to support her anymore), she started to rely heavily on my interpreter and me. We tried to convince her to see social workers but she did not want to. My interpreter told me Mona was often not telling the truth during the interviews. Mona's assumed dishonesty annoyed my interpreter, and sometimes the interviews resulted in her speaking to Mona sternly in Xhosa. I could not follow what they were talking about, but from what my interpreter explained to me, I gathered that there was a strong didactic element. This did not contribute positively to our relationship. My fieldwork period was coming to an end, and in the short time left to us, it was not possible to restore a relationship of trust.[56]

Protection
The second ethical issue in research with children is that of protection. It is argued that children need protection in the research relationship, based on dominant views of children as vulnerable and powerless (James *et al.* 1998: 187). Although I do not view children as either vulnerable or powerless, the information children shared could be sensitive in the sense that it could cause emotional distress. Many children had recently experienced their parent's death or been abandoned by their (grand)parents. Talking about death, particularly with children, is not very common in Xhosa culture. Although I never directly asked them about the death of caregivers, interview questions would relate to that. In many cases, children started to cry when they spoke about their late (grand)parents. I would always ask if they wanted to stop talking about the subject, and they sometimes did. My interpreters were experienced in working with children who had similar problems (poverty, loss of parents), and their views and participation were helpful during the research. In the case of Mona discussed above, she somehow got into trouble with her foster family because of my research. One could argue that I should have protected her from that by consulting the family. However, I view young people as capable social actors and I had to respect Mona's choice. Nevertheless, my suggestion to Mona that we stop our conversations was also motivated by protection. I wanted to protect her from getting into more trouble with her foster family.

---

[56] This happened at the end of my second fieldwork period.

Another issue related to this is the ethnographic nature of my research. The research aimed for close interaction with the children involved, over long periods. The relationships expected from these interactions would end at the end of the research. People working at the UEF thought the relationships established should not end when I went back to the Netherlands. They felt the children had dealt enough with loss and abandonment, and therefore the relationships should continue. For that reason also, I worked with their counsellors. Children who wished to could be involved in the counselling programme at the UEF. In this way, a hopefully continuous relationship was established, and children could get counselling in dealing with emotional problems. In addition, I asked the children if they wanted to meet other children in similar situations to discuss their problems. Most of them liked the idea, and Sharron Frood and I established a discussion group that met twice a month. One of my interpreters facilitated the group, and it was still running during my follow-up study. Ms Frood further supported these children by giving them food and money and paying for school fees. My interpreter went to the supermarket with the children to buy food, and visited the children regularly to see how they were doing. In this way the research has continued to benefit the respondents. Other benefits for the children involved are discussed below.

Benefits

From the start of this study I expected that children living in child-headed households would live in very difficult situations but during my fieldwork these difficulties sometimes overwhelmed me. At the start of the fieldwork, I tried to keep a certain emotional distance from the children. However, as discussed above, at the same time I tried to establish a relationship of trust. As a result I could not prevent myself from becoming emotionally involved with the children. This caused me to question the purpose of the research, as I felt these children needed immediate support. Although the findings of this research project will possibly benefit children in similar situations in the future, the children participating did not benefit immediately. I was also afraid that the research created high expectations of support in the children. During my fieldwork this worried me as I was not able to do much for the children. I discussed the issue with staff at UEF, and we agreed that the children should receive some incentive when participating in the research. I started by giving small financial and material incentives to the children. The interpreters in my study thought I should bring food instead of money when I visited the children. They felt the children would not spend the money wisely, but, for instance, buy candy with it. In my opinion, children should be able to decide what they needed the most. Nevertheless, on many

occasions we also brought food, such as E-pap.[57] It is sometimes argued that paying respondents to participate in research further widens the power differences between the researcher and the respondents. However, in research, relationships of trust require a level of reciprocity (Lammers 2005: 60-61). In my view, not supporting the children in my research would have been unethical. Besides, I felt that this form of reciprocity lessened the power differences between me and the children.

A second argument used against paying respondents is that people may only participate in research for that reward. However, only after children expressed interest in participating did we talk about incentives. In my experience, also, many children thought reciprocity was necessary in our relationship. This becomes clear in the answer of a young man, Zack (16), when I asked if he felt more obliged to participate in the study because I was helping him: "also I am helping you … we are helping each other" (Int. 7). He was aware that he was helping me with the study. In the last conversation we had, during my second fieldwork period (Int. 9), he told me that after a while he had become tired of our conversations and therefore did not show up at our appointments any more. However, a friend of his told him that if he did not show up at the meetings, he would not get any help. He decided then to continue participating: "I said to him I'll hold on, maybe I will find something from them …". It may not have been clear to the children what I, as a researcher, would achieve from the research. However, it was clear that I would gain something, as Zack put it, "Keep it up, don't get tired […] when you persevere you will get something at the end." When I asked him what I would get in the end, he replied: "… you know what you are going to get at the end, you know …" (Int. 9).

Supporting the children who participated in the research was also in accordance with the local perception of 'the spirit of *ubuntu*'. In Xhosa culture, *ubuntu* is an important part of community life. The concept of 'ubuntu' is derived from the expression '*umuntu ngumuntu ngabantu*' (a person is a person because of other people/a person can only be a person through others). This means that one person's personhood and identity is fulfilled and complemented by the other person's (Mtuze 2004: 103). *Ubuntu* has been translated as "humaneness", "generosity" and "philanthropy", but none of these seems to grasp the concept as it involves "sharing yourself, your humanity with the other person first" (Mtuze, 2004). In practice having *ubuntu* means, sharing your wealth with poorer members of the community. You are expected to do what is in your power to help a person in need. My being a white person in an African community meant that people saw me as a wealthy person. With some children, I became more and more involved in their lives. Because I was working closely with counsellors

---

[57] A pre-cooked porridge with a high level of calories and vitamins.

from UEF, this meant that we sometimes intervened in children's lives. This always happened with the children's agreement. Examples are going to a hospital with a sick young woman, contacting the Department of Social Development for advice, paying school fees for two children, going to the police station when one child was in trouble, and bringing some children in contact with organisations or people that could help them.

Presenting research with a clear reciprocal character also diminishes power differences and this is beneficial for the research. In my opinion, giving support to children in need is an ethical necessity. Nonetheless, during my fieldwork, I was also aware of the possible negative effects for the children. For instance, the director of Ubuntu Education Fund warned me about making the children too dependent on me because I was leaving. By establishing a support group and getting the children involved in the counselling program at UEF, support became more continuous. Although the effects on the children were of first concern, I also had to take account of the effects it would have on the research. Mostly I was afraid that by assisting these children, they would feel more obliged to participate in the research. However, some children clearly indicated they did not wish to continue participating. In addition, the children that received most support were the children that had already been involved in the study for a number of months. Therefore, it is not likely that children felt more obliged to participate when receiving material support from me.

Dealing with different views
Luckily, Mona's story, discussed earlier, is an exception and my other research relationships with children were far less problematic. However, most of the issues that arose in my relationship with Mona were, at some level, present throughout my fieldwork. They resulted from contradicting views of childhood. As my study took as its point of departure the view that children are social actors and capable of making their own decisions, it was guided by ethical principles based on that view. Nevertheless, local views on children and childhood also needed to be considered. In my study, I had to deal with the perceptions and expectations of my interpreters, of community members involved in the children's lives, and of the children involved. Local perceptions were often different and even in opposition to my own. Particularly with my interpreters this sometimes created conflict between us.

At the start of my fieldwork, my interpreters frequently intervened, advised, or corrected the children. To reduce possible power differences in the research I made informed consent continuous and I always let the children decide where, when and how the interview would take place. However, when some children did not show up at our appointments, my interpreters sometimes reproved or repri-

manded them at a later occasion. They would also sometimes admonish them during an interview, for example, when a child admitted to not going to school on a particular day. This was not very positive for the research or my relationships with the children. I expected the children not to share such information with us anymore if my interpreters continued reprimanding them. Therefore, we agreed that they would not admonish or correct the children during our sessions anymore. Nonetheless, my interpreters did not always agree with my choices, such as in the case of financial incentives discussed above, where the interpreters doubted if the children would spend the money wisely. In such cases, we would often compromise. As discussed, besides giving them a few rand after each interview, we also frequently bought them food.[58]

However, sometimes compromise was more complicated or negative for my study, in my view. Some children became involved with programmes at UEF or GoGo Trust. Although I felt their involvement with these organisations was beneficial for the children, it was not always beneficial for the research. Miriam, one of my interpreters, was involved with both UEF and with GoGo Trust. Once children became involved with either one of the organisations, their relationships with Miriam changed. When we visited the children, Miriam not only addressed the children as my interpreter, but also as a worker at UEF and GoGo Trust. This meant on the one hand that she became closer to the children, but also that she started intervening and became more authoritarian towards the children. At one occasion, for instance, we had an interview scheduled with a young man of 18. When we parked my car in front of the house, he was walking towards his house but did not notice us. Miriam saw him and called him to our car. He seemed nervous, and although I could not understand what Miriam said to him, she appeared very upset. He had to show her what he had in his hand, which was a dagga cigarette. Miriam told him he had to throw it away and we all entered his house where Miriam continued to berate him. A very long sermon followed. When we left, and Miriam was talking to his sister, the young man approached me and promised me he would never smoke dagga again. This made me realise that my role had also changed. Although he probably already saw me as an older person, my role now changed to a more pedagogical one, which did not contribute positively to our relationship.

Concluding remarks
Unstructured one-to-one interviews and informal visits and conversations proved the most useful methods in this study. Although I planned to organise focus group discussions, this method was not appropriate for the emotional weight of the subjects discussed in the interviews. It proved difficult enough for children to

---

[58]   The rand is the South African currency and in 2004, one rand was approximately 0.12 euro.

open up. In the group discussions at GoGo Trust, most children appeared too shy to speak in the group or to participate in discussions. This may be because they had not learned to express their opinions, for example at school. In addition, as will become clear in chapter five, there are specific rules of communication between children and adults which may have hindered open discussions. The one-to-one interviews, on the other hand, may have felt 'safer'. Local perceptions of children and childhood that were different to my own and contextual factors such as the harsh conditions the children lived in influenced the research significantly. The differences between my and my interpreters' perceptions did not make my fieldwork easier. Eventually, when I went deeper into the background, these differences in opinions did make my understanding of the generational constructions much more insightful. Being an outsider had the advantage that children and young people revealed or initiated subjects that they were more reluctant to discuss with their seniors. For example, I noticed that the participants initiated topics when alone with me that they did not when my interpreter was present.

This chapter has shown how complicated it is to study child-headed households, and also how complicated and varied the situations are that children live in. In the next chapter, I discuss the complex context in which the respondents live. Although they live in a 'changing South Africa', I show that for many people living situations have not changed that much since the end of apartheid. The majority of African people still live in very challenging economic conditions, and children and young people are affected both by severe poverty and the HIV epidemic. The widespread poverty among African people is largely a legacy of years of apartheid policies, which I discuss briefly. I further discuss the much criticised HIV policies of the South African government and other policies that specifically focus on children in difficult circumstances. I end the chapter by discussing the changes proposed by the new Children's Bill, which makes special reference to child-headed households.

<div align="right">

4

</div>

Children and young people
affected by AIDS and poverty

Introduction

In this chapter I describe the broad contextual forces external to child-headed households which strongly influence the situations of these children and young people. I start the chapter by sketching the residential circumstances in which youngsters in the child-headed households lived. As will become clear, the first and most visible problems that these children experience are related to poverty. In that regard, they do not live in very different situations to many other African children, as I discuss in the section on children affected by HIV/AIDS and poverty. That most poor children in South Africa are African and reside in historically African areas is a legacy of the policies of apartheid, which I discuss briefly. Furthermore, as a result of the migrant labour that apartheid encouraged, family members were separated and children often did not reside with their parents even before the HIV/AIDS epidemic. The economic policies adopted after apartheid have not resulted in the outcomes that so many people hoped for. Unemployment and inequality have not declined; on the contrary, both have increased since 1994. This is, among other things, related to the HIV epidemic, which slows economic growth.

Effective HIV/AIDS policies are consequently very important for African children as they should address parental illness and death and related poverty. These policies are extremely important for child-headed households, as it is assumed that they are among the worst affected. There are several government policies relating to poverty and AIDS-affected children. These are the Home and

Community-Based Care and Support programmes, the various social grants for children living in poverty or orphaned (including by AIDS), and the new Children's Bill referred to in chapter one. This last piece of legislation makes special provision for child-headed households, as will be discussed at the end of this chapter. As argued in chapter two, the rights to social grants and other forms of assistance are the formal endowments of child-headed households. As I will show, South Africa has a comprehensive social security programme and a range of other poverty alleviation programmes. However, the presence of such programmes alone does not tell us if children and young people are able to access them. Turning endowments into entitlements depends on several factors. As I will discuss, eligibility for such support relates primarily to the biological ages of the heads of households and that of younger siblings.

Living in poor communities affected by AIDS

As discussed in the previous chapter, all the children and young people lived in one of the former townships of Ibhayi. Although much has changed since the end of apartheid (with regard to access to water, sanitation, electricity etc.), many people in Ibhayi still live in challenging situations. This also applies to most children and young people in the child-headed households studied, as I shall discuss below. In chapter one, I have already discussed the severity of the HIV epidemic in South Africa, and in the section of HIV/AIDS and poverty in this chapter I focus in particular on the ways poverty affects children and young people. After discussing the legacy and policies of apartheid and the South African government strategy for dealing with the HIV epidemic, I discuss the main policies aimed at supporting youngsters affected by AIDS and poverty.

Sketching the homes of the children

> "Ikhaya" is the Xhosa word for home, a place of security, care, warmth, love, affection and belonging, but following the death of a parent or loved one, it becomes a place of challenge where children who have become orphans are ill-equipped to care for themselves.
> (Frood 2007: 58)

The homes of the children and young people are an essential asset in their ability to cope. However, as stated above, the homes of child-headed households can also become places of challenge. In this section, I discuss the sort of homes in which the children stayed. I focus on the type of house (brick, shack etc), the furnishing and the household utensils. Although the challenges in the homes of the children and young people go far beyond these material assets, as I will discuss in the next chapters, the disrepair of most houses is in itself a challenge.

Zack's home was the first one that I visited. My interpreter introduced me to him and told me that Zack was living alone in a house in a very poor condition. When we first met in 2004, Zack said that he was 16 years old. He lived with an older cousin, who was at that time 18. They lived in a three-room brick house, without glass in the windows. The living room had an old wooden floor covered with some torn pieces of linoleum. Blankets hung in front of the windows to keep out the cold, but made the house very dark. In Zack's bedroom there was no wooden or cement floor, just sand. Electricity had been cut off, and they often could not afford candles. In the living room there were some very worn out chairs and an empty cupboard. In the kitchen there were some old pots and pans, and a paraffin stove. The toilet and the tap were in the back of the yard. The toilet was in a poor state and no longer working. The garden was full of waste and the fence around it was wrecked.

Zack's home serves as a good example of the state of most of the houses of the children and young people. In ten cases, the children's houses were in a very bad state (see for example the pictures, page 85-86). Four of these households lived in shacks made of corrugated iron. These houses became extremely hot in summer and cold in winter, leaked and flooded when it rained, and had dirt floors. Six households lived in brick houses that, as in Zack's case, had broken windows and floors, and a front door that could not be closed or locked properly. Most children lived in houses which were very sparsely furnished. A few houses, such as Mona's, had almost no furniture.

Mona was 16 when I first met her in 2004. She lived alone in a small house which was also in a very bad condition. The house had three rooms; one room had her bed, some kitchen facilities and a small cupboard, the rest of the house was empty. According to Mona, there used to be more furniture in the house but that "disappeared" after her father's funeral. Some other children also said that furniture had gone missing, usually after the funeral of one of the parents. When somebody dies, the homes of the relatives of the deceased serve as gathering places for a few days before the funeral and all the furniture is removed and stored elsewhere such as in a shack in the yard. It is possible, as my interpreter suggested in Mona's case, that furniture was stolen when it was temporarily stored outside the children's homes.

In all cases, except for three houses, the toilet and the tap were outside. In most cases the toilets were not working. The children that lived in informal settlements had to use communal toilets and taps. Furthermore, Zack was not an exception in not having electricity. Nine households did not have electricity as it had been cut off because of unpaid bills or because there had never been a connection.[1] In the eleven other households there was a working connection. Of

---

[1]   The cost of restoring the connection was relatively high (up to 700 rand according to my interpreter).

these, only three households always had electricity. The other eight households only had electricity from time to time, when they could afford to buy a pre-paid card. Because it becomes dark at about 6 pm in winter, having no electricity means spending the nights in the dark or using candles. Some children had electric stoves and in these cases having no electricity meant not being able to cook. Nonetheless, most children cooked on a paraffin stove.

Nine houses were in a fairly good state. These houses were made of brick, had glass in the windows, had at least a wooden floor, and could be locked properly. Furthermore, five of these houses had a working flush toilet (inside or in the yard). The bad conditions of a total of eleven houses, however, created many inconveniences and hazards. To start with, in houses without windowpanes, the inhabitants were exposed to the weather and in winter were very cold and often wet. When the weather was very dry, the wind blew in sand from the streets. In three households, the houses flooded when there was heavy rain. In one of these cases, the water came straight out of the sewerage. Some of the houses only had a dirt floor without wood or other covering. In a few houses there was a wooden floor, but often of such a bad quality that planks were missing. In these houses, fleas, mice and rats were not uncommon. Furthermore, non-working toilets, bucket toilets, and shared toilet facilities are extremely unhygienic.

In most cases, children and young people said that the house used to be in a better state, and that there had been more furniture when they lived with their former caregiver. Many homes seemed to have deteriorated since the inhabitants had become a child-headed household. This is clear in the response from Nick (18), whose house had almost no furniture and a broken floor, when I asked if his home always had always been in this state:

> This house was so right, outside there was no grass, I was the one who make it clean and nice and the curtains, nobody washes them anymore, the floor was nice and there was some carpet. (Nick, Int. 24)

The bad state of many houses is a result of a lack of money for maintenance. Many children said that they needed money to renovate their homes. However, from Nick's account it seems that a lack of money is not the only cause, as he said that he used to clean the garden and the curtains when his grandmother was still alive. As will become clear in the following chapters, although a lack of money forms a major constraint in coping as a child-headed household in general, this is not the only challenge. The children and young people face a multitude of challenges but are extremely limited in their coping options. Many children in South Africa live in similar impoverished circumstances and African children in particular are highly affected by poverty and the HIV/AIDS epidemic, as I discuss below. After sketching the situation many children find themselves

Picture 4.1   Bedroom in one of the homes of the child-headed households

Picture 4.2   One of the homes of the child-headed households

84

Picture 4.3   Interior of one of the homes

Picture 4.4   Kitchen facilities in one of the homes

in, I discuss apartheid policies that, even after their abolition continue to influence the high levels of poverty among African children.

HIV/AIDS and poverty
As discussed in chapter one, 5.5 million people are infected in South Africa, and African children in particular are affected by HIV/AIDS. [2] This is because first of all, the number of Africans infected is much higher than among the other population groups. HIV prevalence among Africans (in the age category 15 to 49) was 19.9% in 2005, compared to the national percentage of 16.2 (HSRC 2005). [3] Poverty is believed to fuel the spread of HIV among African people. This is confirmed by the finding that HIV prevalence is highest in urban informal settlements, with a prevalence of 25.8% (ibid: 39). [4] A study in South Africa revealed that income of households with at least one HIV-positive person was less than half the income of non-affected households (UNICEF 2003: 17). These households have to spend much more money on health care, and simultaneously have their income cut because of the inability of the sick person to work (ibid). [5] In this section, I address childhood poverty in particular, because of the strong link between HIV prevalence and poverty.

The majority of African children (66%) live in income-poor households, defined as households having 1200 rand or less to spend a month (Meintjes *et al.* 2006: 69). [6] The biggest contributor to household poverty is the high rate of unemployment among African South Africans. Between 31.1 to 41% of African people are unemployed, while only 5.4% of white South Africans are unemployed (Leatt *et al.* 2005: 4). [7] There are differences in employment between the provinces. In the Western Cape, 70% of children live with an employed parent,

---

[2] It is estimated that of the 5.5 million HIV-infected people in South Africa, 294,000 are children between the ages of 0 and 14 (Dorrington 2006: 8), and about 19% of all children, a total of 3.3 million, had lost one or both parents by 2005 (Meintjes *et al.* 2006: 68).

[3] White people account for 0.5% of HIV infections, Coloureds for 3.2%, and Indians for 1% (Shisana *et al.* 2005: 40).

[4] As argued in chapter 1 (page 5, see note 14), the number of child-headed households is also found to be the highest in these urban informal areas.

[5] However, an infected household member may also result in more income in a household if he or she is eligible for a disability grant. An HIV-infected person is eligible when he or she has a CD4 count of 200 or below. However, disability grants expire after six months, and the grant has to be applied for again. When the CD4 count is higher than 200 (for example as a result of taking medication) the grant will be stopped. This may result in people not taking their medicine, because for many households the disability grant is the only source of income. I discuss the system of social grants in a later section. As will become clear, other social grants also have unwanted side effects.

[6] In these statistics, children are defined as aged between 0 and 18.

[7] The lower percentage is in accordance with the official narrow definition of employment, in which people are defined as unemployed when they are actively looking for a job. The higher percentage includes the people who would like to find a job, but are discouraged or have not actively looked for a job in the past two weeks (Leatt *et al.* 2005: 4).

compared to only 32% of children in the Eastern Cape.[8] These differences in employment are also reflected in differences in income. In the Eastern Cape, 73% of children live in households with monthly earning of 800 rand or less, while only 18% of children live in such households in the Western Cape (Leatt 2006: 27).[9] The variety in income and poverty between the different population groups and the differences between the provinces are mainly a result of apartheid, as will be discussed in the next section.

Income is not the only measurement of poverty; malnourishment is another determinant of childhood poverty and is measured by weighing children regularly. About 10% of children in South Africa were found to be underweight in 2000, with 1.4% severely underweight (Abrahams *et al*. 2005: 58). A study on household food security in South Africa, found that many poor people live on the edge of survival, with frequent food shortages and a monotonous diet (Coutsoudis *et al.* 2000). The most visible consequence for children is stunting, which is apparent in about 24% to 28% of children in South Africa (ibid: 2). Furthermore, there are still many households that do not have access to 'adequate' sanitation facilities; it is estimated that 45,000 households use a 'bucket system', and these buckets full of human excreta are only emptied once a week (Leatt & Berry 2006: 78) . Good sanitation is important in the well-being of children, because children who are not able to access proper sanitation are exposed to worms and bacterial infections. Good or adequate sanitation are facilities that are safe and are inside or near a house, and just over half (54%) of all children (aged 0 to 17) in South Africa had access to such facilities in 2005. The remaining 46% of children were using inadequate sanitation, such as pit latrines (unventilated), chemical toilets, buckets, or no facilities at all (ibid). 42% of children had to rely on water that was unsafe or from a distant source (ibid: 79).

Having access to basic sanitation, drinking water on site and electricity are all highly related to where a child resides. Living in a historically African area (i.e. a former township or homeland), means having less access to these basic necessities. Of the children that use inadequate sanitation, and have no access to water on site, 99% are African. Furthermore, at a national level, two million children live in backyard dwellings or shacks in informal settlements (Hall & Berry 2005: 64). As indicated in the former chapter, backyard dwellings are extra rooms or buildings in the yard of another house, and are used by households who cannot afford housing of their own. People living in these rooms generally make use of the facilities of the main house, such as the kitchen and the toilet. Sometimes these rooms around the house are nothing more than shacks. Living in informal

---

[8]   86% of children in the Western Cape reside with at least one employed adult in the household, and 50% of children in the Eastern Cape reside with at least one employed adult (Leatt 2006: 26).

[9]   The national average of children living in households with incomes below 800 rand is 55% (Leatt 2006: 27).

settlements means being exposed to hazards, such as shack fires and paraffin poisoning. This is a result of many households cooking on stoves using paraffin (Hall & Berry 2005: 64). Many children (4.5 million) live in overcrowded houses, defined as having more than two people per room (Hall & Berry 2005: 64).[10] Shacks and houses in informal dwellings or settlements in general, are considered 'inadequate', according to the Department of Housing (Children's Institute 2006b).

Housing is not just about the quality of the shelter however. Adequacy of housing is also about safety and security, access to services, affordability, habitability, cultural adequacy and secure tenure according to the International Committee on Economic, Social and Cultural Rights (CECSR) (ibid). A habitable house is a house that, among other things, protects the inhabitants against the weather, especially the rain and cold. The social services include access to safe water, sanitation and safe energy sources (in other words, having an electricity connection in the house) (ibid). Many of the homes of the child-headed households referred to above, are inadequate according to these standards. Eleven can be considered 'inhabitable', as they do not even offer protection against the weather. The majority of households could also not afford or access electricity and did not have a working toilet. The homes of children and young people are no different to those of many other (mainly African) children. But in the absence of a resident adult, they may be at greater risk of dangers such as burglary. Bless (2005: 22) found that the safety of their homes was a great concern in child-headed households, particularly for girls.

The above poverty statistics only deal with children aged 0 to 17; young people above that age living in poverty are not included. Children aged 0 to 17 are the largest group of poor people because they are dependent on poor households (Morrow *et al.* 2005: 7). Youth aged from 18 to 24 are the next most impoverished section of the population in South Africa, as many are still dependent on these poor households. Being poor and older than 24 relates more to unemployment than dependence on poor households (ibid).

Level of education plays a major role in the probability of finding a job (Mlatsheni & Rospabé 2002: 24; Morrow *et al.* 2005: 15). However, particularly among African youth, the level of education is low. In 2002, more than half of African youth (55%) in South Africa did not complete secondary education, 23.9% finished their matriculation year and only 3.8% of youth (aged 18 to 24) completed tertiary education. Youth who have completed grade 12 (matriculation) are more likely to be employed than those who have not, and those who

---

[10] Overcrowding is also a problem, because it is argued that it undermines privacy, and children face a greater risk of sexual abuse (especially when sharing a bed with an adult, or when boys and girls share a bed) (Hall & Berry 2005: 64).

complete some tertiary education have by far the best chances of getting a job (Lam *et al.* 2007: 31). Most young people value education, and nearly half of the African youth who are not enrolled in school say that this is due to a lack of finances (Morrow *et al.* 2005: 15). Clearly, young people above the age of 18 are highly affected by poverty. They lack the finances to go to school, which diminishes their chance of finding a job.

As argued in chapter one, it is assumed that the occurrence of child-headed households is significantly related to the HIV epidemic. Many children have or will be orphaned and at the same time, there will be fewer people who are able to care for these children. Not only orphaned children, but many other, particularly African, children in general, are and will be affected by the HIV epidemic and/or poverty. HIV/AIDS policies and policy decisions aimed at reducing poverty are consequently of great importance in the lives of the majority of South African children. The epidemic slows economic growth (it reduces income and consumption) and slowing the HIV epidemic is thus vital in eradicating poverty and inequality (Nattrass 2004: 33). Unfortunately, although South African HIV policies looked very promising at the start, they have not been very successful. South Africa has been internationally criticised and ridiculed for its policies. Before discussing South Africa's HIV policies, I first discuss the policies and legacies of apartheid briefly. Apartheid had, and its legacy continues to have, a profound impact on the lives of African children. I briefly discuss key apartheid laws as well as the main strategies of the current government to deal with the injustices of the past.

Apartheid and its legacy
'Apartheid' is the Afrikaans word for 'separateness' or 'segregation'. When the National Party came to power in South Africa in 1948, various Acts were launched that were intended to promote racial segregation.[11] It started with the Population Registration Act (1950), in terms of which every person in the country was compulsorily classified into a discrete racial group, i.e. African, Coloured, Indian or White (Lester *et al.* 2000: 225). This was followed by the Group Areas Act (1950). Separate residential areas for different races were created, with each area separated by buffer strips, which led to the forced removal of thousands of people to other areas. In the cities, thousands of 'non-white' people were forced to move to another part of town or far from the city, in the designated townships. With the passage of the Group Areas Act, South African urban areas were drastically changed.

Prior to 1950, however, colonial societies were already structured in terms of perceived differences between the various racial and cultural groups (Christopher

---

[11] For a comprehensive discussion of this apartheid legislation, see Lester *et al.* (2000: chapter 5).

1987: 196). Since the 1840s reserves had been established for African people and people were allocated according to tribal differences (Lester *et al.* 2000: 223). After the promulgation of the Native Urban Areas Act (1923) African people were severely restricted in their ownership of land; all urban areas were declared 'white', and Africans were only allowed access to towns to serve white labour needs. The measures to regulate the inflow of Africans into urban areas were referred to as 'influx control'.[12] These influx control measures became stricter after 1948 and the implementation of apartheid (Maylam 1990: 66-67).

From 1950, an attempt was made to consolidate the former reserves for African people into separate 'African states'. The reserves were consolidated into ten 'independent' and self-governing homelands (or Bantustans). Most African people consequently were no longer nationals of South Africa, but of one of the homelands. Millions of African people were forcedly removed to these homelands from white (rural and urban) areas, and each homeland represented a distinctive African ethnic/linguistic group. Further restriction of the residence of African people was imposed by the Natives Law Amendment Act (1952) which restricted the right of permanent residence in urban areas to Africans who had either been born in that particular urban area and had lived there continuously since birth, or had resided legally in the area for fifteen years, or had worked for the same employer for ten years (Maylam 1990: 69). The Pass Laws Act (1952) made it compulsory for all black South Africans to always carry a pass book (known colloquially as a *dompas*) which stipulated where, when, and for how long a person could remain in 'white' South Africa. The system of influx control came with serious problems. The "surplus" urban African population (those who did not fulfil white labour needs) was increasingly displaced to the homelands, which became overcrowded and impoverished (ibid: 72). This pressured African people to disregard influx control measures by moving illegally to urban areas, where they had a better chance of earning a subsistence income (ibid).

In 1953, the Reservation of Separate Amenities Act provided the legal basis for the exclusive use of all public (and some private) facilities by individual racial groups. Segregated facilities included beaches, train carriages, park benches, toilets, and in many cases, separate doors for whites and non-whites in public buildings. This segregation is sometimes referred to as 'petty apartheid'. Petty in this context means 'small', in contradiction to the 'grand apartheid' which involved the massive compulsory movement of people. Other acts that severely restricted the freedom of all people in South Africa were the Prohibition of Mixed Marriages Act (1949), which prohibited marriage between people of

---

[12] The 'influx control' legislation had its basis in the 1913 Land Act and the 1936 Native Land and Trust Act, promulgated before the apartheid period by pre-National Party governments. It can even be traced back to the Glen Grey Act of 1894 passed by the colonial government.

different races, and the Immorality Act (1950, scrapped in 1985) which attempted to forbid all sexual relations between whites and non-whites. In sum, during apartheid several laws and regulations were designed to separate different racial groups, which strongly controlled all South Africans, but particularly non-whites.

Controlling the mobility and freedom of Africans involved high financial costs and high levels of resistance. The pass system, discussed above, gave rise to much resistance and struggle (Maylam 1990: 77-78). Africans disobeyed the pass laws and organised campaigns for the removal of the laws. According to Maylam, nearly eighteen million Africans were arrested or prosecuted under the pass law and influx control regulations between 1916 and 1984 (ibid). The anti-apartheid struggle involved several other resistance strategies, such as strikes, boycotts, civil disobedience and union organisation. These often resulted in extremely violent responses from the government, including the well known Sharpeville killings in 1960 (69 people were killed at a non-violent demonstration against pass laws), and the 1976 Soweto revolt (which resulted in the killing of school children and youth). The struggle and resistance within South Africa, as well as international pressures, finally resulted in the repeal of discriminatory laws, the unbanning of several political parties, and the release of political prisoners, among whom was Nelson Mandela. After a series of negotiations from 1990 to 1993, apartheid was finally discarded, and the first democratic elections were held in 1994.

After apartheid, the new ANC government had to deal with huge challenges, such as enormous income differences between the different racial groups. In the mid-1990s, it was estimated that 5% of the population (most of them white) owned 88% of the nation's wealth (Lester *et al.* 2000: 251). The average annual income for an African person, in 1995, was 23,228 rand compared to an average white income of 102,857 rand (ibid). In addition, 12 million people did not have access to clean drinking water, 21 million did not have access to adequate sanitation, and 64% of households did not have an electricity connection (ibid: 240). There was also a very large difference in poverty levels between the provinces, as a result of apartheid. The poorest provinces, KwaZulu-Natal, Limpopo and the Eastern Cape, are those that include the most populous former homelands (Aliber 2003: 475). The former homelands (which are largely rural areas) are the poorest areas of South Africa, and population is concentrated there. Before the dismantling of apartheid, South Africa consisted of four provinces (Cape Province, Natal, Transvaal, Orange Free State), and ten homelands (Bophuthatswana, Venda, Transkei, Ciskei, Gazankulu, Kangwane, KwaZulu, Lebowa, Qwa Qwa and KwaNdebele). South Africa now has nine provinces, with each province having its own provincial government which is responsible for many of the key

spending and social transfer functions of the government (Butler 2004: 99).[13] The other two spheres of post-apartheid government are national government and local government (the municipalities).

There is also rapid urbanisation; at least 50% of the population resides in urban areas, and it is estimated that this trend will continue with this figure rising to 56% by 2015, and 65% by 2030 (Butler, 2004: 39). One of the major challenges after apartheid was the shortage of houses, particularly in the former African areas. Housing and, particularly, the cost of housing the African labour force in the townships has been problematic since the beginning of the years of influx control. As a result of these costs, housing shortages started in the 1940s (Maylam 1990: 77). Because of the unwillingness of the state to provide housing for Africans, they had to provide their own houses, which were often informal shack settlements (ibid). Another major challenge was the high level of unemployment. By the end of apartheid, in 1993, 30% of the population was unemployed (Seekings & Nattrass 2005: 277).[14] These people had been unemployed for a long time, or even had never worked (ibid).

The first ANC attempt to deal with the injustices of the past was the Reconstruction and Development Programme (RDP).[15] The RDP was criticised from its launch, particularly because of "the vagueness of the strategies proposed and their tremendous cost implications" (Lester *et al.* 2000: 250). The goals set out were not perceived as pragmatic development strategies but rather as "statements of intent" (ibid). Therefore, soon after the release of the RDP, the government adopted a new macroeconomic policy strategy, Growth, Employment and Redistribution (GEAR) in 1995. GEAR was developed in accordance with international principles of neo-liberal economic management (Lester *et al.* 2000: 252). It was designed to achieve high rates of economic growth, and perceived to be able to tackle inequality. Although "business leaders applauded GEAR", critics considered it highly inappropriate and unlikely to solve the most pressing economic problems such as unemployment and poverty (Aliber 2003: 475). Although South Africa now has a Gross National Product (GNP) of US$ 240 billion,

---

[13] The current distribution of the different racial groups reflects both the legacy of apartheid and the country's economic history (Lester *et al.* 2000: 27). Provinces with a higher than the average African population reflect the presence of the former homelands, such as Limpopo, the North West Province, Mpumalanga, and the Eastern Cape. In the Northern Cape and Western Cape the number of Coloured people is much higher than in other provinces, and the majority of Indians/Asians are resident in KwaZulu-Natal. There is a wide variety in economic performance, population structure and job availability between the current provinces, as discussed in the previous paragraph.

[14] According to the broad measurement of unemployment which also includes "discouraged job-seekers", i.e. those who are not actively looking for a job (Seekings & Nattrass 2005: 277)

[15] The RDP consisted of five major policy programmes: meeting basic needs (jobs, land, housing, water, social welfare, etc); developing human resources (though training, education etc); building the economy and addressing economic imbalances; democratising the state and society; and implementing the RDP.

(compared to US\$ 130.2 billion in 1997) poorer households have not shared in the proceeds of economic growth.

Seekings & Nattrass (2005), in their book Class, Race, and Inequality in South Africa, analyse the 'distributional regime' during and after apartheid. They argue that although the nature of inequality changed in South Africa, in the sense that race and class are no longer coterminous, income inequalities may in fact have deepened since the end of apartheid. Class has largely replaced race as the determinant of inequality, and although interracial income inequality has declined, intraracial inequality continues to grow (Seekings & Nattrass 2005: 340). This is because the major emphasis of government policies has been on the promotion of a black economic elite and middle class, which has brought about little or no change in the position of the majority of poor (African) people (ibid: 341). The public policies exacerbated the problem of unemployment, which resulted in "jobless growth" (Lester *et al.* 2000: 256). The distributional regime of the late apartheid years has consequently been *reformed* rather than *transformed* (Seekings & Nattrass 2005: 6).

In conclusion, it is clear that years of apartheid have had devastating effects on non-white people and African people in particular.[16] Although since the end of apartheid, interracial income inequality has declined, the majority of poor people and children are still African. Furthermore, the economic policies of the government do not solve the high rates of unemployment, while unemployment relates strongly to (child) poverty (Budlender 2006). Inequality will continue to rise as the HIV/AIDS pandemic lowers economic growth (Seekings & Nattrass 2005: 335; Nattrass 2004: 32-35). Nattrass therefore argues that addressing AIDS is a precondition for addressing poverty (2004: 34). An effective AIDS strategy is vital in promoting economic growth and equality. Furthermore, the rollout of AIDS medicines can delay sickness and death of parents, and thus prevent or delay children becoming orphans. However, the AIDS policies of the government of South Africa are highly criticised internationally. Below I briefly discuss the policies, the controversies, and possible explanations for failures.

HIV/AIDS policies
From the 1990s there were clear warnings of an impending HIV epidemic, and health professionals and analysts argued strongly for an integrated HIV/AIDS prevention strategy (Nattrass 2004: 41). After the elections in 1994, the new government immediately adopted a comprehensive AIDS plan which looked very promising. The AIDS plan was formulated by the National Aids Committee of South Africa (NACOSA), which was an umbrella body that had the task of

---

[16] During the apartheid era, all non-whites were discriminated against. However, Africans were most restricted in their rights and lived under the worse socioeconomic conditions.

developing a co-ordinated response to AIDS (Nattrass 2004: 42).[17] HIV/AIDS was declared a 'Presidential Lead Project', which gave the AIDS plan special status and access to resources set aside for the Reconstruction and Development Programme. The AIDS plan was "comprehensive, practical and carefully costed", embraced sexual rights for women, and accorded a key role to people living with AIDS in AIDS policy development and implementation (Schneider & Stein 2001: 725).[18]

Unfortunately, four years later, not much of the AIDS plan had been fulfilled. In 1990, an estimated number of 74,000 to 120,000 people were infected with HIV/AIDS, a number that rose to 5.5 million in merely 15 years. AIDS is now the number one cause of death in South Africa, and average life expectancy has dropped by thirteen years from 64 to 51.[19] Schneider and Stein (2001) argue that implementing the initial programme has been very difficult because of the inheritance of apartheid administration.[20] In addition, the National AIDS programme director was placed in the Department of Health. This was in contradiction to the recommendations of NACOSA that stated the plan should have an intersectoral capacity (Scheinder & Stein 2001: 725). The new provincial governments also placed the responsibility for AIDS in the Department of Health, which means that HIV/AIDS was seen as a medical problem, rather than a social problem. Whiteside & Sunter (2000: 119-124) argue that an additional reason for the failure of the AIDS plan, was that the new Minister of Health, Nkosazana Zuma, saw the NACOSA plan as a blueprint for the Government's AIDS programme. However, according to Whiteside & Sunter (ibid), the NACOSA plan lacked a 'reality check' of the social and economic situation in South Africa, and consequently funds and human recourses were highly overestimated. The result was a slow and hesitant start of the AIDS plan (Nattrass 2004: 44).

---

[17] NACOSA was launched after the 1992 joint conference of the old government's department of health and the ANC.

[18] Furthermore, to guide the government in the implementation, two institutions were created, the AIDS Advisory Group and the Inter-Departmental Committee on HIV and AIDS (IDC) (Johnson 2004: 114). The first was a group of nongovernmental experts and representatives, aimed to advise the HIV/AIDS directorate on policy matters. The latter, IDC, consists of representatives from all government Departments who co-ordinate HIV/AIDS activities (ibid).

[19] Dorrington *et al.* (2006) state that 47% of deaths can be attributed to AIDS in 2006. The number of HIV/AIDS related deaths had been highly underestimated in previous years. When people die of AIDS, they die of opportunistic diseases, such as TB or respiratory infection. A doctor may not attribute the cause of death to AIDS or relatives may keep the cause of death a secret because of related stigma.

[20] This was a consequence of the negotiated settlements between the old and new government. It was agreed that the first five years after 1994, the jobs of civil servants would be protected (Schneider & Stein 2001: 724). The administration had always been more concerned with maintaining the apartheid system than delivering social services, and was highly bureaucratic (ibid). A second agreement was reached about the establishment of a quasi-federal system to satisfy minority interests.

Although the slow start of the AIDS plan may be justified by the legacy of apartheid, the government of South Africa is often accused of having lacked the political will to act on the impending epidemic. However, Schneider & Stein (2001: 728) argue that the government does not lack political will:

> the real problem underlying AIDS implementation failure in South Africa appears to lie less in the *degree* of political concern than in the *quality* of this concern, less in the lack of political commitment than in the inappropriateness of more centralist and authoritarian styles of leadership in facilitating the response to AIDS. This is most evident in the inability of government to mobilise a broader social response to HIV.

According to them, initial policy-making and mobilisation of resources were relatively straightforward. Implementing AIDS policy in a society that has both a devastating AIDS epidemic and is undergoing changes on many fronts, is however especially difficult. Furthermore, they argue that a complicating factor has also been the style of leadership which was centralist and authoritarian (Schneider & Stein 2001: 728). Johnson (2004) also argues that leadership style is an important factor in explaining the failures in the implementation of HIV/AIDS policies. According to her, the style of leadership has been 'non-participatory and secretive' (2004: 120). An example of this leadership style was the idea in 1995 of producing the musical, Sarafina II, which had an anti-AIDS message and would tour the country. The script was criticised as both confusing and irrelevant (Nattrass 2004: 45). The biggest objections were raised when the amount and the source of money spent on the project was publicised (14 million rand which came out of the budget of the Department of Health). Protest came from the government's own AIDS Advisory Committee, the emerging provincial AIDS programmes (which had not been consulted on the decision), and the European Union whose funds were used to finance the contract. President Nelson Mandela referred to Sarafina II as one the ANC's key mistakes of the year (Schneider & Stein 2001: 728).

According to Whiteside and Sunter, the fiasco of Sarafina II led to the alienation of the NGO sector, which had so far been supportive of the Minister and the Department of Health (2000: 121). A second scandal followed within a year involving the drug Virodene, which was seen as a wonder treatment for HIV/AIDS. Despite the serious concerns raised by medical experts, the Minister of Health endorsed the drug in a "unilateral and publicly unaccountable manner" (Johnson 2004: 122). This created new conflict with NGOs. These and other "blunders and public-relations nightmares" in the fight against HIV/AIDS, resulted in an even more closed and authoritarian leadership (ibid: 121).[21]

---

[21] Other scandals are President Mbeki's questioning of the science of AIDS; claims about the effectiveness of eating healthy food in the fight against HIV/AIDS; and Jacob Zuma, the former deputy president of South Africa and recently elected president of the ANC, saying in his testimony in a court case in which he was accused of rape, that he had taken a shower after unsafe sex in order to reduce

Criticisms of the project Sarafina II were dismissed; there were fewer opportunities for NGOs to advise the ministry on policy matters, and nobody was allowed to talk to the media about government AIDS policies (ibid: 122).

In 1999, Manto Tshabalala-Msimang became the Minister of Health and a particular subject of international criticism. This was first of all related to her claims that AIDS could be treated by eating particular vegetables such as garlic and beetroot, instead of taking anti-retroviral medicines (ARVs) (hence her nickname Doctor Beetroot). One of the biggest controversies was the reluctance of the government to approve the access to ARVs of HIV-positive pregnant women. One key strategy in the overall approach in HIV/AIDS prevention lies in the prevention of mother to child transmission, or 'mother-to-child transmission prevention'. However, according to the government, implementation would be too expensive. The Treatment Action Campaign (TAC) pressured the government to provide future mothers with ARVs.[22] In 2001, the TAC won a Constitutional Court case in favour of a mother to child prevention programme TAC newsletter, 14 December 2001).[23] After that, the TAC started to negotiate and discuss the issue of HAART (Highly Active Anti-Retroviral Therapy) for all people living with AIDS with the government.[24] They appeared to reach an agreement at the end of 2002, but the government than refused to sign it and the TAC embarked on a civil disobedience campaign in 2003. In August 2003 the government finally agreed to provide HAART through the public health sector.

Providing HIV-infected people with HAART helps to prevent new infections. It lowers the viral load, which makes people less infectious. Furthermore, people will be more likely to participate in voluntary counselling and testing (Nattrass 2004: 18). The implementation of both policies has taken a long time, and in both cases the ministry used cost as justification (Nattrass 2004: 47). While mother-to-child-prevention stops children from being infected by their mothers, it results in higher numbers of orphans if the infected mothers do not receive treatment. However, it has been proved that treating HIV-positive children is much more expensive than preventing them being infected by their mothers (Seekings & Nattrass 2005: 365). The rollout of ARVs would decrease the number of AIDS deaths, and hence reduce the number of orphaned children.[25] However, rollout

---

the chance of HIV-infection. The messages from political leaders have been confusing, to say the least.

[22] TAC was formed by AIDS activists in 1998 to campaign for affordable treatment.

[23] For a clear picture of all the events around mother-to-child-transmission (MTCT) in 2001 and 2002 that led to the Constitutional Court case, see Schneider and Fassin (2002: 48) and Nattrass (2004: 66-98).

[24] HAART is a combination of several anti-retroviral drugs.

[25] Without the rollout of anti-retroviral treatment (ART) the number of deaths is expected to be 505,000 a year by 2010. Providing 90% of HIV-infected people in the stage of progressing to AIDS with ARVs will bring the number down to 291,000 (Dorrington *et al.* 2006: i).

has been slow due to major capacity and infrastructural constraints. It is assumed that 225,000 people were on ARVs in the middle of 2006, and it is assumed that two thirds of them receive the drugs from the public health service.[26] By the middle of 2006, it was estimated that 540,000 people were sick with AIDS and did not have access to ARVs (Dorrington *et al.* 2006: ii).[27] Only about 10% of children who need treatment are receiving it (Shung-King & Roux 2005: 29).[28]

Furthermore, with the implementation of HIV prevention programmes and 50% anti-retroviral treatment rollout, the number of orphans is still expected to rise to 4,6 million children in 2013.[29] However, as argued in chapter one, there are different definitions of orphans. Meintjes & Giese argue for that reason that the predicted number of orphans for 2013 is "misleading", as it deals with the number of children who will have lost one or both parents. The number of orphans that will have lost both parents will be 1 million, 2.3 million children will have lost their mother, and 3.4 million their father (Meintjes & Giese 2006: 407). However, African women aged from 15 to 29 account for the highest number of infections, and are three to four times more likely to be HIV-positive than men in the same age group (Shisana *et al.* 2005) (see figure 4.1).[30]

This seems to contradict the expectation that there will be more paternal orphans than maternal orphans. Furthermore, many African children live in female-headed households (42%), which are mainly single-parent households (Aliber 2003: 480). Hence, losing a mother may have far greater consequences for a child than losing a father.[31] Regardless of the definition of an orphan, it is clear that many children will be affected by the HIV epidemic, even with successful implementation of ARV treatment.

---

[26] At the end of 2005, however, the number of people on HAART funded by non-profit organisations or who paid themselves was estimated to be almost half of the cases (Nattrass 2006: 618-619).

[27] HAART coverage, however, varies significantly across South Africa's nine provinces, with the Western Cape in the best position to achieve a high HAART coverage because it has the lowest HIV prevalence, the highest number of doctors, the second highest GDP per capita, and the highest public-sector health expenditure per capita (Nattrass 2006: 618).

[28] One of the obstacles to accessing ARVs for South African children is that they are mostly only identified as HIV-positive once they have fallen seriously ill (Shung-King & Roux 2005: 26). Furthermore, there are some general problems in the administration of ARVs to children. These include calculating the correct doses of medication for children, the taste of ARVs, and the sizes of the pills (ibid). Than there is the problem of adherence, which depends on the caregiver's commitment (ibid: 27). Shung-Kee & Roux further argue that the government of South Africa does not provide a comprehensive plan for the care, management and treatment of HIV, and focuses narrowly on the rollout of ARVs (2005: 27).

[29] According to the ASSA 2002 model (www.actuarialsociety.co.za)

[30] The Assa2003 model estimates that there were 831,000 infected young women (aged 15 to 24) and 181,000 infected young men (aged 15 to 24) (Dorrington *et al.* 2006: 8). According to the HSRC households survey 2005, HIV prevalence among young women was 16.9% compared to 4,4 % in young men (Shisana *et al.* 2005).

[31] At the same time, as will be discussed in the next chapter, a considerable group of children are not living with either parent.
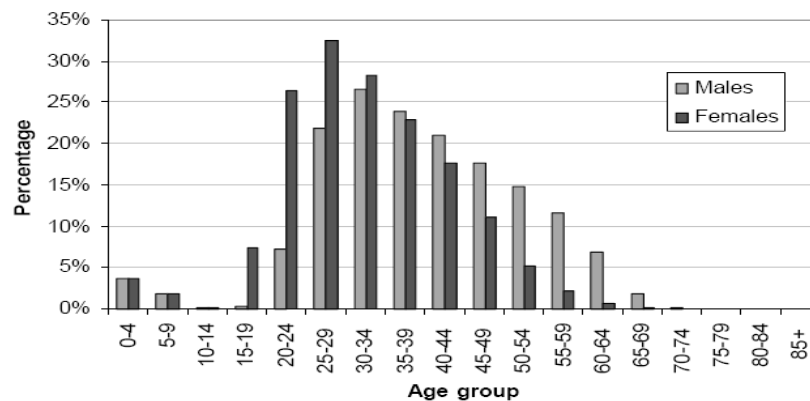
Figure 4.1   Estimated prevalence of HIV by sex and age, 2006
                    (Dorrington *et al.* 2006: 9)

Hope for improved implementation of ARVs and AIDS policies in general emerged when Deputy President Phumzile Mlambo-Ncguka was appointed to spearhead a new drive against HIV/AIDS, and Nozizwe Madlala-Routledge (the Deputy Health Minister) was appointed to replace temporarily Minister Tshabalala-Msimang, who had been admitted to hospital (Kapp 2006: 1759). According to Kapp, they allegedly formed a close coalition ahead of the launch of the new strategic plan. The New Strategic Plan (NSP) (2007-2011) of the government aims to reduce the rate of new HIV infections by 50% by 2011, and lessen the impact of HIV and AIDS on individuals, families, communities and society by "expanding access to appropriate treatment, care and support to 80% of all HIV-positive people and their families by 2011" (Ministry of Health 2007: 10). It includes a specific goal to mitigate the impact of HIV/AIDS and to create "an enabling environment for care, treatment and support" (2007: 94). One of the objectives is to strengthen the implementation of Orphans and Vulnerable Children (OVC) policy and programmes, and to expand and implement community and home-based care for OVC. I discuss the OVC policies and community-based care for OVC in South Africa in greater detail below. Before this, it should be noted that although the new AIDS plan was applauded, the initial optimism was deflated after Madlala-Routledge was fired by President Mbeki within a year of her appointment. The official reason for firing the Deputy-Minister was an un-

authorised trip to the International AIDS Vaccine Initiative (IAVI) in Spain, but opposition parties and civil society groups believe that she was set up.[32]

In conclusion, it appears that the HIV/AIDS policies have not been very successful in preventing new infections or in prolonging the lives of already infected people. This, as we have seen, has particularly profound consequences for children. Hopefully, the distribution of HAART and mother-to-child prevention programmes will be broadened, as intended by the new HIV/AIDS strategic plan. Besides these AIDS policies, poverty policies directly aimed at children could positively influence their lives. In the next section I first discuss the (international and national) legal context underpinning social services delivery to orphans and vulnerable children (OVC). South Africa's national and international legal obligations (UNCRC, African Charter, South African Constitution), the difficult situations many children find themselves in (particularly those affected by HIV/AIDS) and the discriminatory Children's Act that stems from the period of apartheid made it necessary to review and develop child legislation. I discuss the new Children's Act, with a focus on child-headed households, at the end of the chapter. Before discussing the Children's Act, I address the social services directed at OVC which are first of all Home and Community-Based Care and Support (HCBCS) and a comprehensive social security system.

Policies aimed at supporting children in difficult circumstances

HIV/AIDS policies have not been very promising in eradicating the effects of the HIV epidemic for children, as argued above. In this section, I discuss the main policies that aim to eradicate childhood poverty and support children affected by AIDS. Cassiem *et al.* (2000: 5) argue that the National Plan of Action (NPA) is "the driving force behind the South African government's strategy for child poverty alleviation". The aim of the NPA is to provide support to orphans and vulnerable children (OVC) that is "integrated, holistic and will create an enabling environment" (Streak 2005: 8).[33] The NPA is informed by the Bill of Rights and by the UNCRC.[34] According to Jacobs (2005: 9), however, the plan has still not been implemented in a comprehensive way.

---

[32] 'Madlala-Routledge was set up', Mail & Guardian, 10 August 2007.

[33] The aims are to increase access to quality social services for OVC; to create an environment where orphans and vulnerable children are not discriminated against at social, health and education services; to improve and support community capacities; to identify and monitor vulnerable household and to provide a supportive environment for orphans and vulnerable children; and to encourage special measures to protect orphans and vulnerable children from violence, exploitation, discrimination and abuse, and obviate any secondary trauma that may result from their orphanhood (ibid).

[34] The Bill of Rights sets out the socio-economic rights of everyone and the additional rights of children. Everyone has the right to have access to adequate housing (section 26), and has the right to have access to health care, food, water and social security (section 27). Section 28 deals with specific children's rights. Every child has the right to family care or parental care, or to appropriate alternative

The policies to eradicate childhood poverty and to support OVC are mainly the responsibility of the national and provincial departments of social development, whose role is defined both in the Constitution and in the White Paper for Social Welfare (Ministry of Welfare & Population Development 1997). The White Paper calls for a shift from a traditional welfare approach to a 'developmental approach' (Streak 2005: 7). As discussed in chapter one, a developmental approach aims at building self-reliance. The key idea of 'developmental social welfare' is that social development and economic development are interdependent and mutually reinforcing (Haarman 2000: 15). The White Paper, containing the policy framework for the restructuring of social welfare, is based on this interrelationship. The concept 'developmental approach' emerged from the World Summit for Social Development in 1995. The Minister of Social Development, explaining the paradigm shift to a developmental approach, argued that people need to be taught how to be self-reliant. However, Aliber (2003: 485) argues that the government is struggling with a paradox. It embraced 'developmental welfare', but the economic policies discussed earlier in this chapter do not cater for jobs for unskilled people, or for people becoming entrepreneurs.

In line with the developmental approach is the idea of Home and Community-Based Care and Support. As discussed in chapter one, although initially aimed at supporting and caring for HIV-infected people, this approach is now also viewed as the answer for children affected by AIDS. Together with the financial grants, such as the Foster Care Grant, the Home and Community-Based Care and Support programme is also meant to deal with the growing number of orphaned and affected children. I address both policies below.

Home and community-based care and support
As discussed in chapter one, in 2000 three government departments, Education, Health and Social Development, launched a special plan for children affected by HIV/AIDS, called the National Integrated Plan for Children Infected and Affected by HIV/AIDS (NIP). NIP was approved in 2000 by Cabinet (Sloth-Nielsen 2004: 22). It is the first social development programme initiative primarily for children made vulnerable by HIV/AIDS (Streak 2005: 31). The stated aim is "to ensure access to an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV/AIDS" (ibid). The key features of the NIP are life skills education, voluntary counselling and testing, and home and community-based care and support (HCBCS). The main component for supporting infected and affected children is through the HCBCS programme. The aim of the HCBCS programme is to help

---

care, to basic nutrition, shelter, basic health care services and social services. In addition, in every matter concerning the child, a child's 'best interests' are of paramount importance.

identify children affected by HIV/AIDS and in need of support, and link them with services that can help them to remain in the care of their families or in their community, as discussed in chapter one (Streak 2005: 31).

What exactly do these HCBCS programmes entail? Streak (2005: 31) argues that the HCBCS programme does not propose one model for a community-based approach, but "a range of possibilities for service delivery organisations to adapt and adopt". The Department of Social Development formulated guidelines for establishing HCBCS programmes.[35] These guidelines are first of all aimed at providing advice to assist NGOs in setting up and monitoring HCBCS program-mes. In these guidelines on home-based care (HBC) and community-based care (CBC), the latter is defined as:

> Community-based care is the care that the consumer can access nearest to home, which encourages participation by people, responds to the needs of people, encourages traditional community life and creates responsibilities.[36]

This definition is rather vague, since one might ask to which and whose needs they are responding and what traditional community life is. Likewise, questions can be raised about who will provide this support and what the role of the government is. According to Streak (2005: 32), the role of the Department of Social Development is limited to providing finance, policy guidance, and advice. The actual care and support depends solely on foster families, volunteers and social workers. HCBCS consequently seems to shift the burden of the HIV epidemic onto communities and non-profit organisations (Sloth-Nielsen 2004: 22). Giese *et al.* (2003: 175) argue nonetheless that HCBCS programmes have "immense potential" in response to orphans and vulnerable children. However, for HBCBS programmes to be effective they need extensive funding and there needs to be an "enabling environment". Furthermore, HCBCS should be viewed as one element of an integrated national response to the HIV epidemic (Giese *et al.* 2003: 176), as also argued by UNICEF (see chapter 1).

As described, the main aim of the HCBCS programme is to help ensure that orphaned children remain in their own families or communities. To encourage relatives or members of the community to take care of orphaned children, the government offers the Foster Care Grant (FCG). The FCG and other financial grants aimed at children will be discussed next.

Social security
The new government inherited a fragmented social security system which started as a social security net for mainly white people. Haarman (2000: 12) argues that

---

[35] The Department of Social Development was formerly known as the Department of Social Welfare.
[36] http://www.doh.gov.za/docs/factsheets/guidelines/homecare/define.pdf Retrieved on 30 December 2006

policy makers faced the challenge of restructuring the existing social security system, and had to address high levels of poverty and inequality as discussed earlier in this chapter. Today, South Africa has a comprehensive social security package, including social grants for 'vulnerable' adults. These are the State Old Age Pension for people over the age of 60 (women) or over the age of 65 (men),[37] the Disability Grant for people with a disability (including HIV-infected people with a CD4 count below 200), and the War Veteran's Grant.[38] These grants are all means tested, which implies providing proof of income when applying for a grant. There are no grants for adult people who fall outside these categories. This means that 8.4 million people who are unemployed and struggling to find an income have no right to social assistance (Streak 2005: 21). Since the beginning of this century, there has been a lobby for a universal social grant or Basic Income Grant for all people living in poverty in South Africa, in order to provide for the basic subsistence needs of households (Jacobs 2006: 67).[39]

Besides the grants for vulnerable adults, there are three financial grants directly aimed at children: the Child Support Grant, the Foster Care Grant, and the Care Dependency Grant. The Child Support Grant (1998) and the Foster Care Grant (FCG) will be discussed in more detail below as these are most relevant for the youngsters in child-headed households. The Care Dependency Grant is intended to support caregivers with children who have special needs, such as those who have a severe disability. The grant can also assist caregivers of children who are very sick, once the illness becomes disabling (Leatt *et al*. 2005: 56).[40] In addition to these grants, the government offers temporary provision of support for persons who are in a crisis situation and are unable to meet their families' most basic needs, in the form of social relief of distress measures. This is either in the form of food parcels or cash for up to three months. Other policies that are directly aimed at realising children's socio-economic rights are the National School Nutrition Programme (a free meal or snack for children in primary education), the School Fee Exemption Policy (parents who are unable to

---

[37] In the Budget Speech of 2008, the Minister of Finance announced that the discrepancy for men and women would be phased out.

[38] There is no clear policy for when people are eligible for the disability grant when they are HIV-infected. In some provinces a person is eligible when he or she is in stage 4 of HIV infection, meaning he or she has developed symptoms of AIDS (Nattrass 2004: 127). With the rollout of ARVs, many HIV-infected people receiving a disability grant face a dilemma. During my fieldwork, HIV-infected people with a disability grant explained that if they took ARVs, they would become healthier (thus no longer being in stage 4). This means that they would no longer be entitled to a disability grant. As many households have no other income, it is argued that some people would rather be ill. Nattrass (2004: 131) further argues that it makes no sense to provide people with life-prolonging medication if they are unable to meet their basic nutritional requirements.

[39] Research has shown that financial grants are often used for the benefit of children (Devereux *et al*. 2005; Jacobs 2006).

[40] The grants amounts R760 a month, and about 85000 children were receiving the grant in 2005 (Leatt *et al.* 2005: 56).

pay the school fees are exempted), and free primary health care. Although in theory these policies can support many poor children and their families, in practice they are severely constrained and difficult to access (see annex 4 for a description of these services and major constraints). The Child Support Grant, discussed next, seems more accessible, with an uptake of 84% of eligible children.

The child support grant
To tackle childhood poverty the government has largely focussed on the provision of social assistance in the form of the Child Support Grant (CSG) (Rosa 2004: 9).[41] The main purpose of this grant is to ensure that people are able to access a minimum level of income (Leatt *et al.* 2005: 54). Caregivers of children up to the age of 14 can apply for this grant after an income test.[42] The caregivers are eligible if they have an income of 800 rand per month or less and live in a formal house in an urban area. Those who live in informal housing or in rural areas are eligible when they earn 1100 rand or less. The CSG amounts to 200 rand per month per child. Caregivers are those persons that provide the primary care for the child and are aged 16 and older (Streak 2005: 22). A caregiver does not need to be the biological parent of the child or be related in any other way.

To apply for a CSG, one is required to do a means test, and thus provide proof of one's income. The information provided by the applicant is however not verified by the administrating officials (Leatt *et al.* 2005: 7). This is for several reasons. First of all, verification is time consuming and expensive. Furthermore, verification depends on formal structures such as banks, and eligible people in South Africa are not likely to be part of these formal systems (ibid). Consequently, the non-verified means test is very vulnerable to fraud. Another flaw in the means test is that the number of children in the household is not taken into account (ibid: 16). It is possible for a household earning 850 rand a month with four children to care for not to receive the CSG while a household which earns 700 rand a month and only has one child, does receive the grant. In addition, the threshold levels have not increased since 1998, and hence have not taken inflation levels into account (Proudlock & Mahery 2006: 14).[43]

Although the CSG reached almost 7.9 million children in July 2007 (John-Langba *et al.* 2008: 71) there are still many poor and vulnerable children who do

---

[41] For a comprehensive discussion of the process of changing social security policies after apartheid, with a focus on the CSG, see Lund (2008).

[42] The age range of eligibility for the CSG was initially 0-7, but was extended to 0-8 in 2003, to 0-10 in 2004, and finally to 0-13 in 2005 (Streak 2005: 21). The CSG will increase by R10 in April 2008 and by a further R10 in October 2008. Furthermore, the CSG will be extended to include children up to their 15th birthday from January 2009.

[43] In June 2008, the Department of Social Development announced its intention to lift the requirements for accessing the CSG to include caregivers of children who earn less than 2200 rand a month.

not receive a CSG. First of all, in 2006, it was estimated that 2.7 million poor children aged from 14 to 17 were not eligible due to the age criterion. Furthermore, 1.4 million eligible children are not accessing the CSG (Hall & Monson 2006: 51). A major constraint in accessing the grant is not having the right papers. The applicant needs to provide his/her identity document (ID), the birth certificate(s) of the child(ren), and proof of income. However, many people in South Africa are not registered at birth and do not have the right papers. Furthermore, the amount of the CSG is very low, and although the cash is helping many families, is not enough for adequate care.

The foster care grant
The FCG is a component of the foster care system, which was designed to intervene in the lives of children in need of protection against abuse or neglect. However, as said before, it is increasingly being used for the growing number of orphans resulting from the HIV epidemic. The government encourages people from the community or extended family to take in orphans by offering FCG incentives, and as such it seems the main response of the government to the rising number of orphans. Policies to support orphaned children thus target traditional family and household structures. The qualification procedure for the FCG is more complicated than the CSG, as the child must be placed in formal foster care. Foster parents that obtain the FCG receive 620 rand per month per fostered child (as of April 2007). This amount is more than three times the amount of the CSG and foster parents do not have to pass an income-based means test to qualify for it.

For orphaned children up to the age of fourteen, caregivers can also apply for the CSG. However, it is the FCG that is in general propagated, as this is a much higher amount of money (Meintjes *et al.* 2003: 5). This has resulted in an enormous growth in FCG applications. In June 2004, 216,000 children received the FCG and by July 2007 this number increased to a total of 421,883 children, which is an estimated increase of 96% (John-Langba, *et al.* 2008: 73). The increase in applications for the FCG has put a huge burden on the family courts and social workers who are part of the foster care application process. Because there are so many applications for the FCG, social workers cannot process them anymore and it is becoming increasingly difficult to access this system (Meintjes *et al.* 2003).

The FCG is receiving more and more criticism. It is argued that the FCG is primarily being used for poverty alleviation, which is the purpose of the CSG. Furthermore, the FCG was intended for children 'in need of care', and orphaned children do not automatically fall into this category (Meintjes *et al.* 2003). Meintjes *et al.* (2003) argue that many orphaned children are taken care of by

relatives. Orphaned children, like other children living in poverty, are therefore 'in need of cash' rather than in need of care (ibid). Orphaned children are hence not necessarily more vulnerable than other children, and supporting children on the basis of orphan status is therefore dubious. Meintjes & Giese (2006) argue that, as a consequence of orphaned children having access to much more material support than children who do have their parents, orphaned children may even become more vulnerable rather than less:

> linking orphaned children to a scarce resource in poor neighbourhoods – such as by providing regular access to money or food that is not accessible to other poor children or families – risks increasing rather than decreasing their potential vulnerability through a 'commodification' of their status. (Meintjes & Giese 2006: 420)

For that reason, Meintjes *et al*. (2003) argue that orphaned children who are cared for through kinship networks should no longer be entitled to the FCG. They advocate for a universal child support grant up to the age of 18. This alternative model will serve more children and will be easier accessible.

Despite the criticisms of the FCG, it could potentially be very helpful for children in child-headed households, as earlier research has shown that the problems of children are highly poverty-related. It is however very difficult for youngsters in child-headed households to access the FCG or other grants. This is first of all related to the age of the oldest child in the household. When the oldest child is under the age of 18, he or she cannot apply for a FCG for younger siblings. To apply for a CSG, a caregiver must be over the age of 16, which makes the CSG more easily accessible.[44] A child who lives alone, regardless of his or her age, cannot apply for either of these grants, as these grants can only be applied for when the applicant is a caregiver for another child. The only means of accessing a grant for such a child is when an adult caregiver moves into their home, or they move into the home of an adult caregiver.

There have been several debates about the problems children in child-headed households have in accessing grants. From a workshop on making grants accessible for child-headed households in 2003, Rosa & Lehnert (2003) conclude that first of all the grants should follow the child, and be in the name of the child so that the death of a primary caregiver does not automatically terminate the entitlement to a grant. Secondly, children should be eligible for direct access to a grant if they meet the criteria for a 'primary caregiver'. In cases where children lack the capacity to administer the grant themselves, or where it is in the best interests of the child, a mentor should access a grant on their behalf. As discussed in chapter one, this idea has been adopted in the new Children's Bill. In the follow-

---

[44] To apply for the grant, a person has to have an identity document that is only provided from the age of 16.

ing I discuss the development of the new Children's Bill and particularly the section that deals with child-headed households and mentorship.

Reviewing the child care act 1983
In 1997, the South African Law Commission (SALC) was requested to investigate and review the Child Care Act (1983). The main reasons for reviewing the Child Care Act are that it does not deal with the challenges faced by many South African children and does not have a rights-based approach. For instance, the Child Care Act only deals with formal adoption and does not provide for other ways of caring for orphans, such as informal care by relatives or by community groups. The Act does not recognise households where the responsible person may be a child and does not take into account the particularly difficult circumstances many children, such as street children and children in child-headed households, live in (Sloth-Nielsen 2004: 17).

An issue paper was published by the SALC in 1998, followed by public consultation processes. Organisations were asked to contribute to the drafting process of the new Children's Bill. These recommendations led to the Draft Children's Bill of 2002 and eventually to the new Children's Bill. The Draft recommended that child-headed households should be legally recognised as a placement option for orphaned children, with "household mentors" to be selected and appointed to a cluster of child-headed households by the Department of Social Development, the court or recognised NGOs (SALC 2002). As I discuss below, these recommendations have been adapted in the new Children's Bill.

In general, the Children's Bill aims at giving effect to constitutional rights to family, parental or appropriate alternative care, to social services, and to protection from abuse, neglect, maltreatment and degradation (Proudlock 2005: 16). The child's best interests are regarded as the main consideration in every matter affecting a child. An important change is also the age of majority, which will be lowered from 21 to 18. The main reason for lowering the age of majority is that 18 is the age of majority in the Constitution and in the UNCRC.

The Bill was split into two sections for technical reasons. The first part of the Bill (Children's Act No 38 of 2005), was passed by parliament at the end of 2005, and it was signed into the law by the President in June 2006. Although certain sections of the Act came into effect on 1 July 2007, the child care and protection system is still mainly governed by the Child Care Act of 1983. The second part of the Bill, the Children's Amendment Bill, was tabled in June 2006, and parliament passed this in November 2007. The Children's Amendment Bill and the rest of the Children's Act No 38 will be put into effect in 2008 (Jamieson & Proudlock 2008: 10). In this second part of the Bill, special reference is made to child-headed households. In the following, I describe what the Bill has to say

about child-headed households, and consider the critical comments of the Children's Bill Working Group (CBWG).[45]

The new Children's Bill and child-headed households
Chapter seven of the Children's Amendment Bill (2006, section 136) makes special reference to child-headed households (Republic of South Africa, 2006). It states that the "provincial head of social development may recognise a household as a child-headed household if; (a) the parent or care-giver of the household is terminally ill or has died; (b) no adult family member is available to provide care for the children in the household; and (c) a child has assumed the role of care-giver in respect of a child in the household".[46] After extensive consultative processes on this part of the Bill, the National Assembly decided that children living alone, whose parents are still alive but who have been abandoned should also be considered child-headed households. Furthermore, an age limit had been added, as a child heading a household must be at least 16 to qualify as a primary care-giver for their siblings (Jamieson & Proudlock 2007).[47]

This definition is broader than the definition used in the general household survey, which defined a child-headed household as a household in which all the members are under the age of 18. In that definition, households with terminally ill caregivers were not regarded as child-headed. With this broader definition of child-headed households in the Bill, the number of child-headed households may already be considerably higher than concluded from statistics in the general household survey (i.e. that 0.7% of all children live in child-headed households). The CBWG argues, however, that this definition of child-headed households is still rather strict (Children's Institute 2006a: 39). This is because no reference is made to households in transition and households headed by those between the ages of 18 and 21 (ibid). In addition, no reference is made to children that do not care for their siblings, but have to care for themselves and/or their parent.

It is further stated, that if a household is recognised as child-headed, the household should be placed under the general supervision of an adult designated by a children's court or an organ of state or a non-governmental organisation determined by the provincial head of social development. The organ of state or a NGO may collect and administer any social security grant or other grant or assistance to which the household is entitled. The designated adult and the organ of state or NGO may not take any decisions concerning a child-headed household

---

[45] The Children's Bill Working Group is a network of networks established in March 2003. It has representatives from most of the child sector umbrella bodies and representatives from the churches, trade unions, and academic institutions. For a full list of organisations and other information see the Children's Institute website at http://ci.org.za/.

[46] Children's Amendment Bill, Chapter 7, Section 136

[47] In the Children's Amendment Bill of 2006 an age limit was not stated. However, the definition of a primary caregiver as a person of 16 years is in line with the Social Assistance Act.

and the children in such households without consulting the child at the head of the household and, given the age, maturity and stage of development of the other children, also those other children. The Bill further states that "the child heading a child-headed household may take all day-to-day decisions relating to the household and the children in the household as if that child is an adult care-giver" (Republic of South Africa 2006: 30).

The Bill also states that a "child-headed household may not be excluded from any aid, relief or other programme for poor households provided by an organ of state in the national, provincial or local sphere of government solely by reason of the fact that the household is headed by a child" (ibid). However, children under the age of 18 cannot access foster care grants and this is one of the motivations of assigning adult mentors. The motivation of assigning an adult who may access the money in their name suggests that children cannot decide what is in their best interests. The question is therefore whether children themselves are and will be taken seriously, as was stated in the introduction.[48] In addition, the question is whether adult mentors, such as community members, have the best interests of children at heart. I address these questions in the following chapters, where I present my research data.

Concluding remarks

I started the chapter by discussing the residential circumstances of the child-headed households. Most of these households live in very impoverished circumstances, and consequently the most visible problems that these children experience are poverty related. I have shown that these problems are not very different to those of a very large proportion of all African children, as most of them also live in poor households. Economic policies aimed at reducing poverty and inequality are therefore of high importance for all children. However, as I have demonstrated, the policies of the government do not decrease inequality or significantly improve the situations of the poorest people in the country. On the contrary, unemployment numbers have increased and inequality worsened. The HIV epidemic negatively affects this trend, as it slows economic growth and particularly affects African, and thus the poorest, people. HIV policies have not been adequate and have been highly criticised. The new strategic plan (for 2007 to 2011) looks promising although so did the initial planning at the end of apartheid.

---

[48] In a similar way, the CBWG argues that more discussion is needed about the responsibilities and accountability of supervising adults or NGOs (Children's Institute 2006a: 39). In November 2007, the National Assembly added a complaint mechanism for children to lay complaints (Jamieson & Proudlock 2007).

The Children's Bill is an improvement in recognising the existence and specific needs of child-headed households. There are, however, still a few problem areas. First of all, the provisions for child-headed households proposed in the Children's Bill are limited to facilitating access to grants (Children's Institute 2006a: 39). Despite the fact that mentors may be able to access these grants for child-headed households, the question remains why children cannot directly access the grants. Related to this is the question of whether these mentors will in fact spend the money on the children, or if children have a say in how the money is spent. Young people over 18 may further still have difficulties accessing financial grants. This is related to the fact that being over a certain age does not mean that one is perceived as adult or mature enough to care for younger siblings. This issue will be discussed in the next chapter.

Although the Children's Bill mainly focuses on facilitating access to grants, the National Integrated Plan for Children Infected and Affected by AIDS (NIP) imposes community-based care and support for all affected children (i.e. including child-headed households). It is not really clear what is meant by this type of support, and it seems to shift the burden of the HIV epidemic on communities. There seems to be a paradox in arguing that communities are heavily affected by HIV/AIDS and on the other hand arguing that community care is the best available care. The expected support from the HCBCS programme and the financial grants are part of the formal endowments of the children and young people. As is clear, these formal endowments strongly relate with children's informal endowments, i.e. the expected support of the extended family and community. In the next chapter I deal with these informal endowments and discuss how the assumption that the extended family and the community will provide the necessary care for children is based on romantic views of traditional structures. As I will discuss, the ideal of 'having the spirit of *ubuntu*', i.e. supporting each other in difficult times, is still very much alive in the communities. Orphans and other vulnerable children are expected to be supported or taken in by relatives. Whether they are able to turn these informal endowments into entitlements largely depends on their room to manoeuvre, i.e. the generational order. In the first part of the next chapter, I deal with the ideological dimension of this order, the ideas and characteristics of childhood and adulthood.

<div style="text-align: right;">5</div>

The paradox of children running households

Introduction

Part of the capabilities of children and young people in child-headed households is their room to manoeuvre, i.e. the generational dimensions, and the formal and informal endowments. In the previous chapter, I dealt with aspects of the formal endowments, i.e. the support that children should receive from the Department of Social Development. In this chapter, I deal with the informal endowments, i.e. the support that children should receive from their relatives and community members. As I will show, if, when and how children are entitled to such support largely relates to characteristics attributed to children and childhood. I start the chapter by discussing which characteristics are ascribed to children and adults and what differentiates children from adults in the local context, or according to Xhosa culture. I discuss which tasks and responsibilities are considered 'normal' for children, and how these may change in the context of HIV/AIDS. After discussing the perceived differences between children and adults, I discuss when and how children become socially 'adult' by discussing the importance of marriage and of initiation as a process of transition into adulthood.

These ideas about childhood and adulthood result in 'generational practices' which are particularly evident in the rules of communication. As becomes clear, adulthood has different dimensions, and being perceived of as adult in one dimension, does not necessarily mean one will be viewed as adult in another. Children may be perceived as mature or adult enough to run their own household but are still expected to behave as children and obey and respect older people. In

a similar way, children can perceive themselves as partly adult and partly still as children. The ideas and characteristics of childhood and adulthood, the generational practices, and how individuals position themselves create the room to manoeuvre in coping.

In the second part of the chapter I discuss who is supposed to support child-headed households, and perceptions of what these children need. As argued in chapter one, although the extended family and community are often regarded as the best care option, it is increasingly acknowledged that its capacity to care for orphaned children is declining and that relatives or neighbours may not in fact always be the best care option for children. In this chapter, I focus more on assumptions about the extended family and community structures in South Africa. What is the basis of the assumption that relatives and neighbours will support children? It is often argued that South Africa has a history of children being fostered by the extended family and that this can be expected to continue. Fostering by community members is however far less common. The question is why should community members support these children if they are not related to them? Like the more sceptical views discussed in the introduction, the health counsellors, volunteers at CBOs, and neighbours in this study also argued that many children are not well taken care of by relatives and that children may therefore be better off living on their own.

The differences between children and adults

Children are often characterised by emphasising the differences between children and adults, or childhood and adulthood. A child is often thought of as someone who lacks certain adult characteristics, which he or she will acquire in the path to adulthood. The path to adulthood is different for boys and girls in the section of South African society to which the children and young people belong. As I will discuss, motherhood and marriage are important markers in reaching adulthood for girls. Although marriage is also important in reaching male adulthood, the importance of the initiation rite for boys is emphasised more. These perceptions result in gendered and generational power relations, and in rules of communication. Before addressing these issues, I discuss the significance of biological age and dependency in the definition of childhood and the related tasks and responsibilities of children.

Age and responsibilities
According to the law, a child becomes adult at 18 (the age of majority, which previously was 21) in South Africa. However, although an individual may have reached the legal age of adulthood, this does not necessarily mean that he or she

is perceived and treated as an adult. As discussed in chapter three, I was often brought into contact with child-headed households in which household members had passed the age of 18. The children and young people in these households were always referred to as 'children'. At the time of the interviews, fifteen of these so-called 'children' were 18 years or older (see table 3.1). Consequently, biological age is not the most important determinant in childhood or adulthood. As one respondent said:

> … the ages 18 or twenty-one are an *artificial* legal age and I think that in some instances some are children for a very long time … so it's very difficult to pin it down by age … (IM 1)

But what characteristics do distinguish children from adults, or childhood from adulthood? The respondent quoted above, argued that an important difference between younger and older people is their level of dependence:

> In daily lives I think you are a child until you are able to be independent … [when] you can take responsibility for your actions, responsibility to society … and good manhood in African society … (IM 1)

Other respondents also explained to me that adulthood is reached when one is independent, or able to take care of oneself. When somebody is still in school, he or she cannot take care of him or herself independently, and is therefore considered a child. Being independent is highly related to being responsible, as is also apparent from the above quotation. A good male adult is a man that takes responsibility for his actions and is accountable to society. The significance of this last point will be taken up later, but for now note that adulthood is different for men and women.

Of course, there is not one single definition of childhood in South Africa. Childhoods vary because of very diverse economic and cultural backgrounds. What is evident, however, is that in the light of the HIV epidemic, the meanings attached to childhood may change. For example, children's responsibilities may expand when household members fall ill (Diwouta Tiki 2006: 80). It is sometimes even argued that because of the HIV epidemic, children are robbed of their childhood (Abebe & Aase 2007: 2059). Being robbed of one's childhood implies that childhood is a distinct period from adulthood in which children and adults do not have the same responsibilities and tasks. But above all, it implies that it is extremely undesirable that children take over these 'adult' responsibilities. However, are there separate tasks and responsibilities for children and adults, and to what extent do children assume more responsibilities in AIDS-affected homes?

There has not been much research on children and their responsibilities in their households in South Africa. The 1999 Survey of Activities of Young People (SAYP) showed that 12% of all children engage in household chores, with time increasing with age and a greater involvement of girls than boys (Bray 2003b: 9).

Although the percentage of children involved in household work, according to the SAYP study, is low, helping in and around the household is usually considered 'normal' for children. For example, in my study, a health counsellor in a focus group discussion explained, "you have to work, that is the procedure of any house" (FGD 1). According to her, children must be socialised into adult roles and responsibilities, and helping in and around the household is considered an important aspect of the upbringing of children.

Caring for sick adults, however, is a much less common task for children. According to Bray (2003b: 19), although this is not considered a 'normal' responsibility for children, it does occur. Children who are involved at home in the primary care of ill or disabled relatives are often referred to as young carers or child carers (Robson 2000: 59). There has not been much research into the nature of the work children do. Robson (2000), in her study of young carers in Zimbabwe, found that their work includes personal care, treatment-related care, domestic and other work. Although these tasks are largely similar to those of other young people in Zimbabwe, Robson (2000: 61) argues that what distinguishes these young carers is their involvement with intimate caring, for a longer time, with larger responsibilities. Another interesting finding of her study is that young carers did not indicate that they had any choice in taking on a caring role. The most important factors in young people taking on this role are the severity of the illness of the relative, lack of support and services, household poverty, family structure, power/status, gender and age (ibid). Overall, it seems that girls are more likely to fulfil this caring role than boys (ibid; Foster & Williamson 2000: 278; Bray 2003b). Bray, in her study on Xhosa and Coloured youth in South Africa, also found a far greater proportion of girls involved in domestic chores in comparison to boys. According to her, through these domestic chores, girls are socialised into a "female role" (2003: 13-14).[1] Gender consequently plays a significant role in shaping childhood, as girls have more responsibilities than boys.

From the above, it can be concluded that many of the tasks that children and young people in child-headed households may take on are considered normal for children. However, the time spent on these tasks and the extent of the responsibilities are assumed to be much greater. Furthermore, although children are in general also expected to help with the care of younger siblings, this type of care

---

[1] Boys were perceived as not contributing to these household chores (Bray 2003b: 13). However, Bray found that boys do contribute to these chores, and boys also spoke about doing household chores (ibid: 14). Yet, the chores boys did were mostly for their own benefit (for example, ironing their own shirts), and boys spent less time doing household chores. In addition, the chores of the boys were different to those of girls. Boys spent more time on work related to the physical structure of the home and to agricultural subsistence, traditionally more the domains of men among the Xhosa culture (ibid). These gendered roles are also reflected in urban settlements, where boys work in the yard or maintain the house (ibid: 15).

is usually mediated within the context of a broader family structure (Barolsky 2003: 30-31). This means that siblings are caregivers next to other providers of socialisation and care, such as parents and grandparents. Older siblings in child-headed households are however expected to take on the sole responsibility, and caring for ill relatives has also not traditionally been a common characteristic of childhood. But when does childhood end and adulthood start? In other words, when are these tasks considered less problematic? As argued, reaching a certain age does not automatically mean that one is able to execute adult tasks and responsibilities, or that one is perceived of as adult or more mature. In the following, I discuss the importance of marriage in reaching adulthood, which seems particularly important for girls. This is followed by a discussion of the initiation of boys into adulthood when they go 'to the bush' (initiation school).

Leaving one's family home and getting married
When I asked youngsters or adults who participated in my study when a child becomes adult, the most common answer was that a person is a child as long as he or she lives under their parents' roof. The age of that person is not very relevant. For example, one of the health counsellors was thirty years old and she lived with her grandmother. The grandmother argued that she was still a child and therefore could not do whatever she wished, because "in the same household still, a child has to listen!". (C 8)

Traditionally, children, do not move out of their (grand)parents' home before they are married. The average age of marriage in South Africa was 34 for men and 29 for women in 2006 (Statistics South Africa 2006: 2).[2] Lack of money may be an important reason for couples to postpone marriage, as the relatives of the future husband have to pay a bride price (*lobola*) to the relatives of the future wife. As a result, young women "have babies but they still live with their families", according to a health counsellor (C 9). In an interview with one of the counsellors of UEF, I asked if this was still the case.

> In most families it is like that, you don't leave your family until you get married … in the older days it was like that … but they would build you another house in that yard, so you know that house is yours … but here now in the location we do not have space … but some people are living like in the older days, some go and live in a flat, but they leave their children with their parents … they don't go there and stay with their children in their flat, so somehow we are still following the old tradition. (C 10)

She argued that traditionally girls in particular do not move out of their parents' home before marriage. However, according to her, at a certain time one would be considered old enough to have one's own 'house' in the same compound. According to the health counsellor, because there is limited space in the

---

[2] There are no statistics available for the separate population groups (for example, for the 'black' population).

townships, people do not build these separate homes anymore.[3] On the other hand, this tradition is still followed in a certain way. When unmarried girls or young women have children of their own, they may move out of the house to live in their own 'flat' elsewhere.[4] However, they leave their offspring at their (grand)parents house. This can be seen as a similar practice to moving to a separate dwelling in the same yard, where the children of the young woman would still reside with her family. According to my research assistant, although girls or young women have children of their own, and may live in their own 'flat', they are not considered adults until they are married.

Traditionally, Xhosa marriage is patrilocal, which means a woman resides with her husband's family after getting married. Although in the urban areas many couples will start their own (nuclear) households after marriage, the tradition has not been completely abandoned. Newly married couples sometimes reside with the husband's family for a couple of months before setting up house on their own. After marriage, a woman gains more respect from her own relatives. As one woman (aged 30) explained: while she lived with her family, her relatives always bossed her around. After marriage and moving to her husband's family, her relatives could no longer tell her what to do.

An unmarried young woman, regardless of her age, can consequently still be regarded as a 'child' as long as she lives with her (grand)parents. Regardless of changing traditions, it is important to note that residing with (extended) family members somehow determines one's status as a 'child'. Even when young women have children of their own, they are still regarded as children if they are unmarried and reside with their family. Of course, these ideas are first of ideals. In reality, there are young men and women who do move out before they are married (as in the above example of young women who move to their own 'flat', or move out to study or work elsewhere). This is more acceptable for young men than young women according to my research assistant. Nonetheless, for many Xhosa youth, moving out of their (grand)parents' home is not financially feasible.

Young men or boys are also perceived to be children as long as they are unmarried and reside with their family. On the other hand, they become 'men' by 'going to the bush', which means being initiated into manhood. Traditionally, there was also an initiation ceremony for Xhosa girls but it appears to have disappeared completely. According to Carstens (1982: 508-509) this ritual seems to have been incorporated into marriage ceremonies, which underlines the im-

---

[3] Although I have not witnessed young women having their own space at their family's homes, young men frequently built their own shack in the yard. This is seen as a form of moving out, and gives young men more privacy (van Dijk 2002: 68).

[4] When people referred to a 'flat' they mostly meant a room attached to a main house which could be let. In many cases, the facilities of the main house would be used.

portance of marriage in attaining adult status for girls. Initiation for boys is still, however, a widely practiced among the Xhosa.

Going to the bush
The initiation rite for boys is usually referred to as 'going to the bush', or going to circumcision school, and entails circumcision and a period of exclusion. Most boys are initiated at around the age of 18. When a boy feels 'ready', he will tell a male relative, or relatives may feel the boy is ready. A meeting will be held with family members, to discuss the date for the initiation. The family will choose an *ingcibi* (traditional surgeon for the circumcision) and an *ikhankatha* (traditional nurse), who is usually a male relative who will supervise the initiate. The night before the initiation, the initiate has to shave his head and burn all his 'boyish' clothes. Because this is the last night of boyhood, boys may drink alcohol and sing traditional songs (van Dijk 2002: 37).

The boys have to build their own huts, usually in a secluded area ('in the bush'), where they stay during the initiation period.[5] On the first day the circumcision takes place. After his foreskin has been cut off, the initiate has to say: "I am a man!" Although the circumcision itself might not be very painful, in the following weeks the initiate endures more pain as the changing of the bandages can be very painful. The initiate has to stay in his hut alone for three to four weeks, and the only people allowed to enter are male family members. They check how the initiate is doing and if the wound is healing. Furthermore, during this period the initiate is also taught the new responsibilities that come with manhood. At the end of the initiation period, the huts are burnt and the young men are welcomed back to their communities as men with a 'coming out ceremony'. At this ceremony, the newly circumcised men (*amakrwala)* receive gifts (such as new clothes) and a goat or a sheep is usually slaughtered.

After initiation, the boys are considered 'men' and are supposed to 'behave like men'. This means behaving more responsibly than they did when they were boys. Boyhood is a period in which a boy is "free to do as he pleases as social norms are flexible enough to accommodate boyish pranks" (Mtuze 2004: 42). Before going to the bush, boys are not really taken seriously, but when they come back from the bush they immediately gain more respect from community members, and their status within society changes. According to Mtuze (2004: 41), "men are the gatekeepers and the custodians of social customs. They determine what should and should not be done by the community". Going to the bush, is therefore "the gateway to manhood". Boys know that their status will change; as Zack explained: "when I come back from the bush, there will be respect … they

---

[5] In the urban areas the 'bush' is a secluded, uninhabited, area.

will look at me differently" (Int. 2). Because the ritual means a change in status, many boys look forward to their graduation into manhood.

Going to the bush is consequently very important. If a boy does not go to the bush before a certain age, he will become an 'old boy'. An uncircumcised Xhosa man is therefore "a contradiction in terms" (Mandela 1994: 30). Not being circumcised has serious implications:

> … like he can't really have a say in what is happening, even with your peers, society does not recognise you ... if you are an old boy you can't marry and you can't have a say in traditional matters. It really has serious implications. (IM 1)

An uncircumcised man or 'old boy' will not receive the respect associated with manhood and cannot marry or start a family or play the same role in society as men. Circumcised men have a way of knowing if a man is circumcised or not. This is partly because the initiation itself is surrounded by secrecy and circumcised men can determine whether a man knows these secrets.

Boys and women are not supposed to know what happens during initiation. Therefore, circumcised 'men' are not supposed to hang out with 'boys'. Newly circumcised boys cannot socialise with their uncircumcised friends as before. 'Boys' therefore prefer to 'go to the bush' in the same period as their friends. However, going to the bush is quite expensive. The *ingcibi* (traditional surgeon) needs to be paid and the wound must be checked, but the most expensive part is the 'coming out ceremony' (because of the gifts and the slaughtering of an animal). However, because the ceremony is so important, relatives will usually contribute to the costs, or costs will be reduced by having a shared ceremony for several related boys.

Consequently, initiation is an important transition from boyhood to manhood. Enduring pain is an important part of the ritual. The circumcision can cause medical complications, but seeking medical attention is viewed as failing the ritual of becoming a man (van Dijk 2002: 38). The question remains, however, whether becoming a man is the same as becoming, or being perceived as, an adult. Furthermore, what consequences does the transition to manhood have for relationships with girls, women, boys and other men? In the following I discuss hierarchical differences between younger and older people, and between men and women.

Hierarchical differences between boys, girls, men, and women
The difference in authority is most noticeable between younger and older people. This was a frequently discussed theme in my conversations with children and adults. During a focus group discussion with adult women, they explained what this difference entailed:

> When somebody is older you must just respect him and obey … You can't say anything or ask anything, you will listen until he is finished, until he says 'go', you can't go until he says 'go' … You cannot say anything because you are a child … If an older person is talking to you, you have to look down and listen. (FGD 1)

I frequently observed this way of communicating in my fieldwork, during which I was regularly accompanied by one of my research assistants. For example, my research assistant would often call to a child who happened to pass by our car when we were unable to locate a respondent's house. She would tell him or her to look for that particular address or person, and in most cases, the child would obey. The first few times that this happened, I assumed that she knew these children but later found out that she did not. I also observed the difference in authority between younger and older people during the interviews. When we were talking to a child inside their house, neighbours sometimes walked in uninvited. When a neighbour addressed my respondent, he or she would respond by waiting and looking down until he or she was finished talking. However, this was not only the case with the children I interviewed. When a considerably older man or woman addressed my research assistant, who was a married mother over the age of forty, her attitude and response would also be humble. She would not interrupt the 'elder', or ask him or her to leave.

In general, younger people have to show respect when communicating with their seniors. One way of doing that is by not calling somebody by his or her name but by a particular form of address. A young woman is addressed as *Sisi* if she is about the same age, or a bit older. An older man or woman will be addressed as *Tatumkhulu* (grandfather) or *Makhulu* (grandmother) respectively, by children whose parents are younger than the man and woman concerned (Mtuze 2004: 145). *Mama* is how one should address a married woman who is about the same age as one's parents. Boys are generally called by their name or nickname (usually short for their full name). When boys have gone to the bush, they will be addressed as *Bhuti*. An older man is addressed as *Tata* by children whose parents are about the same age as him. The terms are hierarchical by age, but there are exceptions, as one health counsellor explained:

> In my family, my sister who is older, because I am married, she won't call me by my name … she will say 'mother of …'. (FGD 1)[6]

Hence, if one is a woman whether one has children or not influences how one will be addressed and referred to. One woman, aged thirty, said that she was still considered 'a child' by her family, as she was not married. She did have a child of her own, but because she was unmarried was not referred to as *Mama*.

> Sometimes older people […] when that person hears my child saying 'mother', they say "No! This is not your mother! Your mother is your granny, this is your *sisi* or, you have to

---

6 For example if ones child's name is Thando, one may be addressed as MaThando.

call her with her name" … so there is that thing … if you are not married and you get a child, in our culture, you are not taken as a mother, a real mother. (C 5)

From this quotation it is clear that there is a difference between biological motherhood and social motherhood. Although the woman quoted was a biological mother, she was not considered a 'mother'. A real mother, somebody who deserves to be called *Mama*, should be married as well. However, there are also people, especially young people, who address other people by their first name. In the Ubuntu Education Fund (UEF) focus group discussion, we discussed this:

D[7] So you can't call your older brother or sister by name?
C1 You have persons who do that, but we say that they are taking the western culture …
C2 Especially the ones who are in white schools … as my sister, she just addresses my mother when there is a problem …
C3 When I see an older person in the bus, I will get up … but some have no respect and pretend not to see you …
C1 Those kind of things are clashing with our culture, because our culture is always about respect … and obedience. (FGD 1)

In this respect, the western ways of addressing older people are viewed as clashing with African values. One of the counsellors (C2) argued that addressing one's mother directly when one has a problem is not correct according to the African culture. I deal with this further below.

In sum, it appears that women are addressed according to age, marital and maternal status. It also depends on who is addressing them. A married mother may be addressed as 'mother of' by her older unmarried sister but, at the same time, as *Sisi* by her younger circumcised brother. This was also articulated by another counsellor during the group discussion: "My brother, if he goes to the bush … he is younger than me … he is older than me …" (FGD 1). Boys or young men can thus, after going to the bush, become 'older' than women of their own age or older. One of the CBO volunteers confirmed this:

He's been to the forest [bush], he's done the circumcision, he's got powers … that's our culture, although he's younger than her, he's got powers because he's man, a man goes first than the woman … no matter how old are you, you come behind the man. (VI8)

In conclusion, it appears that social relationships are hierarchically organised by age, gender, marriage status, having children, and initiation. Gender seems to be the most decisive factor in determining how one is addressed and consequently one's status. Boys' hierarchical status increases after circumcision, and they will be addressed as *Bhuti*. An uncircumcised man, regardless of age, will not be addressed as *Bhuti*.[8] The same goes for women. Unmarried mothers will

---

[7] D = researcher (Diana), C1, 2, and 3 are the counsellors.
[8] Of course, when one does not know a (young) man, one does not know whether he has in fact gone to the bush. He would than be addressed as *Bhuti*. However, during my fieldwork, men said they would know if a strange man had or had not gone the bush, even if he came from another town. In cases of doubt, men could even challenge each other to prove that they were indeed circumcised.

not be addressed as *Mama* or 'Mother', regardless of age. The differences in authority can make communication complicated or absent, as communication comes with certain 'rules'.

The rules of communication
The ideas about and characteristics of childhood and adulthood discussed above, result in 'generational practices'. These practices were most obvious in child-adult communication or, more importantly, the lack of communication between children and adults. With regard to the latter, the health counsellors at UEF argued that they counselled many children who could not talk with their parents or caregivers about their problems. This is particularly the case when these 'problems' are related to topics that 'children' are not supposed to talk about with 'elders' or 'seniors'. This is for example the case with having a boyfriend or girlfriend. Although I knew that one does not talk to one's (grand)parents about (sexual) relationships, I was unaware that children were also not supposed to talk about relationships with other seniors, such as me.[9] On one occasion I asked Zack, after I had interviewed him several times, if he had a girlfriend (Int.7). I expected him to say no, as he had never mentioned having a relationship before. Zack, and my research assistant, were very surprised at my question. Zack could not answer my question directly as he was laughing and trying to hide his face. He did have a girlfriend, but as he explained:

> I didn't expect you to ask that question … that both of you are going to ask a question like that! (Int. 7)

It is not normal for 'children' to refer to or discuss their boy/girlfriends with their 'seniors'. I received a similar reaction from a young woman (18) to my question about whether she had a boyfriend. She explained that she never expected me to ask her about her boyfriend. Such a question would only be expected from somebody of the same age. She explained it was not rude of me to ask her, but she could not ask me about my personal life because I was older.

Besides the impossibility of discussing boyfriends and girlfriends with older people, children should also not be seen with their boyfriends or girlfriends by their elders. This is even the case when a girl already has a child with her boyfriend. Zack argued that sometimes parents "like to play as if they don't know what is happening to their children" even though it is obvious (Int. 7). Hence, children cannot discuss certain topics with their elders, but at the same time, elders can also not discuss certain topics with their children. For girls or young women, hiding having a boyfriend also relates to the practice of *lobola* (brideprice). Until a boyfriend has paid *lobola*, he is not welcome in the house of

---

[9] From my earlier research among Xhosa youth, I knew that children could not discuss sex or relationships with their (grand)parents (van Dijk 2002).

her family. However, as people often do not have the means to pay *lobola*, couples have to postpone marriage and hide their relationship, even if they have every intention of getting married.

In general, it is not 'normal' for children to talk about their 'problems' with their parents or caregivers. One of the counsellors explained that when she was younger, "the older persons will make decisions for you, you cannot make your own decision … and they didn't even have to explain". Although things have changed since then, she said, "it's still like that in many families" (C 2). All the children and young people agreed that, in general, it was difficult for 'children' to communicate with 'seniors'. What made it particularly difficult for most children and young people in child-headed households was that many did not have parents anymore. If they needed something, like food or money, they had to ask relatives or neighbours. In cases where the child is not the biological child of the parent, child-adult communication is thus even harder. According to a co-worker at the St. Francis Hope orphan project I participated in:

> There is lack of communication … particularly with these orphans as they are in a situation where it's not your mother … they get smacked for expressing language. (C 1)

"Expressing language" means that a child expresses his or her needs to the caregiver or confronts him or her directly. If children want to talk with an older person, they cannot demand anything. According to the co-worker, they have to find a way of talking to an older person without making that person angry, which could result in them being smacked. This mainly means that a child needs to show respect when asking of or saying something to an older person. In the orphan project, they tried to teach orphaned children how to communicate with their seniors. The co-worker explained:

> We can learn the children to communicate better, the ultimate things for the kids is to have their needs heard … if you just blurt out things blatantly, in this culture I think people find that disrespectful … the whole problem is the communication and if you can communicate the very same thing, as you would have said in a more assertive way, than you won because your needs will be met, or you have an adult who can explain you why it cannot be met. (C 1)

According to her, children cannot ask their parents or caregivers for something directly; they have to find another way. As discussed above, in the focus group discussion with the counsellors at UEF it was also argued that directly addressing your mother when you have a problem is not culturally appropriate. I asked the counsellors if a person ever reached an age at which it would be appropriate to address his or her own mother in a more direct way:

> C1   No way! When somebody is older you must just respect him and obey …
> C2   will always be a child for my mother, even if I'm grey …
> C1   But you'll find a way to tell an older person, a proper way, when he or she is wrong …

> C3   You can call the other family, if you have a disagreement, like an aunt, and she will talk to your parents … or in a meeting, then they can address her … (FGD 1)

The first counsellor responded to my question by arguing that a person is never old enough to address his or her own mother in a direct manner. According to the second counsellor this is because he or she will always be a child to their mother. The counsellors agreed about the necessity of finding the right way to communicate with seniors. One counsellor (C3) suggested that a child could call an aunt who would serve as a mediator between the child and the parent.

If communication is so difficult between children and seniors, how do children and young people in child-headed households ask for support? Where do they get information about 'taboo' subjects such as having relationships? These questions will be dealt with in chapter seven. Below I discuss whether the children in the study perceived themselves as children, adults, or as something in between.

How do children see themselves?
As discussed above, adults perceive children as children for as long as they live under their parents' roof, are not married, or (in the case of boys) have not been to initiation school. Although all the children and young people indeed did not fulfil the last two criteria (at least not when I met them for the first time), they were living by themselves. Furthermore, as I have discussed in the first section, the tasks of youngsters in child-headed households are viewed as adult tasks. Although all children are expected to contribute to the household, the extent of the responsibilities and the time spent on these tasks is perceived to be much greater than with other children. Caring for ill relatives is also a less common task for children.

Most of the children and young people perceived themselves as 'children', regardless of their age. This was related to the difference in authority discussed above which results in the inability of children to refuse requests from adults. For example, Zack (aged 18) explained that he is still a child, because:

> I don't want to say I see myself as an adult, because when an older person sends me to the shop and if I say I am old, then that person will say to me, don't forget that you are still a child […] When you are a child, you have to give an elder person respect … when a elder person sends you to the shop, you have to go for that person. (Int. 5)

The above quotation shows that younger people demonstrate respect to older people by obeying their requests. Other stories from children or young people confirm that children must obey adults and that this denotes their child-status. Obedience to older people by young men who have returned from the bush is less common. Zack explains that after circumcision, "they will see now I am a man … they can't send me to the shop, because they do have own children" (Int. 2). On the other hand, Stephen (aged 15) argued that even after he went to the bush, his neighbours could still send him to the shop because, "Even if I am a man I

will still be a child because I am younger" (Int. 47). From Stephen's remark, it seems that aged-based hierarchical differences remain important in relationships between older and younger men. Nonetheless, the difference in authority between an uncircumcised boy and a circumcised man decreases drastically after the boy's initiation.

While most boys made a clear distinction between being a boy/child or a man/adult, for girls this difference was often not so clear-cut. Noleta who was 19 and caring for her two younger siblings, referred to herself as 'adult'.

> D[10] You are 19 right? Do you see yourself as an adult?
> N   Yes! [smiling] because I am staying here without parents …
> D   And if you would still have parents living here would you be a child or an adult?
> N   I would be a child, because she would protect me. (Int. 42)

Noleta perceived herself as adult because she had to take care of herself and her siblings. However, if she had still been living with her parents, they would have cared for and protected her and her siblings: being cared for and protected to Noleta meant being a child. However, being an 'adult' and being a 'woman' were two different things for Noleta, as the following account shows:

> D   When do you think a girl is a woman?
> N   I think when she is married or she has a child, something like that, between those two things, I'm not quite sure.
> D   Are you a girl or a woman?
> N   I am a girl; I am not married; I don't have a child. (Int. 42)

Noleta did not see herself as a child anymore, but also did not yet see herself as a 'woman': a woman is somebody who is married and has children. Evidently, most of the children and young people perceived themselves as 'children'. This was particularly linked to their inability to refuse requests from adults. However, as the example of Noleta shows, children are aware of the special situation they are living in. Because this situation is very different from the 'ideal' picture of childhood (that of living with one's family until marriage), children may perceive themselves as adult or adult-like in certain ways. This issue will be explored further in chapter seven.

From the evidence in the first part of this chapter, the conclusion can be made that children and young people in child-headed households live in exceptional situations. They are still perceived by others and perceive themselves as children, but nonetheless live in situations reserved for 'adults' (i.e. married men and women). The first question that consequently arises is: are child-headed households perceived to be acceptable living arrangements for children? As argued in the introduction, the tasks and responsibilities of children and young people in child-headed households may go beyond the normal, and children may face

---

[10] D = researcher   N = Noleta.

distinct problems related to the absence of an adult caregiver. Below, I address these issues and discuss what type of support child-headed households need according to community workers.

Capable of running their own households?
Although living without adults is considered very unusual for children, they are to a certain extent perceived to be capable of taking care of themselves and siblings. A health counsellor explained:

> Even the 14 years old can take care of the siblings, the only thing [is] they are all young, nobody's going to teach them how they must handle life, but that is the thing that you cannot say the 14 years old must take care of the children, but to be alone, she can be alone (C10).

While she says that children can live without adults in a household, she also argues that a 'child' is not able to raise his or her siblings, as they are all young:

> There is nobody who teaches them how to handle life when you are in this stage, you must not do this and this and this, because when you do this you will end up getting this, ja, otherwise to stay there alone they can take care of themselves, washing themselves, clean the house and all that (C10).

Hence, children may be considered 'able' to run their households as far as cooking or cleaning is concerned but it is noted that there is nobody who corrects or advises them.

According to the grandmother of one of my research assistants, children who stay with their families are usually beaten when they do something wrong, because "you must know what is wrong and right" (C8). However, the children in child-headed households are not beaten, because "it is difficult to beat a child of somebody else, you can only tell them what is right" (C8). Another difficulty lies in such children reprimanding each other, as one counsellor at UEF argued:

> All of them are still young … so it's going to be hard to tell the other one this is wrong, because all of them are doing things in front of each other (C5).

Consequently, it is considered to be more difficult for children in child-headed households to learn how (not) to behave. Besides needing adult correction and advice, children were perceived as needing love and attention. This was expressed in a focus group discussion with the counsellors at UEF, when we discussed the most urgent needs of children in child-headed households:

- I think the most important thing is love … where are they going to get it? If you don't have somebody to go when you have a problem, to chat about your problems, when you want to cry there is nobody to wipe your tears …

- Who can listen to me, who can say 'I'm sorry my child', and hug me…

- And sense of belonging, they need to belong somewhere … they need someone to teach them, so they will accept each other […]

- They need to be protected, but I don't know how …

- Also, […] they can be taught the importance of the family, how can they take care of each other, how they can share, like if somebody got half a loaf of bread she must not think this is for me, but bring it home and also give it to the others … (FGD 2)

According to the counsellors, children in child-headed households need love and attention the most. Children in adult-headed households will be nurtured and protected by their (grand)parents or other relatives, while children in child-headed households will most likely miss out on this.

Furthermore, as a consequence of not being cared for, children run the risk of not having 'a sense of belonging'. From the accounts of the counsellors, a sense of belonging is related to getting attention, being protected, loved and cared for, and being taken seriously (i.e. somebody listens to your problems). In a similar way, in psychology literature, the sense of belonging is viewed as feeling valued, needed, and accepted, and as a feeling of fitting in (Hagerty & Patusky 1995: 10). The concept of a 'sense of belonging' is often used in literature about HIV/AIDS-affected children. Killian (2004) argues that a sense of belonging is a key feature of resilience in children:

Feeling part of a community and believing that you belong generates both security and pride, which in turn precipitates helpfulness, altruistic and social behaviours. (Killian 2004: 48)

Seen that way, a sense of belonging does consequently not only involve the household to which a child belongs, but also the community. It is further related to self-efficacy beliefs and feeling secure and in control of a situation.

Children who do not have a sense of belonging might search for it in something else (eg. drugs) or somewhere else, as one counsellor argued:

they will live with that emptiness of not having a family that is close to them, they will try to get love, but that love will not be like the love they will get from their families […] they need a sense of belonging, I belong to this family … (C10).

According to my research assistant, one of the children in one of the households we regularly visited searched for that sense of belonging somewhere else. This was in the household headed by Pamela (20), who lived with her siblings of 13, 6 and 2, and her cousin of 14. Her cousin was often not at home, and my research assistant wanted to know where he was. According to Pamela, he often stayed away for days with a group of street children. We asked Pamela where her cousin normally slept at home, and she explained that he slept on a blanket on the floor. Pamela and her siblings shared the two beds. My research assistant later explained to me that she was not surprised that the cousin often stayed away from home. According to her, he did not have a sense of belonging in Pamela's house, as he was treated differently to the other children, and sought it somewhere else. With the street children, he possibly did have some sense of belonging.

From the above, we can conclude that children and young people in child-headed households are perceived to need adult guidance, advice, love and attention. The question is: from whom are they expected to receive this? I address these questions in the following.

Support to children and child-headed households

The relatives of (orphaned) children are first of all expected to provide support to the children. This assumption is largely based on traditional values related to the extended family. I briefly discuss the literature on what these values are and how these have changed as a consequence of modernisation, apartheid and migrant labour. I also discuss the more sceptical views of some of the respondents with regard to the expected support from the extended family. They argued that children may be better off in child-headed households, provided that they are supported by the community. I discuss the assumptions about and important characteristics of community support, which in South Africa are largely based on the idea of having 'the spirit of *ubuntu*'. From the discussion above, it is clear that children need to communicate and behave in certain ways. Behaving in a less acceptable way may therefore result in less support. Furthermore, as childhood is gendered, the question arises if boys and girls are perceived to need different support. I address the factors that may influence support in the last section.

The extended family

> Families in traditional societies typically involve a much larger network of connections among people, enveloping the household in relationships that include multiple generations, extend over a wide geographical area and are based upon reciprocal rights and duties. The term *extended family* places special emphasis on the role of relatives outside the household in providing economic and social support to survivors from AIDS-affected homes. (Foster 2002: 4)

It is often stressed that members of the extended family will take care of children who have lost their parents. Foster argues that in the past the sense of duty and responsibility of extended families in Southern Africa was "almost without limits" (2004: 67). Although this may be a somewhat romanticised view (Madhavan 2004: 1449), the extended family has always played an important role in supporting its members. This is because the ultimate goal of the extended family is the survival of the family as a group (Meursing 1997: 205). Child rearing in the past was consequently the collective responsibility of the traditional extended family (Mkhize 2006: 187; Barolsky 2003: 30). A child was socialised by the whole family and community and he or she could be corrected or disciplined by any adult (Barolsky 2003: 30). Grandparents particularly played an important role in socialisation of children, and older siblings were also

expected to play an important role in caring (ibid). The family ties were strengthened by regularly visits to family members and coming together for a prayer or a ceremony (Mkhize 2006: 187).

As a result of the historically communal nature of child-rearing, it is argued that responsibility for children was and continues to be not only linked to the nuclear family (Rosa 2004: 7; Mkhize 2006: 187). Kinship obligations are generally viewed as determining who will take care of whom (Madhavan 2004: 1449). However, particularly in South Africa, many demographic and social transformations have taken place, which have influenced family and community life, as indicated in chapters one and four. The AIDS epidemic and chronic poverty are often given as two factors that have influenced the extended family structure. Madhavan (2004) and Garbus (2003) argue, however, that the extended family structure had broken down long before the AIDS epidemic, largely as a result of apartheid. As discussed in the previous chapter, African people were restricted in terms of where they could live and families were often separated. Furthermore, due to labour migration, men often left their families to work in the mines and the cities (Madhavan 2004: 1446). Because of urbanisation and work related migration, relatives may live in other neighbourhoods, towns, or provinces. As a result:

> Relatives will be much harder to get hold off. Unlike when they used to stay together in one locality. Now they stay in different townships or even provinces so in some cases it will not be easy to for the relatives to have contact and oversight over the relative's children. (MI 1)

Due to physical distances, relatives consequently have less contact (Barbarin 2001: 18). And, as a result of migrant labour, many children have been separated from one or both parents. In South Africa, it is consequently common for children not to live with both their biological parents. About half of African children under the age of 18 do not live with their biological parents, but with grandparents or other relatives (Amoateng *et al.* 2007: 5). A large proportion of these children are not orphaned, as only 37.7% of all African children with both parents alive lived in the same household as both parents in 2001 (Statistics South Africa 2005: 27).

Informal fostering by relatives was and is common in South Africa when parents work(ed) elsewhere. The custom of informal fostering by relatives is often stressed as evidence of the willingness of the extended family to care for children orphaned due to HIV/AIDS. The question is, however, if these two forms of fostering can be compared. Madhaven (2004), in her essay about continuity and change in fosterage patterns, makes the useful distinction between voluntary and crisis fostering. Motivations for the first kind of fostering are largely based on practical reasons (for example, when relatives live near a school), or when relatives cannot conceive a child of their own. Voluntary

fostering is also usually temporary. In contrast, crisis fostering is the result of the death of the biological parents, is not for a limited period, and foster parents have to take full responsibility for the children (ibid: 1448). Madhavan argues that fostering in the time of HIV/AIDS and during apartheid can both be viewed as a type of crisis fostering. During apartheid, relatives also did not really have a choice about taking care of children whose biological parents were forced to live or work elsewhere. Nonetheless, there are some important differences in fostering during apartheid and fostering in the AIDS epidemic (ibid).

First of all, as we have seen in chapter three, there has been a striking increase in the number of orphans, due to AIDS related deaths in the adult population (Madhavan 2004: 1448). Children are furthermore emotionally affected by the death of their parents and may need psychosocial support. The high number of orphans increases the burden on grandmothers and other (often female) care-givers (ibid). Although as argued above, relatives always played an important role in socialising and caring for children, this was within the context of a broader family structure (Barolsky 2003: 30-31). Relatives are now expected to take sole responsibility for children. As argued in chapter one, grandparents in particular have to struggle with this role as they are usually the carers for orphaned children. It is estimated that 64% of orphans are taken care of by grandparents in South Africa (Monasch & Boerma 2004: 57). Together with a changed extended family structure, the question is if the extended family can be expected to care for the growing number of orphans. One volunteer argued that traditionally family members are obliged to support each other, but for many people this has become very difficult:

> … things are changing, it was like that before, when things were not like you see them now … but these days now, unemployment rate is so high and people are suffering, having got nothing … and you know without work there's nothing, that's the first point that makes other people not to help others you know … (Int. 77b)

She further argued that because of poverty, family members only support each other in the same household:

> … the only family that is taking responsibility for you is the one that you're living within the house …when they are all gone, no one to rely on […] they have their own responsibilities, and then the income in the house is just for them in the house. (Int. 77b)

According to her, the immediate family, those who you are living with, have become more important than the extended family. According to her, this is largely a result of poverty and scarce resources. Some authors argue that the African family structure in South Africa is changing to a nuclear one, particularly in urban areas (Amoateng *et al.* 2007: 47-48; Ziehl 2001). If the African family structure is indeed changing to a more nuclear one is a topic of debate, although,

particularly in urban areas, extended family members do not necessarily reside together as they traditionally did.

Furthermore, as I have argued in chapter one, in contradiction to the view that family members provide the best care for orphaned children, studies show that children are not necessarily well taken care of by relatives.[11] Mann (2002: 61), from her study on experiences of children who live without their parents as a result of HIV/AIDS in Malawi, concludes that:

> … extended family care for orphans is not always trouble-free and … related guardians do not necessarily respond appropriately to the needs and rights of parentless children. High levels of discrimination and harsh treatment in the household, coupled with the inability of many families to meet their basic needs for food and other necessities, has created a situation in which many children's basic rights are not being met.

The health counsellors at UEF also often said that relatives do not necessarily treat orphaned children well. At UEF they dealt with numerous cases of orphaned children who were abused, neglected or exploited by family members after the death of a parent. Because relatives were seen as a potential threat to the children's possessions and wellbeing, some health counsellors at UEF argued that it was sometimes better for them to stay in a child-headed household.

> What is best? To stay together with your sisters, or to stay with somebody who makes your heart bitter every day, and you learn not to love but to hate? … How are they going to survive in life? They will have that bitterness, they will always be angry … then they won't learn to love other people. (C10)

Thus although children and young people in child-headed households might not develop a sense of belonging, as they do not receive enough love and attention from relatives, living with relatives is not always perceived as a better option. The counsellors argued that although it is not easy to live alone with one's siblings, it is better than being treated badly by relatives.

Because the extended family structure is viewed to be weakened, it is often argued that these structures need to be supported and strengthened. Although it is not always clear how this should be achieved, 'the community' is usually seen as an important actor. The community is seen as able to support and strengthen families so that children can remain in the care of families. If children are not able to remain in the care of their family, community members are also seen as potential caregivers or foster parents for orphaned or affected children. However, why would community members care for these children?

Support from the community
Not much is known about the willingness and ability of community members to foster and care for orphaned children. Community members are not related to

---

[11] See for example: Young & Ansell 2003; Robson, 2004; Thurman *et al.* 2006.

children, and although South Africa has a history of fostering by relatives, fostering by non-related community members is less common. This type of fostering may even be viewed as a new phenomenon. Nonetheless, Madhavan (2004) argues that, as a result of absent relatives during apartheid, the extended family structures expanded and included more than just kin:

> In South Africa, apartheid forced people to be resourceful in creating productive networks made up of both kin and non-kin in order to develop social capital. Now we are faced with another crisis that might necessitate a similar response with even more changes to the definition of the extended family. (Madhavan 2004: 1449)

Hence, in the absence of relatives, non-related people may be given kinship status, also referred to as 'fictive kin' (Madhavan 2004: 1450). Nonetheless, there has not been much research about 'fictive kin' in the context of South Africa, and the question remains if community members are willing and capable to play the vital role in the care and support of children which they are often ascribed. It is, first of all, not clear what is meant by 'the community'. When 'the community' is referred to, in both international and South African policy papers, it is never explained what is meant by the concept. For this reason, I discuss below how 'community' was defined by the participants in this study, and how community support was characterised.

When talking about 'the community', participants mostly referred to people living within a few streets, or a few households of each other. For instance, when I asked one of the young people who belonged to his community he pointed only at two households. For him, his community entailed those households that supported him somehow. The people from those households were most involved in his life. Generally, participants used the words 'community' and 'neighbour-hood' synonymously. Nonetheless, a community is not just an area where people live. In a group discussion, it was argued that in a community, people use the same facilities, speak the same language, and should help each other (FGD2). The last characteristic is often propagated as an important feature of any African community. As discussed in chapter four, the government policy of Home and Community-Based Care and Support is based on the assumption that community members support each other. But why would people help and support their neighbours?

In the focus group discussion with the counsellors at UEF, they argued that community members help each other, because most people experience the same problems (such as blocked water or crime). Because everybody experiences these problems in a community, the problems "bind them" and they take action together (FGD2). Taking action usually begins with calling a meeting with other community members to discuss the problems and possible solutions. Any community member can call such a meeting. During my fieldwork, these meetings

were sometimes called because neighbours wanted to discuss problems related to the child-headed households. Although these meetings will be discussed in the next chapter, for now it is important to note that children are not able to call such a meeting except when it is a meeting with their peers.

Another reason why community members support each other is because of 'the spirit of *ubuntu*'. As discussed in chapter three, the spirit of *ubuntu* means that one person's personhood and identity is fulfilled and complemented by the other person's (Mtuze 2004: 103). In Xhosa culture, having *ubuntu* is an important part of community life. A CBO volunteer described *ubuntu* as follows:

> The strength that I got, I have to share with them, because this is from God, I have to share with them, God said that the little piece you've got that you can help someone with it, that's what I'm doing, that is *ubuntu* and nothing else. (Int. 77b)

According to her, having *ubuntu* means, sharing what you have with poorer members of the community. Most people I spoke with thought that 'having *ubuntu*' meant, caring or helping somebody else without expecting something in return.

However, reciprocity is another important aspect of community support. Community members give food or money to community members in need, and expect that this favour will be returned when they are in need. This happens for example with funerals, which are very expensive.[12] When there is a funeral, relatives and church or community members contribute to the costs of the funeral. When there is a funeral in one's own family, these people will also contribute financially. However, when a person never contributes, and he or she is believed to be able to afford to do so, that person cannot count on support for a funeral in his or her family. Reciprocity seems contradictory to the concept of *ubuntu*: the latter means expecting nothing in return, while the other is based on returning favours. Both, however, may be rationales behind supporting children and young people in child-headed households. Although children may not be able to return money or food, they may be expected to do something in return. Many participants argued that people seem to be losing the spirit of *ubuntu*, particularly because of poverty, as the following account illustrates:

> It [*ubuntu*] is still there, but because of things that are happening, because of poverty, because of high rate of crime, because of high reproduction rate, because of things like HIV, people are getting used to situations and are getting sort of like they are losing, I don't know, if it is humanity or kindness … you may think that they don't have *ubuntu* but sometimes you are forced to be selfish, you would like to help but you only have enough to provide for you own household, you don't have enough to give to the other person's child, as much as you care, you can't sacrifice your own child … I'm just showing you around … they are getting selfish because circumstances are forcing them … people are running short of

---

[12] Mtuze argues that "funeral expenses have rocketed and people go out of the way to make funerals look like festivals and parties" (2004: 137). Traditional funerals were not as lavish as funerals today; for a description see Mtuze (2004: 65-69).

resources and rather get selfish because they are also human and you need to live on this limited amount of resources … It's the challenge we are facing. (C4)

According to this counsellor, although it may seem that people have less *ubuntu*, this is only because people cannot give support to others if they are limited by circumstances (such as poverty). Note that in this line of reasoning, *ubuntu* is a desired value and not necessarily a way of life. Accordingly, people may not have lost *the spirit of ubuntu* (i.e. the idea of it), but they cannot always *practise ubuntu*. Nonetheless, although limited resources may be an important factor in not giving support to others they are not the only reason. As I discuss in the next chapter, some relatives were perceived to have enough money to support child-headed households but nevertheless did not offer any support. Although the reasons remained unclear for the large part, there may be factors that influence whether children and young people receive support. In the following section I discuss factors that possibly influence the amount, type, and quality of support children receive. These factors first of all relate to how children behave, and secondly to whether they are boys or girls.

Factors that may influence support to children

The support children receive (or do not) from their family, the community or social workers, depends on a few different factors. First of all, there is the perceived level of maturity or capacity to care for themselves and, possibly, siblings. This first of all is related to general views about children and childhood. As discussed in the first part of this chapter, children are perceived as able to run their own household but needing adult guidance and supervision in order to learn how to behave. If children do not behave according to the social norms, this could result in less support, as the following two quotations demonstrate:

> It will depend how they are doing things, because now they are staying alone, if maybe there is some members in the community that are helping them and now they find out they are careless of themselves, like doing things in public, and the people will be less interested in helping them, maybe others will understand. (C5)
> Children who misbehave may find less favour but they too have to be looked after by those concerned. Social norms would make certain kinds of behaviour unacceptable, thus inviting less sympathy. (MI 2)

From these two quotations, it can be concluded that it is in children's own interests to behave according to social norms and consequently to be supervised by adults. Behaviour that deviates from social norms may result in people being less interested in providing support, or being less sympathetic. However, according to the second respondent, although such children may invite less sympathy, they need to be looked after by "those concerned". "Those concerned" are the relatives of the children, who, according to him, are obliged to support orphaned children.

Related to this is the relationship of children with the extended family. As discussed above, extended family members try to visit each other regularly and keep ties strong. According to Mtuze, when parents have died, children have to try to keep these family ties.

> It's no use for the kids when they need something and when they don't, they don't keep family ties. So it's the family unit that's got to stick together, so that benefits can flow from those relatives. (MI 1)

Mtuze argues that children also have to keep family ties. They cannot only visit their relatives when they need something. Therefore, he appears to be saying that not only do relatives have a responsibility towards children; children also have a responsibility towards their relatives. In the next chapter, I discuss if and how the youngsters and their relatives kept in contact. Besides the influence of family ties on the type and quality of support, boys and girls were perceived to need different types of support. This is the result of perceived differences between boys and girls.

One such difference is that girls and young women are viewed as needing more protection than boys or young men because of the risk of rape and abuse. In a focus group discussion with the counsellors at UEF, we discussed this issue, and one counsellor argued:

> People are more supportive if it is a girl than if it is a boy, but they think this girl can be raped, if it is a boy they don't look after them that much, they just help with food or whatever he needs … there is a difference, but not that much. (FGD1)

Thus, as a result of the perception that girls need to be protected, they may receive more support. Girls and young women themselves also expressed their fear of being raped by the men in their communities. The risk and fear of rape is related to the fact that they lived alone without adult protection. Girls said that men might take advantage of them if they discovered that they lived alone.

Although girls were perceived to need more protection than boys, they were not necessarily perceived to need more support. Protection and support are consequently two different things. The perceived need for support may also be related to whether a child-head cares for younger siblings or not. As discussed above, girls are expected to help with household chores and with the care of younger siblings. Boys, on the other hand, often have to perform tasks outside the house such as fetching water or going to the shop. Thus a girl or young woman may be considered better able to care for younger siblings than a boy or young man. Accordingly, the latter may be perceived to need more support in doing so. In a focus group discussion, the counsellors argued that boys and girls need the same *amount* of support. However, girls may be expected to help in the household in return for support:

… that child is supposed to do everything anything, they ask her to do, she has to help cleaning or take care of the children. (FGD1)

The boys will also be expected to do something in return, such as going to the shop or fetching water from some distance away. In another focus group discussion with the counsellors at UEF, I addressed the issue of children having to do something in return for support:

C1   They are losing it, the sense of *ubuntu*, when people do something they want it back, in another way…

C2   Sometimes, if a person wants the child to do something he also teaches him or her not to be dependent, that he or she has to work … he can't always be begging, now he has the energy to look for work, otherwise they are not used to work … before you can get something you have to do something, even if you have parents you have to work… (FGD2)

The first counsellor (C1) argued that neighbours who expect something in return are losing the spirit of *ubuntu*. This is because having *ubuntu* means expecting nothing in return. The second counsellor (C2), however, argued that it does not mean that people do not have *ubuntu* anymore. Rather, by expecting the children to do something in return, the neighbours also teach the children to be independent. And, as discussed earlier in this chapter, children are expected to help with household chores. The tasks children are expected to do in return, i.e. going to the shop or cleaning the dishes, are thus 'normal' tasks for any child. Doing something in return for food could also be viewed as a form of reciprocity, which is characteristic in community support structures, as discussed in the previous section.

Even though doing something in return may be perceived as a form of reciprocity, the counsellors argued that what girls were expected to do was not in proportion to the support they received (FGD1). The difference in the amount of work boys and girls are expected to do in return, has to do with how they respond to such requests. In a focus group discussion with the counsellors, it was argued that boys tend to refuse requests:

- If the boy is 16 years old, and you say him to do a chore, and the boy will say no I don't want to do that, and the girl will only do, because she doesn't have that power of saying no …

- The boy knows now I'm becoming a man... you know, how the children grow, the boy starts getting mature now, his friends will also say don't do that, the girls will sit there and wait for the food and do all the chores at that house, the boys will go around and look for food …

- And the boys when they get older, they will get rough and strong, whereas girls are soft, when a boy says no he will fight for what he's saying, he will never obey you when he doesn't want to do that, the boys they become stronger when they grow older … (FGD1)

Boys are expected to refuse requests, and they also have more power to refuse requests than girls. They are also expected to be more active, as they will look for food themselves. Girls on the other hand, are perceived to be more passive and obedient. As they tend to stay in the house, they will be requested to do more

chores than boys, who are more absent. Boys in their late teens in particular, will often refuse to do chores, as they know they are almost men and may consequently feel more mature than girls of the same age. Furthermore, from a young age, boys and girls are raised differently:

- We learn them to be strong, we can call him: you are weak … I think it is the way our culture is … they learn that from child on…
- And the boys they have at the back of their minds, they are the head of the house …
- Our culture is a lot to do about the man is brave and strong … (FGD1)

Boys are hence expected to be more disobedient than girls. Furthermore, as boys need to be "brave and strong" they may be less inclined to ask for support, as this may imply the opposite. Going to the bush and becoming 'men' may result in less support or empathy for young men. The neighbour of Stephen (aged 15) said she would care for him up to the time he went to the bush:

I just tell myself, as soon he went to the bush, it's the time you can look after yourself, cause he's old now, I just tell myself, he'll be a man now, he won't need any help, I just look at it like that … I don't know if I'm wrong. (NI7)

Circumcised 'men' are perceived to be able and old enough to take care of themselves. Another possible reason to support 'boys' only up to initiation may lie in the level of authority of women and men, as discussed earlier in this chapter. After going to the bush, the level of authority of a young man grows considerably. Stephen's woman neighbour may not be able to tell Stephen what (not) to do once he has been initiated as he may then not accept her authority anymore.

In conclusion, men, women, boys and girls differ in authority, and different behaviour is expected from each. This may result in different types of support and in girls getting more advice or orders from adults than boys do. This is confirmed by the thinking of the neighbour of Janine and Marc (both 13). She argued that the girl in particular needed somebody who told her what to do, "so than she can learn, not to get involved with a boyfriend that will destroy her life, because of that AIDS that is taking place" (NC 3). She is especially concerned about the girl, because Marc is a boy and he "can decide for himself, boys mature quicker than girls … they [girls] need somebody to look after them" (NC 3). As a result of these gender values, boys have more freedom than girls and it is more acceptable for boys to misbehave and be disobedient.

Concluding remarks
In this chapter, I have discussed characteristics of childhood and adulthood. I began by discussing what differentiates children from adults in the community in which my study took place, and which tasks and responsibilities are considered 'normal' for children. Biological age is not the most important determinant in

perceiving somebody as either child or adult. Rather, levels of (in)dependence and responsibility, and marital status determine if one is perceived as a child or adult. The path to adulthood is different for boys and girls. Boys are perceived to become men when they are initiated, and for girls marriage and child-bearing seem most decisive in their reaching social adulthood. Gender consequently influences both childhood and adulthood. These ideas about childhood and adulthood result in 'generational practices'. This is first of all evident in the ways individuals are addressed. Girls and women are addressed according to age and marital and maternal status, and men are addressed according to age and whether they have been initiated. How one is addressed further depends on who is addressing them: a circumcised younger brother may address his older sister as *Sisi*, as he is socially older than her. The ideas about childhood, adulthood and gender consequently result in hierarchical differences. The differences in authority result in complicated or absent communication and communication comes with certain 'rules'. Younger people are expected to respect and obey older people and cannot communicate in a direct manner.

All children and young people in the child-headed households in were perceived to be 'children', because they lacked adult characteristics. They were not married, and not circumcised. The youngsters in the child-headed households also mostly described themselves as children. This was particularly the result of their inability to dispute or openly confront their seniors. Although they were viewed as children, some were perceived to have some adult characteristics: they took care of younger siblings and behaved in a responsible manner according to themselves or neighbours. The children themselves also sometimes stressed their adult characteristics, such as caring for their younger siblings. Despite having these adult characteristics they did not have adult status. Although these children are not viewed as autonomous individuals, they are perceived as able to run their own household, which seems paradoxical.

The rules of communication and the children's inability to reject or refuse adult opinions and requests raises questions about the idea of having an adult mentor supporting child-headed households, as proposed in the new Children's Act, discussed in chapter four. As indicated, communication may be even more difficult with seniors that are not one's parents. Consequently, it may be difficult for children and young people in child-headed households to ask for support from or negotiate with relatives or adult mentors. Another question is whether children and young people will be consulted about interventions or care arrangements, if they are viewed of as dependent and incapable of speaking on their own behalf. Relatives, mentors and community workers may assume that they know better what is in the children's best interest than the children themselves. The question is, however, whether adults do always act in children's

best interests. How the children and young people deal with the rules of communication and the apparent contradiction of having to run their own households while still being considered children will be addressed in chapter seven. In the next chapter I address the issue of whether adults indeed act in the children's best interests.

In the second part of this chapter I explored the origins of the assumption that the extended family will support orphaned children. Traditionally, children were the collective responsibility of the whole family, and children were raised and cared for by the entire community and not only by their parents. However, due to demographic and social transformation the structure of the extended family has changed and, some argue, weakened. Parents often work(ed) and live(d) apart from their children, due to labour migration and apartheid. As a result, South Africa does have a long history of fostering children, despite the changing structure of the extended family. Because of the history of fostering, orphaned children in contemporary South Africa may also be expected to be fostered. However, as we have seen, fostering during the HIV epidemic differs from fostering during apartheid. This is because the number of children that need to be fostered is much higher, the foster families have to take on sole responsibility (as parents are dead), and children may need psychological support. The question is, therefore, whether relatives are still willing and able to foster children.

The health counsellors and volunteers I met and worked with questioned whether the extended family was the best answer to the growing numbers of orphans. Relatives were believed to not always have the best interests of the youngsters at heart, and youngsters may therefore be better off in child-headed households. Children residing in such households are viewed as needing love, protection and a sense of belonging, and also adult supervision, because they need to be taught how (not) to behave. When children and young people do not behave according to social norms, they may receive less support. The community in general was viewed as more willing to support child-headed households than relatives. Community support is based on the spirit of *ubuntu* and on reciprocity. However, as communities are severely affected by the HIV epidemic and poverty, the question is if neighbours can indeed be expected to support children. The support expected from the extended family and the community can be viewed as the informal endowments of youngsters in child-headed households. In the next chapter, I discuss if and when these endowments turned into entitlements, in other words, if the children were indeed supported by relatives and neighbours.

<div align="right">

6

</div>

Support and interventions:
Whose best interests?

Introduction

This chapter deals with the social relationships of the children in the study, and whether these relationships could be considered supportive. As argued in chapter two, this involves assessing the 'use-value' of these relationships. A relationship is only valuable when it contributes to one's access to other resources. The use value of the children's social relationships will be assessed by first examining whether they have regular contact in these relationships and what these contacts entail. Secondly, I assess whether these social relationships provide material or non-material support or help to access other resources. Finally, I consider whether these social relationships have a positive influence on the wellbeing of the children and young people.

   I first discuss with whom the children have social relationships and start by briefly discussing what is known about the living arrangements in their households before they became child-headed. The children and young people had lived with parents, grandparents, or other relatives. As will become clear, these former household members have not always died, and may consequently still play an important role in the children's lives. After discussing the background of the households, I discuss the support the children receive from their remaining parent(s), relatives and the community. As argued in chapter four, the immediate and extended family, the community and social workers are the main actors in the Home and Community-Based Care and Support (HCBCS) programme. The main aim of the HCBCS programme is to help ensure that orphaned children remain in their own families or communities. The Department of Social Develop-

ment is considered to play a facilitating role, and the actual care is expected to come from relatives, neighbours and Community-Based Organisations (CBOs).

After discussing the support the children and young people in child-headed households receive from these different relationships, I discuss cases where adults intervene more actively in the children's lives. These are cases where the youngest children are fostered by relatives, where an adult has moved into the household, or where children have moved in with adults. These interventions thus involved the breaking up child-headed households. The South African government encourages the fostering of children with the Foster Care Grant (FCG), as discussed in chapter three. However, with the growing awareness that not all children are being fostered, national policies have been developed to cater for children in child-headed households. The key idea is that children are assigned an adult mentor who supervises the children and can access grants on their behalf. In only one case, did the living arrangement of a child-headed household resemble such a scenario. I discuss this case as well as those that involved other interventions and consider whether the children were in fact better off.

Finally, I come to a conclusion about whether the children were sufficiently supported by their relatives, neighbours and social workers by considering their interpretations and expectations of support. I show that the children's interpretations of support are related to whether and how they were consulted about the type of support they received and conclude the chapter by discussing the extent to which this was the case.

Social relationships and support

In this section, I consider the social relationships of the children, and whether and how these social relationships contribute to their safety nets and access to resources. As discussed in the previous chapter, children are first of all expected to have social relationships with their immediate and extended family members. As discussed in chapter four, in the context of AIDS-affected households, the term 'extended family' mostly refers to relatives outside the household, while immediate family members are those living in the household. I first briefly discuss the living arrangements of the respondents before their households became child-headed as well as their orphan status. The latter is important because remaining parents outside the household can be viewed as the first source of support. Children and young people in child-headed households do not necessarily share both biological parents. This means that although some of the children may be orphaned, their sibling(s) possibly still have a living parent.

As argued elsewhere, some children reside in child-headed households because their parents work in another town or province. It is largely assumed that

these parents make a financial contribution to the household. If and how parents contributed to the wellbeing of their children will be discussed next. The extended family is largely viewed as the first line of defence when children are orphaned. Although it is sometimes argued that children in child-headed households do not know their relatives, or that relatives live too far away to foster them, in most cases my respondents had and knew relatives who lived nearby.[1]

Living arrangements before and after becoming child-headed households
In this paragraph, I sketch the household situation of the children before their households become child-headed. I consider with whom and where they lived and who cared for them. Before living in child-headed households, the children lived with their siblings, parent(s), grandparent(s), or aunts and uncles. It is however difficult to paint one clear picture of the household situation before a household became child-headed. Household compositions are not static, as discussed in chapter four; both adults and children migrate to work or live elsewhere. When I asked the children about the history of their household composition, their stories were often complicated. They were regularly unable to remember the periods in which a particular person did or did not belong to their household. Some children were simply too young to remember. Prior to living in child-headed households, in fifteen cases children had lived with one or both parents. In eight of these cases the parent was their mother, in three cases the father, and in three cases children had lived with both parents. In three cases, children had lived with an aunt or uncle. In three cases, children and young people had lived with one or both grandparents before their households became child-headed. Marc and Janin, who were both 13 when their household became child-headed, lived with Janin's grandmother, who was Marc's mother.

The event that led to the establishment of the child-headed household was in four cases related to the disappearance of the former caregiver(s). This was the case with Nell. From the time she was 16, both her parents regularly left their children (then aged 10, 8, 3 and 1) in her care. Both of Nell's parents would return to the household, stay for a few days or weeks, and leave again. Most of the time, Nell did not know where her parents were or when they would next visit. In Kerry's (aged 19) case as well, both her parents were alive. She did know, however, where her parents were. Her parents were separated and her biological mother lived in a town about 200 km away. One day, after visiting Port Elizabeth for a funeral, the mother left her nine-year old son in Kerry's care because, according to Kerry, she did not have enough money to pay for his bus

---

[1] In this chapter, I use the term 'foster' to refer to living with relatives or adults. Unless indicated, I refer to both formal and informal fostering.

fare back home. Kerry and her mother were not in contact as she could not afford to telephone her mother, and her mother never contacted her. Kerry also knew where her biological father lived, but they did not have any contact. Also in the case of Zack (aged 18), the event that led to the child-headed household was the departure of the former caregiver. He had lived with his grandmother and older cousin (aged 21), until an aunt decided that the grandmother should no longer live with Zack and his cousin, but with her. The reason she gave Zack was that they were not able to care for her appropriately.

In sixteen of the twenty cases the primary caregiver had died and this led to the establishment of the child-headed household. However, in the case of Phoebe, who was 18 years old when she began to care for her four younger siblings, it was a combination of death and disappearance of caregivers. She had resided with her grandparents and her mother before her mother died. After her mother died, her grandparents moved out of the household. This example shows that it is difficult to get one clear picture of the history of the household as well as the causes that led to the establishment of the child-headed household. Although in the majority of cases the death of the caregiver led to the establishment of the child-headed household, this does not necessarily imply that these children and young people were orphaned. In nine of these cases, the oldest sibling had at least one living parent who in eight cases was the biological father. In Mona's (aged 16) case, her biological mother was still alive. Mona had lived with her father before he died when she was twelve. Mona's father told her that her mother had left her by the gate of his house and they had never been in contact since.

As argued in chapter one, households can be child-headed in the presence of an adult who is incapable of fulfilling the caregiver role, for example due to illness. Although children may indeed act as the heads in the presence of an adult, it seemed too difficult to establish if they in fact were doing so at the time of selecting the households (see chapter three). During my fieldwork, I decided to narrow down my definition to those households of which all the members were under the age of 18. From the accounts of the children involved in the study, it appeared that in cases where a caregiver became severely ill before he or she died, children often assumed many of the caregiver's responsibilities. In nine households this was the case, and the youngsters described this as a very difficult time. In five of these cases, the oldest sibling became the main carer of the parent. In chapter seven, I discuss the emotional impact of a sick and dying parent and describe how children and young people dealt with that. For now, it is important to note that they were not really supported by relatives in caring for their parent. Particularly in cases where a parent was sick with AIDS, children and young people carried a very heavy burden. Prejudice about AIDS may be a

reason that relatives do not provide assistance and may also be a reason for children and young people not being taken in by relatives (UNICEF 2007: 16; Phiri & Webb 2001: 9-10). This was, however, only mentioned once as a possible reason by the children or young people.

In sum, most children lived with their parents prior to their households becoming child-headed. Of the twenty heads of the households, thirteen had at least one remaining parent. In ten cases, this parent was the biological father, in one case the mother, and in two cases both parents were still alive. Although it is often assumed that children in child-headed households are double orphans (i.e. have lost both their parents), this was clearly not the case for more than half of the oldest children in the households. In five households, the younger siblings did not share the same biological father as their older sibling. In these cases, the father was still alive and informed about his children's living arrangement. One would expect the remaining parents to provide some form of support. Biological parents are also obliged by law to (financially) support their children. In the next section, I first discuss if and how the children and young people received support from their biological parents. This is followed by a discussion of the support they received from their extended family members.

Support from parents
As discussed above, children and young people in child-headed households are not self-evidently double or even single orphans. Although in thirteen households, the oldest child still had one parent, only in one of these cases did this parent support his children. This was the case with Lauren, who had lived with her three siblings (15, 14, and 12) and her mother before the mother died when Lauren was 17. The four of them shared the same biological father, who had divorced their mother and lived elsewhere. They knew where he lived and had regular contact with him and he supported them financially by paying maintenance, which he had been doing since he divorced their mother. Furthermore, the house they lived in was in his name. Although they lived in his house, and the father supported them financially, he did not support them in another way according to Lauren. He did not visit them regularly, it was difficult to reach him when they had a problem, and he did not offer any advice or guidance. Lauren particularly wished he would spend time with her brothers, who expressed a need for that. This was also because her brothers were becoming older and wanted to prepare themselves for their initiation, for which they needed their father. Although Lauren was disappointed in her father's lack of support, in the 12 other cases the biological parent of the oldest child did not provide any support whatsoever.

142

As indicated above, the siblings in the child-headed households did not automatically share both biological parents. In a few of these cases, the biological parent of a younger sibling did provide some sort of support to the household. This was the case with Stephen (aged 15) who lived with his younger brother Simp (aged 11) after they lost their biological mother with whom they had both lived. Stephen and Simp did not share the same biological father, Stephen's father had died a few years before their mother, but Simp's father was still alive. He visited both children daily and supported them financially. He would give them money for school materials or clothes and he also brought them groceries every week. Before their mother died, he had also contributed financially to their care. He supported the brothers equally and Stephen argued that he was like a father to him. Furthermore, Stephen and Simp regularly visited Simp's father's relatives, such as his mother. Simp's biological father thus played an important role in both their lives.

Although Simp's father treated the brothers the same, and supported both of them, in two other households only the biological children were supported. This was the case with Aidan and his brothers who had lived with their mother before she died. Aidan (18) did not share a biological father with his brothers (11 and 14). Both his and his brothers' father were alive. Aidan did not receive support from his father, but his brothers did get some financial support from their father who did not, however, provide support for Aidan. This was also the case with Noleta (19), who had a different father to her brother (8) and sister (9). The three of them had lived together since their mother had died. Noleta's father did not provide any support whatsoever, but her two siblings' father did support them financially. He gave Noleta 150 rand a month for groceries. Although in both cases the biological father may have intended to only support his own children, both Aidan and Noleta were also helped by this support.

Most remaining biological parents did not support their children in any way. In one case the biological father of the oldest sibling offered financial support, and in three cases the biological father of younger siblings did the same. None of the three remaining biological mothers supported their children in any way. Biological parents are obliged by law to support their children by paying maintenance (according to the Maintenance Act, 1998). The procedure to force absent parents (in most cases the fathers) to do so is nonetheless long and complicated and many women with children do not even bother to do so.[2] Even if the claims are approved by court, many parents do not pay. In 2004 alone, district courts received 372,000 complaints of maintenance default (Morrel & Richter 2006: 5). In these cases of complaint the parents were viewed as financially able to pay maintenance. Parents who are not financially able are not required to do so

---

[2]   For a description of the process of claiming maintenance see, for example, Khunou (2006: 267-268).

and it is possible that the living parents of children and young people in my study may also not be financially able to support their children. However, in the children's views many parents should have been able to do so as they had a paid job or received a financial grant.

If they perceived their fathers to be able to offer financial support, children sometimes assumed that the reason for them not doing so to be related with a new wife or girlfriend. Therah, for example, had lived alone since her mother died when she was 17 years old. Her biological father was still alive, and she sometimes had contact with him. Therah said that before her mother died her father had paid some sort of maintenance to her mother. After she died, however, he did not give Therah any financial support and she assumed that his new wife prevented him from doing so:

> … he got a wife now, his wife doesn't like me and my father takes her word … before my mother died he used to come here, and give some money to my mother, but not me […] she keeps my father's money … (Int. 63).

Others also mentioned that their parent's new partner refused to support the children of an earlier marriage. These new wives or girlfriends were seen to be less interested in the wellbeing of their husband's or boyfriend's children from an earlier relationship, and they were even suspected of preventing their partners from supporting their children.[3]

Although some tended to blame the new partners rather than the parents, others were angry or frustrated with their parent for not supporting them. Nell, who I discussed above, said about her mother who had left her other children in Nell's care:

> … my mom does not care about anything. If you would see her you would cry; she's as thin as a stick, […] she is always drunk and she is really suffering … She doesn't even know her little boy … (Int. 44)

The little boy is Nell's youngest brother who was two years old when their mother left. Nell believed that her mother's alcoholism is the main reason why she left the household and did not care for them anymore. However, even before her mother left the household, she and her husband did not care for their children adequately, as they often left them for weeks or months and often fought:

> … she became too violent. She used to fight with my dad a lot. My dad used to drink as well. When they fight they used to break the windows and they both used to leave us all by ourselves for a very long time and we would stay with the child … She used to come back from time to time, she finally left in 2000 leaving us with the baby … (Int. 44)

---

[3] Mann (2002: 38) found children in Malawi to have similar views of the spouses of their relatives. Unrelated spouses were seen as potentially threatening and tending to favour their own biological children.

Hence, even before Nell's parents moved out of the house, they often left the children alone for periods of time without enough food or money. In fact, when Nell's mother did visit the household she would ask her children for money. At one such occasion, my interpreter and I met Nell's mother when she was drunk. She told my interpreter that her children took care of her, and that she was glad that they did. Nell seems particularly disappointed with her mother, and talks with less bitterness about her father. Although he also came to the house as he pleased, Nell argued he was looking for a job when he was absent. She argued that he was caring for the children because when he did come to the house he would at least bring some food. However, in reality he was also an alcoholic and Nell never knew when he would come and bring food.

In the above we have seen that most of the living biological parents of the children in the study do not support their children. The children experienced and interpreted this lack of support in a number of ways. They were angry or disappointed with their parents, or they blamed their parents' new partners. The latter was only the case when fathers had a new partner. It is not possible to say if the fathers would have been willing to support their children if they had not had a new partner. The youngsters' anger or blaming of others for the lack of support does, however, tell us about their expectations. They expected their living parents to support them, and as a result, most were very disappointed. I do not know why the absent biological parents (usually fathers) did not support their children.

Research about the role of fathers in children's lives in general is limited. Denis & Ntsimane (2006) conclude from their study of Zulu fathers in KwaZulu-Natal, that most of them are absent and play very marginal roles in the lives of their children. It is estimated that in 2002, living fathers resided in the same household as their children in only 48% of cases, while this percentage is 80% for living mothers (Desmond & Desmond 2006: 229). Although the reasons of absence are largely unknown, one plausible reason is that many of them had never married the mothers (Denis & Ntsimane 2006; Hunter 2006). When a couple is not married, father support is tenuous. Only 20% of fathers who were not married to the child's mother when the child was born, were still in contact with the children at age 11 (Morrel & Richter 2006: 7). When the father is not married to the child's mother, he may not feel obligated to support the household. As discussed in the previous chapter, the brothers and sisters of the deceased parents are traditionally the first in line when parents die. In a patriarchal society, support is particularly expected to come from the father's relatives. However, as my findings show, many children are not in contact with their biological fathers anymore, and may therefore also not be supported by the relatives of the father. The support of relatives will be discussed next.

Support from relatives

All the children could name living aunts and uncles and also knew their where-abouts. Fifteen of the households had regular contact with relatives. This ranged from being invited to funerals and cultural 'work' to occasional visits.[4] Their being acquainted with relatives or having regular contact with them does not necessarily mean that children receive support from these relatives or tell us what support, if any, entails, or what these relationships mean to the children. It is sometimes suggested that children in child-headed households do not know any of their relatives, or do not know how to contact them. What can be concluded from this study, for now, is that the reason that these children are living in child-headed households is not related to not knowing relatives or not having contact with them. Relatives sometimes lived far away, although in fourteen cases at least some relatives resided in the Port Elizabeth area or even in the same neigh-bourhood as the children.

This was the case with some of Stephen's relatives. Stephen (aged 15) and his brother (aged 11), whom I referred to above, knew where their deceased mother's brothers and sisters lived. They lived nearby but Stephen and his brother did not have any contact with these relatives. Stephen argued therefore that these rela-tives were not really his family:

> I cannot even call them family; I just see them as other people, because there is nothing that they do for us … (Int. 51)

A neighbour of Stephen's, whom I refer to as Leah, is also rather frustrated by the total lack of contact from his mother's relatives. As I discuss in the section about community support, Leah had supported Stephen and his brother since their mother died. About the relatives of their deceased mother, she stated:

> …. they don't even come and ask me how are the kids doing. This thing makes me funny, cause what is happening with that family? Because after the burial I know we blacks we do it like this, because if there's a funeral today, before we leave the kids we make a plan, who's looking after the kids, but that day no-one said I am the one who's going to look after the kids … they just take their things and go … when the mother was sick, there was no family to come and help us, it was the neighbours and me and Stephen … (NC. 5)

From the quotation above, it is clear that Leah had expected the mother's relatives to discuss what should happen to the children. But instead of making a plan after the funeral, the relatives went home without discussing anything. Al-though Leah expected more from the relatives, she also argued that the same relatives had also not been very helpful before the mother died. They did not visit

---

4   Cultural 'work' means traditional occasions or ceremonies, such as a gathering to celebrate initiation or a particular birthday (such as a 21st), at which an animal is slaughtered. The Xhosa word *umsebenzi* means 'job', 'work' or 'service'. But in addition to being the term for economic work, it also refers to a traditional cultural ritual. Thus, in Black South African English, 'work' has come to be used for a traditional gathering, as in "We are having a work".

the mother regularly or support her when she was ill. In other words, the relationship between the mother and the relatives had not been very close before she died.

This points to the possible importance of family relationships before parents die. If the parents do not have strong family relationships, children may not be supported by relatives. On the other hand, Aidan (aged 18), who stated he was not supported by relatives, argued that his mother did have good relationships with her relatives before she died:

> … No-one take care of us; no one phoned to ask how are we are, nothing. I feel very angry with this because when my mother was alive she is taking care of them. She was a faithful person. (Int. 35)

Aidan was particularly angry with his mother's relatives as his mother used to support them when she was alive. Like Aidan, in fourteen other cases children and young people did not receive any support from aunts, uncles or grandparents. Some hardly had any contact with their relatives. Nonetheless, those who were in regular contact or received some support from relatives were not necessarily happy with these relationships.

Zack (18), for example, was not positive about his relationship with his relatives. This is primarily because of the event that led to Zack living on his own in the first place. He had lived with his grandmother until his aunt took the grandmother to live with her. She promised to give Zack some money or food every month from his grandmother's pension which they had depended on when they were living together. However, according to Zack, when he went to his aunt after 'pay day', he would never receive anything. His aunt would tell Zack that his grandmother had debts which had to be paid first.[5] Zack did not know of any debt and thought his aunt was not telling the truth because "she loves the money" (Int. 2). A similarity with Stephen's case is that Zack's relatives did not seem to be very supportive of each other or to have strong family ties. When Zack lived with his grandmother, they had survived on her pension. However, that money was not always enough to last for a month, and the grandmother would send them to ask the relatives for support:

> … by the time my grandmother was here we had food every day … then when the things are finished here at home she will ask us to go to some of her children and tell them there is a shortage here in the house, my cousin was older than me, he will go and go around do some piece job and our granny will see him coming back with something and our granny will ask him: are you back from our daughter? And my cousin will say: no granny, we must not depend to her with everything … it's like that … (Int. 8)

---

[5] 'Pay day' is the day that the pensions get paid out, and the lenders usually wait at the pay points where grants are paid out every month to collect instalment. The interest is extremely high, and these unofficial loans are referred to as 'shark loans'.

Zack's cousin did not expect any support from his aunts and uncles, and therefore he did not ask them for support but tried to earn a bit of money with piece jobs. Consequently, Zack's relatives also seem not to have been supportive before the household became child-headed. At that time, the cousin was approximately 16 and Zack 13 years old. Zack had two other aunts and one uncle. One of these aunts he liked very much but she did not offer much support. The aunt received a disability grant and also sometimes had piece jobs, but she did not help Zack financially. According to Zack, her husband prevented her from doing so. So in this case as well, the aunt herself was not blamed, but rather the unrelated new husband.

As in Zack's case, some other children had at least one family member they sometimes received support from. Nick (18), who lived with his brother (15), for example, sometimes got pocket money from an uncle when he needed it. However, when Nick's neighbour wanted to adopt him and his brother and apply for two Foster Care Grants (FCGs), the uncle did not want that. The reason was not clear but appeared to have something to do with inheritance. The uncle said that he wanted them to become his heirs and that this would not be possible when the neighbour adopted the children. Nonetheless, besides occasionally giving some pocket money to Nick, the uncle did not support them in any other way. At a later occasion, Nick explained that his deceased father's widow, whom he referred to as 'auntie', was applying for a FCG in his name. She lived in another part of town, and did not really support Nick or his brother. She only occasionally gave Nick pocket money or clothes. One day she told Nick to go to the Department of Social Development to declare that she was taking care of both of them:

> N[6]   The social worker ask me who is taking care of us? My auntie [the father's widow] said she was taking care of us…
> D   Why did you say she was taking care of you?
> N   I go there because my auntie already went there, and I go there to agree what she say, and I agree that she is the one who takes care of me … (Int.26)

Despite the fact that the 'auntie' did not live with them, and was not really taking care of the two brothers, she had apparently applied for a FCG. Although Nick declared that she did not support them, he told the social worker that she did because she asked him to do so. My interpreter knew the social worker and suspected her of corruption. Although this case never became clear to me, it was obvious that several adults (the neighbour, the uncle, and the 'auntie') at least pretended to be interested in the wellbeing of the brothers. However, except for the neighbour, the uncle and 'auntie' did not really support Nick and his brother.

---

6   N = Nick, D = Researcher.

I elaborate on the support the neighbour provided to Nick and his brother in the section on community support.

Although, as noted above, Aidan reported that nobody offered him any support, he did receive monthly groceries from his aunt, who was his mother's sister. However, he and his brothers were often without food or money for days as his aunt sometimes only gave new groceries after their stock had long since run out. As I discuss in the section on adult interventions, at one point Aidan's aunt stopped giving food to Aidan, leaving him with no support whatsoever. Noleta, who received some money to care for her two siblings from their father, also received support from an aunt. The aunt received a disability grant, and was able to give Noleta money for food and school fees for her and her siblings. However, as in Aidan's case, this source of support was also not secure. At one point, the Eastern Cape provincial government had stopped all disability grants until an investigation of certain cases of corruption was completed. As a result, the aunt was not able to support Noleta, who had to manage without any assistance until the grant was again approved. Some children indicated that, instead of monthly groceries, they only occasionally received food from a relative. This was the case with Marc and Janin, who were both thirteen and lived together. Their deceased grandmother's sister sometimes visited them and occasionally would also bring food. When I asked what she brought, they explained that it was usually "the food that she is eating there" (Int. 37). In other words, she brought leftovers every now and then. She did not provide the children with a stock of food, and because she only visited occasionally, the children were mostly without any food. These examples show that even in cases where child-headed households are supported, this support is not secure or regular.

It is clear that, on the whole, the relatives of the children and young people did not provide a great deal of support. In cases where children did not have contact with their fathers, they also did not have contact with the father's relatives. Relatives who were supportive were therefore mostly the relatives of mothers. Besides the lack of support from relatives, in some cases relatives even posed a possible threat to the wellbeing of the children as they tried to take over the house or other property, as will be discussed below.

Problems with inheritance
Some children experienced problems with relatives over the inheritance of property when their (grand)parents died. One respondent, Todd (17), told me that when his mother died, relatives of his deceased father wanted to move into the house in which he and his younger brother (14) lived. He said that the relatives had come at night and were 'strangers' to him and his brother, as they had never seen them before. According to Todd, he and his brother decided to move out but

it seems that they had little choice. Todd's name and that of his younger brother were on the ownership documents and they legally had every right to live in the house. I asked Todd whether he asked his relatives to leave the house, but according to him he could not do that. This is related to the rules of communication discussed in chapter four; children are not supposed to directly confront their seniors.

Todd's case was not exceptional. In five other cases, the children's relatives had tried, or were trying, to take the property of the deceased (grand)parents. In some cases, these children, like Todd, had legal rights of ownership. This was also the case with Peter. When we first met in 2004 he was 18 years old and resided alone in the house he had lived in with his father. The house used to be in his grandmother's name, and after she died, it changed to that of his father. His father died in 2003 and, as Peter did not have any siblings, he should legally have inherited the house. However, his father's relatives demanded the house and Peter was very afraid of them; "one day, they can come and kill me, who sees it? I am alone" (Int. 54). Although Peter should have inherited the house, there were a few problems. First of all, Peter's name was not on the documents. This could be solved, as children's names can be added to property documents after the death of their parents but in Peter's case this was not that simple. Although he had always lived with his biological father, he had his mother's surname (his parents had not been married). To be able to legally inherit his father's house, according to him, he needed to change his surname, which was rather difficult. Whether this is in fact legally required, I do not know. Peter and his neighbours may have meant that, as his parents were not married, Peter would have difficulty proving he was his son. I elaborate on difficulties in getting the right documents in chapter seven. For now, it is clear from Peter's case, that inheritance of property for children is complicated and does not only involve the legal rights to the property. Even if children had legal rights of ownership, relatives also claimed these rights, or disregarded the children's rights.

Relatives seemed particularly likely to claim the house if it was a 'family house', which usually meant that the house had belonged to the children's grandparents and it was assumed that when they died, the house would belong to their surviving children, in other words the aunts and uncles of the children in the child-headed households. However, in some cases, the ownership documents only had the names of the deceased parent(s) of the children, and not those of the aunts or uncles. Legally then, the relatives had no right to claim the house as it should be inherited by the children in the child-headed households. However, this did not stop family members from trying to take the house. For example, in the case of Marc and Janin (both aged 13), their deceased grandmother's sister tried to claim the house. However, according to a neighbour, she had no right to do so,

because she did not arrange her sister's funeral. The neighbour herself arranged and paid for the whole funeral, and according to her, the one who does that has the right to the house. Clashes and contradictions between contemporary legal and customary rules of inheritance are clearly significant here.

Traditionally, according to customary law, a deceased person's heir is always the oldest son, or oldest male descendent. When there are no male descendants, the father of the deceased is the heir. When he is also deceased, the oldest brother is the beneficiary. The rule about only men being able to inherit has changed and women can now also inherit their husband's property. These customary rules are based on pre-colonial family and social structures in Southern Africa. It stems from a time when most people lived with their extended families, and were mostly self-sufficient farmers and pastoralists (South African Law Commission, 2000: 1). In these living arrangements, all family members had a direct involvement in and concern with the farming of land and livestock. Therefore, no person could claim full rights and power over assets and, although the head of a family had "overall charge of this property", his powers were inferior to his responsibility to provide for all his dependants (ibid). Following from this, the heir of the deceased inherited all a deceased rights *and* duties.[7]

The practice of inheriting both rights and duties, relates to Janin and Marc's neighbour's statement about the obligation of paying for the funeral. Relatives cannot just take the property of a deceased person without taking on the related responsibilities (such as taking care of the resident children and paying for the funeral). This is also clear from the following statement by Mtuze, who stated that that the inheritance of the house comes with:

> … the responsibility to look after the people in the house […] whoever has a claim to the house should also accept the responsibility to the children in that house … (MI 1)

In three cases in which relatives tried to claim the house in which children lived, it had belonged to their grandmother. Hence these relatives had the right, according to customary law, to inherit the house. However, according to customary law, with the inheritance of the property, they also inherited the duty to take care of the children. In spite of this, in none of the cases, did the relatives take on this responsibility. Besides demanding the houses in which the children lived, relatives also took furniture or other belongings when the caregivers died. As discussed in chapter four, in most of the houses there was hardly any furniture. In some cases, the youngsters said that there used to be more furniture in the house. For example, in Mona's case, a great deal of furniture disappeared

---

[7] The customary rules were therefore more a system of succession. Although the terms 'succession' and 'inheritance' are often used interchangeably, they mean two different things. Succession means "transmission of all the rights, duties, powers and privileges associated with a social status" and inheritance means "the transmission of only property rights" (South African Law Commission, 2000: 1).

during her father's funeral. Although in her case it is not clear who took the furniture, in Zack's case the relatives just came into the house and took the grandmother's furniture after she moved to live with his aunt:

> My aunt take my Granny and then the members of the family came and take the fridge, TV, and the stove and said this is our mother's money and they did just take it all, everything. We watched them take all the things. These people were my uncles and aunts, my granny's other children… (Int. 11)

About two years after this incident, Zack's aunt wanted to rent out a room of his home. Thus, although she did not force Zack out of his house, she did lay claim to the property. In addition to the cases where relatives wanted to claim the house, in one case the threat came from a ward councillor.[8] This was the case with Therah, who was 17 when her mother died. Therah was one of the few children who actually had the documents for the house which was in her name. However, a neighbour stole the documents and tried to sell the house to the ward councillor. Therah was helped by the community to keep the property, as will be discussed in the next section.

In summary, it appears that both customary and legal rules of inheritance play a role in securing the tenancy of the children. In the case of legal rights to inheritance, having the correct documents is vital. Children need to have the death certificates, the property documents for the house, and their own identity documents. The cases discussed above also demonstrate that relatives do not necessarily support the children or have their best interests at heart. On the contrary, they are sometimes a threat to the children's wellbeing. As a result, having the right documents does not guarantee that relatives will still not try to disown the home.[9] As in the case of Therah, some of the other children were also helped by community members to keep their property. This, and other support from community members, is dealt with below.

Support from the community
Most of the children, as described above, did not have regular contact with relatives and relatives may therefore not realise the many problems the children

---

[8] Ward councillors are representatives of the local government. People who live in that ward go to the councillor when they have problems with water and electricity accounts, or drain flooding for example. The councillor reports this to the public servants in the municipality, and discusses what needs to be done in his or her ward. People also go to the councillor when they have family disputes, for example, about property. The councillor has contact with social workers from the Department of Social Development, and refers people for social grants. People can also register in the councillor's office for food parcels. These food parcels are part of the National Food Emergency program and people will receive these parcels for three months (see for a description of the National Food Emergency Programme in annex 4).

[9] Desmond & Gow (2002: 19) describe that a shelter for street children in Durban was increasingly accommodating for whole families of siblings. Although the reasons are unknown, this could be a result of children losing their property after their caregiver's death.

experience. Community members, on the other hand, live nearby and are in regular contact with the children. As discussed in chapter four, when referring to the community, the children and young people had neighbours in mind. In most cases, the children received some sort of support from one or more neighbours who lived next door or in the same street. There were different forms of support, but helping children with food was the most common. In ten of the child-headed households, the children and young people said they received food from their neighbours, ranging from a loaf of bread to supper. However, in all cases, they said that they did not get much support from neighbours.

Most children said that they had to do something for their neighbours in order to get food. Boys were sent to the shop or had to work in the garden. Girls were also sent on errands or helped in the household with cleaning or doing the dishes. Because of this, some of the children perceived the food they received from neighbours to be compensation rather than support. Whether the children perceived themselves as receiving support or compensation may depend on the type of relationship they have with the neighbour. For example, there was one neighbour that Zack did not mind doing anything for. She was an old woman whom he visited regularly and he would do the dishes for her or go to the shop. The neighbour explained to me that she often cooked too much so that there would be leftovers for Zack. She said she that she thought of Zack as her own child and, from what Zack told me, it seemed that he also felt very close to her. According to this neighbour, the other neighbours also "love him" as they also give him food. On the other hand, according to what Zack told me over the course of a year, the other neighbours did not give him food very often or help him in any other way. He only received food from the other neighbours sporadically. It thus appears that although community members may think that children are supported by other neighbours, this is not necessarily the case.

Although the children often said that they did not get much support, there were also cases of community support that children were unaware of. This was the case with Therah. One day, during an interview with Therah, we were interrupted by an older female neighbour. She came over because she thought that we might be interested in buying Therah's house. As described above, another neighbour had stolen the ownership documents and tried to sell the house to the ward councillor. The neighbour explained:

> … the councillor did want to buy that house and wanted to put them on the street, so us as the community members, we did go to the right channels about that house, we are the ones who prevented that house to be sold … (NC 7)

The neighbours hence allegedly prevented Therah's house being sold. Surprisingly, Therah did not know that the neighbours helped in this way as they did not tell her what was happening or what they were doing. Therah assumed that

her neighbours thought she was too young to be told, as they had informed her older cousin who lived nearby. However, according to one neighbour, Therah was informed of their actions and she was lying about not knowing. On a later occasion, Therah cried because of this allegation and said that she wanted to say something in her defence but could not confront an older person in the presence of other people. If she had been alone with the neighbour, Therah said, she would have disputed the claim that she was lying.

Instead of trying to take over a house, another ward councillor helped a child to keep her property. This was in the case with Mona (16) whose relatives tried to take over her house after her father died. When some neighbours became aware of her relative's intentions, they told Mona and the relatives to go to the ward councillor for the district she resided in. The ward councillor and the neighbours prevented her relatives from taking Mona's house. Mona remembers that her relative's response was that, because of this, they would leave her "to suffer alone" (Int. 13). When I interviewed the ward councillor, he remembered the case very well:

> I remember that [the neighbours] brought that issue to my attention for me to decide about the future of the house […] I think she was about 12 , I called an elder in that issue. Firstly people who know the history of the family […] Now that these parents are gone what do we do? I first had to check with the relatives, when I did, I talked to them to please take the child as a foster care […] but what I discovered was that the relatives of both the parents was that these people were less interested in the child, they were interested in the property […] I could sense that something was wrong. My responsibility is to protect the minor child against anyone and I stand by this minor. We had a meeting with the people in that area because this one had no relative, now who is going to fight and look after this one? (SW 4)

The ward councillor called a meeting with the elders in the community, to talk about Mona's case. Unfortunately, the meeting did not result in a real plan to support Mona. The councillor admitted that he had not really monitored the case further. He also did not report the matter to the Department of Social Development, nor did he advise Mona to go to there. Mona did not remember such a meeting taking place. However, it is possible that the community members had a meeting and decided to support Mona while she was staying in her own home. Mona, however, always argued that she was not sufficiently supported by the community. In any respect, Mona's case shows that although community members may take action, and even involve the ward councillor; this does not automatically lead to continuous support.

As described above, in half of the cases children occasionally received food from their neighbours. In a few of these cases, children also indicated that they received emotional or moral support from neighbours, teachers or friends. Zack, Mona and Lauren were clearly emotionally supported by a neighbour and teachers. With the other children, emotional support from others was less evident. In most cases, children and young people ate the food they received from

neighbours in their own homes. Some of the younger children however, such as Marc and Janin (both aged 13) and Nick's younger brother Bathi (aged 15), indicated that they had supper at a neighbour's house. Bathi, for example, explained that sometimes he was called to one of his neighbour's house. He likes to eat there as they are friendly to him and use his nickname. I asked him if they ever talk about his problems, but according to him they mainly talk about football. He also sometimes watches TV at their house and feels welcome in their home. The material support children get may consequently also fulfil other needs, and material and emotional support are, in some cases, intertwined.

From Zack and Therah's accounts it appears that community members and the youngsters do not have the same opinions about the type and quality of support the children receive. Definitions of support by children and community members may differ. For example, the children did not think that getting food in exchange for running errands was support. Their definition of support may also depend on the kind of support they need. For example, I asked Therah if she received any support from her older cousin who lived nearby and she replied that she sometimes visited, and: "then she will give me food, but she doesn't help me" (Int. 63). Although Therah occasionally received food from her cousin, she did not think of this as support. She only received food irregularly which was hardly sufficient but Therah's perception of her cousin's lack of support also relates to her other unfulfilled needs. She was often sick, hardly had any supportive relationships, and, on top of that, was thought of as a liar by some of her neighbours. Therah may have needed more emotional support from her cousin.

As argued above, children and young people may not always be aware of the support neighbours give. Because the children concerned were mostly not involved, they were unaware and felt unsupported. Some of these neighbours were involved in small-scale initiatives such as food gardens or Community-Based Organisations (CBOs). They sometimes gave children vegetables, referred children to the Department of Social Development, or arranged a food parcel for them. Below, I discuss the support children received from such organisations.

Community-based organisations
Referring children to the right support channels is one of the actions expected from CBOs according to the Home and Community-Based Care and Support Programme (HCBCS) discussed in chapter four. CBOs are one of the actors in the HCBCS programme, together with social workers from the Department of Social Development. I first consider whether and how CBOs were involved in the lives of children and young people in child-headed households and then consider the involvement of the Department of Social Development.

In the course of my research, I became acquainted with a number of small initiatives and organisations that aimed to provide care and support for people living with AIDS and/or (orphaned) children. But what do these organisations actually offer, and what do their services entail? The two CBOs that I was in most contact with were run by volunteers.[10] One of the CBOs the Qaqaqwuli Health and Community Initiative, hereafter referred to as 'QaQa', worked primarily in an informal settlement. Their work mostly consisted of home visits to AIDS-affected households. These visits are a valuable part of community-based strategies, as the volunteers regularly visit households and know what their needs and difficulties are. Volunteers carried a notebook in which they wrote the children's names, birth dates, orphan status, and their most pressing needs. Because they have good information about the wellbeing and needs of children and their families they should be, according to the HCBCS programme, a resource for the Department of Social Development. However, in practice the Department of Social Development does not work with CBOs and does not use the information given by community volunteers. This was reported by various volunteers and is confirmed by other research (Giese *et al*. 2003; Sloth-Nielsen 2004: 23).

The volunteers felt frustrated that they could not do much more than these home visits. In a discussion with two volunteers from QaQa, they said about their home visits:

V1   … we go to these houses, and we leave them with hope, and the end of the day they point fingers at us …
V2   yes, say we are liars … (C 6)

According to the first volunteer (V1), the home visits gave people the hope that they would be supported somehow. However, the home visits are not much more than visits to ask how people are doing; if people need food or money there is not much the volunteers can do. As they further explained, in theory there are food parcels or free school uniforms (see annex 4 for the relevant policies). However, in practice, these resources are very limited. Although the volunteers know how to fill in the right forms and where to submit them, they are often unable to access these scarce resources. Nonetheless, they do have (access to) vital information on *how* and *where* to access resources. Therefore, having relationships with such volunteers may be profitable for members of child-headed households. They may refer children to other organisations or the Department of Social Development, which I deal with below.

Besides referring children and young people to the Department of Social Development, there is not much these organisations can do in practice. The volunteers at QaQa said that they received little to no government funding, which

---

[10]   These two CBOs helped me to identify child-headed households. Some of the volunteers also accompanied me on visits to the children.

constrained their ability to support people in need. One of these constraints, also a source of frustration, was having to work as a volunteer without any financial reward:

> You go there and the people are hungry, meanwhile you are also hungry … they all want us to be volunteers, get nothing, as now you are a slave … all the departments are encouraging voluntary work … (C 6)

Although the volunteers seemed dedicated to their volunteer work, they also referred to the work as 'slavery', as they did not even receive expenses. Some of the volunteers at QaQa did not show up for appointments because they could not afford the minibus taxi fare.

The case of the CBO QaQa shows that although organisations may be dedicated to helping others, they are severely constrained. This raises questions about the effectiveness of HCBC initiatives to support children affected by AIDS. In general, there have not been many qualitative studies of community responses to this programme. The impact of HCBC strategies is consequently difficult to assess. The Eastern Cape Department of Social Development (ECDSD) did a rapid appraisal of Home and Community-Based Care initiatives in the Eastern Cape in 2002.[11] They found 160 HCBC projects in total, of which eighteen were located in the Nelson Mandela Metropole. The survey also dealt with these projects' services to child-headed households. Although the report does not provide a definition of a child-headed household, it states that 4960 child-headed households in the Eastern Cape were receiving a 'range of services' from HCBC projects (ECDSD 2002: 6). These services ranged from offering social grants and food parcels, to referring children to the Department of Social Development. Only 22.5% of child-headed households referred to in this appraisal received any form of social grant, while more than half received "home-based care".

This kind of survey does not provide much useful information. One does not know what these services really entailed and whether children were sufficiently supported. When I asked volunteers from QaQa about the services they provided, they would also refer to 'home visits', 'home-based care', 'referrals' and 'HIV counselling and support' but in practice both the beneficiaries and the volunteers were very frustrated about the actual support. That the provision of social services to vulnerable children is severely constrained in practice is confirmed by a large scale study on social services to orphans and vulnerable children in South Africa (Giese *et al.* 2003).[12] According to Giese *et al.* (2003), this is first of all

---

[11] The study included the six district municipalities of Alfred Nzo, OR Tambo, Amatole, Chris Hani, Ukhahlamba, and Cacadu, as well as the Nelson Mandela Metropolitan Municipality.

[12] This study was commissioned and funded by the National HIV/AIDS Directorate in the Department of Health in collaboration with the National Department of Social Development. The study was executed by the Children's Institute in Cape Town but has not been published by the Departments. The Departments holds all publishing rights, and the Children's Institute can therefore not publish it.

due to a lack of human capacity. Social workers were mostly busy assisting with foster care placements, and applications for the Foster Care Grant (FCG). Because so much time was spent dealing with applications for the grants, the social workers were not able to fulfil any other duties. They did not have the time to identify other vulnerable children, or to support HCBCS programmes, as enshrined in the NIP policy (ibid).[13] As I discuss below, social workers in my study also did not identify the children and young people in the child-headed households as vulnerable or in need of assistance. Before discussing the support of Social Development, I discuss whether the children and young people were still attending school and how this relates to the support they receive.

Access to education and support

Most of the youngsters were attending school. All of the children under the age of eighteen and some of the oldest siblings over the age of eighteen were enrolled in primary or secondary education, and two of the oldest siblings were in tertiary education (see annex 2). Many of them, however, were worried if they would be able to stay in school. This worry was often linked with the lack of food and money for school fees and a school uniform. Not having a proper uniform can be a reason to drop out, because according to some children, teachers say you cannot stay in school without it. Although the teachers I spoke with said they would not send somebody home for that reason, having a proper school uniform is important. A teacher argued that not having a complete of proper uniform makes children unconfident. This is confirmed by the explanation Zack (18) gave for dropping out of school:

> … sometimes I went to school with a shirt that was not ironed … some of my friends they would say that my shirts is not ironed and others would laugh at me and I feel bad about that … (Int. 4)

Although Zack argued the main reason for his dropping out was his lack of food, another reason was that he was teased because of his household situation. Mona, who was still going to school, was also teased and for a similar reason:

> They were teasing me that I don't have parents, I don't have money to buy things at school, everything they want to say they say it, right in my face. (Int. 14)

Most children and young people also worried that they would be send home because they could not pay the school fees. In many cases the teachers did warn them that they could not come to school anymore. Teachers, however, argued that they only wanted to scare the children.[14] In many cases however, scaring

---

13 For a description of the NIP policy, see chapter four (page 101).
14 According to the School Fee Exemption Policy (annex 4), children who cannot afford to pay their school fees should be exempted. However, none of the children was aware of this policy or was officially exempted.

children seemed to have the effect that children were in fact scared and did not dare to explain their situation to the teachers. Marc and Janin (both 13) were the only children that did explain their situation to a teacher and the effect was that "they leave us, they don't beat us as they beat other children" (Int. 39). Scaring the children is thus not all that teachers do; they also use corporal punishment (which is illegal in South Africa).

One reason to, at least temporarily, drop out of school is to take care of parents. This was the case with Stephen (aged 15 at that time), Peter (aged 17 at that time), and Maria (aged 17 at that time) who all missed a few months of school. When Stephen went back to school, he needed to do that particular year over, as he had missed too much. Peter also missed a great deal and, after his father died, he soon dropped out of school permanently. This was also the case with Maria, who went back to school after her mother died but again stopped going after a few months because she was pregnant. Peter argued that he needed to work to earn money and could therefore not go to school anymore. Others used the same argument for dropping out of school, and the lack of money and food was the most often-mentioned reason for not going to school.

However, although the lack of food and support was a reason for not going to school, it was in some cases in fact a reason to go to school. Some teachers seemed to be interested in the welfare of the children. For instance, some teachers said they asked other children to share their food, gave food themselves, or asked the grade 12 (matric) students to leave their uniforms for others when they completed school (which, however, almost nobody does).[15] If a scholar stopped coming to school, they would go to their house to find out the reason. In Zack's case, a teacher did come to his house to ask why he did not come to school anymore, and tried to persuade Zack to come back to school. None of the other children said that a teacher came to ask why they did not come to school anymore. Nevertheless, some children indicated that they were supported by teachers.

Lauren, for example, was able to talk with two teachers about her problems and they would give her advice. As described above, Lauren lived with her three younger siblings, and their biological father was still alive. However, although he supported them financially, he did not provide emotional support or advice to his children and Lauren really appreciated the support of her teachers. According to her, the teachers were always supportive, even if she made a mistake. Mona, whose case I described above, also had a good relationship with one of her teachers. When I met her in 2004, she often stayed with this teacher over week-

---

[15] Learners matriculate after passing grade 12. A matriculation certificate is a minimum requirement for admission to universities.

ends. According to Mona, the teacher started helping her when she moved schools and joined her class.

> … every time I was sleeping in the class … my class teacher asked me why are you sleeping every time? I tell my problem […] after that, every weekend she takes me to her house, she bought for me a shirt for school and school shoes … (Int. 13)

Mona always smiled when referring to this teacher, indicating that the teacher gave Mona emotional support. Mona also received emotional support from her friends. When she was very sad, her friends tried to boost her morale:

> they would say you must not think every time, they even tell me if I keep on thinking about this one day I will sleep and not wake up … (Int. 14)

Her friends also encouraged her to stay in school. Peter, although having dropped out of school was also emotionally supported by a teacher, who encouraged him to talk about his father's death.

Although most children were still attending school, there does not seem to be a direct relation with the support they received from relatives or neighbours. The rapid appraisal of HCBC initiatives in the Eastern Cape discussed above, also found many children in child-headed households attending school and concluded that this shows that most of these children are supported (ECDSD 2002: 5). However, as we have seen above, most children are hardly supported and do not have enough money or food. Some children indicated that they went to go to school because of their lack of food, as friends or teachers would share their food with them. Nonetheless, a considerable number of young people did argue that the main reason for dropping out of school was their lack of food and money, as was the case with Zack (dropped out at 17), Therah (dropped out at 14), Nick (dropped out at 15), Peter (dropped out at 18), and Nell (dropped out at 16). The last three also dropped out as a result of their caregivers' death or disappearance.

Support from the department of social development
While one of the roles of social workers is to identify vulnerable children, in most cases the children and young people were never visited by a social worker from the Department of Social Development. The few children that were visited by social workers were always referred to them by concerned neighbours or volunteers from a CBO. This was the case with Nick (18) who, as I discussed above, resided with his younger brother (15). A CBO volunteer contacted the Department of Social Development because she felt that the children did not get enough support from relatives or neighbours. According to a neighbour the social workers left a can of paint the first time they came to Nick's house. I was puzzled, and asked Nick if they were in desperate need of paint. Nick said the house had looked fine, but they painted it anyway. The second time the social workers came to their house, Nick was told to pick up a food parcel at the

Department. According to local policies, households in need receive these food parcels for three months (one parcel a month) and after that are no longer entitled to them.[16] Nick only collected a parcel once as I elaborate in chapter seven. For now, note that none of the other child-headed households ever received a food parcel from the Department.

An important role of the social workers is to inform and help families to access financial grants. As discussed in the previous chapter, the Department also arranges these grants for children and young people in child-headed households when the oldest child is over the age of 16 (in the case of the CSG) or 18 (in the case of the FCG) and caring for younger children.[17] Only in one of the twenty cases did the household head receive FCGs to take care of the younger siblings. This was Lauren (18), who received three grants for her younger siblings. However, Lauren had problems with the social worker who arranged the FCGs for her and then borrowed money from her when the first payment came through. Lauren gave her the money, but soon regretted her decision. She called her friends (the teachers), who called a lawyer. The social worker agreed to pay the money back immediately but, according to Lauren, was not pleasant to her after this incident:

> She knew I was the eldest and that we are living alone. I think that is what some of them do, they take advantage, they take some of the money from those siblings and never bring it back. I think they put you in a position that they helped you so it's time you pay back. (Int. 30)

At the time that the social worker asked for the money, Lauren did not feel confident enough to refuse her, although she knew it was not right. Although this may be an isolated incident, it shows that the heads of child-headed households are vulnerable to potential abuse or exploitation from adult social workers. Even if the head of the household is legally an adult, he or she is still not in the position to dispute an elder. Furthermore, the social worker did not visit and monitor the children, as she should have, as discussed in chapter four. According to Lauren, she only saw this social worker three times. The first time was when the social worker came to collect her to go to the Children's Court, and the second and third times she came to the house and brought a food parcel. These visits were before the grant was approved. Lauren assumed that the social worker did not visit them anymore because of the unpleasantness around the loan but social workers may also be too busy to visit and monitor these children. As described above, as a result of a lack of human capacity at the Department of

---

[16] See, for clarification of the food programme, annex 4.

[17] At the time of my fieldwork, the CSG amounted R180 per month (from 1 April 2005) and was available for a primary caregiver of a child under the age of 14 who lived in a household with an income below 800 rand per month if they lived in an urban area, or below 1,100 rand per month if they lived in a rural area or an informal dwelling. In 2005, the FCG was 560 rand per month for each fostered child under the age of 18 years, and to qualify for the FCG an income-based means test was not needed.

Social Development, social workers are unable to fulfil all their duties (Giese *et al*. 2003).

In ten other cases the child-headed households should also have had access to a FCG. In these cases, the oldest sibling was above the age of eighteen, and had one or more siblings under the age of eighteen to take care of (see table 6.1). In nine households, the oldest child or youth was not eligible for a FCG. In four of these cases, the household consisted of only one person, and consequently they did not have siblings to apply for a grant on their behalf. In three cases, the oldest household member was too young (i.e. younger than 18) to apply for his or her sibling(s). And, in two cases, the younger siblings were too old to be eligible for a FCG (i.e. 18 years old or older). Nine households were eligible for one or more CSGs. ('Yes' means that they are eligible; the number in brackets shows for how many grants.) This means that in these cases, the oldest sibling was at least 16 and caring for one or more children of 13 or younger. Although the CSG is more accessible than the FCG, as argued in chapter four, not many households received a CSG. Nell is for example eligible for four FCGs as she takes care of four children (not her own) under the age of 18. She is eligible for three CSGs, as she cares for three children (her own and others) under the age of 14. Nell only received one CSG, for her biological child. Like Nell, Phoebe also only received a CSG for her biological child. Aidan received one CSG for his youngest brother. Sindy received two CSGs for her two younger siblings and two for her biological children. Although four of the nine eligible households were receiving one or more CSGs, only two household heads were receiving the grants for their siblings. It may be easier to apply for a CSG for a biological child than for a sibling and this may be because the birth certificates of children are required, which the oldest sibling often did not have for his or her younger siblings. Not having the right documents is also a major obstacle in accessing the FCG.[18]

As the example of Nick shows, relatives may be in the process of applying for grants for the children while the children may be aware off this. In any case, besides Nick, who received a food parcel, and Lauren, who received three FCGs, none of the other households were ever visited by Department of Social Development workers. As social workers are assumedly too busy to make field visits to identify children and households in need of support, youngsters have to go to the Department of Social Development themselves to ask for support. I address if and how children sought support from the Department in chapter 7, where I also further elaborate on the difficulties in accessing formal support that relate to not having the correct documents.

---

[18] Table 6.1 shows a snapshot in time, as households changed and hence also their eligibility for grants. Furthermore, Nell, Phoebe, Norah and Linda were in the process of either requiring the right papers or applying for one or more grants.

Table 6.1 Eligibility for the Foster Care Grant (FCG) and Child Support Grant (CSG)

Name child-head (pseudonyms)	Age head	Ages household members	Eligible for the FCG?	Receiving FCG?	Eligible for the CSG?	Receiving CSG?
Zack	18	20				
Mona	16					
Nick	18	15	Yes	No		
Lauren	19	17, 16, 14	Yes (3)	Yes (3)		
Aidan	18	14, 11	Yes (2)	No	Yes (1)	Yes (1)
Marc & Janin	13	13				
Noleta	19	9, 8	Yes (2)	No	Yes (2)	No
Nell	22	16, 14, 9, 7, 2	Yes (4)	No	Yes (3)	Yes (1)
Stephen	15	11		No		
Phoebe	20	14, 13, 6, 2, 6 months	Yes (4)	No	Yes (4)	Yes (1)
Todd	17	14			Yes	No
Peter	18					
Maria	18	17	Yes (1)	No		
Terah	19					
Tara	14					
Sindy	26	17, 15, 10, 9, 8, 6	Yes (4)	No	Yes (4)	Yes (4)
Morton	21	18				
Linda	25	20, 14, 10, 6	Yes (3)	No	Yes (2)	No
Kerry	19	9	Yes (1)	No	Yes (1)	No
Norah	23	19, 15, 10	Yes (2)	No	Yes (1)	No

In the above, I have shown that most of the children and young people received some sort of support from neighbours or relatives. The support was, however, very irregular. Below I assess whether the total support children received (i.e. from the community, relatives and the Department of Social Development) was sufficient or even beneficial, by further considering children's experiences of such support. Besides the irregular support from neighbours or relatives in the form of food or money, in some cases neighbours or relatives intervened more actively in the children's lives. In the next section, I describe these different types of interventions, and consider how they influenced the children's circumstances.

Adult interventions

The interventions or types of support that I discuss below are first of all those aimed at breaking up child-headed households. In these cases, the youngest children of a child-headed household were fostered, an adult moved in, or the children moved in with adults. In a few cases, however, interventions were not

aimed at ending the residential form of the child-headed households, but rather at providing outside support and supervision.

Fostering the youngest children

In four child-headed households, the youngest children were taken out of the household and fostered by relatives. This was the case in Aidan's (18) household. After his mother died, he lived with and took care of his two younger brothers (14 and 11). The three of them received monthly groceries from their aunt, whom I refer to as Pimky. While Aidan was absent for two weeks to visit relatives in a rural area in 2005, his two younger brothers stayed with her. However, when Aidan returned, Pimky said that because he was not taking proper care of his brothers, they would remain in her care. Aidan, however, wanted his brothers to move back in with him. When they were still living together, Aidan received one Child Support Grant as well as financial support from his brother's father, which helped them to buy food for the three of them. Now he no longer received this or support from Pimky. When I visited Aidan in 2007, one of his brothers (16 by that time) had moved back in. Pimky did not want him to live with her anymore, as he was disobedient and smoked dagga.

Something similar happened to Norah. Since her mother died when she was 17 (in 1999), she had been taking care of her three younger siblings (14, 11, and 5 at the time of her mother's death). When she turned 18, she wanted to apply for social grants and needed her siblings' birth certificates to do so. Her aunt kept the papers in her house but claimed that they had been lost and suggested that the two youngest children should come live with her. Norah agreed, as she could not take care of them without the social grants. Since her siblings had moved in with their aunt, Norah had not been allowed to visit them as the aunt claimed it would only confuse the children. Because Norah wanted her siblings to live with her, she decided to apply for the birth certificates and social grants again. The problem, however, was that, in order to be eligible for the grant, children need to live with the applicant.

It is clear that both Aidan and Norah did not really have a choice when relatives decided it would be best when the younger children moved in with them. Norah felt she had no choice as she was unable to care for the children without a social grant, and Aidan's brothers were kept with his aunt against his will. In Aidan's case he did not understand why his aunt only wanted to care for his younger brothers and no longer for him. It is possible that the aunt thought Aidan was old enough to care for himself. As a result however, Aidan was worse off as he could no longer access the CSG or receive support from his brother's father, which were his only sources of income. In Norah's case, she was now also

unable to apply for these financial grants, as the first requirement is that the children live with the applicant.

When all the children in a household are under the age of 18, they cannot access a FCG. For the CSG an applicant needs to be at least 16 years old, but the children he or she is responsible for have to be under the age of 14. For five households, the only means to benefit from such a grant would be if an adult moved in with them or they moved in with adults. I first discuss the cases where an adult moved in with the children.

Adults moving in
Marc and Janin were both 13 when I met them in 2004. They had lived alone together since their grandmother had died six months earlier. They did not know many of their relatives, but did know their grandmother's sister (who lived in another town with her boyfriend), and they had regular contact with a cousin. A few weeks after I first met the children, I met the cousin in their home. To my surprise, he claimed to live in the house and to take care of the children. He first stated that he had been living in the house 'since a long time', but later changed that to 'since three months [ago]'. According to the children, their cousin had only been staying there for a few weeks, and then only for a few nights a week, and had previously lived somewhere else.

Remarkably, a few weeks after their cousin allegedly moved in, the grandmother's sister ('Granny') also claimed to have moved in with the children. She applied for two FCGs for them. It seems plausible that 'Granny' only moved in with the children when she found out she had to live with them in order to access the grants. When I talked to some CBO volunteers about this case, they said that there is indeed a difference between living in a house in order to care for someone, needing a roof to sleep under (their cousin), or wanting access to financial grants (Granny). Our suspicion that Granny merely wanted to access the grants was confirmed during my follow-up fieldwork a year later. Although Granny was receiving two FCGs on the children's behalf, they said that they did not have enough food, clothes or school supplies. Janin wept and told my research assistant that Granny was spending the money to repay outstanding debt and on alcohol.

In Nick's case, a community member moved into the household. When I met Nick and his brother in 2003, they were 18 and 15 years old.[19] One day a neighbour of Nick's told me that a woman was moving into his house and she was concerned that the woman would 'take over' the house. According to her, the

---

[19] At that time they lived with their cousin who was about 4 years old and who was HIV positive. He was the son of their sister who had died in 2001. The little boy first moved to his biological father, who was also HIV positive but, because he could not care for him properly, community members suggested that he should be taken to a house of safety.

woman needed a house to stay in, and would force Nick and his brother to move to a shack in the garden. Her suspicion was fed by the fact that there was a large pile of old wood in the garden and she thought that it would be used to build a shack. When I asked Nick about the woman moving in, he confirmed this and explained that "it was decided by the community", because they "must stay with an older person" (Int. 24).

Nick said that he liked the idea because he wanted "somebody who is older" to live with them, because "it is not nice to stay alone with me and my brother" (Int. 24). According to Nick, when the woman has moved in, their house would be a 'home'. Their house was not a home yet, or at least not a 'normal' home, as the following part of our conversation shows:

> N[20] … we are going to do everything together, eat together, she will not pay rent, but pay for the food and pay for everything.
>
> D   What do you think will change when this lady moves in?
>
> N   It's going to be a home, when she is here, because always our friends come into the house, and when she lives here it will change. (Int. 24)

The reasons, according to Nick, that their house would become a 'normal' home were that they would do everything together and their friends would not be able to come in anymore. This is possibly 'normal' as, in local adult-headed households, the children's friends are not encouraged to hang around. As a result, some of the homes of the respondents were used as a regular place for friends to visit each other, smoke and talk.

The woman was still living with Nick and his brother about one and a half years after she had moved in (at the end of 2006 when Nick was 20). Nick was not very happy about the situation, however, as he could not live as he used to. According to my research assistant "they don't see the same way", meaning that they had different opinions but, because the community decided that she had to stay with them, he could not refuse. Nonetheless, the younger brother, who was 17 at the time, told my research assistant that he liked the situation because at least she gave them food and also told them what was right and wrong.

These cases illustrate the complexity of the child-headed households referred to at the start of the chapter. The compositions of the households discussed changed over time and as a result of adult interventions. Furthermore, they also show that adults do not necessarily move in to take care of the children but often do so for their personal benefit (i.e. for a FCG, or for a roof over their heads). Janin and Marc were not properly cared for, and Nick was unhappy about the arrangement. The last intervention that is aimed at breaking up child-headed households is that of children moving in with adults, discussed below.

---

[20]   N = Nick, D = Researcher.

Moving in with adults

As discussed in the first section of this chapter, most of the children's relatives did not really seem concerned with their well being. In most cases at least some of the relatives were aware of their situation, but this did not lead to much action from their side. In four cases, children did temporarily move in with relatives. Because in these cases children seemed to have taken the decision to move out again, I discuss these cases in chapter seven, where I discuss the children's coping strategies. As indicated above, some community members did seem interested in the well-being of the children. When children do not have good relationships with relatives, moving in with community members may therefore be an option. This was the case with Mona, whose relatives, as I discussed above, were exploitative rather than supportive. Mona was the only one who moved in with community members, and I describe her case below.

Mona had been living alone for more than four years when a neighbouring family offered to foster her. As discussed above, she had occasionally stayed with the family before as she was sometimes afraid to stay alone because, according to her, men had broken in to her house and tried to rape her. The same neighbours also gave Mona food from time to time. Mona was happy to stay there and said "they love me, and I love [them]" (Int. 12). The initial idea that she should be fostered came from Mona's teacher, who, as described above, seemed concerned about her well-being. She contacted a social worker to speak with the neighbours who then applied for a FCG.

Within a few months, however, she was struggling with her position in the household, and had a great deal of conflict with her foster family. When I met with her, she was often in poor spirits and often did not want to talk.[21] The family accused her of stealing money and clothes. Furthermore, according to Mona, she was often reminded that she did not belong to that household:

> If I make a mistake, they will make a big issue out of that mistake, I cannot live like the other children, they say, remember this is not your home! (Int. 15)

Because of Mona's depressed spirits, and based on our observations, my research assistant believed that the real reason the neighbouring family had fostered Mona was to access the FCG:

> … because of money, they are going to get money … that foster care grant […] look at her now, do you think they are spending money on her now? […] if they are going to take care of her, they could have buy things for her now, even if they don't have that foster grant, […] there are things like they can buy for Mona, like a 30 rand vest … so that she can be like other children, but you can see she is suffering … you can see when we get there she is always working, when she is not working, she will stay behind the house alone … with a sad face … (Int. 15b)

---

[21] As discussed in chapter three, the foster family did not want Mona to talk with me, which made her relationship with them also more complicated.

My research assistant argued that although the family had not yet received any grant money, they would have spent money on her if they really cared for her. This was not the case however. On the contrary, at Christmas all the children received new clothes, but Mona did not receive any presents. Because she did not feel welcome, and their fighting became even worse, Mona decided to move back to her own house. As a result, she was not supported anymore and had to depend on herself.

The discussed interventions of breaking up child-headed households were not really beneficial for the children involved, which raises the question if children would not be better off in a child-headed household. As discussed, one of the major difficulties for such children is accessing financial grants. An alternative approach, as suggested in the Children's Bill, is having an adult mentor access the grant for the children and also monitor and supervise the children. The case of Stephen and his brother Simp, which I discuss below, is an example of an adult supervising from outside the household. It is not an example of mentorship as suggested however, as at the time of the study the Children's Bill was not yet in force.[22] It therefore not possible to access a FCG or CSG when not living with the children involved.

Adult supervision

Stephen (15) lived with his younger brother Sip (11). As discussed above, Stephen had lost both his biological mother and father, while Sip's biological father was still alive. Although Sip's father played an important role in both boys' lives, their late mother's friend, Leah, seemed to have an even more prominent role. She lived very close to them and visited a number of times a day. According to Leah, she went to check that they did their homework, went to school, washed their clothes and cleaned the house. Although their clothes were often not really clean when they washed them themselves, and she would have to do their laundry again, at least this way they learned how to look after themselves. In her words:

> I play as a mother, I must see that they are clean, the uniform, they must be like this in school … where's the homework … you know, I do it like that, you can't play before you do your homework, you know … if there's a meeting at school, they tell me, and I must attend the meeting at school … because I'm the one … (NC 5)

By stating that she was 'the one', Leah emphasises that she took on the parental role, meaning she raised the children and looked after their wellbeing. Stephen and his brother agreed that she acted like a parent; they said that they had a good relationship with her (when I met them in 2004), and agreed that she acted like a mother.

---

[22] As described in chapter four, the Children's Bill will be will be put into effect in 2008.

Before their mother died, Leah also sometimes took care of the children. Leah explained that she and their mother had been friends for years before their mother became ill with cancer. At times she was very sick and Leah took the children to her house until she felt better. Stephen's mother told Leah that she was going to die and that she wanted Leah to care for her boys.

> … when she said, one day you will look after my kids … she said I'm going to die, but I didn't understand, I said I don't like those jokes … I didn't see she was sick, she looked healthy … (NC 5)

As discussed in the section about support from relatives, at the funeral none of the relatives brought up the matter of who would take care of the children. According to Leah, the mother always helped her brothers and sisters, although they did not take care of her when she was ill.

Although the boys were financially supported by their father, Leah argued that the money was not sufficient to pay for everything. She went to the Department of Social Development to see if she could apply for FCGs in the boys' name. They told her that she needed to live in the same house in order to receive the grants. Leah did not want that. Both she and the brothers had very small RDP houses, which each had only one room. Furthermore, Leah argued that she wanted to live her own life and wanted to keep her privacy. Despite occasional fights and disagreements between the boys and Leah, which will be dealt with in the following chapter, Stephen and Simp seemed to be doing well. With the support of Simp's father and Leah, they managed to run their own household. Leah seemed to put the interests of the children first. She did not want to move in with the children, nor have the children move in with her; but since she was not living with them, she could not access a grant in spite of her daily support of the children.

Children and young people's interpretations

From the first part of the chapter, it is clear that child-headed households do not receive much support from relatives, neighbours or the Department of Social Development. The above discussion of interventions has shown that even in cases where adults seemed to be involved and interested in the well-being of children and young people, many of these interventions resulted in youngsters being worse off than before. In the following, I consider the youngsters' interpretations and expectations of the support they received, if and how they were consulted about the type of support or intervention, and whether boys and girls were in need of different support.

Sufficient support?

To learn more about the support children received, I always asked the children where and when they ate or from whom they had received food over the last days. I also often asked if they would allow me to look in their kitchen cupboards. Many children only ate once or twice a day, and went at least one day of the week without food. Many children went to school without having eaten anything. In many cases, their kitchen cupboards were empty, except for some pots and pans. In seventeen of the twenty households, the children frequently went hungry. Aidan (18), told me in one interview that he often went without food for days. When I asked him if he was hungry at that moment he answered, "You can see that because my lips are scattered [cracked]" (Int. 32). That was not the only thing I noticed about his appearance: the whites in his eyes were yellow and he was very thin. The children that often went without food were often sleeping when I arrived at their home.

When the children said that they had eaten that day or the day before, the food they described eating was mostly of low nutritional value. Their menu usually consisted of white bread, (stiff) *pap*, rice, potatoes and some cabbage. Stiff *pap* (porridge) is made of *mielie* (maize) meal and water, and is a regular ingredient in the Xhosa kitchen. It is usually eaten with vegetables and, if one can afford it, with meat. However, most children only ate the *pap*, as they could not afford to buy anything else. To make the stiff *pap*, potatoes or rice a bit tastier, some added beef stock cubes when they could afford them. Most children did not eat meat or meat substitutes often; neither did they eat many vegetables or fruit. The diet of most children was thus very nutritionally unbalanced, as well as not being sufficient.

Because many children did not have enough food, I often brought them something when I visited them for an interview, as discussed in chapter three. Alternatively, we would go to the local *spaza* with the children, to buy some food. When I asked what they wanted, it was mostly the basic necessities such as mielie meal, rice, floor, and cooking oil. Most of the time we also bought some paraffin to cook with. I always chose some extra food, such as eggs, tea, and sweets. The last item always made my research assistant frown, as she thought this was spoiling the children. Although I did not agree, it is clear that the items I chose were considered a luxury.

The children were worried when they were hungry, because they did not know when their next meal would be. On top of that, many also pointed to the emotional consequences of the lack of food. They were tired of always eating stiff pap, and only getting mielie meal from their relatives, which was perceived as humiliating.

… there is nobody who eats mielie meal every day … you cannot eat it every day. (Int. 6)

> All I did eat all the time is mielie meal and I hate it now to eat it. (Int. 45)

Others also expressed their anger or disappointment towards relatives for not helping them sufficiently. The children and young people often said that because of the lack of support from relatives, they felt they were not loved anymore. Aidan, for example, often expressed his feelings of anger towards his aunt. As described above, she took his younger brothers to live with her, and stopped giving Aidan any support. Aidan said about his aunt:

> She is a traitor to me … I forgive her but I will not forget […] No one seems to care about me not even my dad […] I feel angry about that, I say that I will forgive her but I will never forget what she did to us. She is so bad and has made my life to hurt. I have no words to say the pain I sometimes feel. (Int. 35)

The youngsters who were not sufficient supported felt rejected by their relatives, particularly when their parent or former caregiver seemed to have had close relationships with these relatives. In any case, their disappointment points to their expectation that they should be supported by their relatives. I asked Zack if his extended family was supporting him:

> No Sisi, I always ask myself about that because I see lot of family doing that to their family but mine are not doing that […] they suppose to … (Int. 8)

Although his relatives were also not very supportive when he lived with his grandmother, Zack did still expect to get some support from his relatives. On the other hand, he also acknowledged that his relatives were not very close and therefore could not be expected to support each other.

To conclude, the amount of support the children received was extremely small. Children mostly received support in the form of very irregular gifts of food which was mostly of low nutritional value. They often did not know when their next meal would be. Most support did not lead to a stock of food. When they did not receive sufficient support they felt rejected, unloved, frustrated and angry. When they received material support and some positive attention they felt loved and accepted. Aidan, for example, said that his relatives never gave him love, but that I as a researcher did. Emotional and material support are thus perceived to be intertwined.

Seen but not heard

From the cases discussed above, it is clear that the children and young people are not necessarily consulted about arrangements that have a direct bearing on their lives. The children and adults did not necessarily have the same ideas about how children should be supported. Although some children said relatives or neighbours talked with them prior to interventions, these talks appear to have been informative rather than consultative. Furthermore, 'children' are not supposed to oppose or directly confront an adult, and are therefore not in a position to

negotiate with adults. This is made clear in the case of Zack who, as discussed above, had lived with his cousin and their grandmother. One of his aunts decided that the grandmother should no longer live with them, but with her. As is clear from the following account, Zack was not consulted, or even informed:

D[23] Can you remember that your granny left … how was it decided that your granny went to live with your aunt?

Z My aunt came with her daughter, without telling us anything … she put some water on the stove, and washed the granny, and then she took the granny.

D So there was no time before she left that somebody told you?

Z No, and also her daughter didn't come here to visit […]

D Was your granny told?

Z No she wasn't told, to prove that, she didn't want to go.

D How did she react?

Z My granny didn't want to go, her daughter said 'let's go', and outside there was a car.

D   That day, did your aunt say that your granny was going to live with her?

Z We didn't know she was going to live there …

D Did you know when she was sitting in the car?

Z We thought she was only going for the weekend, when she was not going back on Monday, we went to [the relatives], to ask what was happening because we were worried about her … we asked her why didn't you tell us? Now you say that she will stay here, why didn't you tell us? She said that if she would have told us we would have said no.

D How did that make you feel, that you were not consulted about this?

Z We feel sad, and we see that she does not love us anymore because of what she did to us. (Int. 2)

Zack refers to this incident as 'the kidnapping of his grandmother'. I asked him if he could have refused his aunt if she had consulted them first. Zack explained that this would have been very difficult, as she was much older.

This was also the case with Aidan. As described above, his aunt took the younger brothers to live with her, without first discussing this with or consulting Aidan. On top of that, without Aidan's knowledge, she rented out two rooms of the house Aidan lived in:

A[24] She said I am not able to take care … I want to stay with them, when I went home I discovered that they live there and go to school …

D There are renters in your house now?

A   It's like I'm in jail now, I didn't know that somebody was going to be there, she's [the tenant] speaking to me roughly, they are overcrowding the house. (Int. 34)

Aidan said that he was very angry with his aunt, but was unable to argue with her as she was older. Although Aidan was able to remain in his own house, this example illustrates once again that relatives do not perceive the homes of the youngsters to be their property. Rather, they believe they (the relatives) have the right to do with the property as they please.

---

[23] Z = Zack, D = Researcher.
[24] A = Aidan, D = Researcher.

Even though I do not know if Aidan's younger brothers were happy living with their aunt, it is very unlikely that they were consulted. Even if children are consulted, this does not mean that adults will hear them, or consider their views. After all, Aidan told his aunt he wanted his brothers to move back to his house. This is line with the findings of Mann (2002) in a study of care arrangements for orphans in Malawi. She found large discrepancies in children's and adult's views. Adults felt that children should play no part in decision making about their care. Children, however, often had 'well thought-through views' about suitable care arrangements. Adults emphasised their material capacity to care for orphans, but children themselves stressed the wish to be cared for by adults who love them:

> Adults tend to base their decisions in large part on economic considerations, whereas children appear more concerned with the atmosphere of their guardians' households: the vast majority of boys and girls involved in this research spoke of their desire to live with those who will love them, enable them to "feel free" and treat them equally with other children in the household. (Mann 2002: 33)

The discrepancy in ideas about support between children and adults was also found in this study. Adults mainly supported the children through food, which was also mostly just the minimum, such as mielie meal. The children, however, needed love and attention from their relatives and neighbours and often felt humiliated and frustrated when only getting mielie meal. The children also often did not perceive what others thought of as support as real support, or were unaware of support that was given them. For this reason alone, involving children in decisions about support and intervention is vital.

It is possible that parents tried to make arrangements with relatives or neighbours to support the children after their death. This was the case with Stephen and his brothers. Their mother asked Leah several times to care for her children when she died. It is very likely that she also asked their father to continue supporting their children, as the following account from Stephen illustrates:

> I talked a lot with my mother … she used to say a lot, that she would die. She said to us, you should never leave school, and leave this house […] She told us if she dies, the main person who will look after us is him [the father] and Leah. She also said that to Leah. (Int. 47)

Leah did not understand why the mother's relatives did not support the children at all. But since Stephen's mother requested Leah's support she seems not to have expected any support from her relatives, or she did not want her children to live with them. Stephen's mother therefore seems to have had the current care arrangement for Stephen and his brother (living in a supported child-headed household) in mind before she died. Other children did not know if their parents had made arrangements with relatives or neighbours before they died. In only a few cases, did the parents talk with their children about their approaching death. I address this in the next chapter.

Difference in support to boys and girls

As argued in chapter five, the support boys and girls receive may be gendered. Boys or young men are viewed as less obedient and more independent, which may result in less support from relatives. Girls and young women, on the other hand, are viewed as needing more protection against abuse or misuse. There are some noticeable differences between households headed by boys and those headed by girls. Of the twenty households, thirteen were headed by a girl or young woman. The six largest households were also female-headed (those of Linda, Sindy, Phoebe, Nell, Lauren and Norah (see table 3.1). Four of these six consisted of five siblings, and two of four siblings. Furthermore, Phoebe and Nell had to take care of very young siblings (a baby of a few months and a 1 year old child) from the time they became the heads of their households. The larger size and the younger ages of siblings in female-headed households may relate to ideas of gender appropriate roles and responsibilities. As discussed in the previous chapter, boys are viewed as more irresponsible than girls, and girls are expected to help in and around the household, such as with the care of siblings.

It is therefore possible that young women and girls are viewed as more capable of taking care of younger siblings and, as a result, younger children are more likely to grow up in female-headed than in male-headed households. Of the four cases in which the youngest children were removed from the household on the other hand, two of the households were headed by a young woman. There were no noticeable differences in the support that boy and girl-headed households received. Both received little support from relatives or neighbours, and both boys and girls were expected to do something in return. The tasks they had to do in return do, however, differ. Boys were often asked to go to the shop, clean the garden, or cut the lawn. Girls, on the other hand, were more likely to be expected to help with household duties, such as washing the dishes. With respect to the threat of losing property, research in Lesotho has shown that girl-headed households may be more vulnerable to loss of property as a result of traditional inheritance laws (Bless 2005: 31). However, my findings show no clear difference between boys and girls in that respect either. It is clear that one cannot come to clear conclusions about the influence of gender on support.

Boys and girls may experience and interpret the support they receive differently. As discussed in chapter five, 'going to the bush' is very important for Xhosa boys. The boys in the child-headed households worried about their chances of being able to complete initiation. Boys who do not do so become 'old boys', as described in chapter five, and this is one of the things the boys in the study feared. The initiation process is relatively expensive and, besides needing financial support, boys also need a male relative to make the arrangements for

them. In one interview I asked Zack who would arrange his circumcision and initiation for him:

> The person who is suppose to deal with these things is my father but he passed away, now I think I will talk to my family, but it's been a long time since I tell them that I want to go to the bush but they don't respond … (Int. 8)

Zack's relatives never responded to his request, until the NGO GoGo Trust started intervening. They contacted his relatives to come and discuss this issue. As discussed in chapter five, the most expensive part of the circumcision is the coming out ceremony, when newly initiated and circumcised men receive gifts and new clothes. The managers at GoGo Trust were prepared to pay for the circumcision itself but not for the celebration afterwards, and asked the relatives to arrange this for Zack. In 2007, with GoGo Trust's financial support, Zack (21 at the time) finally went to the bush. He was very relieved that he was no longer an 'old boy'.

Concluding remarks

This chapter has dealt with the social relations of the children and young people, and particularly with the use-value of these relationships. In other words, with whether these relationships contributed to the children's wellbeing or were useful in accessing other assets or turning endowments into entitlements. In chapter four, I concluded that the children's formal endowments (such as the financial grants) were strongly related to their informal endowments (the support expected from the extended family and community). Both the Home and Community-Based Care and Support (HCBCS) programme and the social security programme have their basis in a strong belief in the capacity and willingness of relatives and neighbours to support and foster children. As my findings show, however, relatives or neighbours did not help children and young people to access formal support. On the contrary, in many cases relatives seemed to want to access financial grants for their own benefit.

As best illustrated in the interventions, the reasons for support are often ambiguous and seldom in the children's best interests. Removing young children from the child-headed households was not in the best interests of the older children, who were often left without any assistance. Relatives did not always want to foster the older children, and this was perhaps related to the fact that foster parents only receive a FCG until a child reaches the age of eighteen. In the two cases of fostering by adults discussed, the main motive also seemed to be access to financial grants. Hence, instead of wanting to support children, intervening adults seemed to act mainly in their own interests, i.e. looking to access grants, housing or other material and financial benefits. As a result, children were often worse off than before the intervention. These cases raise serious questions

about the suggestion that adult mentors should access grants on behalf of the children, as proposed in the Children's Bill.

Although most children were familiar with relatives, and relatives were aware of the situations children lived in, this did not result in continuous or sufficient support. The support that children did receive was mostly material. In a few cases, the child-headed household received a monthly amount of money or groceries from a relative. Although such support is very useful it was not secure, as in the examples of the support ending when youngest children were removed from the households or when the provincial government stopped all disability grants. Most children were not double orphans as one or even both parents were alive. As my findings show, most of these parents (who were the biological fathers in most cases) did not provide any support to their children. The lack of support from parents and relatives shows that there is a large discrepancy between the ideal picture of the supportive extended family, as discussed in the previous chapter, and the support that the family provides in practice. Most households did receive some sort of support from neighbours, mainly in the form of food (mostly leftovers, and of low nutritional value) or a few rand (in return for favours). Some neighbours also helped children in other ways, such as referring social workers to them or by preventing the appropriation of their homes.

The support that they did receive was rather unpredictable and unstable. Many of the children and young people did not know if they would be able to eat every day, which led to feelings of insecurity. Besides feeling insecure about whether they would get support, they were also rather frustrated by the lack of support. They felt humiliated and frustrated when getting only mielie meal or nothing at all. They were particularly frustrated and angry with unsupportive relatives. Most of the children and young people knew their relatives, and these relatives were aware of the children's situations. Furthermore, many of the children had at least one remaining biological parent, who also provided no support in most cases. From the evidence in the first part of this chapter, the conclusion can be drawn that, contrary to popular belief, immediate (i.e. parents) and extended family members (aunts, uncles and grandparents) by no means supported or contributed to the children's wellbeing.

In most cases, however, I only consider the views of the children and not of the relatives or neighbours involved. The children's and adult's interpretations of support often differed. For example, the children did not think that receiving food in return for errands was support, while the adults might have thought of these errands as part of raising the children. The children's interpretations of support were also dependent on the quality of these relationships. When children felt accepted or loved by the provider of support, they were more positive about the quality of it. These interpretations are also an indication that material and emo-

tional support are intertwined. There were also cases where children were unaware of support from neighbours. These differences in interpretations and negative feelings about support are partly a consequence of the total lack of consultation with the children themselves.

Irrespective of the motives of relatives or neighbours in not supporting and involving children and young people in child-headed households more, the negative interpretations of children may influence their sense of agency. As I have shown, the lack of support and involvement of the children made them feel insecure, frustrated, angry and even deserted. Besides having to cope with the material challenges involved in living on their own, they consequently also have to deal with the emotional stresses that some of their social relationships evoke. Their negative feelings towards relatives in most cases and the total disregard of their opinions influence children's sense of agency and their room to manoeuvre. As they do not receive sufficient support from relatives, neighbours or the Department of Social Development, children are largely dependent on their own strategies and activities in coping. In the next chapter I focus on how these social relationships influence their sense of agency, how this influences their strategies and on the entitlement process.

<div align="right">

7

</div>

Creating room to manoeuvre:
Children's coping strategies

Introduction

In this chapter, I focus on the multiple ways in which the children and young people cope with the many challenges they face and link their strategies to their social relationships and the room they have to manoeuvre. In the previous chapters I have already partly dealt with these issues. In chapter four, I discussed the children's formal endowments (the support from the Department of Social Development and financial grants in particular), and in chapter five their informal endowments (the support from the extended family and the community). In chapter six I showed that their endowments did not become entitlements. They hardly received any of the formal or informal support that they are supposed to receive.

Norah, for example, who found herself having to take care of her two younger siblings at the age of 17, received neither formal support nor adequate support from her relatives. Norah's neighbour argued that young heads such as Norah are unable to apply for formal support because of the many challenges they face:

> Firstly, you must see that he got something to eat, he must have something to wear, have a place to sleep, is going to school, a plate of food to put in front of him … if you haven't got those things, its gonna be difficult … If you are 17 and you don't have those thing, the neighbours will help, some of the family help there and then, not always, and when the time goes on, you can go for the grants, but that is difficult, you need a lot of particulars that you haven't got […] some of those things they get lost, they will send you to [the hospital] or whatever, you need bus fare, you need to go to school at the same time, look at [your sibling] at that time … you end up doing nothing … (Int. 77b)

As she says, youngsters in child-headed households can, in theory, apply for financial grants, but it is clear that applying for such grants is not easy. This is particularly the case when youngsters hardly receive any support from their relatives or neighbours. As argued in chapter two, social support and strategies are connected by a sense of agency. In other words, the feeling that one can act, or that one's actions will result in a positive outcome, influences what one will do. This feeling is strongly influenced by the type and quality of social support one receives. The quotation above illustrates the relationship between the strategies of youngsters and the social support they receive very well. Because of their many difficulties and lack of support, some young carers 'end up doing nothing'.

In this chapter, I discuss the ways in which a sense of agency influences the young peoples' strategies and the entitlement process. The sense of agency is part of the room to manoeuvre individuals have, which is influenced by generational dimensions. In chapter five, I described the ideal Xhosa childhood and how this ideal clashes with the reality of living in a child-headed household. Generational practices are particularly clear in the rules of communication, which stipulate that children cannot openly dispute the statements of or disagree with their seniors, or even ask for things or talk about certain subjects directly. In chapters five and six I also dealt with the youngsters' perceptions of generational constructions and their interpretations of the available support. In this chapter I again look at this individual dimension of the room to manoeuvre, by considering their sense of agency and how they exercise their agency. In other words, what are the actions of the children and young people and what are the reasons and motivations behind these actions?

As is clear from the previous chapters, the children and young people first of all had to deal with a lack of material assets. I therefore first discuss how they made ends meet by running errands, doing odd jobs and with secret strategies. After that, I discuss strategies for seeking support, i.e. if and how they sought formal support and asked for help from relatives or neighbours. Since the youngsters were still perceived as children and expected to obey and not contradict their seniors they consequently also had to deal with contradicting images of childhood and adulthood, and generational practices such as the rules of communication. I discuss how they sometimes challenged these constructions. As indicated frequently in the former chapters, adapting to living without adult caregivers and taking care of younger siblings is far from easy. The children and young people had to deal with the stress of caring for siblings, but also with frustration about lack of support and with grief about the death or disappearance of caregivers. I discuss the ways the children and young people dealt with these feelings and end the chapter by considering their sense of agency.

Coping with material needs

In the previous chapters, I have shown that the children had to deal with a lack of money to pay for food, school fees and clothes, electricity and cooking facilities (such as paraffin). They also needed money for transport, recreation, and personal hygiene. The NGO GoGo Trust estimates that on average a child needs about 500 rand a month to pay for the following:

- Costs of school clothes 330 rand per year[1] (27.50 rand per month)
- Costs of books 400 rand per year (33 rand per month)
- School fees 10 rand per month (cheapest rate)
- Costs of groceries 280 rand per month (e.g. rice, vegetables, bread, oil, mielie meal)
- Paraffin 50 rand per month.
- Housing costs 150 rand per month (service charges)

This adds up to 550 rand per month per child, depending on whether he or she lives alone or with siblings.[2] The grocery costs are a very low estimate; a loaf of bread alone costs 6 rand.[3] (My interpreter suggested that a child with nothing else could survive on a loaf of bread a day. Even if this were so, it would cost 168 rand a month.) Furthermore, costs for transport, recreation/sport, clothes and personal hygiene (soap, deodorant etc.) among many other things, are not included in this estimate.

In the following, I discuss the children's strategies to obtain money. I start with the strategies of running errands and having odd jobs. Most children could not find jobs, however, and had to look for alternative ways to get money or food. These alternative strategies were more hidden or secret and, although they resulted in money, they did not always have very positive outcomes for the children and young people's well-being. Some of the young people were eligible for a CSG or a FCG (see table 6.1), or for food parcels.[4] These grants are therefore a potential source of money for the households. However, only in a few cases did households actually receive financial grants, and in one case a food parcel. In chapter six, I say that social workers do not go into the townships to identify children in need, and consequently, children and young people themselves are expected to go to the Department of Social Development and ask for

---

[1] At the GoGo project they argue that the older children do not need to buy new clothes every year. However, the younger children do need new clothes and shoes every year as they grow.

[2] This amount of money comes close to the per capita amount of the Household Effective Level (HEL) in 2004. According to the HEL, a person needs 429 rand a month in a metropolitan area based on an average 6 person African household (Woolard & Leibbrandt 2006: 22). According to the GoGo Trust orphan project this amount of money is barely enough.

[3] Furthermore, food prices are rising at more than 12% a year. By January 2008, a loaf a bread cost between 6 and 8 rand, partly a result of higher transport costs.

[4] Poor households spending less than 300 rand per month on food and child-headed households are eligible for food parcels (see annex 4).

support. After discussing the strategy of seeking formal support, I discuss if and how children asked for support from relatives or neighbours.

Errands and odd jobs

Many youngsters said that neighbours sometimes gave them some food or a small amount of money, as discussed in the previous chapter. Usually, they had to do something in return. They were sent on errands or are asked to help with household duties. In many cases, youngsters waited to be 'called' by a neighbour; they did not actually go to a neighbour's house and ask if they could do an errand in return for some food. On the other hand, some appeared to be hanging around outside hoping that a neighbour would notice and call them.

Besides these errands, some youngsters occasionally had piece jobs (small-scale informal work). One of them was Nick, who was 18 and living with his 15 year old brother. He picked up a child from day-care every day and was paid 30 rand for that each month. Besides that, he also sometimes had a piece job with a mechanic, where he earned 10 rand a day. Sometimes he was also sent to buy alcohol for a shebeen in his neighbourhood and was paid 7 rand for that. In total, he said, he earned about 150 rand a month, on which he and his brother survived. However, he did not earn that amount each month, as sometimes he did not have a piece job for several months. Stephen (aged 15) lived with his brother who was 11. During the weekends, he worked as a 'guard' on a minibus taxi, which involved collecting taxi fares from the passengers.[5] He said that he earned about 40 to 50 rand on a Saturday, which is about 200 rand a month. Working on a taxi gave him a certain status. Most adults thought that taxi drivers and conductors were extremely rude, and because they are perceived to earn a lot of money, they are quite popular with girls. Lauren (19), who lived with her three younger siblings (17, 16, 14), was the only one with a steady job. She had a job in a shop on Saturday and Sunday, and also made clothes for clients. With those two activities, she earned about 800 rand a month. Furthermore, Lauren received three FCGs for her three younger siblings (of 560 rand each) and 600 rand a month in maintenance from their biological father. This adds up to a total amount of 3080 rand a month.

With a monthly income of 3080 rand, only Lauren's household exceeded the required 500 rand a month per person, as they had 770 rand a month per person. All other households with at least some income each month did not come close to the required 500 rand per person a month. Nick earned about 150 rand a month for him and his brother. Zack (aged 18), at most, earned about 240 rand a month. He lived with his cousin, who also occasionally had piece jobs. I do not know,

---

[5] The minibus taxis transport people within the townships and from the townships to the city. They are slightly more expensive but often more convenient than municipal buses.

however, how much the latter contributed to the household, as he was hardly at home. The households that received one or more CSGs did also not come close to the minimum of 500 rand a person. Nell and Phoebe both received one CSG (180 rand), while both households had 6 members. Aidan received one CSG for his youngest brother and financial support from his brother's father, which came to 400 rand a month for the three of them. However, as discussed in the previous chapter, the CSG and the financial support stopped when his brothers were moved to his aunt's house. Sindy received four CSGs (a total of 720 rand), which was also insufficient for the six of them. Although all, except for Lauren's, households did not have the required 500 rand a month a person, most households somehow found additional support. For example, Stephen and his brother also received monthly groceries from their Simp's biological father. The father also paid the school fees, but the service costs (for water etc.) had not been paid in about a year. Phoebe also occasionally received some money from the father of her biological child. Nonetheless, as is clear from the previous chapter, the support of the child-headed households was minimal and inadequate.

In general, piece jobs are very scarce, and most children did not earn enough or even any money. To earn a bit of money, or receive food, the children needed to be inventive. Zack (18), for example, made brooms with his neighbour and sold these. They first needed to invest some money in the dried grass with which they made the brooms. Zack also made laundry poles. He did not have to invest any money for these as he used branches he found and sold the poles for 5 rand a piece. Zack argued that in a weekend he could earn about 60 rand by selling the brooms or sticks, which would add up to 240 rand a month. However, Zack did not appear to sell the sticks or brooms regularly and consequently was unable to estimate his monthly earnings.

Because most of the children did not earn any or enough money with errands or piece jobs, they needed to employ other strategies. Peter, who was 18 and lived alone, sometimes earned a bit of money by washing cars. As this was hardly enough to buy food and other necessities (such as electricity, clothes etc.) he needed to 'budget':

> … I don't use too much [electricity], if I cook one day I will finish that food the next day … and I buy the cheapest bread …(Int. 55)

Lauren, referred to above, earned the most money of all the youngsters but also said that she needed to budget. She lived far away from the city centre and she and her siblings travelled to school there every day by minibus taxi. The taxi fares alone cost about 500 rand a month. She explained that she saved money by cooking on a paraffin stove instead of using their electric stove. According to her, cooking with paraffin was cheaper and the paraffin stove also served as a heater in winter. A more extreme measure was cutting back on food intake, which was a

strategy of Noleta's. As discussed in the previous chapter, she received 150 rand from her siblings' father, and monthly groceries from an aunt. Although the money and groceries helped a lot, they did not always last until the end of the month. When she ran out of money or food, Noleta cut back meals of her and her younger siblings (8 and 9 years old) from three to two a day. All the children also bought the cheapest but most filling food, such as *vetkoek* (deep-fried dough which is high in calories). If they could afford it they would buy beef stock to spice up their samp (boiled white maize) or rice. The youngsters could never afford to buy meat. Meat is considered a luxury, and if they had some extra money they would buy cheap cuts such as chicken feet or *binnegoed* (tripe).[6]

Another strategy, related to the lack of food and money, is temporarily or permanently dropping out of school. As discussed in chapter six, some children and young people said that they had stopped going to school in order to earn money. Not having anything to eat was given both as a reason for not going to school and for going to school. Those who were given food by teachers or school friends, went to school for that reason. If they did not go to school, they said they felt too tired because of the lack of food. In addition, in three cases, youngsters temporarily stopped going to school in order to care for sick relatives. Not going to school is hence an outcome of the challenges the children and young people face, but is also sometimes a strategy to cope with these challenges.

In the above we have seen that in only one case, that of Lauren, did a household have a steady income. In two other cases, those of Nick and Stephen, the income was more or less stable. However, only in Stephen's case was the income sufficient, as his household was further supported by groceries and money by their father. Although many youngsters found it difficult to estimate how much money they were able to spend in a month, it is clear that, except for Lauren and Stephen, they did not come near the required 500 rand a person. Only a few youngsters had occasional piece jobs, from which they earned at most 240 rand a month. Because they did not manage to earn enough money with jobs or errands, they needed to find other ways of getting the required money or other material resources. These were more hidden and secret.

Secret strategies
As discussed above, some children were very inventive in earning a bit of money. However, for all children it was extremely difficult to make ends meet. The example of cutting back on food intake shows that their strategies were sometimes nothing more than managing to survive on a daily basis. The difficult circumstances and the lack of alternative strategies led some young people to

---

[6]   This was usually when I had given them extra money in addition to the usual incentives, discussed in chapter three.

employ strategies that they preferred to keep secret.[7] One of them, a young man of 18, was arrested for petty crime during my fieldwork. He was accused of stealing matches or cigarettes, but was released after a few weeks. He always maintained he did not steal these items. However, a few weeks after this incident, he was also accused by neighbours of stealing things from their gardens. Although these accusations may have been false, during my follow-up fieldwork the same young man did disclose criminal activities. He said that during the weekends he would meet up with a group of friends and they would break into other people's houses, steal televisions and other goods, and sell these. They also robbed people in the streets, and did not shy from using violence. According to him, they could make a lot of money during one night, sometimes around 800 rand. They would not save it but would 'feast the money', which meant buying and using alcohol and drugs. He explained that, although he was not proud of these activities, the circumstances forced him as "at home we don't have anything, we are suffering …".

Another young man (18) also admitted that he had stolen. He had been caught in the act and said that he did not to do it anymore after that; he was much too afraid of what his neighbours would do if they found out he was stealing again. Although living alone and experiencing a constant lack of food and money was one of the reasons these two young men were involved in criminal activities, it was not the whole story. The young man from the first example admitted to already having been involved in criminal activities when he was still living with his former caregiver. The criminal activities intensified when his household became child-headed. He also argued he could not resist the pressure from his friends as he was afraid that they would call him a 'mama's baby'. Maybe even more important was his addiction to drugs. He needed large sums of money to maintain his habit.

In two of the twenty cases, children admitted being involved in criminal activities. It is possible that more children were involved in such activities without my knowledge. Criminal activities are obviously not the type of coping strategies easily described to an interviewer. Another secretive way of earning money was sex work and one young woman admitted to this. She was 16 years old when she first had to take care of her younger siblings. As she did not have enough money to feed her younger brothers and sisters, she explained that there was no other way than prostitution:

> … it's really painful, but I told myself that this is the situation and I have to deal with it […] I did not know where I would get the money to support them … it was so difficult […] I even found myself doing things I was not proud of. Stuff that was way beyond my age so

---

[7] For this reason, I will not use their pseudonyms in this section. Although the pseudonyms should provide anonymity, I have to take into account that some children or young people may be recognised through their stories by people working in their communities.

> that I could bring food on the table … [crying] I used to sleep with older men and they would give me money to buy stuff that we needed …

She explained that she did not have to work on the street as the men who gave her money for sex were older men who lived in the community. Because she could get more money for sex without a condom, she had unprotected sex, even though she was afraid of HIV. She said that she felt very cheap for having to have sex with those men, although she was glad that at least she was able to feed her siblings from that money. Luckily, she became involved in a support group from which she received monthly groceries to feed the whole household. Although she was the only one who admitted to having sex for money, I did suspect that one other girl also did so.[8] Furthermore, one young woman (aged 19) was involved in a very abusive relationship with a young man. He often hit her and even once knifed her in the back, for which she was hospitalised. She was HIV-positive and did not have any real supportive relationships. Her boyfriend was the only one who sometimes gave her food or a small amount of money. She was often crying when we visited her and was very relieved when we suggested taking her to a house of safety. Within three months after she arrived there, she died of AIDS-related complications. Her loneliness and sorrow, and her willingness to move to a house of safety, suggests that she did not want to stay with her boyfriend. However, the lack of other social relationships and support left her without much choice. Staying in an abusive relationship was the only coping option for her.[9]

In the above, I discussed the children and young people's strategies or activities in cope with their lack of material resources. They tried to earn a bit of money with piece jobs or by selling homemade articles; they ran errands or helped with household duties in neighbours' houses in return for food. Some coping strategies led to material assets but did not lead to very positive outcomes for the children themselves. Criminal activities, sex work, and staying in a very abusive relationship were all the result of not having or being aware of other alternatives. In the absence of adequate support and coping opportunities, children may get involved in such activities. Although I do not suggest a direct relationship, given their difficult circumstances such (criminal) activities are not surprising. Furthermore, as the examples of sex work and abuse again show, community members do not necessarily have the best interests of the youngsters at heart.

---

[8] Although there are no official statistics, child prostitution (defined as children under 18 having sex for money) is the only means of survival for some children in South Africa.

[9] Violence against women in South Africa is a huge problem. It is estimated that one in two women in some regions are affected by domestic violence with 55,000 police reported rape cases in 2005. However, the real prevalence of rape cases is estimated to have ranged between 110,000 and 490,000 in that same year, because only a small percentage of women will report to the police (Vetten 2007: 429).

As discussed in chapter four, there are several financial grants aimed at supporting orphaned or poor children, of which the Child Support Grant (CSG) and the Foster Care Grant (FCG) are the most important in this context. I have referred to these grants as formal endowments. As discussed in chapter six, Lauren was the only one who received FCGs for her siblings, and four households received one or more CSGs, although only in two cases were these for dependent siblings. The question is why did the other households not receive financial grants, as nine households appeared to be eligible for one or more CSGs, and eleven households for one or more FCGs? As almost none of the child-headed households were visited by social workers, the children and young people themselves needed to go to the Department of Social Development in order to access one of these grants.

Seeking formal support
In order for children to access any type of formal support, they first need to know that such support exists, and, in addition, where and how to apply for it. Most children knew that such financial grants existed, but some did not know how to apply for them. Applying for a grant first requires that one knows where the offices of the Department of Social Development are. Although most children knew that the Department had an office in the state hospital in Ibhayi, most seemed uncertain about in which of the several buildings of the hospital this was.

Furthermore, one needs to know what time on which days the service is available (Tuesday mornings at the time of my research). Zack (18) was one of the few children who had visited the Department. He knew where to find it and he went there on the right day. However, when he arrived "it was full, because they count and they only take so many" (Int. 4). Because of the large number of applicants, only the first twenty people in line are helped per day; other people have to come back the next week.

Knowing when and where to go is not enough however. To apply for a FCG or CSG, the applicant needs to have an Identity Document (ID), the birth certificates of the child(ren) he or she is applying for, and the death certificate of the former caregiver. As described in chapter four, many people in South Africa do not have these papers, and children in child-headed households are less likely to have papers than children who live in adult-headed households (Donald & Clacherty 2005). Donald and Clacherty reason that this is due to a lack of money. I can confirm that a lack of money is a major obstacle in requiring the right papers. Money is needed for passport photographs (for the ID), for transport to the Department of Home Affairs in the city centre (to apply for the ID), and for the actual costs of the ID. Many people told me that to obtain any kind of paper from the state or municipality is difficult and takes a long time. When one arrives at

the relevant department, one is confronted with long queues at the different counters. One needs to know which queue to stand in, but is still not sure if one will get the right papers. It can take nearly a day just to obtain the documents needed to apply for an ID. When one has applied, staff behind the counter cannot definitely tell one when the papers will be ready, so one just has to come back after a few weeks. One of the young women went to the Department of Home Affairs with a receipt to obtain her ID and was told that it had been given to somebody else. She would have to apply for it again but could not afford to do so.

Some children said that they had had papers in the past. These had been lost, stolen or kept by relatives. The loss of papers is not necessarily the result of mismanagement: in one case the papers were lost in a shack fire and in another case as a result of a flooding in the house. In three cases, children said that their papers had been stolen. In two of these cases, people pretending to be social workers took the children's papers and never returned. In some cases children said that the papers were kept by relatives. It was not clear why relatives kept children's papers, as the case of Nick, who was 18 and lived with his younger brother, illustrates. His ID was kept by his late father's widow while his father's death certificate was kept at his aunt's house. His aunt said that she needed the death certificate for inheritance reasons, but his father's wife also wanted to have this certificate. She needed it to apply for a FCG for Nick, although she did not live with Nick and should thus not have been eligible. Nick, on the other hand, could legally have claimed a FCG for his younger brother (aged 15). He also had an ID, and one would have expected applying for a FCG to be a viable coping option for him. He did not, however, apply for this grant. The reasons for this remained unclear, but possible motives will be discussed below.

It is clear that in accessing formal support, the right papers are a very valuable and essential asset. Children and young people who want to apply for an ID first need to have their birth certificate, which many did not have. To apply for one's birth certificate, one needs to search the medical records of the hospital where one was born, or one can go to one's (former) school to get papers that prove one's identity. Below, I discuss if and how children sought support from the Department of Social Development and if and how they applied for the required papers.

Not old enough to seek formal support
Most children never went to the Department to seek formal support. One important reason for this appeared to be generational rules of communication. As described in chapter five, it is difficult for children to communicate with older people. Children need to show respect, are not expected to ask for something in a

direct manner, and are not perceived as able to speak for themselves. This was also the reason Zack (aged 18) did not return to the Department of Social Development after he had first visited the office:

> … they will tell us that we must go home, and come back with an older person, don't come and waste our time … (Int. 4)

The 'older person' is "the one who can explain everything to the social workers" (Int. 4). Zack did think he could explain his situation to the social workers himself, but "the nurses there are full of nonsense" (Int. 4). Although all children argued they were capable of speaking for themselves, they did not appear to do so. Peter, for example, who was 18, wanted to apply for an ID for which he first needed to obtain papers from his former school. However, although he said he really needed an ID he never went to his old school. He argued that he needed an older person to accompany him:

> … somebody who go there with me, because if I go alone and then they don't understand […] they will ask me where are your parents? (Int. 55)

People working for organisations in the community confirmed that children are not taken seriously when they come alone, or are even told to leave the premises. When I asked a teacher about this, he told me that it happens, and that he even does it himself. According to him they are just children, and children cannot speak for themselves. The perceived ignorance and expected obedience of younger people does not relate so much to biological age but rather to local understandings of childhood. That biological age does not determine your child-status is demonstrated by the case of Linda, a twenty-five year old unmarried woman who was taking care of four younger siblings (aged 20, 14, 10, and 6). Her oldest brother (20) had serious problems at school, and his teachers wanted his mother to come and talk to them. As their mother had died, Linda went to the school instead but was told that an adult was needed to look into these matters. Linda told me that she did not understand why they were undermining her because she is also an adult and the only one in the house who takes care of the children. However, she did not object to the teachers' request that she bring someone older.

Some children and young people also appeared to lack the confidence to go to Department of Social Development alone. Mona (aged 16) said that she was afraid she would get lost in the hospital buildings where the Department's offices are and would only go if someone accompanied her. Nick (aged 18), as discussed in the previous section, was eligible for a FCG but never went to the Department. He also seemed to lack the confidence and said that he did not know 'the procedures' for applying for a FCG. Once, social workers, who were referred to him by a CBO volunteer (as described in chapter six, page 163-164), came to his house and told Nick to go and collect a food parcel at the hospital. He went to the

hospital to fetch the food parcel, but never returned for a second parcel. As has been explained, eligible people receive the food parcels for three months. When I asked Nick why he did not return for the next two parcels, he replied that he was "so lazy to go there and pick those things" and "it doesn't mean that I don't want food, but I'm tired and its too far to fetch food there" (Int. 25). However, the hospital is a mere 10 minute walk from where he lived, and Nick had said that it took him only half an hour to go to the Department and come back with the parcel. Furthermore, Nick estimated the value of the parcel at around 100 rand.[10] As discussed in the first section, he ran errands for neighbours which took him much longer and for which he was paid only 7 rand. Because I did not understand this, I asked Nick more about his reasons for not going to the Department of Social Development offices, and he answered that he was "not dependent of that food" and "I do have my own jobs, I can buy food with my money" (Int. 25). The real reason Nick did not go to the Department seems to have had to do with pride or shame at having to ask for assistance, rather than a lack of confidence.[11]

As described, in only one case did a child-headed household receive FCGs. This was the case with Lauren (aged 18, and taking care of her three younger siblings). Lauren did not go to the Department herself to apply for the grants, but social workers came to her house. The social workers were informed of her situation by an acquaintance of her mother's:

> … he contacted the social workers to come here. He is related to a house nearby so when my mum was really sick he came to see her and he even went to hospital. I think he saw the situation from there, so after she passed away and he heard that she had passed away I think he called the family advocates' office an they organise this social worker to organise everything for us … (Int. 30)

Lauren was hence helped in the application process. It is not clear, but it is likely that her mother asked her acquaintance to help Lauren to access financial assistance. Most children did not know if their caregivers made any prior arrangements before they died. Stephen, as discussed in the previous chapter, was one of the few that knew his mother asked Simp's father and her friend Leah to support the children when she died. Both Lauren and Stephen were able to run their households as a result of these arrangements. Consequently, support arrangements made with committed adults prior to the death of a caregiver seems to be a strategy that helps child-headed households to cope and have some control over their lives.

---

[10] It consisted of 2.5 kg of mielie meal, 2.5 kg of flour, 2.5 kg of rice, 2 litres of oil and 500 grams of beans.

[11] Although the example of the food parcel shows that Nick may have been too ashamed to apply for a FCG, the real reasons were probably much more complicated. I have described how his relatives kept certain papers, and had also approached the Department of Social Development on his behalf to apply for a grant. It is thus possible that Nick pretended to us he was too proud to ask for assistance, but chose not get involved with the Department because of his relatives.

In the above I have shown that children and young people do not seek informal support for a number of reasons, but particularly because children are perceived as incapable of speaking on their own behalf and are not in a position to dispute older people. It appears that although children and young people are perceived to be old enough to run their own households, as discussed in chapter five, they are not perceived to be old enough to speak for themselves, and consequently apply for formal support. Generational practices therefore greatly inhibit the abilities of children to turn informal endowments into entitlements. As the example of Nick shows, being dependent on food parcels from the Department of Social Development may also carry some stigma (although some other issues which I did not uncover might have been at stake). In any case, it is clear that children do not only need material support, they also need support in accessing formal support as they lack confidence or are not taken seriously by adults. The latter experience or expectation also played an important role in whether or not they asked for support from relatives or neighbours. As argued in chapter five, relatives and community members are often assumed to be the safety nets for children in need. These informal safety nets can hence be regarded as an informal endowment of the youngsters. As discussed in the previous chapter, the support youngsters received from relatives and neighbours was inadequate and not very stable. Children and young people indicated that they felt angry or disappointed in the lack of support from their relatives as they felt their relatives should support them. In other words, they felt entitled to such support. This raises the question whether they indicated that the support they received was inadequate or if they actively asked for support from relatives or neighbours.

Rationing the number of times support is asked for
As is clear from the previous chapters, many youngsters found themselves without any food or money. This was the case with Norah, (aged 21), the young woman referred to in the quotation at the beginning of this chapter. She lived with a younger brother (aged 18) but had previously also cared for two other younger siblings who were taken by her aunt to live with her (as discussed in chapter six, page 167). I asked Norah if she asked her aunt for money or food when she found herself without any:

> … I did go to her too much by the time I was living with the little ones and now I am feeling sorry of going there while being alone and I thought they will think I am old enough I can get bread, I can look after myself … (Int. 77)

Since Norah did not take care of her siblings anymore she had stopped asking her aunt for support. She assumed that because she had asked her aunt for support so often in the past, she could not go there anymore and also that she was too old to ask for support for herself. Two issues arise out of her explanation: one is that it

is easier to ask for support for younger siblings than for oneself, and another is that one should not ask for support too often. The latter was also referred to by other children; they feared that relatives or neighbours would 'get tired' or 'fed up' of them always asking for food. Not asking relatives or neighbours for help too many times is consequently a strategy. If they asked for help too often, relatives or neighbours might decide not to support them when they needed it most. They consequently rationed their pleas for support, and saved them for even worse times. Norah's other point, that it was easier to ask for support for her younger siblings, was also a common one. For that reason, some young people sent their younger siblings to ask neighbours for food. Aidan (aged 18), for example, said that when his younger brothers (aged 14 and 11) were hungry they would cry and go to the neighbours and ask for food; he could not do the same, as he was older.

Children also said that they felt weighed down by their situation, and felt humiliated at having to ask or beg for food. One young woman (18) said about begging:

> … I feel very small … I feel very small, but I have to because there is nothing in the home … (Int. 75)

Other children and young people also expressed shame at being poor. They were embarrassed at having to wear old clothes or eating the food ration they received at school.[12] Nick's younger brother Bathi (aged 15) said he did not want to go to church wearing his old shoes, as people would see he was poor. Being poor may consequently involve feelings of shame, which may restrain youngsters from asking for support. As the following account of Zack shows, they may also feel humiliated when asking relatives for support:

> ... by the time we used to go there to get some money from our granny when it's the payday, when we enter there they say, whoo, there they come, they are hungry, so we didn't like that … And she will never comment … (Int. 8)

Zack felt humiliated by his cousins who teased him about being hungry, but particularly by his aunt who did not correct her sons when they made such comments. He felt further put down by the fact that his aunt only gave him mielie meal, as discussed in chapter six, and he stopped going to collect the food she had promised.

Even though Zack did not like to go to his family for food, he did go there sometimes to ask for other help. One recurrent problem during the time I visited Zack regularly, was the broken windows in his house. He went to his uncle who said that he needed to discuss the matter with other relatives and that he would call a family meeting. The relatives he called on were his three sisters (Zack's

---

[12] The food ration children receive at school is part of the National School Nutrition Programme, discussed in annex 4.

aunts) but, according to the uncle, nobody came to the meeting. Although the uncle had not informed the aunts what the meeting was about, Zack thought they probably assumed it was for money. According to Zack, his family was not really close and he did not really expect to get support from them. Some other respondents also did not ask for support from relatives because they did not except to receive any.

Although the children and young people appeared not to ask for support often, they did have their ways of attracting the attention of neighbours. As described at the start of the chapter, some hung around outside their houses so that neighbours would see them and send them on errands. Some did this when it was time for supper, or went to their neighbours or friends to watch television at supper time. Zack, for instance, said that he sometimes watched television at one of his neighbour's houses and, if the neighbours were eating supper, they would sometimes give him some food. Zack may thus have had alternative reasons for watching television with his neighbours. Although I did not ask him, a neighbour of Kerry's explained that Kerry's younger brother (aged 9) sometimes came to her house to watch television:

> ... [he] come and watch TV but I know he's not coming for that, he wants food, I have to give him a plate of food. (Int. 77b)

Consequently, although children and young people do not ask for support directly, they may have other ways of getting it.

By discussing the strategies for coping with material needs, I showed that coping in a child-headed household entails much more than a lack of money or food. The lack of such material assets influences the strategies that children and young people employ, and even forces some to opt for strategies such as stealing or sex work. As explained in chapter two, strategies are not always intentional or conscious and children and young people may not be aware of different coping options. However, as I have shown in the above, most children and young people are aware of formal and informal endowments but nevertheless seem unable to turn these into entitlements. As indicated, generational constructions are one reason for their failing to do so. The youngsters often did not take action because they had expectations about how they would be treated ('don't come and waste our time') or about the outcome ('they won't support me'). Consequently, humiliation, frustration and shame further lessened the likelihood of seeking support.

By not objecting to a request to bring someone older, the children conformed to the generational rules of communication. However, they were not always so passive or submissive towards seniors and, as I discuss in the next section, they also challenged the generational constructions by living in child-headed households and in fighting with seniors.

Generational challenges and challenging generation

As discussed in chapter six, in sixteen households, the primary caregiver had died. According to the ideal picture of the extended family, these orphaned children should have been fostered and taken care of by their relatives, as described in chapter five. However, the children and young people in the child-headed households were not fostered by relatives and, as shown repeatedly, were hardly supported by their relatives. However, the reasons for the formation and continuation of the child-headed households are more diverse and complex than the relatives not being willing to support them. In the following section, I discuss if and how the children and young people appeared to have made the choice to live in a child-headed household. As argued in chapter two, real choices imply well-informed decisions and having alternative options.

Although, as we have seen in the above, generational constructions inhibited children's coping options, they also used these constructions to their benefit, as I discuss in the section 'Too young and old enough'. Despite the fact that some children appeared to prefer to live in a child-headed household than with relatives, all members of the household had difficulty adapting to the new situation. The oldest sibling, who in most cases assumed the responsibilities and tasks of the former caregiver, in particular often felt incapable of dealing with all responsibilities. Furthermore, in many cases, the younger siblings did not accept the older sibling's authority. This resulted in many disputes, which were particularly evident between brothers and sisters, as is discussed below.

'Choosing' to live alone
In four cases, youngsters stayed temporarily with relatives after the death or departure of their caregivers, or relatives stayed with them. This was the case with Maria (18) and her brother, who had moved in with relatives after their mother died. Both were HIV-positive. According to Maria, in their relatives' house they had to drink and eat from separate cups and plates. Maria did not feel welcome, and decided to move back to her own house. Her brother followed her, as, according to a health counsellor at UEF, he wanted to stay with his sister. By moving back to her own house, Maria appeared to have made the choice to live alone but they seemed to have ended up in an even worse situation. Their 'home' was nothing more than an old shack which leaked and was often flooded. They were afraid to sleep at night, as the house could not be locked properly. According to them, they did not receive any material support from relatives, but one neighbour sometimes supported them by giving them food.

The relatives told a different version of the story. At one point, we went to the relatives' house because they still had Maria's identity papers. According to them, the children stole things from their house and were consequently no longer

welcome there. It is not clear who was telling the truth, but the relationship between Maria and her relatives was obviously a very disturbed one. This case shows that the relationships between children and their relatives are not necessarily good or close, and that living with relatives is consequently not always a good option. Other children and young people also said that they would rather live alone or with siblings, than with relatives. Zack (aged 18), for example, also did not like the way he was treated at his aunt's home after his grandmother was, in his words, 'high jacked'. As described above, his aunt and her children did not treat Zack well when he came to collect the food she had promised. Zack said that this treatment was the reason he did not want to live with her, although it is not clear if the aunt had ever suggested that to him. This appeared however not to be the only reason that Zack did not want to move in with these relatives. When I asked him why he did not move to live with his aunt and grandmother, he explained:

> We are children, and sometimes we don't see eye to eye with things, and she got lots of kids, so we don't want to stay with her because of that … and other thing, when we go to [her house], who is going to take care of the house? (Int. 8)

The second reason that Zack did not want to move to his aunt's house was that they would have disagreements. It seemed that Zack did not like the idea that his aunt would have authority over him. If he had been younger, Zack thinks his aunt would just have taken him to live with her. According to him, now that he is older, at least he has the power to refuse to live with her. As indicated in the above quotation, Zack also did not want to leave his house because he was afraid the house would be vandalised. Other children and young people also said that they did not want to leave their homes. In five cases, they feared losing their property when they moved in with relatives. As shown in chapter six, this fear is justified as in some cases relatives tried to lay claim to property. Although there are a number of different reasons for Zack living in a child-headed household, the main reason nonetheless appears to be the expectation and experience of being treated badly by his relatives.

The expectation of being treated badly was also a reason for other children not to move in with relatives. When Janin and Marc's (grand)mother died they were both 13.[13] They knew two of their relatives: 'Granny' who was the sister of Marc's mother and Janin's grandmother, and a cousin. Granny lived in another part of town with her new husband. When I asked if they did not want to move in with Granny, Janin (J) and Marc's (M) responses indicated that they did not like Granny's new husband:

> J The guy she's living with, he is a heavy drinker and when he's drunk he also beats our granny…

---

[13] As discussed in the first section of chapter six, Janin's grandmother was Marc's mother.

M   The reason why we don't want to live with her, we are afraid of that man. (Int. 37)

Marc and Janin thus expected to be treated badly by Granny's husband but Granny herself did not appear to very supportive to the children. She did not visit them often, and did not give them food or other necessities. As discussed in chapter six, at one point Granny moved in with the children but did not care for them very well. Marc and Janin indicated that they were not happy with the situation.

Similarly to Zack, some others also indicated that they did not like the idea of having to adapt to new rules. In Lauren's household, their grandmother initially moved in after their mother died. However, after two weeks she moved out again because 'it did not work out'. Lauren stated that she and her siblings constantly fought with their grandmother. According to Lauren, having a relative move in is not automatically a good idea, as everybody is used to doing things their way. Being used to doing things a certain way was also the cause of a disagreement between Noleta and her aunt. Noleta (aged 18) lived with her two younger siblings, but after a burglary, her aunt asked them to move in with her for safety reasons. However, they had different ideas about raising the two younger siblings and running the household. After a number of disagreements, Noleta decided to move back to her own place. However, her aunt did not want her siblings to move back with her and they stayed at the aunt's house. Because her siblings did not live with her anymore, her relatives stopped supporting her with food. Noleta decided she needed to move to relatives in order to survive. She first said that she could not move in with her grandmother, as her grandmother could not afford to feed another mouth. However, when I asked her again why she could not stay with her grandmother, she admitted that there was another reason why she did not stay with her:

D   Why can't you stay with your grandmother?
N   Aaah, I knew you were going to ask me that … okay, okay, I want to be honest, if you stay with your grandmother, you can't have a boyfriend, and invite your friends there … she told me that she raised her children like that … you don't do that. (Int. 43)

Because Noleta did not want to adapt to her grandmother's rules, she moved in with an older cousin, where she was able to invite her boyfriend and other friends to visit. From the above accounts it appears that some young people did not want to move in with relatives because they did not like the idea of their relatives having authority over them. My research assistant thought that it was difficult for children who were used to living alone to move in with adults. After our interview with Noleta, she said:

… when the children used to stay alone, they are used to do things on their way … the way they wanted, so when you stay with them, you are the old people or person, and you want them to do whatever you want to do and yet they are not used to be controlled by an adult … so you turn to fight with them … (Int. 43b)

According to her, children, such as Noleta, who have lived on their own, do not want to be controlled by an adult again. However, many of the children and young people moved in or had relatives move in just after the death of their caregiver. Noleta, on the other hand, lived without an adult for about a year. This period of living without an adult may have contributed to her disagreements with her aunt. It is also possible that children and young people may not want to be controlled by an adult other than their former caregiver, or that they feel old enough to make their own decisions, which I will discuss in the next section.

In conclusion, it appears that choice is at least a contributing factor in the formation of child-headed households. However, the ability to make real choices implies that there are alternatives to choose from. The prospect of losing the only property they had, their homes, was not a matter of choice. In addition, in twelve of the twenty cases, relatives were not willing to foster (all) children from the household. I do not know why these relatives did not want to foster the children although the relationships between the former caregivers (in most cases their parents) and their relatives may be important here. As discussed in chapter six, in most cases, family relations did not appear to be close or strong before the death or departure of the former caregiver. The attitudes of the children and young people themselves may also be a contributing factor in the unwillingness to foster them. As discussed, children sometimes chose not to confirm to certain norms or standards of their relatives. I have argued in chapter five that children who 'misbehave' may receive less support and sympathy from relatives and neighbours. On the whole, although living in a child-headed household cannot be regarded as a real choice, this is not to say that these children or young people were merely victims of their circumstances. This is also apparent in the discussion below, where I consider how the children and young people used or challenged the generational constructions for their benefit.

Too young and old enough
As argued in chapter four, children and young people in the local context are expected to be obedient and humble towards their seniors. Although they were expected to follow the rules of communication when dealing with their seniors, they did not always respect these rules. Some of my respondents openly disagreed with older people although these disagreements mostly did not have very positive outcomes for the youngsters. Some of them also developed more subtle ways of getting what they wanted from their seniors.

As discussed in chapter six, Leah played an important role in Stephen (age 15) and Simp's (age 11) lives. She was a close friend of their late mother's, and acted as their mother. The brothers said that she fulfilled that role rather well. Stephen emphasised that he was too young to raise his younger brother alone and he also

accepted Leah's help with household tasks. However, he did not accept all aspects of her support. At the end of 2004, Stephen told me that they had a big disagreement. As he explained:

> … one thing she don't want is me staying with my friends in my home, and I told her, if you don't want me to stay with my friends in my home, where am I going to stay with my friends? ... the second thing is me going to the [taxi] rank on the weekends with my job, and I told her she is not going to stop me from doing my job … she can do whatever she wants but I'm not going to stop … and now she says I'm disrespecting her, and I say okay, you see I am looking after myself […] I am old enough to look after myself, there is nothing I can't do for myself, she is only going to be here for an eye, and I have to make my own choices, she's never going to stop me, even if they accept that the decision I make is wrong, they can even tell me that … (Int. 51)

Stephen argued he was taking care of himself and that he was old enough to make his own decisions. On the other hand, he also said that he was too young to care for his brother and did accept Leah's support, as well as groceries and money from Simp's father. Stephen worked over the weekends at the taxi rank. Leah did not approve of this: the taxi rank was not a good place for a child, and he also had to concentrate on his school work. Although Stephen wanted Leah to fulfil a parenting role, and even said that she was doing it well, he did not like her telling him what to do. When I spoke to Leah, she said that his behaviour also had to do with him being a teenager:

> … when you start to be a teen, you want to go out you know, he's like that, sometimes the little one, sometimes I come at 9 o'clock to see what's happening, he stays with friends, and then I ask where is Stephen, and he said I don't know where is Stephen. Now I must organise this friends of them to sleep with them … early in the morning I also have to wake up here to check, because the little one he doesn't want to sleep in my place, he wants to stay in his place… sometimes I go and ask Stephen what time did you come home, and he says, heej, I came, and I ask what time, and he says heej, I came, he give me those problem like that … (NC. 5)

Although Leah described Stephen's behaviour as typical for his age, she did not accept his attitude towards her. She said that since their mother died she had done the cooking, the cleaning and the laundry; she did not want to be their 'maid', and wanted Stephen to be more responsible. Because Stephen was rude and disrespectful she did not visit the brothers for a few weeks. Although they made up after some weeks, this example shows that Stephen's disrespectful be-haviour led to both brothers receiving less support.

Nick (aged 18), discussed earlier, was another young man who did not always conform to the generational rules. In chapter six, I described how community members decided that an adult woman should move in with Nick and his brother. Before the woman moved in, the floor and broken windows were to be renovated with her money and the piles of wood in the garden were going to be used for the floor. One day, she asked Nick and his brother to remove the old floor from the house but Nick did not intend to do so either. He did not tell her this directly, but

said "she will see that I don't do it, because I keep it for her and she will see that I don't do it" (Int. 25). On another occasion, the woman was at their house with some men she had hired to renovate the house, and she asked Nick to help. According to him he responded in quite a direct way: "I said I don't have time to waste … I don't have time to play" (Int. 25). Nick thus seemed confident about addressing older people. However, as discussed in chapter six, when the woman had moved in, Nick felt trapped in the situation. He could not do as he used to, as the woman was now in charge. Therefore, although he had told me that he openly disputed his seniors' opinions when he disagreed with them, he may not have been able to do so in reality. Consequently, although Nick said that he agreed with the woman moving in, the fact may have been that he was not able to refuse this request from senior people in his community. Nick did have other ways of resisting though, such as ignoring the woman's request to help with the renovation.

Zack (aged 18) seemed confident enough to openly disagree with his seniors, particularly when he perceived them as nosy. During the first weeks of our interviews, neighbours frequently asked who I was, what I wanted and how much money I gave him. Furthermore, when I was in Zack's house, neighbours would come in to see what we were doing. On one such an occasion, a neighbour sat down with us. To my surprise, Zack asked his neighbour to leave his house so that we could talk in privacy. My interpreter later also said that she was astonished, because she did not expect a child to say that to an elder. Zack repeatedly complained about the interference of other neighbours or relatives who, he said, only pretended to be interested in his wellbeing:

> … sometimes my neighbours ask how do we survive? Then I will say to them stop worrying about other people's business, mind your own business … […] … they ask this because they want to stick their nose where they don't belong, if I tell them they will go to the next person and tell them … (Int. 9)

According to Zack, his neighbours only pretended to be interested, but did not really want to help him. They just wanted to gossip about him with the other neighbours. Zack told his neighbours to stop interfering in his life. Although Zack may have been correct about the motives of his neighbours, I did not understand why he resisted them so openly. His resistance caused friction with the neighbours; they gossiped more and made rude remarks to Zack. For example, the neighbour whom Zack asked to leave complained to other neighbours that Zack had chased him away in my presence. Other neighbours accused Zack of stealing from them. Although this did not lead to police involvement, it demonstrated the worsened relations between Zack and his neighbours. In another case, Zack seemed more successful in his resistance. As discussed in chapter six (page 155), Zack's aunt wanted to rent out rooms in his house and

sometimes potential tenants came to enquire about the rooms. Zack said that he told them that they had to talk to his relatives first: "you have to speak with the elders when they come here and we don't know when they come here" (Int. 8). Zack did not tell the potential tenants that he was opposed to this idea but, by convincing them that they had to speak to his elders first, he delayed and even prevented the rooms being rented out. This was because his elders (i.e. his relatives) never came to the house to visit Zack.

Zack also had ways to manipulate me and my interpreter. Although he seemed very confident, he often stressed the precariousness of his situation. In chapter three, on the methodology of this study, I described how he pretended to be two years younger than he actually was. By stressing his youth, he emphasised the difficult situation he lived in. Other children and young people also often stressed the difficulties they were facing, such as their lack of food. Mona, for example, repeatedly told me she had not eaten for days. Indeed, there were often times when there was no food in her house and she had no money at all. My interpreter thought, however, that she was not telling the truth about not eating at all and on one occasion said that she had given her some bread a few days earlier and that, moreover, nobody could live without food, so she must have eaten something. Even so, because of what Mona told me, and my observation of her empty cupboards, I bought her food at the supermarket. Her happiness about the food I bought (oil, rice, eggs and bread) made me think that she was not lying, but merely exaggerating in order to gain my support. Zack, Mona, and others did not lie in order to receive my support; they just knew how to gain my sympathy and they used that knowledge. In other words, stressing their suffering was a strategic strategy.

In addition to my interpreter's accusations, Mona was also accused of lying by her foster parents. As discussed in chapter six, Mona moved in with a neighbouring family, but after a while had so many disagreements with them that she decided to move out. According to my interpreter, this family always accused Mona of lying and my interpreter thought that their accusations might have been justified. According to her, children in general lie a great deal to their parents or caregivers. She further argued that some of her colleagues often did not realise how frequently children lie. My interpreter was correct about the children not telling the truth in a few other cases. However, having witnessed many adults' attitudes towards children, I thought that children were somehow forced to lie. As stated before, communicating with seniors is very complicated and it is difficult to ask for anything directly. Although my interpreter, and other adults, may be correct about the children often lying, they may also have alternative motives with these claims. Saying that a child is a liar may be a way of dismissing the

child's claims. The opinion of an older person weighs more, so adults could say that a child is lying if they do not like what the children have to say.

Aidan also had his ways of getting what he wanted or needed. He was very frustrated with his biological father who lived in Gauteng. He had promised that he would arrange Aiden's circumcision, but never did so. When I met Aiden again in 2007, he had managed to go the bush. He had learnt that some of his cousins (on his father's side) in a rural area would be initiated in the coming school holidays and he travelled to his relatives without informing his father. Arriving there, he pretended that his father had promised to arrange everything. Aidan's father could no longer ignore him, as fathers are expected to arrange initiation for their sons, and he had to pay for everything. Aidan was thus rather inventive in obtaining the support he needed.

In the above I have shown that the children and young people sometimes openly resisted the generational rules of communication. They disputed their seniors' opinions first of all by arguing they were 'old enough' to take their own decisions. However, these disputes often did not result in the outcome intended by the youngsters. Zack's expression of his annoyance to his neighbours about their curiosity did not lead to less interference or gossip but to the contrary. Although Stephen's behaviour towards Leah did result in her interfering less in the choices he made, it also resulted in less support for him and his brother. Although Stephen claimed he was able to take care of himself, he did acknowledge that his brother was not, and that he was also unable to care for him. The more subtle and manipulative ways of resistance seemed more successful, as the example of Aidan shows. My respondents received more support when they stressed their dependence, their young age, or when they lied about their situation. In other words, emphasising that they were 'too young' to care for themselves resulted in more support than openly disagreeing with seniors or saying that they were 'old enough' to make their own decisions. Besides the disputes with relatives and neighbours outside their households, children and young people also quarrelled with each other about household duties. The oldest household members often accused the younger ones of doing nothing, and the younger ones often did not accept the authority of the oldest.

Adapting to a 'parenting' role
In thirteen cases, the oldest sibling adopted the 'parenting' role, as indicated in chapter three. Many of these young carers said that they had difficulties in fulfilling that role. Their uncertainty about being able to care for their siblings led to stress and anxiety. Furthermore, younger siblings did not always accept older sibling's adoption of the parent role. Here I discuss how siblings adapted to and dealt with the new situation.

Norah (21), as I have discussed above, had cared for her three younger siblings since she was 17 when her had mother died. She explained that she felt very worried and stressed during the first period:

> I was not okay, I felt headache all the time, praying to God all the time, because I don't have nothing, but I don't have a choice, I have to look after them. (Int. 77)

Norah said that at the time she did not have a choice; she had to look after her siblings. Others also said that it was not a matter of choice. In Nell's case, her parents left her to care for her four younger siblings (aged 10, 8, 3 and 1). From the time she was 16, her parents regularly left their children in her care for weeks or months without telling Nell when or if they would come back. I asked her how she felt when her parents left her to care for her four siblings, and she replied:

> It's really painful but I told myself that this is the situation and I have to deal with it […] she left me with the kids and I did not know where I would get the money to support them (Int. 44)

Although Nell found it difficult to deal with the situation, she also felt she had no choice but to care for her siblings. Both young women said that, particularly at the beginning, being the main caregiver was very stressful. This was particularly related to a lack of resources to care for their siblings. However, not all difficulties with becoming the main caregiver had to do with a lack of finance, as the case of Lauren illustrates. Lauren struggled with her parenting tasks, despite being the only child-headed household with a sound income, thanks to her own income and access to three FCGs.

Lauren had a very difficult time adjusting to the new situation when her mother died. As discussed in chapter six, Lauren's parents had divorced and she and her siblings lived with their mother. She died when Lauren was 17 and her siblings 12, 14 and 15. Because she was the oldest, people expected her to be the most responsible and act as the mother of her siblings. However, Lauren did not like this maternal role, and when people commented on how she 'raised' the children, she responded by saying that "I don't have any children ... Those are my siblings" (Int. 31). She said that the most difficult aspect of her new role was that her siblings did as they pleased. They fought a lot, did not want to do any household chores, and did not follow Lauren's instructions. Often, when I visited Lauren, she was very upset with her siblings. When I visited her during the follow up (in 2006), she had just moved out of the house, because she said she could no longer deal with all the fights and the responsibilities she had. However, she was also very worried about her siblings, particularly her brothers. Their biological father was not very involved in their lives, and Lauren thought that her brothers needed their father's advice and support. This was especially important as they were approaching the age of circumcision, which their father should

arrange. After about six months of living separately, she moved back in with her siblings again.

Others who assumed a parenting role also complained about their younger siblings. Stephen, 15 at the time, said that his younger brother Simp (11) listened to him most of the time but he became very frustrated when Simp did not do the household chores he had been instructed to do:

> ... sometimes it is [difficult], like when he does not want to listen to me, I get very angry, very angry … I can take care of him … but […] I don't have the experience of taking care of a child … most of the time he is listening to me, but sometimes … jooo, that child does not want to listen, sometimes, one thing we always have a fight with, he is very lazy … he does not want to do nothing in the house, that is the major problem with him, otherwise there's nothing else, it is laziness only that is the problem … (Int. 49)

Stephen argued that he was able to care for his brother, but due to a lack of experience he could not make him do as he wished. He admitted that he sometimes hit his brother when he did not listen. Like Stephen, in most cases the oldest household members perceived themselves to perform most of the household tasks. They complained that their younger siblings were 'lazy' or did not want to listen to them. I discussed this issue in a focus group discussion with the health counsellors. One of the counsellors explained:

> The youngest children and the older ones, there is problem in tense, they have knowledge and they were thought another style, if the child is young it is easy to change them, but if the child remembers the parents, it is difficult … (FGD 2)

In her view, the younger children have difficulty adapting to another 'style' of upbringing. They were used to the way their parent(s) had raised and disciplined them, and their older sibling might have a very different style of doing so. The younger the children were, the easier it would be for them to adapt, as they will not remember much about how their parent(s) brought them up. Another counsellor added to this:

> After they lost their parents, we have that sympathy, if you force the younger children to do something, that you feel like you're not taking care very well of this child, I think it's that, it's like we sympathise instead of empathise, nê? They think maybe other people will say the older one is not taking care of the younger ones; they beat them or force them … (FGD 2)

According to her, there are two reasons why younger children contribute less to the household tasks than the older ones. First of all, the oldest siblings might feel that they are not taking proper care of their siblings if they force them to perform certain household tasks, and secondly they worry about the opinions of others. Outsiders may think that they are not taking care of their siblings well if they discipline them. However, as discussed in chapter five, in any local household children are expected to contribute to the household tasks, and older siblings should have authority over younger ones. Therefore, in the same focus group discussion, I asked if older siblings had authority over their younger siblings as

younger siblings may not acknowledge the new 'parenting' role of their older sibling. However, the counsellors argued that this was not the case:

> C1[14] No, they do have authority to say you have to do this, but they are lazy and they like to run away …
>
> D   Would the child run away when the parent says something?
>
> C2   Yes, when the child is very naughty, mostly the naughty boys … he wants to run away and play, they don't want to be responsible … (FGD 2)

According to the counsellors, it is not a question of authority, but of lazy or naughty behaviour. Naughty children do not listen to their parents either and are usually boys. As discussed in chapter five, boys are expected to be naughty and this behaviour is more acceptable for them. This is confirmed by the fact that younger brothers were not obedient. Gender norms consequently play a role in sibling relationships, which I discuss further below.

Always men first

Maria (18) lived with her bother (17). She said that she did all household tasks, such as sweeping, washing the dishes, cooking, cleaning the toilet, making the bed and washing their clothes. According to her, her brother "just eats, sleeps and plays" (Int. 58). He confirmed this, but argued that he did sometimes prepare food. However, this was only the case when he was hungry and he would only make food for himself. Maria said that her brother had been spoilt by their mother, as he had not had to do any chores when she was alive. Her brother admitted to being 'lazy', but added that he did not know how to do the household tasks. Maria agreed, because in the exceptional cases when he did do something in the household, he would not do it properly. Maria thought it would have been very different if her brother had been a girl and she could have beaten her until she obeyed but her brother was too strong for her.

While Maria specifically pointed to her brother's physical strength, the ideological strength of gender roles may be even more powerful. This became particularly clear in my discussions with Norah (23), and her neighbour. Norah lived with her brother who was 19 after her aunt took the youngest two siblings into her care. Norah was in charge of most household tasks, while her brother did not do much in the household apart from washing his own clothes. I asked if Norah could not tell him to participate more to the household. Her neighbour, who was present during the interview, rushed to explain that I was wrong:

> No, it's not like that, to us, she is the girl, he is a man, he's from the circumcision … now he is the head of that house, although he knows that he is younger than her, but she is a woman … you can't be bulled by a woman in the house, always the man in the house, that's how it goes, just because she is a girl, she has to do that … (Int. 77b)

---

[14] C = counsellor, D = researcher.

The neighbour identified the brother as the head of the house. Nonetheless, when I asked Norah who the head of the household was she answered that it was her. The neighbour responded by arguing that her brother may not be the official head of the household, but is the one who is in charge: "It's not that he is registered like that, that's how we are doing that, we as Africans, always men first" (Int. 77b). I asked the neighbour to define a head of a household. According to her, the head "is the one who is in charge of the house, then everybody has to obey the laws of the one" (Int. 77b). In Norah's case, she can be regarded as the official head of the household, as she is the oldest child in the house of her grandparents. Although she is head, her brother is "on top" according to the neighbour (Int. 77b).

I asked Norah how major decisions were taken regarding the household, and she answered that they would make the decision together. According to the neighbour, they made the decisions together because she was much older than her brother. However, if her brother were a girl, things would have been very different.

> If he's a girl then things are changing, then she got powers more than … she can make a decision … if she says no then it's no, but a man can still stand and say I'm saying I want this, until you come to the point or until he's says its fine … it's difficult with a man … (Int. 77b)

The neighbour argued that if Norah had a younger sister instead of a younger brother, she would not have had to confer with her; Norah would have been able to make the decisions herself. As argued in chapter five, gender seems a more decisive factor in determining one's status than age. Her brother, who was younger by age, had more power than Norah because he was a 'man' (i.e. he had been to the bush). Although I do not know if the relationship was very different before her brother went to the bush, it would have been very different if he had also been the eldest biologically:

> … if he was 23 and she was 19, would you believe me if I say to you, even now we can get her somewhere else than there, going to look for a place to stay, going to stay with her boyfriend or whatever, she is bullied by that one, because he is a man and he is older … just that she is older than him now things at least … (Int. 77b)

According to the neighbour, Norah was lucky that she was older than her brother. If she were younger, he might even have terrorised her. In such cases, according to the neighbour, the girl would probably move out. Because she is older than him in biological age, the gendered power relations are equalised somehow.

That older brothers can bully their younger sisters is also illustrated by the following account. As discussed above, Maria (aged 18) lived with her brother who was a year younger. She also had an older brother, Siya (21), who lived close by with his girlfriend in a small shack and used the cooking facilities in

Maria's shack. Maria and her brother sometimes received a bit of food from their older brother, although not often. One day, my interpreter and I visited Maria unexpectedly (Int. 60). Maria, who seemed very upset, invited us in, and asked us to sit in her bedroom instead of the communal room where we normally sat. Maria did not want people to see us and when we sat down she started to cry. She explained that she had problems with her older brother Siya. Maria's neighbour complained that they had not paid her for electricity for a while. Maria tapped electricity off from the neighbour's connection and Siya would regularly give the neighbours some money, as he used the cooking facilities in Maria's house. Maria told Siya's girlfriend that the neighbour had complained, and she discussed the issue with Siya. He became very angry with Maria, and he and his girlfriend accused of her of conspiring with the neighbour. They wrote Maria a very disturbing letter, which said that she would end up like her mother, who had fouled her bed as she could not get up to go to the toilet anymore before she died. (Maria is HIV-positive, as her late mother was.) After this incident, Siya and his girlfriend stopped giving food to Maria. My interpreter and I suggested that we go to the supermarket to buy some food but Maria decided to stay at home, as she was too ill to join us.[15]

On our way to the supermarket, we stopped at the Ubuntu Education Fund (UEF) in order for my interpreter to ask for advice about what to do to help Maria. At the office, they decided to phone a house of safety, but it did not have space. The coordinator from UEF therefore decided that they needed to have a meeting with Maria and her brother immediately. I joined both counsellors, and when we arrived, Maria's brother and girlfriend were both at home. During the meeting, I could not follow the discussion. The counsellors first spoke with Siya, who seemed quite relaxed, and then with his girlfriend who began to cry. When it was Maria's turn to speak she also cried and started to speak angrily. Later in the car, I asked the counsellors what had happened inside, and one of them ex-plained:

> We called him [Siya], and then I tried to show him that we understand and empathise with their situation, really, losing a parent is not an easy thing to deal with … he seemed like a humble person, although I could see he was already high on something […] I think he smoked dagga … we had a good conversation with him and I think we could convince him to take care of his siblings. (Int. 60b)

Although she described Siya as 'a humble person', his relaxed attitude had partly to do with him being high on marijuana. The counsellors told him that nobody blamed him for what happened. According to them, Siya was just very

---

[15] Maria had severe diarrhoea that day. She was also very thin and had skin rashes all over her body. These symptoms are probably all be related to her HIV infection.

frustrated and scared and took this out on Maria. During the meeting, Maria was upset, and one of the counsellors explained:

> Maria was kind of worrying me, […] I want to talk with her about, you know, getting humble, because to me it seems like she can also be provocative in terms of angering her brother, you know, the way she talks, she has a loud voice, that can be irritating, so we must speak to her, and teach her the ways of communication you know, the way she should communicate with […] elders because I believe that no matter what the brother is doing to her, he is still an elder and she should be respecting him. (Int. 60b)

I was surprised about how the meeting ended, as I did not expect Maria to be blamed for being so angry with her older brother. The counsellor thought that Maria was to blame for the difficult relationship with her brother, as she did not follow the rules of communication. The solution to Maria's problem, according to the counsellor, was that she needed to learn to show more respect to her older brother. However, the counsellor did blame Siya for hitting Maria, which she thought was unacceptable. This case shows that older brothers have a great deal of power over their younger sisters and may even bully them. Their power largely results from ideas about how men and women should behave and relate to each other. Maria, being a girl, is expected to respect her brother by being 'humble'. It is not acceptable for her to dispute her brother's wishes.

From the above it is clear that age and gender have a significant influence on household relationships. However, older brothers did not always have that much authority over their younger siblings. Nick (18 and circumcised), for example, did not have much authority over his younger brother (15). In one interview I asked Nick how the household tasks were divided between him and his brother. He answered that he cleaned the house and the yard, but that his brother did nothing:

> D   And what does your brother do?
> N   Ooh, that one, he sleeps and wakes up when he wants.
> D   Can't you tell him to do something?
> N   If I tell him to do something, he runs away. (Int. 25)

His younger brother seemed very shy and obedient to me and the interpreter. Nick laughed when we said that, and said that he only behaved that way with other older people, but not with him.

Above, I have shown that there are many conflicts between siblings in child-headed households. These result from the difficulties of younger and older siblings having to adapt to their new situation.[16] In most cases, the oldest siblings

---

[16]   That older siblings may struggle to establish a sense of authority towards their younger siblings is also noted by Smit (2007: 167). Furthermore, dealing with difficulties in sibling relationships in child-headed households, such as fighting, is also a topic in a teenage manual for young carers in child-headed households in Zimbabwe (Smith 2003). This guide was developed by the Salvation Army in Zimbabwe, which also organises life skills camps for child-headed households (see Foster & Jiwli 2001; UNAIDS 2001: 34-38).

did not have much authority over the younger ones in the sense that the younger ones did not follow their instructions. This was particularly the case between older sisters and younger brothers. However, older brothers did not automatically have more power over their younger siblings, as illustrated by both Stephen and Nick's cases. Maria's case also illustrates the many different difficulties young people face when living in child-headed households. Not only did Maria have to deal with a lack of material assets, she also had to deal with her illness and humiliation and being oppressed by her older brother. In the next section, I discuss how children and young people dealt with all these stressful situations, such as the death or disappearance of caregivers and caring for siblings as well as with frustrations about lack of support.

Coping with grief and stress

Most of the children had gone through very difficult periods, particularly when their (grand)parent was ill or dying. In five cases, children had taken care of their dying parent. As described in chapter five, although children are expected to help in and around the household, caring for ill relatives is perceived of as going beyond the normal. The caring activities are very intimate and put a large burden on youngsters. This is illustrated by the following two accounts:

> My father did then get worse. He is just coughing all the time. He did not take care of himself. My sister washed him on the top and then I washed him on the bottom part. He didn't even go to the toilet we helped him to go to the toilet.(Ace, age 16, Int. 45)
> My mother was sick for a long time … I used to do everything for her […] I used to wash her and also help her to go to the toilet … I used to bring a bucket to the bedroom for her to use. Then I would lift her onto the bucket so she could go to the toilet. Then I would cover the bucket and take it to the toilet to pour away what's in it … (Maria, age 18, Int. 62)

Maria found herself caring for her mother who was dying of AIDS-related complications at 16. There were no other relatives that helped her nurse her mother who was bedridden and completely dependent on others when she needed to go to the toilet and be washed. What made it particularly difficult for Maria was that she knew that she was also HIV-positive. She was aware that she would probably have to go through the same ordeal. However, as I discussed above, she was not very close to her brothers and therefore it was unlikely that she would receive similar support when that time came.

Talking about the time they had to care for their parents evoked much anxiety and sadness. This was particularly because in these cases, the children were the main carers and did not receive much support in this heavy burden from relatives or community members. In four of the five cases, the parent died of HIV-related causes. Caring for a person in the final stages of AIDS is a heavy burden for anyone, let alone a child who has to witness the deterioration of their own

parents.[17] Below I discuss how these 'young carers' coped with caring for their parents. I also deal with how children and young people coped with the death of their parents and the distressing challenges they faced as a result.

Not talking and no crying
Lauren, who at 17 lost her mother to AIDS, did not want to talk about the time her mother developed AIDS. She and her siblings were the main caretakers, as her relatives did not even visit them during that period. Lauren assumed that one of the reasons for this was the stigma attached to AIDS. Talking about that time made her very sad, and she did not understand the purpose of talking about it, as "you can't change what happened, you can't do anything about it … [crying]" (Int. 29).

Not wanting to talk about the death of her mother may also be part of Xhosa culture. In Xhosa culture, talking about death is not considered normal, particularly not with children, as one health counsellor explained:

> … in our culture you know, death is something … we fear of death you know, and now we don't want to talk about death … so the children feel that it is not okay to ask … it is worse when they, the older people, keep quiet about that in the house, it is hard for the child to ask any question … (C 5)

That talking about death is not normal is also underlined by the fact that almost none of the parents talked with their children about their approaching death. This is illustrated by the following account from Aidan. He was shocked and confused when his mother died:

> So I was shocked and nobody told me she had died and I went into the garage in my house. So I went and sit on my own there. My mother's friend then came to talk with me. She just said you have lost your mum, just stay strong […] I asked at that stage why? Why? Why did God take my mother, because she was my only hope? […] I didn't cry I decided to wait to the funeral to cry […] It was like I was dry inside … I had a sore thing here [points to his chest]. It was like something stuck in me and it wouldn't go past my throat. It was too deep. When they buried her it was the time I cry. (Int. 35)

Aidan described feeling shocked and he also said that he had not cried at first. Initially he felt particularly shocked and angry that he was left by himself. Although he said that he 'decided' not to cry, it is more plausible that he was too shocked to cry. At his mother's funeral he cried for the first time, and after that he cried often when he was at home.

Other respondents, such as Nell's younger brother Ace (16) had the same response: shock and not crying. As has been described, Nell's parents had left the household when she was 16. When she was 21, her father returned to the home

---

[17] Children and young people who care for a HIV-affected household member may also be at risk of opportunistic infections (Cluver *et al*. 2007: 254).

because he was very ill. Nell and her siblings nursed their father until he passed away. Ace recalls the day that his father died:

> … my sister called my father and he did not answer. When she goes to him he did not answer and she cried. I go there to the room and I just cover him with the blanket. I didn't cry then […] When he passed away here at home I didn't think he passed away. I just think he went out to do his piece job. After the funeral I couldn't get it out of my mind […] The day of my father's funeral I did lose all hope, like inside me something died, I was angry. When I did start to cry I didn't stop the whole day. My tears made my face sore and I felt nothing inside me, nothing just dead. (Int. 45)

Although their father was not very supportive, and had been away for months over the preceding years, Ace still argued that by losing his father he lost all hope that things would be better one day.

Not crying, however, may also be the result of adults telling children not to cry and to be strong after the death of their (grand)parent. Mona, who lost her father at 13, was also told to be strong and to forget about it:

> I was so sad and afraid and my heart was too sore to me. I did go to my father's sister to tell her. When I came back, there were neighbours in the house. The neighbours told me not to cry because I am old and that I must accept it. I cried, I told them I am not old. I was at this time 13 years old … (Int. 19).

Mona did cry, and justified her crying by saying that she was 'not old'. As discussed in chapter six, Mona did not have supportive relatives. On the contrary, her relatives threatened her when she did not want to give up her home. Mona said that from that time "there is no-one to help me, there's no one to take me" (Int. 13). Although Mona did not have supportive relatives, she did have neighbours and a teacher that supported her emotionally. Although most children probably had some neighbours or relatives who were genuinely concerned about their well-being, in the above accounts we have seen that children felt extremely anxious and some even lost hope when their caregiver died. This shows that children did not receive much emotional or other support from relatives or neighbours. When a caregiver was very ill before he or she died, that period was also very stressful and worrying, particularly when children assumed a caring role.

Having to care for sick parents was time-consuming and evoked much stress. For these two reasons, three carers at least temporarily stopped going to school.[18] This was the case with Peter, who lived with his mother. When he was about 15, she became very ill, and his parents decided that Peter should move to his father. However, his father was also often very ill, and Peter found himself caring for him. In the following account he explains why he dropped out of school for several months during the time both his parents were ill:

---

[18] Giese *et al.* (2003) also found that schooling opportunities for children living with ill caregivers can be compromised as a result of the responsibilities placed on children to care for ill relatives or younger siblings. This seems particularly the case for girls (Giese *et al.* 2003: 184).

> my mind was not functioning all right at that time … and my mother was sick and my father … and I can't do all the things, I only look after my parents, because each and every day I look for my mother and then come back … (Int. 55)

Peter's mother was also cared for by her boyfriend, so he was not the main carer but he did feel responsible for his mother's well-being and visited her as often as he could. Peter's mother died when he was 16 and a year later his father died as well.

Stephen also missed a number of months at school when his mother became ill. He was 15 when he became the main carer for his sick and dying mother. He described the year his mother got became ill and died:

> This year has been terrible, my mother was very sick and I didn't concentrate much in school … I'm trying my best now to cope … (Int. 49)

After his mother died, Stephen went back to school, but he did not pass his examinations and had to repeat the year. As he explained in the above, this was also because he was unable to concentrate when he did go to school. His mother's friend, Leah, argued that Stephen's mother wanted only him to take care of her. According to her, she had suggested that Stephen should stop going to school after she died in order to take care of his brother (NC 4). Stephen's mother thus appears to have relied heavily on Stephen's support, despite the support she received from both Leah and her ex-husband (as discussed in chapter six). In any case, it is clear that caring for ill and dying parents evokes much stress and anxiety, and children are likely to drop out of school for weeks or months and fall behind as a result.[19]

Despite the difficulties of having to care for their own parents, or experiencing their parent's deterioration, many said that they longed back to the time their parents were sick, because at least then they were still alive:

> My life than it was nicer than now, I was happy to see her even when she was sick. (Stephen, Int. 47)
> It was still nice then because I am not going outside every day and I am just at home with her listening to her and having jokes with my brothers and we were laughing. We used to sit on the bed with her and we used to watch TV with her and talking-to her. It was a nice time … it was a good time to be with her, a good time. (Aidan, Int. 35)

Aidan enjoyed his mother's company in the weeks before she died even though she was very ill. During these weeks, his mother was bedridden, but every day after school he would get into her bed, and they would talk for hours. Like Aidan, others also said they had returned home quickly after school to be

---

[19] Such children are likely to still be in school after most others of their age have completed and their period of dependency is thus prolonged (see annex 2 for school enrolment and grades of the children and young people). This illustrates again that biological age is not the defining characteristic of childhood, and definitions of child-headed households should therefore also take other considerations into account.

with their parents. As noted by Frood (2007: 56), children were not relieved when they were freed from the responsibility of caring for their parents.

In the above we have seen that after the death of a caregiver, children and young people first of all had to deal with the initial shock. Many said that they had been anxious about who would care for them now. This indicates that most parents or caregivers did not make alternative care arrangements, or at least that they did not talk about them with their children before their death. Although talking about death may be culturally inappropriate, and not all respondents expressed the wish to talk about death, for many respondents not talking did not seem beneficial for their coping. Some respondents said that they wanted to talk about the death of their parent(s) or other stressful situations.

Talking and positive thinking

All children became emotional when talking about the sickness and death of their parents. As discussed above, the death of a parent was a shock for many, even if they knew their parent was dying. Despite the emotional feelings it evoked, some appeared to want to talk about the time their parents died. Peter was one of the respondents who indicated that he wanted to talk about the death of his parents. As I described above, Peter had lost his father and mother within one year. In one interview, Peter (18 at that time) talked about the day his father died and became very emotional. I asked him if he wanted to continue or rather stop the interview, but Peter wanted to tell the whole story. He said it made him feel better, and a teacher had also advised that he should talk about it.

Some respondents liked talking about their late parent because it brought back good memories. Aidan, for example, who had known his mother was dying, talked about his mother with pride and affection. Some children showed me favourite belongings of their late parent, or a picture if they had one. However, according to Xhosa custom, the clothes of a deceased person should be burned after the funeral. These clothes were sometimes the only personal items belonging to that person, and some children thus did not have anything tangible from their late parent although having a personal belonging of a deceased mother or father may be important in emotional coping.

That having a personal item of a deceased parent may be important for children is illustrated by the following. Zack (18) lost his mother at a young age, and lived with his grandmother until she moved in with Zack's aunt. He did not have anything from his late mother, as her belongings were burned after the funeral. One day, when we visited Zack to interview him, we found him wearing a woman's dress over his trousers. My interpreter and I were very surprised and had to laugh a bit. We asked him why he was wearing a dress, and Zack explained:

Z I spy this dress yesterday while cleaning.
D What do people say?
Z People are laughing and ask if I'm Muslim. It's only my friend that I told why I wear this dress … (Int. 7)

Zack had found his mother's dress while he was cleaning his house. He was so happy to have found something of hers that he decided to wear the dress, despite people laughing at him. Zack did not know much about his late mother as he was very young when she died. Wearing the dress made him feel closer to her, which illustrates that Zack probably wanted to know more about his mother. However, as discussed in the previous section, people tended not to talk about people who had died, which made the children and young people reluctant to ask questions about their late parents. However, as one of the health counsellors at UEF explained, when people did speak to the children about their parents:

> The child can have the answers that he needs, like how was my mother look like? All those things that the child has in his mind […] the children don't get the real answers they need … (C 5)

Other health counsellors at UEF also argued that people should talk more openly about death as this would help children to deal with their grief. Their viewpoint is at least partly the result of working closely with their colleagues from the United States and having been trained at UEF about counselling children. Nonetheless, there are numerous organisations in South Africa that aim to help orphaned children to keep the memory of their late parents alive.[20]

Besides talking about death, some respondents also said that they liked to talk to others about their problems. The young woman who used to have sex with local older men in order to feed herself and her siblings was part of a support group at the time I interviewed her. Being part of that group made an important contribution to her coping and it was the only space where she allowed herself to cry, because at home she had to be brave. Zack also said that he would like to have somebody "who sits down and listens" (Int. 7). He worried about his problems a lot at night, and would have liked to talk to somebody then:

Z I wish I could stay with people the whole night, until the morning … when they leave all the problems come back … I just give them a hint of my problems as if I am playing.
D Do you want people to guess what is your problem?
Z I tell them about my problems, they think that I am joking … for example I say that one day I will bring back the electricity and my home will be like other homes, and they will say to me, you are seeing things, it is just a dream … (Int. 7)

As is clear from this conversation, the people Zack told about his problems were not really supportive. They told Zack that he was dreaming and that things

---

[20] For example, by encouraging dying parents to make a memory box for their children with stories, pictures and personal belongings (see Dennis 2005)

would never change. However, Zack needed to believe that things would change. Although he lived in very difficult circumstances, he still had the hope that things would improve. This belief stopped him from 'giving up'. Positive thinking was hence one of Zack's coping strategies to deal with his difficult circumstances. I observed this with other children as well. Despite the harsh conditions they found themselves in, most still hoped to study further, to find a job, to marry, or in short to escape the life they were living at the time. Peter (aged 18), for example, was not supported by any of his relatives and lived alone in a house that was in a very bad condition after his father died. Despite feeling abandoned by his relatives and despite his grief, he also said that he had the hope that his situation would be better in the future. His hope stemmed in particular from his religious beliefs:

> I will never stay like this for ever, I think Yehova will answer me, or try for me … then you will see, I will stay like other people … no worries … don't be too much worry, I have hope … (Int. 56)

Peter was one of the few respondents that said that he found emotional support in religion, though two other respondents said that they prayed when they felt bad. However, Frood (2007), in her study of orphaned children in Ibhayi, found that all her respondents referred to God and prayer as a source of moral support.[21]

Some used drugs to forget their problems or to feel less hungry. Aidan said that he smoked dagga when he was hungry in order to be able to sleep. Also, when he smoked dagga, he would forget about his problems for a while. Two other young men said that they did the same thing, but I noticed the smell of dagga in other houses as well. Although dagga is often considered fairly harmless, two young men were addicted to other drugs which were more destructive. For example, at least one of them was involved in criminal activities in order to maintain his habit. In three cases, children revealed that they used drugs when my interpreter was not present. It is thus possible that more children used drugs but would not disclose this in the presence of my interpreters.[22]

Above I discussed how positive thinking was a strategy Zack used to deal with the difficult circumstances he was living in. He believed his situation would be better one day. In another interview, I asked Zack if he felt that he was coping with the situation he was living in:

---

[21] This difference in findings may relate to the different questions we asked, the presence of the interpreter and our own religious backgrounds. I sometimes asked the children and young people if they went to church or if they received (material) support from the church. However, during the course of my fieldwork, I found that asking if they prayed or went to church were very loaded questions. This was partly the result of one of my interpreters often citing biblical texts before we left a household, referring to a certain piece of scripture, or advising the children to pray. She believed that these texts could help the youngsters cope. As a result, children may have felt pressured to answer they did pray or went to church, even if they did not.

[22] As discussed at the end of chapter three, on one occasion, one of my interpreters discovered a young man smoking dagga when we visited him unexpectedly which resulted in shouting and a lecture.

Z   When I look at it, it's beyond my power …
D   It's too much to deal with?
Z   When I look at it, it seems as if it's going to be beyond my powers …
D   Do you mean that it is too much to deal with it?
Z   I can say I am still surviving […] I didn't come across with that much heavy thing that makes me say I'm giving up now … (Int. 8)

Although Zack said that he was not giving up, he also said that the situation seemed to be beyond his powers. This indicates that Zack had the feeling that he had some control over his situation on the one hand. On the other hand, he had the sense that there were things he could not control.

As we have seen, some of the respondents said that they thought positively about their future. It should be noted though that most of these feelings were linked to a certain source of support. For example, respondents said that they gained hope for the future because of their involvement with the research. Although they knew that they would not gain anything from the research, some argued that just the attention I gave them was a source of hope. Although the respondents perceived their hope as a positive outcome of their participation, I felt bad about this result because nothing seemed to have changed in their situation. On the other hand, through my contacts, some of the respondents became involved with GoGo Trust or the UEF. Some received monthly groceries from GoGo Trust and being involved with the UEF meant they got some sort of counselling.[23] In any case, it shows that positive attention and social support boosted the self-esteem of the children and young people.

In this section I discussed how children coped with grief and stress. As we have seen, children expressed sadness about the death of their caregivers. Most started to cry when we talked about it, which made me reluctant to initiate the subject, as described in chapter three. However, some children wanted to talk about the illness and death of their caregivers. Most said that they had felt shocked when their caregiver died, even if they had known that he or she was very ill. Feeling shocked or very anxious had to do with not knowing what would happen to them or who would care for them. It seems that neither their dying caregivers nor relatives or community members talked with the children before the death and that nobody spoke extensively to them after the death. Talking about death is not culturally appropriate and the idea that talking helps in dealing with grief may be a western assumption. Nonetheless, the above cases show that caregivers or others should at least talk with children about what will happen to them after the death of a caregiver.

---

[23]   With the financial support of GoGo Trust, Aidan was able to study further en was enrolled in tertiary education when I met him in 2007.

Beyond their powers?
This chapter started by discussing the youngsters' strategies to obtain money or other material assets. As most were unable to find jobs, some turned to more harmful strategies. These strategies were the result of not having, or not being aware of, alternative strategies. As discussed in chapter two, children and young people in child-headed households may not always be aware of the different livelihood options. For example, they may not know if and how to apply for a financial grant. However, I found that all youngsters were aware of the possibility of applying for the grants. The majority, nonetheless, never went to the local Department of Social Development to ask for support. They were also hesitant about asking for support from relatives or neighbours too often. Their reluctance to ask for or seek support seems strongly related to their sense of agency. As discussed in chapter two, a sense of agency refers to the belief in the ability to act. In this final section, I discuss the sense of agency of the youngsters in child-headed households and how this affected their support-seeking behaviour and other coping strategies.

The motives behind not going to the Department of Social Development offices were sometimes complicated, such as when relatives kept the required papers. However, most children seemed too insecure to go to the Department alone, or were reluctant to as they expected to be treated in a certain way. They argued that they would not be taken seriously, as they were perceived to be too young to speak on their own behalf. However, all the youngsters perceived themselves as capable of explaining their situation to the social workers. They were very able to explain their difficulties to me and were conscious of the very vulnerable situations they lived in. Despite this, they did not think that they would be able to do so with government officials as they expected not to be taken seriously. In other words, although they felt able to speak on their own behalf, they also had their reasons for not doing so. They were also hesitant to ask for support from relatives. They did not expect any real help from them, or they had been offended or disappointed by relatives in the past. Furthermore, not asking relatives for support too often was also a conscious strategy. By rationing their requests for support, they saved the possibility for even worse times.

As is clear from the second and third section of this chapter, many youngsters experienced high levels of stress related to caring for and the death of their caregivers, and the complexity of having to combine adult responsibilities with their status as children. As discussed above, they were very aware of this status, which motivated most of them not to ask for support. On the other hand, their child-status also created opportunities. They lied about or exaggerated their difficulties in order to get support, and manipulated me and others by emphasising their youth and vulnerability. In these ways they were often more successful in

getting what they wanted than when openly resisting or confronting seniors. Furthermore, when youngsters were aware of their rights or claims in the family, they also used these. This was most clear in the example of Aidan. Aidan knew that fathers are supposed to arrange circumcision for their sons but his father never responded to several requests from Aidan to do so. Aidan enforced this claim by travelling to his relatives when he found out his cousins were going to the bush. When he arrived there his father could not refuse to pay for the expenses, as this would have shamed him in the eyes of his relatives. In other words, as a result of generational practices youngsters have developed ways of acting that at first do appear to come from a sense of agency. These actions, however, do involve great inventiveness on the children's part.

Although children were not powerless as illustrated in their often creative ways of coping, their agency should not be overstated. Although they created room to manoeuvre by manipulating generational constructions, their actions were also very constrained by these constructions. Furthermore, although children often had well-thought through reasons for living on their own rather than with relatives, the real motives were more related to having no other option. Having to care for younger siblings was not perceived as a choice either, nor can sex work or remaining in an abusive relationship be considered real choices. Hence, their limited capacity to make choices implies, in general, a restricted agency.

8

Conclusions

Introduction
At the start of this dissertation I stated that the dominant view of child-headed households is one of children who are extremely vulnerable, who are living in situations that are beyond their age and are in urgent need of protection and support. I suggested that this is not necessarily the case, and that it is possible that these children are taking control of their lives and are capable of running their own households, although with difficulty. Most children and young people in my study were living in very difficult situations. When I first became acquainted with them, they seemed hardly able to survive, let alone 'cope' with their situation. Initially, in accordance with the dominant view, I too viewed these youngsters as passive victims, who were struggling with challenges that were way beyond their age. Only after spending much time with some of them did I see their various inventive and sometimes hidden ways of coping. These youngsters were not passive; on the contrary, they were very creative in employing coping strategies and using their special status as 'children'. Their circumstances and the challenges they faced were very diverse and complex, although there were also many similarities between them. Their coping strategies resulted mostly from limited options, very scarce resources, little support and restricted room to manoeuvre. As my findings show, the difficult and vulnerable circumstances of the child-headed households did not relate so much to the biological age of the head of the household, but more to their social age. Studying the capabilities of coping in child-headed households consequently forces one to look beyond biological age.

Beyond biological age:
A framework to study coping in child-head households

As argued in chapter one, age has a social and cultural meaning and therefore age categories are not universally valid (Nieuwenhuys 1994: 24). Nonetheless, childhood, youth, and adulthood continue to be defined by biological age in international declarations and support programmes, and therefore the discourse of one universal ideal childhood continues to dominate the international debate. Children who are orphaned or live in severe poverty or without adult caregivers are dominantly portrayed as vulnerable, powerless and as victims in urgent need of support and protection. As discussed in chapter one, various authors argue that focussing only on their vulnerability obscures the strengths of many children, as children often make conscious choices about their lives (McIntyre 2005; Honwana & de Boeck 2005; Reynolds *et al.* 2006; Henderson 2006). As argued, this does not mean that the circumstances of many children are not difficult or that they are acceptable, but that viewing children only as victims denies them agency (McIntyre 2005: 1; White 2003: 12). This study of child-headed households therefore starts with the assumption that children and young people are conscious agents and focuses on children's own coping and particularly on how they exercise their agency.

There has been very limited research on coping in child-headed households and on the coping of children and young people in the majority world in general. What is known about children's coping is largely based on western studies and consequently on western assumptions about children and childhood. However, as there is no universal experience of childhood, coping is also influenced by the specific context in which children live (Boyden & Mann 2005; McAdam-Crisp 2006). As discussed in chapter one, I assume that youngsters in child-headed households have to cope with material demands, have to deal with the loss of their parents and with tasks and responsibilities which may be beyond their age. Studying coping in child-headed households consequently requires an approach that considers the influence of contextual factors, such as cultural constructions of childhood, and deals with both material and emotional coping demands. To this end, I used a combination of the sustainable livelihood approach, Meursing's coping model, and an analytical model to study generational constructions, as discussed in chapter two.

The livelihood approach has been developed to study how poor households make a living and particularly considers what people have, rather than what they do not have. Resources or assets are classified as material, such as income, and non-material, such as social assets. Social assets or social capital are perceived to be a vital part of livelihood strategies. This is because poor people may not have an income, they may be part of mutual support systems or social safety nets. The

role of these safety nets in the coping of poor people has been questioned by various authors (Nooteboom 2003; González de la Rocha 2007). On the other hand, children and young people may depend on these social relationships for their daily survival. Even so, I argued that although they may have social relationships with the extended family or with the community, one should never assume from the presence of such social relationships that they are actually supportive or contribute to children's coping. In determining whether these relationships are supportive or not, one should analyse their use value; social relationships are only valuable when they contribute to the ability to access other resources (Foley & Edwards 1999: 146). The concept of the use value of social relationships also relates to Amartya Sen's point that the presence of assets alone does not tell us what a person can do with these assets (1983: 160).

What a person can do with assets depends on, among other things, whether they can actually access the assets. Endowments form the starting point for accessing assets, and can be viewed as rights or claims (Carter & May 1999: 4; de Haan & Zoomers 2005: 35). These are for example rights to social security or familial reciprocity (Carter & May 1999: 4). When an individual accesses endowments, these endowments become entitlements. The entitlement process is particularly influenced by power relations and inequalities which are the result of structural constraints. As argued in chapter two, the livelihood framework does not offer tools to analyse power inequalities. Amartya Sen's original capabilities approach does consider how much agency individuals have in this entitlement process. According to Sen (1985), in the analysis of power relations, it is not the outcome of strategies, i.e. the successes or failures of turning endowments into entitlements, but the real opportunities that people have in employing their strategies are important (Sen 1985: 51). These capabilities determine to a large extent the strategies people are able to choose and relate to their assets and agency (ibid). Consequently, the capacity to make choices implies that individuals have agency. Kabeer (2005) further developed the notions of choice and agency. In line with Sen, she argues that choice implies the possibility of alternatives. According to her, agency is "people's ability to make and act on their own life choices, even in the face of others' opposition" (2005: 14). Agency also includes the 'sense of agency', which is the "meaning, motivation, and purpose which individuals bring to their actions" (ibid: 14-15). In studying coping of children and young people, power relations are of key importance, and can be unravelled by analysing the entitlement processes and analysing the amount of agency they have in coping.

As argued above, children and young people in child-headed households may have to cope with a multitude of stressful challenges and demands, such as the death of caregivers and responsibilities that may be beyond their age. To study

how children cope with this, an additional framework is used, namely Meursing's coping model (1997). This model seeks to explain why individuals under stress adopt a certain coping style, and how this contributes to coping. Coping style is largely determined by whether a person feels that he or she will be able to deal with the situation, which is referred to as their 'self-efficacy beliefs'. Meursing argues that these beliefs depend on contextual factors, which largely relate to the available assets in the livelihood framework, such as the amount of social support. These contextual factors, in turn, are influenced by self-efficacy beliefs. For example, social support influences self-efficacy beliefs positively. Individuals that have a better sense that they can deal with the situation are more likely to ask for and to receive support (Meursing 1997: 55). Self-efficacy beliefs in this study are restricted to the belief in the ability to act, which can be viewed as part of the sense of agency, discussed above.

The livelihood approach and Meursing's model have in common an emphasis of the importance of contextual factors, such as material resources and social relationships. As argued, an analysis of power relations is a vital part of studying people's coping capabilities. This is related to the opportunities people have in coping and their capacity to choose. In a study of children and young people, power relations are particularly related to legal restrictions informed by age and values attached to childhood and adulthood. Children are limited in their actions by generational power relations which, therefore, need to be part of the approach to studying their coping. These power relations largely depend on the generational relationships in society (Alanen 2003; Mayal 2001). The generational order is a dimension of social organisation and runs parallel to other key dimensions of social differentiation such as class and gender. Alanen (2003) defines the generational order as "the complex set of social (relational) processes through which some people become (or are 'constructed' as) 'children' while other people become (are 'constructed' as) 'adults'" (ibid: 41). Both children and adults construct and deconstruct these 'generational constructions' in their interactions with each other. These constructions, therefore, strongly influence children's ability to act on their own behalf, their sense of agency, and consequently, their coping.

In order to study these constructions, I apply the concept of a 'gender lens' proposed by Davids & van Driel (2005). This lens, here reconfigured as the generational lens, enables one to analyse processes of socio-cultural construction and identity formations. It consists of three interrelated dimensions: 1) the symbolic, 2) the structural, and 3) the individual. The symbolic dimension represents "symbols, ideas and images that can solidify into very persistent cultural texts and become stereotypes" (Davids & van Driel 2005: 7).These ideas and images, which may be contradictory, are institutionalised in various ways (for example in

the UNCRC). The structural dimension refers to formal and informal institutions and practices of people. The multiple identities that individuals have to relate to in order to cope with daily realities and their sense of agency are part of the individual subject dimension. This generational lens helps to deconstruct various meanings and practices of childhood and adulthood. The generational dimensions together represent children's 'room to manoeuvre'. This room to manoeuvre influences which positions children can take as well as possibilities for choosing and employing their own strategies.

I have assumed that the room to manoeuvre and the presence of assets, particularly the quality of social support, influence children's and young people's capabilities in coping. The main question of this study was consequently, what are the children and young people's coping capabilities in child-headed households? These capabilities have been studied by using a combination of the livelihood framework, Meursing's coping model, and the generational lens. However, first the conceptualisation and definition of child-headed households needed to be addressed. Consequently, my first sub-question was what are child-headed households? As discussed in chapters one and two, the meanings of the concepts of 'household', 'headship' and 'childhood' had to be studied in the local context. Elements of how to define child-headed households are found in the discussions of the other research questions, and I therefore come back to this question of definition after first answering the other sub-questions. As youngsters in child-headed households first of all have to deal with running their households, an inventory of all material (physical and financial) and social assets (human or social capital) of the children is needed. The coping process, which includes capabilities and coping strategies, can be viewed as a process of turning endowments into entitlements. The second sub-question was therefore what are the formal and informal endowments of children and young people? I have understood the children's formal endowments largely as their rights to and claims on the social grants, poverty relief programmes, and other forms of state support which were discussed in chapter four. The informal endowments, discussed in chapter five, are related to informal rights and claims, such as family and community support.

Turning these endowments into entitlements depends on several factors. Children need to be aware of these rights and claims, need to know how to access these (for example where to go for state support), and also need to have the sense that they are able to ask for or seek support. Furthermore, as I have argued at the end of chapter four, formal endowments strongly relate to informal endowments. This is because the most important policies aimed at assisting child-headed households are based on a strong belief in the capacity and willingness of the extended family and community to provide support. The youngsters' ability to

turn endowments into entitlements is also in another way related to family and community support. This is because I assume that the social support that children receive or do not, strongly influences their sense of agency. The third resulting sub-question was therefore what social relationships do the children and young people have, and more importantly, how do these contribute to their sense of agency and ability to turn endowments into entitlements? In other words, the use-value in particular of these social relationships has been assessed.

The sense of agency is part of the room to manoeuvre, which is determined by the three interrelated dimensions of the generation lens. Related to the symbolic dimension, I argued that local ideals of childhood and vulnerability need to be studied as well as how childhood and adulthood are locally defined. Related to this is the question whether 'children' are perceived as capable of running their own households, and perceptions about who should support the children, why and how. The structural dimension is the generational practices and formal and informal institutions. Questions related to this dimension have to do with what the formal rules, laws and regulations related to biological age and the associated rights and obligations are. Besides these formal rules, there are also informal or unwritten rules. Children are expected to behave or communicate in certain ways, particularly towards adults. These practices hence relate to social age. The individual dimension is concerned with the ways in which children themselves relate to various (contradictory) ideals of childhood and adulthood and related practices. It deals with whether 'children' perceive themselves as capable of per-forming these 'adult' tasks and responsibilities, if they have a sense of agency, and the ways they exert their agency.

Children's strategies or activities result from the assets or endowments, the availability of support, and the room to manoeuvre. To study these, we first need an understanding of what is it that they need to cope with. As argued, I assume that they have to deal with coping as a household that needs to satisfy material needs as well as coping as 'children' who have to fulfil the role of their former adult caregiver. I refer to all activities and strategies as coping strategies, which are all activities that children and young people employ to fulfil their needs or to deal with the challenges they face, both materially and emotionally. The outcome of these strategies, i.e. the successes or failures of turning endowments into entitlements, influences their capabilities.

The theoretical objectives of this study were therefore to develop a framework to study coping in child-headed households and also to conceptualise child-headed households. The overall aim of the study was to provide more insights into child-headed households and particularly the ways the children and young people employ their agency. In this final chapter, I discuss the youngsters' coping capabilities in child-headed households. It is in these capabilities that the

possibilities of strengthening children's coping can be found. I first deal with sub-questions two and three and start with these assets and endowments, and discuss the extent to which child-headed households are in urgent need of protection and support. After that, I address their social relationships in greater detail and whether the assumption that relatives and community members serve as safety nets is a valid one. In particular, I address the children's interpretations and qualifications of this support as these strongly influenced their sense of agency. Next, I consider the children's and young people's room to manoeuvre, including their sense of agency. The main question about the coping capabilities in child-headed households is answered after that. I then proceed to discuss the usefulness of the framework to study coping in child-headed households by reflecting on advantages and disadvantages of the chosen approach, and by addressing limitations of the research. I also make some recommendations for further research. Finally, I address the second objective and sub-question of how to characterise and conceptualise child-headed households. Moreover, based on my findings, I propose possible ways of supporting and strengthening coping in child-headed households.

Children's assets and endowments
The capabilities of children and young people are first of all their assets or endowments. These are levels of education, health status and work experience (human assets), the available grants and income (financial assets), the conditions of the homes and the neighbourhood (physical assets), and finally the social networks and relationships (social assets). The child-headed households in this study live in very challenging circumstances. Chapter four started with a description of the homes of the children. All children lived in former black town-ships and in houses in very poor and unsafe conditions. Seventeen homes did not have electricity most of the time, and children had to cook on paraffin stoves. However, they often found themselves without any money to buy paraffin, oil or food, and consequently unable to cook. Many households were unable to fulfil their nutritional requirements, were unable to eat three times a day, and even went without food on some days. However when compared with many other African children or households in their neighbourhood, these were not exceptional situations. As I have discussed in chapter four, the majority of African children live in income-poor households because of high levels of unemployment. Living in such a context means that finding a job is very difficult, particularly as unemployment is highest among the youth in South Africa (Morrow *et al*. 2005: 7). Very few households had any income, and in those who had, the amount was only in one case enough to fulfil basic needs. Living in these very impoverished households greatly limits coping options, and is at the

same time one of the key and most visible challenges these youngsters have to deal with. These households therefore appear to be in urgent need of material support.

Besides having to cope with material challenges, the children and young people also had to deal with emotional stressors. In fifteen cases, the death of the primary caregiver had led to the establishment of the child-headed household, as described in chapter six and the children had to cope with their grief. In six cases, the oldest sibling had cared for their parent, and in five of these cases, he or she was the main carer without much support from relatives or community members. Although these young carers spoke with much love about the time they had cared for their parent, and longed back to that time because at least then the parent was still alive, caring for a dying parent was also perceived as extremely challenging. Caring for ill parents was time-consuming and evoked constant worry. Whether or not they had known their parent was dying, most described the death as unexpected or sudden and a shock. Besides the emotional pain they experienced after the death of a caregiver, they were also extremely worried about what would happen to them and how they would be able to cope. Consequently, besides needing material support, youngsters also need emotional support.

The oldest siblings also worried about being able to care for their younger siblings and whether they would manage to stay in school. Most children in this study were still going to school, although some had fallen behind their peers as a result of temporarily dropping out to care for their parent or other difficulties at home. Attending school, however, involves costs such as school fees, books and school clothes. When children do not have these they often drop out of school. School attendance is also restricted when children do not have anything to eat. They expressed shame at not having enough to eat or lacking energy. The children's health is jeopardised by their poor nutrition and the unsafe homes they live in. Moreover, three children were HIV-positive and needed health care. One of them received care after our intervention, but still died as a result of AIDS complications.

In efforts to cope with the lack of material assets, the formal endowments discussed in chapter four could be of much assistance. I have described and discussed several policies such as financial grants aimed at supporting poor or AIDS-affected children. As indicated in chapters one and four, one is entitled to a financial grant when caring for a child under the age of 14 (the Child Support Grant) or, where the child is not a biological child, one may be eligible for a Foster Care Grant. There is also the Home and Community-Based Care and Support (HCBCS) programme which also aims to support poor children. These policies are based on a strong belief in the capacity and willingness of the extended family and the community to support and foster children. In other words,

as argued above, children's formal endowments strongly relate to their informal endowments, i.e. their social relations with family and community members. As we have seen in the second part of chapter five, relatives and neighbours are expected to offer support, based on notions of the extended family and the spirit of ubuntu. Being entitled to a certain form of support, however, does not mean that children actually receive that support or are able to access such support, as we have seen in chapters six and seven. As a result, this study has shown that the assets and endowments of the child-headed households are very limited. More-over, their ability to turn endowments into entitlements is restricted due to a lack of support.

Social relations and support
As discussed at the beginning of this dissertation, child-headed households are generally viewed as a new phenomenon and one of the key challenges resulting from the growing number of AIDS-related deaths. The problems children experi-ence in child-headed households are viewed as more extreme and unrelenting than those of children living in poverty or AIDS-affected homes. As stated in the introduction, it is assumed that this is primarily related to the absence of an adult caregiver (Rosa 2004: 4). Besides the need for material and emotional support, they are also viewed as in need of protection (NMCF 2001: 20; Walker 2002: 24-25; Foster 2004; Germann 2005: 74). The strong belief in the extended family support structure in general has led to a perception of child-headed households as the new coping mechanism of the extended family in response to the HIV epidemic (Wevelsiep 2005: 1; FHI & International HIV/AIDS Alliance 2006; Bower 2005: 45; Foster 1997). Foster (1997) makes this argument, as in his study of child-headed households in Zimbabwe, they were regularly visited and supported by relatives living nearby, who were either not able or unwilling to take the children in their homes. As discussed in chapter one, Foster later (2002: 5) argued that child-headed households may also be viewed as resulting from the failure of the extended family safety net (Foster 2002: 12). These two contra-dictory ideas are also present in the general coexistence of a strong belief in the capacities of the extended family and the community, and the acknowledgment that this capacity is diminishing as a result of the HIV epidemic.

The South African government also perceives the extended family and the community as the answer to the growing numbers of orphaned children, as discussed in chapter four. By adapting the Home and Community-Based Care and Support (HCBCS) programme and by encouraging family and community members to foster orphaned children by offering Foster Care Grants (FCGs), the government demonstrates a strong belief in the capability and willingness of these actors to care for (orphaned) children. In addition, in line with international

views on how child-headed households are best managed, the new Children's Act states that such households need to be supported by adult mentors from the community. These mentors may collect any social grant or other assistance to which the household is entitled. However, the mentors may not take any decisions concerning the household without consulting the children. During the time of my study the Act was not yet in force, and the proposed policy of mentorship consequently had not yet been launched. However, the HCBCS programme, including the social security system, has been running for several years. My findings raise serious questions about the viability of the propagated family and community support, and consequently also about the suggested mentorship scheme. As argued in chapter two, the notion of social capital and the proposed family and community-based approaches to the support of child-headed households are closely related.

In chapter six, I explored the social relationships of child-headed households, if and how these supported and contributed to children's coping, and how the children and young people experienced and valuated this support. In other words, I explored what the use value of their social relationships was. In three of the twenty cases, households received groceries or a monthly amount of money from a family member, as discussed in the section on 'support of relatives'. With this type of support, these child-headed households had enough to eat, were able to pay for electricity, and could remain in school. But in only one case was this support constant. In the other two cases, the support was irregular and stopped when the youngest children moved to live with relatives, as discussed in the section on 'adult interventions'. Accordingly, in most cases, the households did not receive monthly groceries or money, and other support was minimal, as was evident in the very impoverished situations they lived in. Although respondents sometimes suggested it, the lack of support in these cases was mostly not related to the physical distance of their unfamiliarity with relatives. As discussed in chapter six, in most cases, at least some of the relatives lived in the area of Port Elizabeth and were aware of the children's situations. Because most households received hardly any support from relatives, they were dependent on the kindness of neighbours. Neighbours supported some households, mostly in the form of leftover food or a few rand. The youngsters usually had to do something in return for these favours, such as running errands. The little support they received from relatives and neighbours was barely enough to survive on a daily basis.

Although there were relatives and neighbours who were committed to providing support, there were also the people who misused, abused and neglected the youngsters. As was discussed in chapter six, the reasons for the so-called support were often ambiguous. The case of Aidan, presented more in more detail in the section on 'adult interventions' in chapter six, best illustrates the ambi-

guous nature of support. Aidan was 18 years old when his mother died and he had to take care of his two younger brothers (aged 14 and 11). An aunt supported Aidan's household with monthly groceries until she decided that the two younger brothers were better off in her care. She did not discuss the matter with Aidan, but refused to bring the two boys back after a visit. According to her, Aidan could not take proper care of his brothers. As a result Aidan not only lost the company of his brothers, but also the access to one Child Support Grant and was without income. Aidan said that he missed his brothers and really wanted them to move back. After two and a half years of separation, Aidan's aunt sent one brother back to Aidan. At that time the brother was almost 17 and had started smoking dagga and disrespecting his aunt's authority. In other words, because he became too difficult for her to handle, she decided that Aidan had to deal with him. This suggests that she was not primarily concerned with the children's best interests. Also she would no longer been able to claim a Foster Care Grant one his behalf once the boy turned 18.

I have described other cases where the youngest children were removed from the household. This may have stemmed from good intentions, but also enabled access to a Foster Care Grant (FCG). This is underlined by the fact that the remaining youngsters were hardly or not at all supported by the relatives who took in the younger children. Based on my findings, I suggest that access to financial gains is an important motive to foster children, rather than concern about the children. Relatives further posed a threat to children's well-being by laying claim to their property, as we have seen in chapter six. In six cases, relatives had tried, or were trying, to appropriate the property of the deceased (grand)parents. In three cases, this was prevented by the actions of community members who involved a local government representative or helped children to get property papers in their name. Relatives also tried to rent out (rooms in) children's houses and stole furniture after the death of their caregivers.

In most cases, the child-headed households did not receive any assistance from the Department of Social Development and were never visited by a social worker. Only in one case did a household receive a food parcel from the Department and in one other case receive FCGs. In ten other cases, the child-headed households were legally entitled to a FCG. The few households that were visited by social workers had been referred by concerned neighbours or CBO volunteers. Volunteers at CBOs seemed very willing to support child-headed households but, besides referring such children to social workers, could do very little because of their own very limited resources. Overall, the support, or so-called support, child-headed households received was mostly material. Based on my findings presented in chapter six and seven, although some youngsters were able to talk with their teachers, neighbours or peers, most received hardly any or

no emotional support. They said that nobody talked with them before or after their caregiver's death, which contributed to their shock and desperation. Although talking about death may be culturally inappropriate, the youngsters seemed eager to share their good memories about their deceased caregiver, and some also wanted to talk about their last weeks and their deaths.

As is clear from these findings, the capacity and dedication of the extended family and community is not unlimited or endless, to say the least. As González de la Rocha states, the view of poor people as tremendously resilient can be considered as the myth of survival (2007: 45). Many households are affected by the HIV epidemic or severe poverty, as discussed in chapter four. They are often struggling themselves and can simply not afford to support others in need. Youngsters in child-headed households are also aware of the difficult situations of neighbours or relatives. They consider these situations in their interpretations of support, which means that they are conscious agents, instead of just vulnerable and helpless.

Children's interpretations of support
The youngsters were rather frustrated by the lack of support as I demonstrated in chapter six. They were particularly frustrated and angry with unsupportive relatives, as most expected to be supported by them. Some supported households only received the very basic food items such as maize meal, which made them feel humiliated and discouraged. They often wondered why their relatives did not support them (more). We have seen that in some cases the family relationships were not strong before the death of the caregiver. However, in other cases, family ties had seemed strong and good and in these cases in particular youngsters did not understand why relatives neglected them. Irrespective of their interpretations of the closeness of family relations, the lack of family support caused disappointment, frustration and anger.

Youngsters often ran errands in return for food or money, but did not perceive this as a form of support. As discussed in chapter six, most households received (occasional) support from community members and were expected to do something in return. When they had to do something for it, children and young people thought of this as a reciprocal relationship, i.e. as an exchange of favours. Depending on the extent of these favours, some community workers thought that neighbours might be exploiting the children's situations. On the other hand, these errands were also thought of as part of the children's upbringing, because children are expected to contribute. There were also cases where the children and young people were unaware of the support of neighbours, such as when neighbours arranged a meeting to discuss the children's situations without involving them, as described in the section on 'support from the community' in chapter six.

The interpretations of support further depended on the quality of the relationships and on the assessment of the person's ability to offer support. When they felt accepted or loved by the provider of support, they were more positive about its quality irrespective of how minimal the actual support was. Furthermore, in some cases, youngsters sought excuses for an unsupportive relative. For example, as illustrated in the section on 'support of parents', new spouses of biological fathers were perceived to prevent fathers from supporting them more. In such cases, the fathers were somehow forgiven for not providing support. Relatives or neighbours who were perceived to be very poor and struggling themselves were also not held responsible. Although some relatives appeared too poor to offer support, in most cases the children and young people linked the absence of support rather to unwillingness than incapability. However, while most members of child-headed households said that they lacked in support, they did not necessarily think of themselves as missing adult guidance and supervision. Although some children appreciated adult guidance or advice, in chapter seven I have shown that they also often perceived relatives and neighbours as meddling.

In this study, it is mainly the views of the children and young people themselves that are considered, and not those of the relatives or neighbours involved. The few neighbours that were involved in the study sometimes thought that the households were supported by other neighbours or relatives, although this was seldom the case. This shows again that evidence of relationships with relatives and neighbours may lead the incorrect assumption that they provide support and this assumption could thus result in even less support. Children's and adult's interpretations of support also differed as demonstrated by the different views on doing favours in return for support. The differences in interpretations of the quality of support, and the unawareness about some actions of neighbours partly result from a lack of consultation. Irrespective of the motives of relatives or neighbours in not offering (more) support and involving children more, the children's interpretations of this influenced their sense of agency and coping negatively.

As my findings show, the idealised image of the endless capacities of the extended family and community to support children in need, does not correspond with the daily reality of children and young people in child-headed households. Families and community members were often poor themselves and hardly able to provide a minimum of support. In some cases, the children and young people acknowledged relatives' lack of capacity, but more often they accused their relatives of neglect. Contrary to popular belief, problems of child-headed households do not so much relate to the absence of a resident adult caregiver, but to the absence of care and support from adults. The community and extended family did not serve as safety nets for child-headed households. The so-called support

often stemmed from ambiguous motives, did often not contribute to children's coping and sometimes even jeopardised children's well-being. Although the extended family is expected to protect children, many of the children in my study needed protection from their relatives, particularly with regard to their property. In other words, the social relationships of the children and young people had little use-value. It is therefore not useful, and even damaging to children's well-being, to maintain the romantic view of the extended family and community.

This does not mean, however, that coping strategies of the extended family or community should be disregarded. It means that in order to assess whether child-headed households are viable living arrangements for (orphaned) children and young people, a focus on the amount of agency and resilience of children and young people themselves is required. Their coping capabilities should be the starting point in any effort to offer support to child-headed households. I further address their capabilities below by considering their room to manoeuvre.

Room to manoeuvre in coping
As argued, the generational dimensions represent children's and young people's room to manoeuvre in coping. The room to manoeuvre in child-headed households is first of all limited by formal rules and policies, where they are restricted by biological age. Biological age largely determines their eligibility for grants and their ability to sign papers and obtain identity documents. However, although biological age seems the most decisive factor in accessing formal support, social age in terms of generational constructions restricts young people's access to grants and their room to manoeuvre. This is because child-headed households clash with images of both the ideal child and the ideal adult.

As discussed in chapter four, adulthood is differently defined for men and women. Male adulthood is reached through initiation, i.e. going to the bush, and characterised by responsible behaviour. The ideal male adult is strong and brave, and is viewed as the head of the household. Female adulthood is ideally reached through marriage and child bearing. However, having children without being married does not lead to the same status as that of a married mother. Unmarried mothers are viewed as lacking these adult characteristics or qualities. They are expected to reside with their families until they marry or when they reach a certain level of independence. Those perceived as 'children' are expected to show respect and humility towards 'adults' and not to defy or resist their requests and opinions or communicate with them in a direct manner. Furthermore, children are viewed of as unable to speak on their own behalf. Childhood and adulthood is hence not defined by biological age and not reached when a child turns 18, but is in daily life defined by social age.

Youngsters in child-headed households lacked adult characteristics and were therefore regarded as 'children'. Although members of the child-headed households were all considered children, by virtue of their lacking adult characteristics, the oldest members were sometimes perceived as 'almost adults', such as in cases where the oldest sibling was perceived as responsible and taking good care of their younger siblings. Boys were perceived as almost adult when they approached the age of circumcision, which usually is in their late teens. Being 'almost adult' and having an 'in-between' position, does not mean however, that one has adult status.

Although the children lacked adult status and were not viewed as autonomous individuals, they were perceived as able to live alone, to care for themselves and their siblings and, in some cases, to care for their dying parent. The children themselves were aware of these contradictory perceptions and struggled with these ambiguities. On the one hand they had to run their own households independently, while on the other they could not act autonomously. In other words, they had responsibilities usually reserved for adults but lacked adult status to perform these appropriately because of generational constructions. Although they did not see themselves as incapable of explaining their own situations and making their own decisions, they mostly saw themselves as unable to challenge the rules of communication, i.e. expectations of obedience and humility. As a consequence of these rules of communication, most respondents in the child-headed households saw themselves as children and not as adults.

These contradictory ideas of childhood severely limited the room to manoeuvre of the children. Nonetheless, this does not mean that they are helpless or powerless as their child-status also created opportunities as they found creative ways of using generational constructions for their benefit. As argued in chapter two, both children and adults construct and deconstruct generational understandings in their interaction with each other (Alanen 2003; Davids & van Driel 2005). In these processes of (de)construction, children can therefore exercise a considerable amount of agency. This agency may take on the form of openly challenging or resisting dominant constructions, or by doing so in more subtle ways. The agency of children and young people is consequently not necessarily straightforward or recognisable as such, as argued by Honwana & de Boeck (2005: 10). Individuals can consequently challenge or confirm existing discourses and practices, and individuals can take up multiple positions. The positions children can take up depend on the expectations related to childhood, but also on different contexts and on the purposes.

As shown in chapter seven, children variously positioned themselves as 'too young' or 'old enough' depending on the context. They stressed their young age and suffering in order to get support. If they were limited in their actions by

adults they emphasised their maturity, and also openly resisted, confronted or fought with seniors. Consequently, the contradictory ideas of childhood, and their in-between position also created opportunities to exert agency. This relates to what Buitelaar (2006: 261) refers to as the dialogical self, in the sense that children's identity as either 'too young' or 'old enough' were temporary outcomes of responses to the various ways in which they were addressed. However, open resistance towards their seniors mostly did not result in intended outcomes. For example, some children wanted their neighbours to interfere less, but openly contesting this interference intensified rather than decreased such meddling. This probably resulted from the fact that this behaviour is considered extremely disrespectful. The more subtle ways of resistance were more successful. Children received more support when they stressed their youth, when they lied about their situation, or when they secretly resisted adult expectations. In other words, by pretending to follow the generational rules, children were more able to get what they wanted.

By choosing to live alone rather than with relatives, the children and young people particularly challenged dominant generational constructions. This is because they are expected to reside with their families until they reach adulthood. In some cases, the children appeared to have had some choice in living as child-headed households. They did not want to be ruled by adults, did not want to leave their homes or preferred to live alone rather than move in with unsympathetic relatives. As I have argued in chapter two, however, a real choice implies the possibility of alternatives or the ability to have chosen otherwise (Kabeer 1999: 2). Although my findings suggest that children carefully considered their options, in many cases they appeared not to have had any real alternative. For example, residing with relatives is not a real option when children expect or experience bad treatment from these relatives. Furthermore, most young carers indicated that they had no choice in taking on a caring role, either for their parents or for siblings. Consequently, the amount of choice youngsters have in child-headed households should not be overstated. The primary reason for living in such a household was not the outcome of choice. They did not choose their (grand)-parents leaving the household or to becoming ill and dying.

Children and young people consequently used the agency resulting out of generational constructions cautiously. Although children and young people are not powerless, their room to manoeuvre in employing coping strategies is limited. Exerting agency is related to one's sense of agency, as argued in chapter two. When children feel powerless or lack confidence, they are not likely to use their potential agency to the fullest extent. Many children appeared to lack the sense of agency needed to address their situation in a positive manner. This is related to their lack in support and the feeling that they are not taken seriously.

The latter is best illustrated by the fact that children are often not consulted about care arrangements and interventions. Although some children said relatives or neighbours talked with them before the intervention, these talks appeared to have been informative rather than consultative. This resulted in many children having a sense of powerlessness and lack of control over their situation. Such children are not likely to seek support actively or to cope effectively.

Coping strategies and outcomes
As discussed earlier, the children and young people had to deal with material demands, emotional stressors and, as shown in the above, also with contradictory ideas and practices of childhood as a result of living in child-headed households. I have addressed the coping strategies of the children and young people in chapter seven, and as is clear, their strategies and the outcomes of these strategies are as diverse as the many challenges they face. To cope with material needs, some of the youngsters occasionally had piece jobs or ran errands. However, the money they made in this way was nowhere near enough to fulfil their basic needs. Because jobs are very scarce, youngsters needed to find other ways of getting the money they need. Some of these strategies were inventive, such as making items which could be sold. Other strategies were more hidden and secret, and could be considered harmful for their own well-being, such as criminal activities or prostitution. As a result of the lack of both formal and informal support, these youngsters did not really have any alternative coping options.

Many youngsters did, however, know about financial grants, which could be very helpful. However, very few children and young people ever went to the Department of Social Development despite this awareness. Most youngsters gave as a reason for not going that they did not expect to be taken seriously by the social workers, or lacked confidence to go there without an adult. They expected to be sent away by the social workers and to be told to come back with an older person, as children are considered unable to explain their situation. The children and young people consequently appeared to have a low sense of agency with regard to seeking formal support. On the other hand, children appeared very aware of the vulnerable situation they were living in, perceived themselves as able to speak on their own behalf, and of making well thought through decisions about their own and their siblings' well-being. Yet, they appeared mostly unable to do so in reality. The relationship between the sense of agency and the acting out this agency is therefore not always straightforward.

Children were also reluctant to go to relatives and ask for support, although they often felt entitled to such support. However, they expected certain treatment from relatives or felt humiliated for having to plead for support. Furthermore, asking relatives for support is also complicated as children are not expected to

communicate in a direct manner with seniors. Some did not ask for support as they assumed their relatives would think they were old enough to care for themselves. When they had younger siblings to take care of, asking for support was felt to be easier. When younger siblings were taken out of the household, the oldest siblings felt that they could no longer rely on their relatives' support. Consequently, removing younger siblings from the households limited their belief in their entitlement to support.

Not seeking support from relatives was, however, also a conscious strategy illustrated by their reasons and motives for not asking for support. Some did not expect to receive support, they perceived relatives as too poor, as already discussed above, or they wanted to save their requests for even worse times. This means that they do not want to ask for support too often as relatives or neighbours may 'get tired' of them and less inclined to provide support. In other words, the reluctance to ask for support did not so much relate to a low sense of agency, but rather to well-considered reasons or motives. Irrespective of the motives or reasons for not seeking support, not asking for support may result in receiving less support. Relatives or neighbours may assume that children are supported by other relatives or neighbours, or that they manage with the income from their piece jobs.

The children and young people also have to deal with emotional stressors. These were the illness and death of their caregivers and adapting to a new situation and set of responsibilities. With regard to the latter, both the oldest sibling and the younger siblings had difficulty adapting to the changed circumstances. Younger siblings did often not recognise the authority of the oldest, which resulted in many disputes and much emotional stress. Most children and young people did not receive any emotional support, which they particularly needed with the illness and death of caregivers. Many youngsters were told to be strong, not to cry and to forget about what had happened. Although for some youngsters talking about the death of their caregivers seemed too difficult, others appeared to want to talk about it. Because of the extremely difficult circumstances and the lack of support one might think that these children and young people may have lost all hope for better times. However, many were very hopeful that their lives would get easier and this positive way of thinking may have prevented them from giving up.

Capabilities
Having discussed children's assets and endowments, the use-value of social relationships, their room to manoeuvre, and their coping strategies, I now turn to answering the central question of this study: what are the capabilities for coping in a child-headed household? As discussed, most of the child-headed households

were very poor, and had very limited access to both formal and informal endowments. The social relationships of the youngsters had very little use-value. They mostly did not help them to accessing other assets and offered limited material and emotional support. The youngster's interpretations of support in particular indicate that they do not receive the support that they need and that their sense of agency is negatively influenced by this lack of support. Their coping strategies illustrate their limited room to manoeuvre. Some youngsters had a low sense of agency in the sense that they lacked belief in their ability to act. On the other hand, many had well-considered reasons and motives for apparently not acting. In general, the youngsters' coping capabilities were limited by the generational constructions and a lack of support. The very inventive and secretive strategies of many youngsters show that the limited capabilities also offered opportunities. Besides these commonalities, the child-headed households also differed in their capabilities.

The households differed in biological age of members, which particularly determine eligibility for social grants. Receiving social grants greatly strengthens capabilities, as many challenges relate to a lack of money. Only a few households received any financial state support, and only in one case was this money sufficient. Having access to one or more CSGs helped households to cope, although this money was never adequate. Even if all households had received a CSG for eligible siblings or children, the funds would not have been sufficient to run a household. The FCG, which is 620 rand per child (in 2008), comes much closer to the required monthly amount of money per child, as illustrated in the first section of chapter 7. Being eligible however, did in the majority of cases not mean that grants were accessed.

There were no differences in the capabilities of youngsters that were orphaned and those who were not. Most youngsters that had at least one remaining parent were not supported by them. Some fathers did support their biological children, which helped the whole household. The prior relationships of the remaining fathers with deceased mothers seemed relevant in this regard. This also points to another possibly important factor in children's capabilities: the arrangements their caregivers made before they died.

There were no clear differences in the capabilities of male or female-headed households. As argued in chapter five, the support male or female-headed households receive may be different. Although there were no apparent differences in the received support, there were some distinctions between the male and female headed households. First of all, there were more female-headed (12) than male-headed households (7) in my sample (in one household two siblings were identified as both heading the household). The six largest households were also female-headed, of which two had to care of very young siblings (a baby of a few

months and one of a year) from the time they had become child-headed. Consequently, it is possible that young women and girls are viewed as more capable of taking care of younger siblings. On the other hand, of the four households from which the youngest children were removed, two were headed by a young woman. Moreover, boys and girls, and young men and women, differed in some respects in the support they need. As discussed in chapter five, initiation is very important for Xhosa boys but is quite expensive. Besides the financial cost, a male adult needs to arrange the circumcision. Girls and young women are more vulnerable to (sexual) abuse, and also indicated that they often felt unsafe, as discussed in chapter seven. Although male and female-headed households did not differ much in their capabilities, young men may have a better bargaining position within the household. They are often viewed as socially older than their sisters (irrespective of biological age) when they have completed initiation and, as shown in chapter 7, and are able to exert a considerable amount of power over their sisters.

The capabilities of the child-headed households differed most as a result of the amount and quality of support they received. Receiving some form of material support helped in managing households although, as argued, in most cases the amount of support was barely enough to survive. However, even if households were able to cope materially, most youngsters appeared to need emotional support. Overall, youngsters who received support which they interpreted positively were more hopeful about their future and their own capabilities. Positive interpretations of support largely related to feeling cared for or loved. In other words, emotional and material support are often intertwined, and positively influence sense of agency and consequently coping (as argued by Meursing 1997).

In sum, this study has shown that the children and young people in child-headed households were severely constrained in their efforts to turn endowments into entitlements. I suggested in chapter two that the youngsters may lack knowledge about support structures which may limit their coping options. However, overall, the youngsters were aware of formal and informal endowments. They knew the different types of social grants and in their interpretations of support in particular it is clear that they are conscious of family obligations. Turning these endowments into entitlements was often hampered by the poor (or even harmful) quality of social relations and the generational constructions that inform these social relations. The poor quality of social relationships and the generational constraints resulted in low senses of agency. Youngsters did not have the sense that they were able to seek formal or informal support and seemed to lack agency in this regard.

However, as argued above, the children's agency was not necessarily obvious or noticeable. As discussed in chapter two, agency in youngsters may be 'tactical' as their actions may not be strategic, but they are conscious of the

immediate returns (Honwana 2005: 48-50). This 'tactical agency' is visible in the reasons for not seeking support; youngsters expected not to be taken seriously and did not expect that they would receive support. On the other hand, some of the motivations for not seeking support show that it was also a strategic coping strategy. As discussed in chapter seven, youngsters did not seek support from relatives or neighbours too often as they wanted to save their pleas for even worse times. Consequently, their coping behaviour was intentional and not seeking support was a conscious strategy. Furthermore, some youngsters were able to get what they wanted by pretending to follow the generational rules, and secretly resisting adult expectations. Despite their limited room to manoeuvre and lack of support, the youngsters in child-headed households managed to survive, to deal with their precarious situation and, thus, to turn capabilities in coping strategies. However, the agency and resilience of child-headed households should not be overstated. If youngsters do not have enough to eat, but do not ask for support (despite good reasons and motivations), the question is, as rightfully posed by Devereux (2001: 512), in what sense are they 'coping'?

Notwithstanding the many restrictions in the children's capabilities, which resulted in limited coping options, my findings show that youngsters assess their options carefully and have well-considered reasons and motives for their strategies. This means that, with the provision of appropriate support, they are likely to be able to cope rather well. Support to child-headed households should therefore aim at strengthening their capabilities, as indicated above. One of the aims in this study was to develop a framework to study coping in child-headed households, and I discuss its usefulness below.

Some final theoretical notes and recommendations for further research
Viewing coping as an entitlement process has clearly shown the influence of generational power relations in accessing support. The inclusion of the generational dimensions in the framework proved vital. Furthermore, distinguishing between endowments and entitlements has shown that there is a large discrepancy between the ideal of the supportive extended family and community and the received support in reality. As is clear from this study, the presence of social relationships does not relate to the amount or quality of support to child-headed households. Assessing the use value of social relationships consequently proved fundamental. In other words, although an inventory of all material and immaterial assets is a first necessity in analysing coping, without assessing what youngsters are able to do with these assets, this information is not very useful. In assessing the use-value of social relationships for child-headed households, the interpretations of the children and young people is crucial. Although this seems self-evident, their opinions continue to be underrepresented in debates about

support. As we have seen, children and adults differ greatly in their opinions about suitable support, and not consulting and involving youngsters in care arrangements also severely limits their sense of agency and consequently their coping.

In the framework to study coping in child-headed households, a two-way relationships is assumed between room to manoeuvre and assets. As argued, sense of agency in particular is influenced by social assets and in turn influences these. Their sense of agency further influences the coping strategies of youngsters. Their social relationships and the availability of support clearly influenced the youngsters' sense of agency. However, as my findings show, there was a clear difference between their sense of agency understood as 'feeling able to act' and their sense of agency in the 'meanings and motivations' they brought to their actions. The first understanding relates to the self-efficacy beliefs in Meursing's model (1997), and the latter relates more to Kabeer's understanding of the sense of agency (1999). Both related nonetheless to the quality of social relationships and were highly related to support-seeking behaviour. From my findings it is obvious that youngsters that do not seek formal support from the Department of Social Development are not likely to receive it. It is not clear whether the youngsters would have received more support from relatives and neighbours if they had asked more directly or more frequently. What is clear, nonetheless, is that the generational practices, particularly the rules of communication, greatly inhibit children and young people's room to manoeuvre in support-seeking behaviour, and consequently in turning endowments into entitlements.

A limitation of the framework is that the separated elements in the framework, such as the endowments and the structural dimension of the room to manoeuvre, were often difficult to separate. The generational dimensions are in reality also not so clearly separated and, what's more, these dimensions influence the whole coping process. Further complications result from the fact that the daily lived realities of the children and young people changed constantly. The framework is rather static and does not cater for the inclusion of changing realities such as household composition and resulting changes in capabilities. Besides the limitations of the framework, my research was limited in other ways, which are interesting issues for further research.

In my research I did not include households in which children took care of sick caregivers. Further research is needed into this kind of child-headed household with severely ill caregivers, particularly where children take on the caring role. Although my study did not include these households, some youngsters had cared for their caregiver before he or she died. From the accounts of the children it is clear that although some may want to care for them, caring for an ill caregiver is very difficult. Such households need support in their care of ill care-

givers and their children. Little is known about these households, how they cope and to what extent prior arrangements are made by the sick caregivers for their children. In some of the child-headed households in this study alternative care arrangements were made which proved very helpful. Research on successful prior arrangements might offer insights on how they lead to more secure coping measures, both emotionally and materially. Moreover, additional research on possible structural services to assist sick caregivers with these arrangements is also needed.

The younger children in the households mostly did not participate in the study, and consequently their views have not been taken into account. Additional research is needed of their experiences of living in child-headed households, and also their feelings regarding being removed from child-headed households to reside with relatives. As a result of younger children not participating, intra-household relations have also not been sufficiently studied. As my findings indicate, sibling relations are not trouble-free and are characterised by power inequalities related to gender and age. All siblings had difficulty adjusting to the new situation, i.e. older siblings had difficulty adopting a parenting role and the younger ones in accepting the new role of their older sibling. Despite these difficulties, siblings who remain together may cope better than siblings who have been separated, which asks for comparative research of these arrangements. As a result, additional research is required of the role that siblings have in supporting each other, and in coping as a household.

My research has shown how complicated it is to study child-headed households, and also how complicated and varied the situations are that children and young people live in. The harsh conditions the children lived in influenced the fieldwork greatly, and seeing children as agents also often clashed with local perceptions of childhood. This also resulted in particular ethical difficulties, as discussed in chapter three. To reduce possible power differences in my research I always let the children and young people decide where, when and how the interview would take place. Furthermore, presenting the research with a clear reciprocal character, also lessened power differences and was beneficial to the research. In my opinion, providing support to child-headed households is an ethical necessity, and continuous material and emotional support had to be part of the study.

Before discussing recommendations on possibilities of strengthening the capabilities of youngsters, I will address the question of how to characterise and conceptualise child-headed households. As demonstrated throughout this dissertation, descriptions and characterisation of child-headed households diverge substantially. Hence, in order to support child-headed households, it is time to return to the question what constitutes such a household.

What characterises child-headed households?

As stated above, one of the objectives of this study was to conceptualise child-headed households, therefore, the first sub-question related to what child-head households are. As argued in chapter one, estimates of the number of child-headed households in South Africa vary widely due to, among other reasons, different and inadequate definitions. Most definitions are age-based, which means a household is considered child-headed in the absence of an adult (i.e. a person of 18 years or older). However, as argued, defining child-headed households is more complex than simply looking at the ages of household members. As discussed in chapter three, the complexity of definition complicated the selection of the participants. I initially chose to select those households that were labelled child-headed by my contacts. In this identification, the biological ages of the members of the household were almost never taken into account. Rather, if and how well they were taken care of by adult caregivers seemed most decisive. Consequently, their vulnerability seemed the most important characteristic. This meant that households were perceived as child-headed when they did not have an adult caregiver, or when a resident caregiver was unable to provide necessary care. As this resulted in an overwhelming number of households, I was forced to narrow this definition. Although, as argued in chapter one, the ages of the members of the household should not be the determining factor, narrowing the working definition with age restrictions seemed the most viable solution to the criteria difficulties.

By doing so, however, I excluded households in which children reside with incapable or ill adults. As my findings show, in child-headed households where caregivers were severely ill before they died, children assumed many of the tasks and responsibilities of the caregiver. Furthermore, in some cases, children were the main carers for their parents with very limited or no support from others. In other words, in such cases, the household is actually child-headed. From the children's accounts though, it is clear that when the caregiver dies, other forms of stress, worries and problems arise. Children worried about whether they would be supported or if they would manage to care for siblings. They also had to deal with grief and missed their parents' love and attention. In other words, child-headed households with a resident loving adult differ from those without one. Although the problems of child-headed households with a resident adult may be different, this is not to say that they have fewer problems, or that they need less support. On the contrary, particularly when the children care for a sick adult, such households need a considerable amount of support. Consequently, both material and emotional support are a determining factor in conceptualising child-headed households.

The criterion of biological age of household members for defining a household as child-headed remains an arbitrary one however. As my research findings show, household where the oldest sibling is eighteen years old or older experience the same problems as households where all members are under that age. Youngsters above the age of 18 are still perceived of and are still treated as children. Their ability to care for younger siblings or themselves does not magically change overnight on their eighteenth birthday. The most important difference between households headed by a youngster under the age or above the age of 18 is that the latter group can *in theory* apply for FCGs for their siblings. However, young heads seem unable to access these grants in practice. The difficulties children and young people experience in accessing support relate to social age. Although youngsters may have reached the biological age that enables them to access financial grants on behalf of younger children in their care, they were unable to access these in reality because of social and cultural constructions of age. Therefore, characterising child-headed households first of all requires looking beyond the biological ages of members.

Although child-headed households should not be defined by the biological ages of the members, age, or rather birth order, did play a role in identifying the head of the household. In most cases, the oldest member was identified as the head of the household by outsiders and this related to the oldest children's own perceptions. These children perceived themselves as having more responsibilities than their siblings or were the main economic providers. As argued in chapter two, the person that (financially) contributes most to a household is often regarded as the head. Furthermore, the head of the household is most commonly viewed as the one who makes major decisions and exercises authority (van Vuuren 2003: 23). In that regard however, most heads of child-headed households did not have much authority over their younger siblings. They often complained that their younger siblings did not listen to them or did not perform household tasks, as discussed in chapter seven.

The young heads also lacked authority in relationships with seniors outside the household. Although relatives did not offer much support, they did play a dominant role in some of the households. Without any consultation, they made decisions that greatly affected children's lives, such as keeping in their possession important documents required to access formal support. Relatives outside the households consequently seem to have a great deal of authority over the children, as is consistent with generational constructions. Child-heads also lacked authority when it came to accessing formal support. Children are hence not really recognised as heads of households which makes their independent running of their own households very difficult.

Most of the youngsters heading child-headed households were 15 to 21 years old. The biological ages of the heads of the households, and the fostering of the youngest children in some cases, may suggest that relatives feel that young people in that age group are able to look after themselves. However, my findings do not confirm such an assumption. The young people themselves expected to be supported by their relatives, and did not understand why they did not receive sufficient support. As a result of the generational constructions, they were still perceived and treated as children, which severely limited their coping options. Furthermore, relatives may remove younger siblings from the household because they feel the older siblings cannot take proper care of them but, as my findings show, this may also be related to the financial rewards for fostering younger children.

Besides difficulties in identifying who was heading the household, deciding who belonged to the household was also not without problems. One of the criteria for defining a household is that the members 'eat from the same pot'. However, members of the child-headed households in my study did not necessarily do so. This is first of all because in many households, for at least a couple of days a week there was no food. On such days, children asked neighbours for food or tried to be noticed by neighbours in order to get food. Siblings did not necessarily go to the same neighbours, as they had various preferred neighbours. Younger siblings were also more likely to receive food from neighbours than older siblings. Apart from not eating from the same pot regularly, the household also changed in composition over time, either with adults moving in or moving out again, or by the removal of siblings or grandparents.

Thus, establishing who belongs to child-headed household is another problem, as households are fluid. Although it is sometimes argued that child-headed households only exist temporarily, i.e. until relatives decide who will take care of the children, in my study it was rather the opposite. Child-headed households did not exist temporarily, they temporarily did not exist. A related difficulty was that sometimes adults pretended to reside with or care for the children, mostly because they wanted to access financial grants. Furthermore, support from relatives or neighbours was very irregular and inconsistent. This means that at a certain point children would seem well supported, while a week later they had to rely on themselves. It is therefore difficult to get a clear picture of what in actuality a child-headed household is.

For policy reasons, however, a clear definition is required. My findings suggest that a child-headed household cannot be defined by the ages of the members. Not only does this exclude households with ill caregivers, but biological age does not determine one's child-status. Households headed by young people above the age of 18 face similar difficulties to those with heads below the age of 18 and

their exclusion may mean that they will not have the special status related to state support. Furthermore, as these households are viewed as headed by legal adults, and hence able to access formal support, such households may receive even less support than those headed by children under the age of 18. Also, the composition of households should be taken into account, such as of how many children the oldest sibling is supposed to care for. Members of child-headed households are also not necessarily siblings, although in my sample most were. As we have seen, some children lived alone, and such households are often excluded from definitions of child-headed households. This is also the case in the definition proposed by the new Children's Bill, in which a child-headed household is defined as a household where a child assumes the caring role for another child.

A universal definition of a child-headed household is impossible and it must consequently be defined according to the context. In the context of South Africa it is clear that child-headed households cannot be defined by the absence of an adult caregiver. As my findings show, the difficulties child-headed households experience are not so much related to the absence of an adult but rather to the absence of care. As a result, child-headed households cannot be defined by the ages of the household members. This is also because this would exclude child-headed households that are headed by youngsters above a certain age and households in which a youngster assumes the caregiver's responsibilities while the caregiver is still resident (for example when he or she is severely ill). Furthermore, the definition should not exclude households which consist of one member only who is not caring for another child.

A child-headed household is consequently a household consisting of one or several youngsters whose former caregivers are absent, or where one of more youngsters have assumed the responsibilities of the resident caregiver(s). Child-headed households with an ill or incapable relative are sometimes referred to as 'accompanied' and those households where the caregiver had died or left as 'unaccompanied' (Germann 2005: 96). These terms may be practical as the first type of households may need additional support in the care for the caregiver. Furthermore, a distinction between households that are eligible for formal support and those that are not is useful. Although both require assistance in accessing support, the assistance needed to do so is different. Households could be distinguished by such terms as child-headed and youth-headed, if the latter term does not imply that such households need less support. As a result, a provisional description for the South African context of child-headed households could be a household:

> Consisting of one or more youngsters who as legal or social minors have taken up adult's caring tasks for themselves and/or others and who are not eligible for formal support, or lack social relations to access such support.

This definition includes youngsters who are caring for ill adults or younger children, or who are living alone, and is not based on biological age. This definition resembles the definitions of the counsellors and volunteers in my study, as they often introduced me to households with incapable caregivers and also did not consider biological age. I am aware that this definition results in larger numbers of child-headed households in need of support. This should however not be a reason to limit the definition by age categories. As argued above, in order to establish the type of support required, child-headed households can further be distinguished in terms of eligibility for formal support, number of dependent siblings, and a resident incapable caregiver ('accompanied').

Despite the difficulties in defining child-headed households, it is clear that they cannot be regarded as new coping mechanisms of the extended family. Contrary to popular assumptions, the category of child-headed households refers to a group of children and young people that are overwhelmingly not supported by relatives or neighbours and not reached by official support programmes.

Recommendations
Although children and young people in child-headed households face many difficulties, my findings suggest that they do constitute a viable coping option, when sufficient material and emotional support is provided and legal and cultural barriers to formal support are removed. However, the very complex situations children find themselves in, and the difficulty of a universal definition of a child-headed household, implies that there is no 'one size fits all' quick or easy solution. On the other hand, their capabilities, the issues they need to deal with, and the resulting strategies do offer some starting points in developing support provisions.

As is clear, most of the child-headed households had to deal with a lack of material assets, but did not have access to social grants or to other social services. Unlike many other African countries, South Africa has a comprehensive social security programme and a range of other poverty alleviation programmes (such as the school fee exemption policy). These programmes have immense potential to support youngsters who live in vulnerable circumstances. Yet, these initiatives do not reach them, and they are also unable to access these forms of formal support. Consequently, particular attention should be paid to making these programmes accessible for youngsters. Access is first of all related to biological age, as households heads have to be at least 16 years old with dependent siblings under the age of 14 to be eligible for a CSG. Also for the FCG, they have to be at least 18 years old and caring for younger siblings under the age of 18. Due to these age restrictions, some child-headed households cannot access either of the grants.

Furthermore, youngsters who live alone can also not apply for a grant, as these grants are intended to offer financial support to dependent children. Furthermore, the grants should not only serve the needs of dependent siblings, but also those of the young carers themselves. A universal grant for all children up to the age of 18, as suggested by various organisations, would also reach children who live alone up to that age. However, difficulties of access do not only relate to their biological ages, as I have argued over and again. Youngsters above the age of 16 or 18 who were eligible for grants were also often unable to access these as a result of generational constructions. Generational constructions result in particular ideas of how children have to behave and communicate with their seniors, which makes it extremely difficult for 'children' to seek formal support. To make formal support more accessible for children and young people, more attention should be paid to these generational constraints. The ideas about childhood and adulthood and the resulting informal rules are very difficult to change, which means that other ways need to be sought to assist these 'children' in accessing support.

In cases where young people are unable to access formal support due to their social age, an adult mentor could assist them by accompanying them to the Department of Social Development. However, youngsters above 18 heading child-headed households are excluded from the proposed mentorship scheme, as child-headed households are defined as those headed by a person under the age of 18. Adult mentors are only supposed to assist children to access grants if they cannot legally do so due to their biological age. On the other hand, although mentors may potentially help youngsters (under and above the age of 18) in accessing social grants, one questions whether adult mentors would always act in the children's best interests. The same generational mechanisms that obstruct eligible children and young people from accessing formal support, diminish their bargaining power with these mentors. This is illustrated by the case of Lauren (aged 19), who was the only head of the child-headed households that did receive FCGs. She had problems with the social worker who 'borrowed' money from her. Although this may be an isolated incident, it shows that the heads of child-headed households are vulnerable to potential abuse or exploitation from adult social workers or mentors. Even if the head of the household is legally an adult, he or she is still not in the position to dispute a senior. My findings therefore raise questions as to whether an adult mentor would indeed have the best interests of children in mind. Therefore, a strict monitoring system should be put in place to check whether the support reaches the lawful recipients and is not misused by public servants or others. This is, however, more easily said than done, in an environment where public service delivery is severely hampered.

While access to grants would be of considerable support to child-headed households, problems go beyond material needs. Younger and older siblings have difficulty adapting to the new situation of having to run a household. They express constant worry about whether they can manage. They have emotional problems related to the illness and death of their parents, and feel neglected, frustrated or even abandoned by their relatives. They often lack confidence or have a low sense of agency, which is the result of the total lack of support or consultation in adult interventions. To strengthen children's coping capabilities in child-headed households, children first of all need to be taken seriously. If they are viewed as capable of running their own households, then they should also be perceived as able to make their own decisions. Furthermore, if child-headed households are an acceptable living arrangement, than youngsters heading the households should be legally recognised as the heads of households. In the definition of a child-headed household in the new Children's Bill, the caregiver has to be at least 16 years old. These heads of households should be able to access social grants without the interference of an adult mentor.

While child-headed households may be viable living arrangements, for some youngsters these arrangements may not be feasible. As in the case with relatives and community members, it should not be assumed that the oldest siblings want or are able to care for their younger siblings. Having to care for younger siblings may result in having to drop out of school, which diminishes the oldest siblings' future potential. Even in cases of financial support, siblings may still not feel able or willing to care for their siblings. Furthermore, as a result of the Children's Bill definition, child-headed households in which the oldest child is younger than 16 are excluded from state support. Consequently, child-headed households should also not be viewed as *the* solution for orphaned children who are not cared for by relatives or the community. Rather, there should be more attention paid to alternative care options. Crewe (2001), for example, argues that institutionalised care should still be considered as an option, particularly in urban areas. According to her, there has been too much criticism of existing forms of orphanage and little attention on non-traditional, new and previously unseen forms of institutions (Crewe 2001: 16-17). She suggests an institutionalised form of communal housing, embedded in the community, in which extended family members could still hold responsibility for the children (ibid: 17). Meintjes *et al*. (2007: 91), have already found such forms of care in communities, where family and community-based and residential care were somehow blurred and not as distinct as often suggested. During my fieldwork, volunteers expressed the wish to set up similar community centres, that would offer a range of services to children (such as food, advice and counselling), including the possibility for children to live there permanently.

In any case, whether children are fostered, adult mentors access the social grants in their name, or they live in institutions, there should be more attention on the screening and mentoring of supporting adults. In addition, children's perceptions and wishes should always be taken into account in care arrangements. As my findings show, regardless of their age, youngsters were not taken seriously. In cases where youngsters were supported, their views were often disregarded. In other words, these youngsters were seen, but not heard. How can support actually be supportive or in the best interests of children if they are not involved in decisions that have major impacts in their lives? My findings clearly show that most adults do not know what is best for children and young people, or mainly act in their own best interests. Despite the fact that most of the child-headed households I studied had various difficulties in coping, and are indeed in need of urgent support, an overall conclusion from my study is that this does not necessarily mean that they are living in situations beyond their age.

Annex 1   List of interviews and focus group discussions

Individual interviews with respondents in child-headed households

ZACK
Int. 1.   August 2004
Int. 2.   August 2004
Int. 3.   September 2004
Int. 4.   September 2004
Int. 5.   September 2004
Int. 6.   November 2004
Int. 7.   December 2004
Int. 8.   March 2005
Int. 9.   April 2005
Int.10.   April 2006
Int. 11.   Sharron Frood's interview transcript

MONA
Int. 12.   September 2004
Int. 13.   September 2004
Int. 14.   September 2004
Int. 15.   November 2004
Int. 15b.   Research assistant's views
Int. 16.   January 2005
Int. 17.   January 2005
Int. 18.   April 2006
Int. 19.   Sharron Frood's interview transcript

NICK AND BATHI
Int. 20.   September 2004 (Bathi)
Int. 21.   September 2004 (Bathi)
Int. 22.   September 2004 (Bathi)
Int. 23   September 2004 (Bathi)
Int. 24   September 2004 (Nick)
Int. 25.   September 2004 (Nick)
Int. 26.   September 2004 (Nick)

LAUREN
Int. 27.   September 2004
Int. 28.   October 2004
Int. 29.   November 2004
Int. 30.   January 2005
Int. 31.   April 2006

248

AIDAN
Int. 32.	November 2004
Int. 33.	November 2004
Int. 34.	January 2005
Int. 35.	Sharron Frood's interview transcript

MARC AND JANIN
Int. 36.	November 2004
Int. 37.	November 2004
Int. 38.	November 2004
Int. 39.	December 2004

NOLETA
Int. 40.	February 2005
Int. 41.	April 2005
Int. 42.	April 2005
Int. 43.	April 2006
Int. 43b.	Research assistant's remarks

NELL
| Int. 44 | March 2005 |
| Int. 45 | (Ace, Nell's younger brother) Sharron Frood's interview transcript |

STEPHEN & SIMP
Int. 46.	August 2004 (Stephen)
Int. 47.	August 2004 (Stephen)
Int. 48.	October 2004 (Simp)
Int. 49.	November 2004 (Stephen)
Int. 50.	December 2004 (Stephen)
Int. 51.	January 2005 (Stephen)

PHOEBE
| Int. 52. | March 2006 |

TODD
| Int. 53. | October 2004 |

PETER
Int. 54.	September 2004
Int. 55.	September 2004
Int. 56.	November 2004

MARIA
Int 57.	February 2005
Int. 58.	March 2005
Int. 59.	March 2005
Int. 60.	April 2005
Int. 60b.	Research assistant

Int. 61.   April 2006
Int. 62.   Sharron Frood's interview transcript

THERAH
Int. 63.   September 2004
Int. 64.   September 2004
Int. 65.   September 2004
Int. 66.   October 2004
Int. 67.   November 2004

TARA
Int. 68.   April 2005

SINDY
Int. 69.

MORTON
Int. 70.   October 2004

LINDA
Int. 71.   August 2004
Int. 72.   September 2004
Int. 73.   September 2004

KERRY
Int. 74.   October 2004
Int. 75.   November 2004

NORAH
Int. 76.   November 2004
Int. 77.   November 2004
Int. 77b.   Neighbour

INTERVIEWS WITH WORKERS (HEALTH COUNSELLORS,
VOLUNTEERS) AT NGOS AND CBOS

C1.   October 2004 (worker FBO)
C2.   October 2004 (health counsellor UEF)
C3.   October 2004 (volunteer CBO)
C4.   February 2005 (health counsellor UEF)
C5.   March 2005 (health counsellor UEF)
C6.   March 2005 (volunteers CBO)
C7.   April 2005 (health counsellor UEF)
C8.   March 2006 (volunteer CBO)
C9.   April 2006 (health counsellor UEF)
C10.   May 2006 (health counsellor UEF)

INTERVIEWS WITH SOCIAL WORKERS

SW1.   November 2004 (social worker)
SW2.   November 2004 (social worker)
SW3.   November 2004 (social worker)
SW4.   March 2005 (ward councillor)

INTERVIEWS WITH NEIGHBOURS/COMMUNITY MEMBERS

NC. 1.   September 2004 (neighbour Zack)
NC. 2.   September 2004 (neighbour Nick)
NC. 3.   September 2004 (neighbour Marc and Janin)
NC. 4.   September 2004 (neighbour Stephen)
NC. 5.   September 2004 (neighbour Stephen)
NC. 6.   October 2004 (Neighbour Peter)
NC. 7.   October 2004 (Neighbours Therah)

FOCUS GROUP DISCUSSIONS WITH COUNSELLORS AT UEF

FGD 1.   August 2004 (9 participants)
FGD 2.   September 2004 (5 participants)

INTERVIEWS P.T. MTUZE

IM. 1.   October 2005
IM. 2   December 2006

Annex 2 Overview of characteristics of child-headed households

This annex provides information per household (separating the child-head and younger household members) for the following information: the pseudonym of the head of the household, the name(s) of the sibling(s) (if they were involved in the study), their age at the time we met, and their age when their household became child-headed. It is also gives information about their prior living arrangements, the event that led to their household becoming child-headed, whether their parents were deceased or alive and, in the latter case, whether parents provided material support. The table also shows whether the child-head and siblings attend school if so in what grade (if unknown, the table shows whether they are enrolled in primary, secondary, or tertiary education), if they had dropped out (at what age or grade), and finally if the household received any financial grants (FCG or CSG).

Name child-head: the pseudonym of the household member identified as the head, with the year we met in brackets. The entire table refers to that specific year. Important changes during my fieldwork, such as changes in the household composition, are described under each table.

Age & gender: The ages of the households members in the year we met and, in brackets whether they are male (m) or female (f)

Prior: The care arrangement prior to the establishment of the child-headed household (mother, father, parents, grandmother, grandparents)

Event: The event that led to the establishment of the child-headed household; the 'death' or the 'leaving' of the caregiver

Mother/Father: Whether the mother and father of the head or siblings is deceased, alive, or unknown, and whether he or she is supportive (Support) or not (Not).

School: Whether enrolled (gr = grade) or dropped out (gr/age) or not yet old enough to go to school (-). Primary education is from grades 1 to 6, secondary education from grades 7 to 12. Grade 12 is the year of matriculation, which is a minimum required for tertiary education. A child enters grade 1 at the beginning of the year in which he or she turns 7 and could matriculate at 17 or 18. (Education is compulsory for children from the age of 7 until they are 15 or complete grade 9, whichever occurs first).

Grants: Whether a household received Child Support or Foster Care Grants (with the number of these in brackets)

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Zack (2004)	18 (m)	16			Deceased	Alive, Not	Dropped out (gr. 7)	
Siblings	20 (m)	18	Grandmother	Disappearance	Unknown, unsupportive	Unknown,	Dropped out (age 16)	
Mona (2004)	16 (f)	12	Father	Death caregiver	Alive, unsupportive	Deceased	enrolled (gr. 8)	
Nick (2004)	18, (m)	16				Deceased	Dropped out (gr. 7)	
Bathi	15 (m)	13	Grandmother	Death caregiver	Deceased	Alive, Not	Enrolled secondary	
Lauren (2004)	19 (f)	17	Mother	Death caregiver	Deceased	Alive, Support	Tertiary	FCG (3)
Siblings	17 (m), 16 (m), 14 (f)	15, 14, 12					Gr. 11, 10, 8	

As discussed in chapter 7 ('adopting a parenting role'), Lauren moved out of the household in 2006, but moved back after about 6 months.

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Aidan (2004)	18 (m)	18	Mother	Death caregiver	Deceased	Alive, Not.	Grade 12	
Siblings	14 (m), 11 (m)	14, 11				Alive, Support	Both secondary	CSG (1)

As described in chapter six, in the section of 'adult interventions', Aidan's two younger brother moved to his aunt and from that time on Aidan did not receive the CSG anymore (from January 2005).

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Marc & Janin (2004)	13 (m), 13 (f)	13, 13	grandmother	Death caregiver	Deceased	Unknown	Both secondary	

Janin's grandmother was Marc's mother.

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Noleta (2004)	19 (f)	18	Mother	Death caregiver	Deceased	Alive, Not.	Tertiary	
Siblings	9 (m), 8 (f)	8, 7				Alive, Support	Gr. 4, 4	

As discussed in chapter 7 ('choosing to live alone'), Noleta and her siblings moved in 2005 to her aunt. After a fight, Noleta wanted to move back, but her siblings stayed with her aunt. Because she was without support, Noleta decided to stay with an older cousin.

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Nell (2005)	22 (f)	16	Both parents	Disappearance	Alive, Not	Alive, Not	Dropped out (age 16)	
Siblings and biological child	16, 14, 9, 7, 2	10, 8, 3, 1					The 4 siblings are enrolled in primary and secondary education	CSG (1)
Stephen (2004)	15 (m)	15	Mother	Death caregiver	Deceased	Deceased	Enrolled (gr. 10)	
Simp	11 (m)	11				Alive, Support	Enrolled (gr. 5)	
Phoebe (2006)	20 (f)	18	Mother, grandparents	Death caregiver	Deceased	Alive, Not	Stopped at gr. 11	CSG (1)

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Siblings and biological child	14, 13, 6, 2, 6 months	12, 11, 4, 0						
Peter (2004)	18 (m)	17	Father	Death caregiver	Deceased	Dropped out (gr.8)		
Todd (2004)	17 (m)	16					Enrolled secondary	
Siblings	14 (m)	13	Father	Death caregiver	Deceased		Enrolled secondary	
Maria (2005)	18 (f)	17					Enrolled secondary	
Siblings	17 (m)	16	Mother	Death caregiver	Deceased	Deceased	Enrolled secondary	
Terah (2004)	19 (f)	17	Mother	Death caregiver	Deceased	Alive, Not	Dropped out (gr. 7)	
Tara (2005)	14 (f)	14	Aunt	Disappearance	Deceased	Unknown	Enrolled secondary	
Sindy (2005)	26 (f)	26	Both parents	Death caregivers	Deceased	Deceased	Stopped in grade 11	
Siblings	17, 15, 10, 8	17, 15, 10, 8			Deceased	Deceased	Enrolled in primary or secondary education	CSG (4)

Name child-head	Age & gender	Age at start	Prior	Event	Mother	Father	School	Grants
Morton (2004)	21 (m)	21	Both parents	Death caregivers	Deceased	Deceased	Enrolled (gr. 12)	
Siblings	18 (m)	18					Enrolled (gr. 11)	
Linda (2004)	25 (f)						Not enrolled, unknown until which grade	
Siblings	20, 14, 10, 6		Mother	Death caregiver	Deceased	Alive, Not	Three youngest enrolled in primary and secondary educatio	
Kerry (2005)	19 (f)	19	Relatives	Disappearance	Alive, Not	Alive, Not	Matriculated	
Siblings	9 (m)	9	Mother			Unknown	Not enrolled	
Norah (2005)	23 (f)	17	Aunt	Death caregiver	Deceased	Alive, Not	Dropped out (gr. 8)	
Siblings	19, 15, 10	14, 10, 5					Two youngest enrolled in secondary and primary	

A few months after I met Norah for the first time, her two younger siblings moved in with her aunt (see chapter six, 'adult interventions')
.

Annex 3   Number of child-headed households per province

Table A.1   Number and percentage of child-headed households per province

Province	Number of CHHs (aged 0-19)	%	Number of CHHs (aged 0-14)	%	Number of CHHs (aged 15-19)	%
Eastern Cape	42,756	17.21%	3,870	20.68%	38,886	16.93%
Free State	16,234	6.53%	771	4.12%	15,463	6.73%
Gauteng	32,488	13.08%	1,175	6.28%	31,313	13.63%
KwaZulu-Natal	42,355	17.05%	4,303	23.00%	38,052	16.56%
Limpopo	58,461	23.53%	5,232	27.96%	53,229	23.17%
Mpumalanga	21,087	8.49%	1,466	7.84%	19,621	8.54%
Northern Cape	3,787	1.52%	344	1.84%	3,443	1.50%
North West	20,189	8.13%	1,119	5.98%	19,070	8.30%
Western Cape	11,067	4.45%	429	2.29%	10,638	4.63%
Grand Total	248,424	100.00%	18,710	100.00%	229,714	100.00%

Table A.1 shows the number and percentage of child-headed households per province in South Africa according to Census 2001. In the Census 2001, a child-headed household is defined as "a household where children live independently without adult supervision, care and support, with the oldest member of the house-hold being under the age of 18". According to Census 2001, the total number of child-headed households in South Africa was 248 424.[1]

---

[1]   Info and data of table derived at http://www.info.gov.za/ at 24-01-08

Annex 4 Poverty alleviation policies aimed at children

Besides the financial grants, there are several other poverty alleviation programmes aimed at children. These include the School Fee Exemption policy, National School Nutrition Programme (NSNP), Free Primary Health Care policies, Free Basic Water policy, and the Housing Subsidy Scheme. These programmes, and the Child Support Grant, have been evaluated by the Children Institute in Cape Town (the Means to Live Project) and will be discussed in the following.

The *School Fee Exemption Policy* has been developed to deal with the fact that many South African families are not able to pay school fees (Veriava 2005: 5). Caregivers can be granted full or partial exemption in accordance to a means test. If the combined annual gross income of the parents is less than ten times the annual school fees per learner, the parent qualifies for full exemption, and parents are eligible for partial exemption when they earn between ten and thirty times the annual fees (Hall & Monson 2006: 45-46). Furthermore, foster parents, foster homes and places of safety are fully exempted (Veriava 2005: 7). Veriava (ibid) therefore argues that in theory the policy aims to help the most vulnerable children. In practice, however, it has been difficult to enforce, and no explicit provisions are made for child-headed households (ibid: 7). Although many children are eligible, only a very small number of children have been exempt from paying school fees. Only 2.5% of families with children in primary school and 3.7% of families with children in high school received fee exemptions in 2003 (Hall & Monson 2006a: 46). Considering the high levels of child poverty in South Africa these are very low rates (ibid). The low rates first of all result from the low levels of implementation of the policy in schools. General awareness of this policy has been found to be very low, because schools do not inform parents (ibid). The main reason why the majority of schools do not enforce the policy is that schools are not compensated for the loss of revenue (Leatt *et al.* 2005: 18). Even if they were, Hall and Monson argue that the school fees only amount about 20% of educational expenses (2006a: 47). Other major costs are books, uniforms and transport to school.

The *National School Nutrition Programme*, or school feeding scheme, was introduced in 1994 as one of the RDP lead projects (Leatt *et al.* 2005: 16). The high-levels of under-nutrition were and remain one of the reasons for the programme as well as the constitutional right to basic nutrition and access to

sufficient food[2] (Kallman 2005: 3). The school feeding scheme's objective is to provide meals or snacks, to help children to concentrate and perform better at school (ibid: 7). Hence, the school feeding scheme only aims to alleviate 'short-term hunger'.[3] The school feeding scheme is therefore more "an educational intervention aimed at addressing children's ability to learn, rather than a health intervention to improve the nutrition of children" (Kallman 2005: 8). About 50% of all primary school learners are reached by the scheme.[4] However, a growing number of children are excluded from this support. Children in secondary school and those who do not attend school are excluded from receiving this support (Leatt *et al*. 2005: 17). Furthermore, between 1994 and 2004, there has been a decline in the number of the children targeted by this programme, while child poverty rates have increased over this period (Kallman 2005: 11).

The *Free Primary Health Care Policy* was also implemented by the new government in 1994. It removed the user fees for primary health care for children under the age of six and for pregnant women, and was later extended (in 1996) to include free primary health care for everyone in the public sector (Leatt *et al*. 2005: 19). Some payment must be made in public hospitals by adults, children over the age of six, anyone who is covered by medical aid or insurance, and those who live in households that earn more than 100,000 rand a year (Leatt *et al*. 2006: 51). The provision of free health care is a very appropriate policy object-ive. However, Leatt *et al*. (2006: 56) argue that access to health care is not determined by fees only, but also by distance (transport costs) and a shortage of medicines and nursing staff.

In 2000, the government introduced the *Free Basic Water policy*. Every household is allowed 6,000 litres of water per month at no costs, which is about 25 litres per person per day (Hall *et al*. 2006: 58). Municipalities have different options to target poor households, but in the majority of areas a 'rising block tariff' is used (Leatt *et al*. 2005: 21). This usually means that the first 6,000 litres of water are free, and the following litres are charged for using a block tariff (ibid). Hall *et al*. (2006: 62) argue that this policy has not reached the poorest, as they are less likely to have access to water services. Furthermore, another barrier in implementing the policy effectively is that it relies on the municipalities. The poorer and weaker municipalities are financially and administratively less able to implement the policy (ibid: 62).

---

[2] The right of access to sufficient food – section 27 (1) (b) – and the right to basic nutrition – section 28 (1) (c) – of the Constitution of the Republic of South Africa Act, No 108 of 1996.

[3] Kallman (2005: 7-8) argues that the scheme does not deal with 'long-term' hunger in the sense that it does not deal with household food security.

[4] Schools are selected for funding from this programme, and within schools, learners are selected.

The *Housing Subsidy Scheme* was initiated in 1994, and was designed to deliver adequate housing to poor households.[5] Although it targeted families, children indirectly benefit from the scheme (Hall 2005: 41). There are no reliable statistics on the number of beneficiaries (only the number of houses), and hence it is not possible to calculate the number of eligible children (ibid). Hall (ibid) argues that many children are excluded from accessing housing subsidies, as accessing the subsidies largely depends on residential area. Furthermore, poor children living in child-headed households are also excluded, although the Department of Housing has acknowledged the need to develop instruments to cater for these children (ibid: 41-42). In sum, the above discussed policies and programmes aim to improve access to social services for all 'vulnerable' children. However, some policies exclude some children (such as the school feeding scheme), or are not working at all (such as the school fee exemption policy).

In addition to these policies, there is the *National Food Emergency Programme* (NFEP) which focuses on poor families or individuals. The objective is to respond to immediate needs of hunger and increasing levels of malnutrition. The specified beneficiaries of NFEP are; households who do not have money for their next meal; poor households spending less than 300 rand per month on food; vulnerable children and child-headed households; orphaned children; people with disabilities; female-headed households with insufficient or no income; and HIV/AIDS-infected and TB patients. Another provision of assistance is through the *Social Relief of Distress Grant*. This is a temporary provision intended for individuals, families, children in dire need of assistance. The grant is issued for a maximum period of three consecutive months, and is intended for those persons that are waiting for permanent aid from the state, those found medically unfit for a period less than six months (a disability grant will not be given for such a period), in cases where no maintenance is received from a person obliged to pay maintenance, when the breadwinner is deceased and no sufficient means are available, or when the breadwinner has been admitted to an institution for less than six months.

---

[5] For further information on the Housing Subsidy Scheme and its implications on children, see Hall (2005) and Hall & Berry (2006). For the eligibility criteria, see the website of the Department of Housing: www.housing.gov.za.
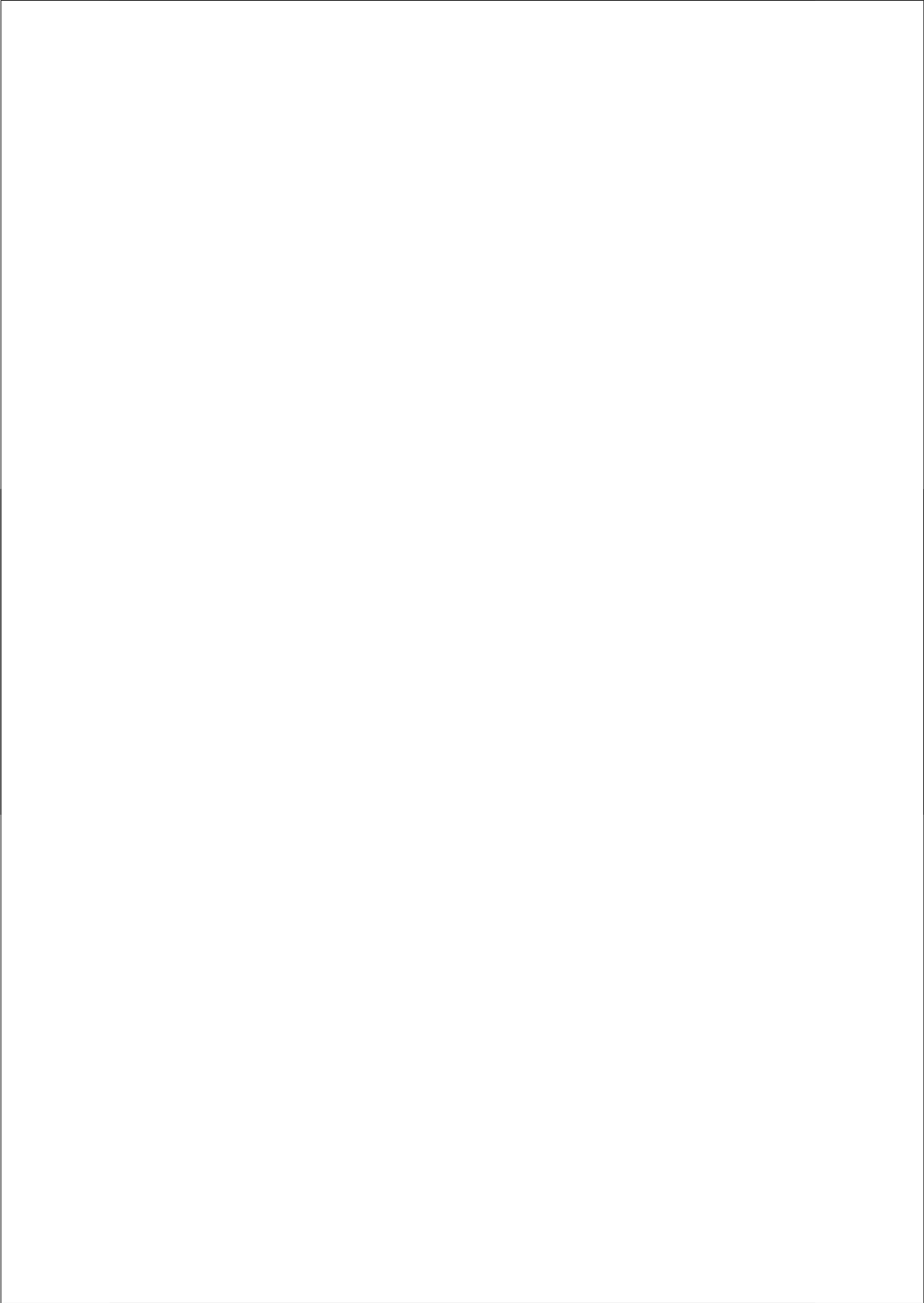
References

ABEBE, T. & A. AASE (2007), Children, AIDS and the politics of orphan care in Ethiopia: the extended family revisited. *Social Science & Medicine* 64(10): 2058-2069.

ABRAHAMS, K., L. BERRY & M. HENDRICKS (2005), Child health: The general context. In: M. Jacobs, M. Shung-King & C. Smith, eds, *South African Child Gauge*, pp. 57-58. Cape Town: Children's Institute, University of Cape Town.

AHMAD, Y, J. DALRYMPLE, M. DAUM, N. GRIFFITHS, T. HOCKRIDGE & E. RYAN (2003), *Listening to Children and Young People*. UWE Research Monograph.

ALANEN, L. (2001), Explorations in generational analysis. In: L. Alanen & B. Mayall, eds, *Conceptualizing child-adult relations*, pp: 11-22. London: RoutlegdeFalmer.

ALANEN, L. (2003), Childhoods: the generational ordering of social relations. In: B. Mayall & H. Zeiher, eds, *Childhood in Generational Perspective*, pp. 27-45. London: University of London.

ALIBER, M. (2003), Chronic Poverty in South Africa: Incidence, Causes and Policies. *World Development* 31(3): 473-490.

AMOATENG, A.Y., T.B. HEATON & I. KALULE-SABITI (2007), Living arrangements in South Africa. In: Amoateng, A.Y. ed., Families and households in post-apartheid South Africa: socio-demographic perspectives, pp: 43-60. Cape Town: HSRC Press.

ARCHARD, D. (2004), *Children: Rights and Childhood. 2nd edition.* London: Routledge.

ASHLEY, C. & D. CARNEY (1999), *Sustainable livelihoods: Lessons from early experience.* London: DFID.

ASPAAS, H.R. (1999), AIDS and orphans in Uganda: geographical and gender interpretations of household resources. *The Social Science Journal* 36(2): 201-225.

AYIEKO, M. (1997), *From single parents to child-headed households: the case of children orphaned in Kiumu and Siaya Districts.* HIV and Development Programme Study Paper No. 7, UNDP.

BARBARIN, O.A. & L.M. RICHTER (2001), *Mandela's Children: Growing up in post-apartheid South Africa*. New York: Routledge.

BAROLSKY, V. (2003), *(Over)Extended: AIDS Review 2003.* Pretoria: Centre for the Study of AIDS, University of Pretoria.

BAUMAN, L. & S. GERMANN (2005), Psychological Impact of the HIV/AIDS epidemic on Children and Youth. In: G. Foster, C. Levine & J. Williamson, eds, *A Generation at Risk. The Global Impact of HIV/AIDS on Orphans and Vulnerable Children,* pp. 93-133. New York: Cambridge University Press.

BEALL, J. & N. KANJI (1999), *Households, Livelihoods and Urban Poverty.* Urban Governance, Partnership and Poverty, Theme Paper 3. London: Department of Social Policy and Administration London School of Economics.

BLESS, B.D. (2005), Challenges and livelihood strategies of girls and boys in child headed households in Maseru, Lesotho. In: F. Kalabamu, M. Mapetla & A. Schlyter, eds, *Gender, generation and urban living conditions in southern Africa.* Morija: Morija Printing Works.

BOEHM, C. (2003)**,** *Changing livelihoods and household structures: Critical review of LRAP against anthropological evidence.* LRAP Discussion Paper 4. Maseru: CARE Lesotho – South Africa.

BOOYSEN, F. & T. ARNTZ (2002), Children of the Storm: HIV/AIDS and Children in South Africa. *Social Dynamics* 28(1): 170-192.

BOWER, C. (2005), South Africa: The case for child-headed households. *Early Childhood Matters* December. The Hague: Bernard van Leer Foundation.

262

BOYDEN, J. (1990), Childhood and the policy makers: A comparative perspective on the globalization of childhood. In: A. James & A. Prout, eds, *Constructing and reconstructing childhood*, pp. 184-215. Basingstoke: Falmer Press.

BOYDEN, J. (2003), Children under Fire: Challenging Assumptions about Children's Resilience. *Children, Youth and Environments* 13(1), Spring 2003.

BOYDEN, J. & G. MANN (2005), Children's Risk, Resilience and Coping in Extreme Situations. In: M. Ungar, ed., *Handbook for Working with Children and Youth Pathways to Resilience Across Cultures and Contexts*, pp. 3-25. Thousand Oaks, CA: Sage.

BRAY, R. (2003a), *Predicting the social consequences of orphanhood in South Africa.* CSSR Working Paper No. 29. Cape Town: Centre for Social Science Research, University of Cape Town.

BRAY, R. (2003b), Who does the housework? An examination of children's working roles. *Social Dynamics*, 29(2): 95-131.

BRAY, R. & A. DAWES (2007), Monitoring the well-being of children: historical and conceptual foundations. In: A. Dawes, R. Bray & A. van der Merwe, eds, *Monitoring child well-being. A South African Rights Based Approach*, pp: 5-28. Cape Town: HSRC Press.

BROWN, L., T.R. THURMAN & L. SNIDER (2005), Strengthening the psychosocial well-being of youth-headed households in Rwanda: Baseline findings from an intervention trial. *Horizons Research Update*. Washington DC: Population Council.

BRUCE, J. & E. CHONG (2003), *The Diverse Universe of Adolescents, and the girls and Boys left behind: A note on Research, Program and Policy Priorities.* Background paper to the report Public Choices, Private Decisions: Sexual en Reproductive Health and the Millennium Development Goals. New York: UN Millennium Project.

BUDLENDER, D. (2003), The Debate about Household Headship. *Social Dynamics*. 29(2): 48-72

BUDLENDER, D. (2006), Unemployment and Children's Well-Being: A statistical Exploration. In: Graham, P., ed, *Inheriting Poverty? The link between children's well-being and unemployment in South Africa,* pp.1-24. Cape Town: Institute for Democracy in South Africa (IDASA)

BUITELAAR, M. (2006), I Am the Ultimate Challenge: Accounts of Intersectionality in the Life-Story of a Well-Known Daughter of Moroccan Migrant Workers in the Netherlands. *European Journal of Women's Studies* 13(3): 259-276.

BUTLER, A. (2004), *Contemporary South Africa.* New York: Palgrave Macmilan.

CARSTENS, P. (1982), The Socio-Economic Context of Initiation Ceremonies among Two Southern African Peoples. *Canadian Journal of African Studies / Revue Canadienne des Études Africaines* 16(3): 505-522.

CARTER, M.R. & J. MAY (1999), Poverty, livelihood and class in rural South Africa. *World Development* 27 (1): 1-20.

CASSIEM, S., H. PERRY, M. SADAN & J. STREAK (2000), *Child poverty and the budget 2000.* Cape Town: Institute for a Democratic South Africa.

CHAMBERS, R. & G. CONWAY (1992), Sustainable Rural Livelihoods: Practical Concepts for the 21st Century. Brighton: Institute of Development Studies, Discussion Paper 296.

CHEEK, J. & J. CHIN (1990), *HIV-infected children and AIDS-related orphans in sub-Saharan Africa.* Paper presented at the World Health Organization International Conference AIDS, 20-23 June 1990, Geneva, Switzerland.

CHILDREN'S INSTITUTE (2006a) Workshop report. Children's Bill Working Group workshop on the draft Children's Amendment Bill (Held on 28 – 29 March 2006) Cape Town: Children's Institute, University of Cape Town.

CHILDREN'S INSTITUTE (2006b), *Facts about children and housing. Factsheet no. 2*. Cape Town: Children's Institute, University of Cape Town.

CHRISTENSEN, P.H. (2004), Children's participation in Ethnographic Research: Issues of Power and Representation. *Children & Society* 18 (2): 165-176.

CHRISTENSEN, P.H. & A. PROUT (2002), Working with Ethical Symmetry in Social Research with Children. *Childhood: A Global Journal of Child Research* 9(4): 477-497.

CHRISTOPHER, A.J. (1987), Apartheid Planning in South Africa: The Case of Port Elizabeth. *The Geographical Journal* 153(2): 195-204.

CHROBOK, V. (2005), *Demobilizing and Reintegrating Afghanistan's Young Soldiers.* A Review and Assessment of Program Planning and Implementation. Bonn: International Centre for Conversion, BICC paper 42.

CLARK, D.A. (2006), 'Capability Approach'. In: D.A. Clark, ed., *The Elgar Companion to Development Studies* pp. 32-45. Cheltenham: Edward Elgar.

CLUVER, L., R. BRAY & A. DAWES (2007), In: A. Dawes, R. Bray & A. van der Merwe, eds, *Monitoring child well-being. A South African Rights Based Approach,* pp. 247-268. Cape Town: HSRC Press.

COUTSOUDIS, A., E. MAUNDER, F. ROSS, S. NTULI, M. TAYLOR, T. MARCUS, A. DLADLA & H. COOVADIA (2002), *South Africa. A qualitative study on food security and caring patterns of vulnerable young children in South Africa.* Geneva: World Health Organization.

CREWE, M. (2001), Others will not save us. In: Centre for Policy Studies, *AIDS orphans: Building an Urban Response. Edited proceedings of a forum held in Johannesburg in July 2000.* Johannesburg: Centre for Policy Studies.

DAVIDS, T. & F. VAN DRIEL, (2001). Globalisation and gender: Beyond dichotomies. In F. J. Schuurman, ed., *Globalization and development studies. Challenges for the 21st Century*, pp. 153-175. London: Sage.

DAVIDS, T., & F.T.M. VAN DRIEL (2005), Changing perspectives. In: T. Davids, & F. T. M. van Driel, eds, *The Gender Question in Globalization; Changing Perspectives and Practices*, pp. 3-22. Aldershot: Ashgate

DE BOECK, F. & A. HONWANA (2005) Children & Youth in Africa. In: A. Honwana & F. de Boeck, eds, (2005), *Makers & Breakers. Children & Youth in Postcolonial Africa.* Oxford: James Currey.

DE HAAN, L.J. & A. ZOOMERS (2005), Exploring the frontier of livelihood research. *Development and Change* 36(1): 27-47.

DE HAAN, L. (2000), Globalization, Localization and Sustainable Livelihood. *Sociologia Ruralis* 40(3): 339–65.

DENIS, P., ed., (2005), *Never too small to remember: Memory work and resilience in times of AIDS.* Pietermaritzburg: Cluster Publications.

DENIS, P. & R. NTSIMANE (2006), Absent fathers: Why do men not feature in stories of families affected by HIV/AIDS in Kwazulu Natal. In: L. Richter & R. Morrell, eds, *Baba. Men and Fatherhood in South Africa,* pp: 237-249. Cape Town: Human Science Research Council.

DESMOND, C. & J. GOW (2001), *The Cost Effectiveness of Six Models of Care for Orphaned and Vulnerable Children in South Africa.* Durban: Health Economics and AIDS Research Division, University of Natal.

DESMOND, C. & J. GOW (2002), The Current and Future Impact of the HIV/AIDS Epidemic on South Africa's Children. In: G. Andrea Cornia, ed, *AIDS, Public Policy and Child Well-Being.* Florence: UNICEF Innocenti Research Centre.

DESMOND, C., J, GOW, H. LOENING-VOYSEY, T. WILSON & B. STIRLING (2002), Approaches to caring, essential elements for a quality service and cost-effectiveness in South Africa. *Evaluation and Program Planning* (25): 447-458.

DESMOND, C., L. RICHTER, M. MAKIWANE & A. AMOATENG (2003), Dissecting our understanding of who is at risk. *ChildrenFIRST.* Special Edition: 56-58.

DESMOND, C. & T. QUINLAN (2002), *Costs of Care and Support.* Durban: HEARD, University of KwaZulu Natal

DEVEREUX, S. (2001), Livelihood Insecurity and Social Protection: A Re-emerging Issue in Rural Development, *Development Policy Review* 19(4): 507–19.

DEVEREUX, S., J. MARSHALL, J. MACASKILL & L. PELHAM (2005), *Making Cash Count. Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households.* London: Help Age International, Save the Children UK, Institute of Development Studies.

264

DIWOUTA TIKI, C. (2006), Child labour and HIV/AIDS in South Africa: A human rights perspective. In: Graham, P., ed., *Inheriting Poverty? The link between children's well-being and unemployment in South Africa,* pp.1-24. Cape Town: Institute for Democracy in South Africa (IDASA).

DOMINGUEZ, C., R. JONES & R. WATERHOUSE (2005), *The impact of HIV/AIDS on seed security in southern Mozambique.* Paper presented at the International Conference on HIV/AIDS and Food and Nutrition security, Durban, 14-16 April, 2005.

DONALD, D. & G. CLACHERTY (2005), Developmental vulnerabilities and strengths of children living in child-headed households: a comparison with children inn adult headed households in equivalent impoverished communities. *African Journal of AIDS Research* 4(1): 21-28.

DORRINGTON, R.E., L.F. JOHNSON, D. BRADSHAW & T. DANIEL (2006), *The Demographic Impact of HIV/AIDS in South Africa. National and Provincial Indicators for 2006.* Cape Town: Centre for Actuarial Society of South Africa.

EASTERN CAPE DEPARTMENT OF SOCIAL DEVELOPMENT (ECDSD) (2002), *Rapid appraisal of home community based care*. Bisho: Department of Social Development.

EBO, A. (2005), Conclusion. In: A. MCINTYRE, ed., (2004), *Invisible stakeholders: Children and War in Africa*, pp. 127-136. Pretoria: Institute for Security Studies.

ENNEW, J. (2000), The History of Children's Rights: Whose Story? *Cultural Survival Quarterly* 24(2): 44-48.

FAMILY HEALTH INTERNATIONAL & INTERNATIONAL HIV/AIDS ALLIANCE (2006), *Orphans and Other Vulnerable Children Support Toolkit.* Retrieved, 5 June, 2007, from http://www.ovcsupport.net.

FOLEY, M. & B. EDWARDS (1999), Is it time to Disinvest in Social Capital*? Journal of Public Policy* 19(2): 141-173.

FOSTER, G. (2002), *Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies.* Draft paper prepared for the UNRISD project HIV/AIDS and Development Geneva: UNRISD.

FOSTER, G. (2004), Safety nets for children affected by HIV/ AIDS in Southern Africa. In: R. Pharoah, ed., *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa,* pp. 65-92. Monograph no. 109. Pretoria: Institute for Security Studies.

FOSTER, G. (2006), *Bottlenecks and Dripfeeds. Channelling resources to communities responding to orphans and vulnerable children in Southern Africa*. London: Save the children.

FOSTER, G. & L. JIWLI (2001), *Psycho-social support of Children Affected by AIDS: An Evaluation and Review of Masiye Camp, Bulaway.* A report of an evaluation conducted using a grant from UNICEF Zimbabwe and Salvation Army World Service Organisation (SAWSO).

FOSTER, G., C. LEVINE & J. WILLIAMSON, eds, (2005), *A Generation at Risk. The Global Impact of HIV/AIDS on Orphans and Vulnerable Children.* New York: Cambridge University Press.

FOSTER, G., C. MAKUFA, R. DREW & E. KRALOVEC (1997), Factors leading to the establishment of child-headed households: the case of Zimbabwe. *Health Transition Review* 2(7): 155-168.

FOSTER, G. & J. WILLIAMSON (2000), A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS 2000* 14: S275-S284.

FROOD, S. (2007), *The experience of AIDS orphans living in a township*. Unpublished MA-thesis. Faculty of Health Sciences, Nelson Mandela Metropolitan University, Port Elizabeth.

GARBUS, L. (2003), *HIV/AIDS in South Africa – Country AIDS policy Analysis Project.* San Francisco: AIDS Policy Research Center, University of California San Francisco.

GERMANN, S.E. (2005), *An explorative study of quality of life and coping strategies of orphans living in child-headed households in the high HIV/AIDS prevalent city of Bulawayo, Zimbabwe*. Dissertation to obtain a Doctorate in Literature and Philosophy in Development Studies, University of South Africa.

GIESE, S., H. MEINTJES, R. CROKE & R. CHAMBERLAIN (2003), *Health and Social Services to Address the Needs of Orphans and other Vulnerable Children in the Context of HIV/AIDS.* Cape Town: Children's Institute, University of Cape Town.

GODDARD, V. (1985), Child Labour in Naples: The Case of Outwork. *Anthropology Today* 1(5): 18-21.

GONZÁLEZ DE LA ROCHA, M. (2007), The Construction of the Myth of Survival. *Development and Change* 38(1): 45-66(22).

GOODLAD, R. (1996), The Housing Challenge in South Africa. *Urban Studies* 33(9): 1629-1646.

GROVER, S. (2005), Advocacy by Children as a Causal Factor in Promoting Resilience. *Childhood* 12(4): 527-538.

GUYER, J.I. & P.E. PETERS (1987), Conceptualizing the Household: Issues of Theory and Policy in Africa. *Development and change*, 18(2): 197-214

HAARMANN, C. (2000), *Social assistance in South Africa: Its potential impact on poverty.* PhD thesis for the Institute for Social Development. Cape Town: University of Western Cape.

HAGERTY, B. & K. PATUSKY (1995), Developing a Measure Of Sense of Belonging. *Nursing Research* 44(1): 9-13.

HALL, K. (2005), Accommodating the Poor? A review of the Housing Subsidy Scheme and its implications for children. In: A. Leatt & S. Rosa, eds, *Towards a Means to Live: Targeted poverty alleviation to make children's rights real.* Cape Town: Children's Institute, University of Cape Town.

HALL, K. & L. BERRY (2006), Children's access to housing. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 80-82. Cape Town: Children's Institute, University of Cape Town.

HALL, K. & J. MONSON (2006), Does the means justify the end? Targeting the Child Support Grant. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, (2006), *South African Child Gauge 2006*, pp. 39-44. Cape Town: Children's Institute, University of Cape Town.

HALL, K., A. LEATT & J. MONSON (2006) Accommodating the poor: The Free Basic Water policy and the Housing Subsidy Scheme In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 57-62. Cape Town: Children's Institute, University of Cape Town.

HALL, K. & J. MONSON (2006a), Free to learn: The School Fee Exemption policy and the National School Nutrition Programme. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, (2006), *South African Child Gauge 2006*, pp. 45-50. Cape Town: Children's Institute, University of Cape Town.

HONWANA, A. & F. DE BOECK, eds, (2005), *Makers & Breakers. Children & Youth in Postcolonial Africa*. Oxford: James Currey.

HONWANA, A. (2005), Innocent & Guilty. Child-soldiers as interstitial & tactical agents. In: A. Honwana & F. de Boeck, eds, *Makers & Breakers. Children & Youth in Postcolonial Africa,* pp. 31-52. Oxford: James Currey.

HUNTER, M. (2006) Fathers without amandla: Zulu-speaking men and fatherhood. In: L. Richter & R. Morrell, eds, *Baba. Men and Fatherhood in South Africa,* pp. 99-107. Cape Town: Human Science Research Council.

HUNTER, S.S. (1990), Orphans as a window on the AIDS epidemic in Sub-Saharan Africa: initial results and implications of a study in Uganda. *Social Sciences and Medicine* 31(6): 681-90.

INDIA HIV/AIDS ALLIANCE (2006), *A situational analysis of child-headed households and community foster care.* India HIV/AIDS Alliance & The Tata Institute of Social Sciences.

JACOBS, C. (2006), Social Security. In: N.S. Rembe, ed., *6th Economic and Social Rights Report.* pp. 54-68. South African Human Rights Commission

JAMES, A. & A. JAMES (2001), Childhood: Towards a Theory of Continuity and Change. *The Annals of the American Academy of Political and Social Science* 575(1): 25-37.

JAMES, A., C. JENKS & A. PROUT (1998), *Theorizing Childhood.* Cambridge: Polity Press.

266

JAMES, A. & A. PROUT, eds, (1990), *Constructing and reconstructing childhood.* Basingstoke: Falmer Press.

JAMIESON, L. & P. PROUDLOCK (2007), *Children's Bill Progress Update: Changes to the Children's Amendment Bill by the National Assembly.* Cape Town: Children's Institute.

JANSEN VAN RENSBURG, L. (2005), The Denial of the South African Government to provide Child Headed Households with Social Assistance Grants. *Children's Rights International* (3): 1-19.

JOHN-LANGBA, J., D. MARERA & L. BERRY (2008), Children's access to social assistance. In: P. Proudlock, M. Dutschke, L. Jamieson, J. Monson & C. Smith, eds, *South African Child Gauge 2007/2008,* pp. 71-73. Cape Town: Children's Institute, University of Cape Town.

JOHNSON, K. (2004), The Politics of AIDS Policy Development and Implementation in Postapartheid South Africa. *Africa Today* 51(2): 107-128.

JOHNSON, L. & R.E. DORRINGTON (2001), *The Impact of AIDS on Orphanhood in South Africa: A Quantitative Analysis.* Monograph no. 4. Cape Town: Centre for Actuarial Research, University of Cape Town.

KAAG, M., R. VAN BERKEL, J. BRONS, M. DE BRUIJN, H. VAN DIJK, L. DE HAAN, G. NOOTEBOOM & A. ZOOMERS (2004), Ways forward in livelihood research, In: D. Kalb, W. Pansters & H. Siebers, eds, *Globalization and development. Themes and concepts in current research*, pp. 49-74. Dordrecht/Boston/London: Kluwer.

KABEER, N. (1999), The Conditions and Consequences of Choice: Reflections on the Measurement of Women's Empowerment. United Nations Research Institute for Social Development. UNRISD Discussion Paper No. 108.

KABEER, N. (2005), Gender equality and women's empowerment: a critical analysis of the third Millennium Development Goal. *Gender and Development* 13(1): 13-24.

KALLMANN, K. (2005), Food for Thought: A review of the National School Nutrition Programme. In: A. Leatt & S. Rosa, eds, *Towards a Means to Live: Targeting poverty alleviation to make children's rights real.* Cape Town: Children's Institute, University of Cape Town.

KAPP, C. (2006), South Africans hope for a new era in HIV/AIDS policies. *The Lancet*, 368(9549)18: 1759-1760.

KERTZER, D.I. (1983), Generation as a Sociological Problem. *Annual Review of Sociology* 9: 125-149.

KHUNOU, G. (2006), Fathers don't stand a chance: Experiences of custody, access, and maintenance. In: L. Richter & R. Morrell, eds, *Baba. Men and Fatherhood in South Africa.* pp. 265-277. Cape Town: Human Science Research Council.

KILLIAN, B. (2004), Risk and Resilience. In: R. Pharoah, ed., *A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa*, pp. 33-63. Monograph no. 109. Pretoria: Institute for Security Studies.

LAM, D., M. LEIBBRANDT & C. MLATSHENI (2007), *Dynamics of Labor Market Entry and Youth Unemployment in South Africa: Evidence from the Cape Area Panel Study.* IPC Working Paper Series no. 34. Michigan: International Policy Center, University of Michigan.

LAMMERS, E. (2005), Anthropology and the taboo on giving. *Lova* 26(1): 52-65.

LEATHAM, C.P. (2005), *The lived experiences of adolescent learners from child-headed households in the Northern Free State.* MA thesis. Johannesburg: University of Johannesburg.

LEATT, A. (2006), Income poverty in South Africa. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 24-30. Cape Town: Children's Institute, University of Cape Town.

LEATT, A. & L. BERRY (2006), Children's access to water, sanitation, and electricity. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 78-80. Cape Town: Children's Institute, University of Cape Town.

LEATT, A. & D. BUDLENDER (2006), *Under what conditions? Social Security for children in South Africa.* Cape Town: Children's Institute, University of Cape Town & Centre for Actuarial Research (CARe), University of Cape Town.

LEATT, A., S. ROSA & K. HALL (2005), Towards a Means to Live: Targeting poverty alleviation to realise children's rights. In: A. Leatt & S. Rosa, eds, *Towards a Means to Live: Targeting poverty alleviation to make children's rights real.* Cape Town: Children's Institute, University of Cape Town.

LEATT, A., M. SHUNG-KING & J. MONSON (2006), *Healing inequalities: The free health care policy* In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 51-56. Cape Town: Children's Institute, University of Cape Town.

LEDWARD, A. & G. MANN (2000), The Best Interests of 'Separated' Children in Rwanda. *Cultural Survival Quarterly* 24(2): 59-61.

LESTER, A., E. NEL & T. BINNS (2000), *South Africa, past, present and future. Gold at the end of the rainbow?* Essex: Pearson Education Limited.

LOENING-VOYSEY, H. & T. WILSON (2001), *Approaches to Caring for Children Orphaned by AIDS and Other Vulnerable Children: Essential Elements of Quality Service. Report Prepared for the United Nations Children's Fund (UNICEF).* Bergvlei: Institute for Urban Primary Health Care.

LUND, F. (2008), *Changing Social Policy. The Child Support Grant in South Africa.* Cape Town: HSRC Press.

LUZZE, L. (2002), *Survival in child-headed households: A study on the impact of world vision support on coping strategies in child-headed households in Kakuuto County, Rakai District, Uganda.* MA thesis. Oxford: Oxford Centre for Mission Studies.

LUZZE, F. & D. SSEDYABULE (2004), *The Nature of Child Headed Households in Rakai District.* Geneva: Lutheran World Federation.

MACLELLAN, M. (2005), Child-headed households: Dilemma's of definition and livelihood rights. Paper presented at the 4th World Congress on Family Law and Children's Rights. Cape Town, March 2005. African Studies Centre, Coventry University.

MACLEOD, C. (2003), Teenage Pregnancy and the Construction of Adolescence: Scientific Literature in South Africa. *Childhood* 10(4): 419-437.

MADHAVAN, S. (2004), Fosterage patterns in the age of AIDS: continuity and change *Social Science & Medicine* 58(7): 1443-1454.

MANDELA, N. (1994), *Long Walk to Freedom: The Autobiography of Nelson Mandela.* London: Abacus

MANN, G. (2002), *Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi.* New York: International Save the Children Alliance.

MAYALL, B. (2001), Introduction. In: L. Alanen & B. Mayall, eds, *Conceptualizing child-adult relations* pp. 1-10. London: Routlegde Falmer.

MAYLAM, P. (1990), The Rise and Decline of Urban Apartheid in South Africa**.** *African Affairs* 89(354): 57-84.

MCADAM-CRISP, J.L. (2006), Factors That Can Enhance and Limit Resilience for Children of War. *Childhood* 13(4): 459-477.

MCINTYRE, A., ed., (2004), *Invisible stakeholders. Children and War in Africa.* Pretoria: Institute for Security Studies.

MEINTJES, H., D. BUDLENDER, S. GIESE & L. JOHNSON (2003), *Children 'In Need of Care' or in Need of Cash? Questioning Social Security Provisions for Orphans in the Context of the South African AIDS Pandemic.* Joint working paper of the Children's Institute and the Centre of Actuarial Research. Cape Town: University of Cape Town.

MEINTJES, H., S. MOSES, L. BERRY & R. MAMPANE (2007), *Home truths: The phenomenon of residential care for children in a time of AIDS.* Cape Town: Children's Institute, University of Cape Town & Centre for the Study of AIDS, University of Pretoria.

MEINTJES, H. & S. GIESE (2006), Spinning the Epidemic: The making of mythologies of orphanhood in the context of AIDS. *Childhood* 8(13): 407-430.

268

MEINTJES, H., A. LEATT & L. BERRY (2006), Demography of South Africa's children. In: J. Monson, K. Hall, C. Smith, & M. Shung-King, eds, *South African Child Gauge 2006*, pp. 67-69. Cape Town: Children's Institute, University of Cape Town.

MEURSING, K. (1997), *A world of silence. Living with HIV in Matabeland, Zimbabwe.* Amsterdam: Royal Tropical Institute.

MKHIZE, N. (2006), African traditions and the social, economic and moral dimensions of fatherhood. In: L. Richter, & R. Morrell, eds, *Baba. Men and Fatherhood in South Africa.* pp. 183-198. Cape Town: Human Science Research Council.

MLATSHENI, C. & ROSPABE, S. (2002). Why is youth unemployment so high and unequally spread in South Africa? Working paper, Development Policy Research Unit, University of Cape Town.

MONASCH, R. & J. BOERMA (2004), Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS 2004* 18: S55-S65.

MORRELL, R. & L. RICHTER (2006), Introduction. In: L. Richter, & R. Morrell, eds, *Baba. Men and Fatherhood in South Africa.* pp. 1-12. Cape Town: Human Science Research Council.

MORROW S., S. PANDAY & L. RICHTER (2005), *Where we're at and where we're going: Young People in South Africa in 2005.* Johannesburg: Umsobomvu Youth Fund.

MOSER, C. (1998), The Asset Vulnerability Framework: Reassessing Urban Poverty Reduction Strategies, *World Development* 26(1): 1-19.

MTUZE, P.T. (2004), *Introduction to Xhosa Culture*. Grahamstown: Lovedale Press.

NÄRVÄNEN, A & E. NÄSMAN (2004), Childhood as Generation or Life Phase? *Young* 12(1): 71-91.

NATTRASS, N. (2004), *The Moral economy of AIDS in South Africa*. Cambridge: Cambridge Africa Collection.

NATTRASS, N. (2006), South Africa's "Rollout" of Highly Active Antiretroviral Therapy: A Critical Assessment, *JAIDS Journal of Acquired Immune Deficiency Syndromes* 43(5): 618-623.

NELSON MANDELA CHILDREN'S FUND (NMCF) (2001), *Report on: A Study into the Situation and Special Needs of Children in Child-Headed Households.* Johannesburg: NMCF

NIEUWENHUYS, O. (1994), *Children's Life Worlds: Gender Welfare and Labour in the Developing World.* London and New York: Routledge.

NIEUWENHUYS, O. (1996), The Paradox of Child Labor and Anthropology. *Annual Review of Anthropology* 25: 237-251.

NIEUWENHUYS, O. (2008), Editorial: The ethics of children's rights, *Childhood* 15(4): 4-11.

NOOTEBOOM, G. (2003), *A Matter of Style: Social Security and Livelihood in Upland East Java.* Amsterdam: Rozenberg.

NYAMBEDHA, E., S. WANDIBBA & J. AAGAARD-HANSEN (2003), 'Retirement lost' - The new role of the elderly as caretakers for orphans in western Kenya. *Journal of Cross-Cultural Gerontology* 18: 33-52.

O'CONNELL DAVIDSON, J. (2005), *Children in the Global Sex Trade*. Cambridge: Polity Press.

PHAROAH, R. & T. WEISS (2005), *AIDS, orphans, crime and instability: Exploring the linkages.* Occasional Paper 107. Cape Town: Institute for Security Studies.

PHILLIPS, S. (2002), Social Capital, Local Networks and Community Development. In: C. Rakodi & T. Lloyd-Jones, eds., *Urban Livelihoods: A People-Centred Approach to Reducing Poverty*, pp. 3-22. London: Earthscan Publications Ltd.

PHIRI, S.N. & D. TOLFREE (2005), Family and Community-Based Care for Children Affected by HIV/AIDS: Strengthening the Front Line Response. In: G. Foster, C. Levine & J. Williamson, eds, *A Generation at Risk. The Global Impact of HIV/AIDS on Orphans and Vulnerable Children,* pp. 11-36. New York: Cambridge University Press.

PHIRI, S. & D. WEBB (2001), The Impact of HIV/AIDS on Orphans and Program and Policy Responses. In: G. Andrea Cornia, ed., *AIDS, Public Policy and Child Well-Being.* Florence: UNICEF Innocenti Research Centre.

PROUDLOCK, P. (2005), Legislative developments 2004 and 2005. In: M. Jacobs, M. Shung-King & C. Smith, eds, *South African Child Gauge 2005*, pp. 15-18 Cape Town: Children's Institute, University of Cape Town.

PROUDLOCK, P. & P. MAHERY (2006), Recent developments in legislating for children's socio-economic rights. In: J. Monson, K. Hall, C. Smith & M. Shung-King, eds, *South African Child Gauge 2006,* pp. 10-16. Cape Town: Children's Institute, University of Cape Town.

PROUT, A. & A. JAMES (1990), A New Paradigm for the Sociology of Childhood? Provenance, Promise and Problems. In: A. James & A. Prout, eds, *Constructing and Reconstructing Childhood,* pp. 7-34. Basingstoke: Falmer.

PUNCH, S. (2002), Research with Children: The Same or Different from Research with Adults? *Childhood* 8(9): 321-341.

PUNCH, S. (2003), Childhoods in the Majority World: Miniature Adults or Tribal Children? *Sociology* 37(5): 277-295.

REYNOLDS, P., O. NIEUWENHUYS & K. HANSON (2006), Refractions of Children's Rights in Development Practice: A view from anthropology – Introduction. *Childhood* 13: 291-302.

RICHTER, L. (2004), The impact of HIV/AIDS on the development of children. In: *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa*, pp. 9-31. Monograph no. 109. Pretoria: Institute for Security Studies.

RICHTER, L., G. FOSTER & L. SHERR (2006), *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS.* The Hague: Bernard van Leer Foundation.

ROALKVAM, S. (2005), The children left to stand alone. *African Journal of AIDS Research* 4(3): 211-218.

ROBSON, E. (2000), Invisible carers: Young people in Zimbabwe's home-based health care. *Area* 32(1): 59-69.

ROBSON, E. (2004), Hidden Child Workers: Young carers in Zimbabwe. *Antipode* 36(2): 227-248.

ROSA, S. (2004), *Counting on Children. Realising the Right to Social Assistance for Child-headed Households in South Africa.* Children's Institute Working Paper Number 3. Cape Town: University of Cape Town.

ROSA, S. & W. LEHNERT (2003), *Children without adult caregivers and access to social assistance. Workshop Report.* (20-21 August 2003). Cape Town; Children's Institute, University of Cape Town. Plumstead: Alliance for Children's Entitlement to Social Security (ACESS).

SALOOJEE, H. & PETTIFOR, J. (2005), International child health: 10 years of democracy in South Africa; the challenges facing children today. *Current Paediatrics* 15(5): 429-436.

SAVE THE CHILDREN (2007), *Kinship Care. Providing positive and safe care for children living away from home.* London: Save the Children United Kingdom.

SCHENK, K., L. NDHLOVU, S. TEMBO, A. NSUNE, C. NKHATA, RAPIDS & C. WATTS (2007), *Who are the Vulnerable Children? Exploring the Implications of Different Definitions for Determining Program Eligibility.* Washington DC: Population Council

SCHENK, K. & J. WILLIAMSON (2005), *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources.* Washington DC: Population Council.

SCHNEIDER, H. & D. FASSIN (2002), Denial and defiance: a socio-political analysis of AIDS in South Africa. *AIDS* 16(4): S45-S51.

SCHNEIDER, H. & J. STEIN (2001), Implementing AIDS policy in post-apartheid South Africa. *Social Science & Medicine* 52(5): 723-731.

SEEKINGS, J. & N. NATTRASS (2005*), Class, Race and Inequality in South Africa.* Scottsville: University of Kwazulu-Natal Press.

SEN, AMARTYA K. (1985), *Commodities and Capabilities*. Oxford: Elsevier Science Publishers.

270

SHISANA, O., T. REHLE, L.C. SIMBAYI, W. PARKER, K. ZUMA, A. BHANA, C. CONNOLY, S. JOOSTE & V. PIILLAY (2005), *South African national HIV prevalence, HIV incidence, behaviour and communication survey.* Cape Town: HSRC Press.

SHISANA, O. & L. SIMBAYI (2002), *Nelson Mandela/HSRC Study of HIV/AIDS: Household Survey 2002: South African National HIV Prevalence, Behavioural Risks and Mass Media,* Cape Town: Human Sciences Research Council (HSRC)

SHUNG-KING, M. & P. ROUX (2005), Children and antiretroviral roll-out: Towards a comprehensive approach. In: M. Jacobs, M. Shung-King & C. Smith, eds, *South African Child Gauge*, pp. 21-31. Cape Town: Children's Institute, University of Cape Town.

SLOTH-NIELSEN, J. (2004), *Realising the Rights of Children Growing up in Child Headed Households in South Africa: A Guide to Laws, Policies and Social Advocacy.* Cape Town: Creda Communications.

SLOTH-NIELSEN, J. (2002), *Too little? Too late? The Implications of the Grootboom case for State Responses to Child-headed Households.* Cape Town: University of Western Cape.

SMIT, R. (2007), Living in an Age of HIV and AIDS: Implications for Families in South Africa. *Nordic Journal of African Studies* 16(2): 161-178.

SMITH, T. (2003), *A Teenage Parenting Guide. Helpful hints for you and your family. Plus A Tool Kit of people and organisations who can help you.* Harare: Salvation Army Masiye Camp.

SOLBERG, A. (1990), Negotiating childhood: Changing constructions of age for Norwegian children. In: A. James & A. Prout, eds, *Constructing and Reconstructing Childhood*, pp. 118-137. Basingstoke: Falmer.

SOUTH AFRICAN LAW COMMISSION (2000). *Customary Law of Succession.* Discussion Paper 93 (Project 90). Pretoria: South African Law Commission

STREAK, J. (2005), *Government's social development response to children made vulnerable by HIV/AIDS: Identifying gaps in policy and budgeting.* Cape Town: Institute for Democracy in South Africa (IDASA).

STRODE, A. CONSULTING CC & NONKOSI DEVELOPMENT SERVICES CC (2003), *The nature and extent of problems facing child-headed households within the Thandanani Programme.* Pietermaritzburg: Thandanani Children's Foundation.

THOMAS, E.P., J.R. SEAGER, E. VILJOEN, F. POTGIETER, A. ROSSOUW, B. TOKOTA, G. MCGRANAHAN & M. KJELLÉN (1999), *Household Environment and Health in Port Elizabeth, South Africa. Urban Environment Series Report no. 6.* Stockholm: Stockholm Environment Institute & Tygerberg: South African Medical Research Council.

THOMAS, N. & C. O'KANE (1998), The ethics of participatory research with children. *Children and Society* 12(5): 336-48.

THURMAN, T.R., L. SNIDER, N. BORIS, E. KALISA, E. NKUNDA MUGARIRA, J. NTAGANIRA & L. BROWN (2006), Psychosocial support and marginalization of youth-headed households in Rwanda. *AIDS Care* 18(3): 220-229.

TOLFREE, D.K. (2003), *Community Based Care for Separated Children.* Stockholm: Save the Children Sweden.

TWUM-DANSO, A. (2005), The Political Child. In: A. McIntyre, ed., *Invisible Stakeholders. Children and War in Africa*, pp. 7-30. Pretoria: Institute for Security Studies.

UN MILLENNIUM PROJECT (2005), *Investing in Development. A Practical Plan to Achieve the Millennium Development Goals.* New York.

UNAIDS (2000), Report on the global HIV/AIDS epidemic- June 2000. Geneva: UNAIDS.

UNAIDS (2001), *Investing in our future: psychosocial support for children affected by HIV/AIDs, a case study in Zimbabwe and the United Republic of Tanzania: UNAIDS case study.* UNAIDS Best Practice Collection. Pretoria: UNAIDS.

UNAIDS (2006), *Report on the global HIV/AIDS epidemic 2006.* Geneva: UNAIDS.

UNAIDS, UNICEF AND USAID (2004), *Children on the Brink 2004.* Washington: USAID.

UNICEF (2003), *Africa's Orphaned Generations.* New York: United Nations Children's Fund.

UNICEF (2004), The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, July 2004.

UNICEF (2005), *The State of the World's Children 2005 - Childhood under threat.* New York: United Nations Children's Fund.

UNICEF (2006), *Caring for Children affected by HIV and AIDS.* Florence: Tipografia Giuntina

UNICEF (2007), Enhanced Protection for Children Affected by AIDS – A Companion Paper to The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. New York: United Nations Children's Fund.

VAN DER BRUG, M. (2006), *World and experiences of AIDS orphans in north central Namibia.* Leiden: African Studies Centre.

VAN DIEST, J. (2001), *Sometimes I feel scared to take care of other children, because I am a child too, a thesis on coping strategies of child-headed households in Harare, Zimbabwe.* Unpublished MA-thesis. Nijmegen: CIDIN/ Development Studies.

VAN DIJK, D. (2002), *Hulle kan nie hulle hormone intoom hou nie. A study on gender, adolescents and sexual behaviour in relations to HIV in South Africa.* Occasional paper 109. Nijmegen: CIDIN/ Development Studies.

VAN DIJK, D. (2006), Researching children: studying agents or victims? Methodological and ethical difficulties in a study among children and young people in South Africa. *African sociological Review* 10(2): 151-163

VAN DRIEL, F. (1994), *Poor and Powerful: Female Headed Households and Unmarried Motherhood in Botswana.* Nijmegen Studies 16, Saarbrücken, Verlag für Entwicklungspolitik Breitenbach GmbH

VAN EERDEWIJK, A. (2007), *The ABC of unsafe sex. Gendered sexualities of young people in Dakar (Senegal).* Enschede: Ipskamp B.V.

VAN VUUREN, A. (2003), *Women striving for self-reliance: The diversity of female-headed households in Tanzania and the livelihood strategies they employ.* Leiden: African Studies Centre.

VERHOEVEN M., T. DAVIDS & L. SCHULPEN (2007), *Urban Youth: Actors of change. An exploration into everyday life of deprived urban youth.* Nijmegen: Centre for International Development Issues Nijmegen (CIDIN), Radboud University Nijmegen. Assen: van Gorcum.

VERIAVA, F. (2005), Free to learn. A Discussion paper on the School Fee Exemption policy. In: A. Leatt & S. Rosa, eds, *Towards a Means to Live: Targeting poverty alleviation to make children's rights real.* Cape Town: Children's Institute, University of Cape Town.

VETTEN, L. (2007), Violence against women in South Africa. In: S. Buhlungu, J. Daniel, R. Southall & J. Lutchman, eds, *State of the Nation: South Africa 2007,* pp. 425-447. Cape Town: HSRC press.

VILLARREAL, M. (1994), *Wielding and Yielding. Power, subordination and Gender Identity in the context of a Mexican Development Project.* PhD Thesis. Wageningen: University of Agriculture.

WALKER, L. (2002), '*We will bury ourselves'. A Study of Child-Headed Households on Commercial Farms in Zimbabwe.* Harare: Farm Orphan Support Trust of Zimbabwe.

WEBB, D. (2005), Interventions to Support Children Affected by HIV/AIDS. In: G. Foster, C. Levine, & J. Williamson, eds, *A Generation at Risk. The Global Impact of HIV/AIDS on Orphans and Vulnerable Children,* pp.232-253 . New York: Cambridge University Press.

WEVELSIEP, M. (2005), *Helping AIDS orphans in child headed households in Uganda. From relief interventions to supporting child-centred community coping strategies.* Paper submitted for the Committee on the Rights of the Child Day of General Discussion (16 September 2005) on "Children Without Parental Care". Helsinki: Plan Finland.

WHITE, B. (1999), Defining the Intolerable: Child Work, Global Standards and Cultural relativism. *Childhood* 6(1): 133-144.

WHITE, B. (2003), A World Fit for Children? Children and Youth in Development Studies and Policy. 51st Dies Natalis Address. The Hague: Institute of Social Studies.

272

WHITE, S. (2002), Being, Becoming and Relationship. Conceptual Challenges of a Child Rights Approach in Development. *Journal of International Development* 14(8): 1095-1104.

WHITESIDE A. & C. SUNTER (2000), *AIDS. The challenge for South Africa.* Cape Town: Human & Rousseau.

WOOLARD, I. & M. LEIBBRANDT (2006), *Towards a Poverty Line for South Africa: Background Note*. Cape Town: University of Cape Town.

WORLD BANK (2006), *Development and the Next Generation. World development report 2007.* Washington DC: The World Bank.

WRIGHT, G., M. NOBLE & W. MAGASELA (2007), *Towards a democratic definition of poverty. Socially perceived necessities in South Africa.* Cape Town: HSRC Press.

WYNESS, M. (2006), *Childhood and Society. An introduction to the Sociology of Childhood.* Basingstoke: Palgrave Macmillan.

STATISTICS SOUTH AFRICA (2005), *Census 2001. Stages in the life cycle of South Africans.* Pretoria: Statistics South Africa.

STATISTICS SOUTH AFRICA (2006), *Marriages and divorces 2006. Release P0307*. Pretoria: Statistics South Africa.

YOUNG, L. & N. ANSELL (2003), Fluid Households, Complex Families: The Impacts of Children's Migration as a Response to HIV/AIDS in Southern Africa. *The Professional Geographer* 55(4): 464-476.

ZELIZER, V. (1985), *Pricing the Priceless Child: The Changing Social Value of Children.* New York: Basic Books.

ZIEHL, S. (2001), Documenting changing family patterns in South Africa: Are census data of any value? *African Sociological Review* 5(2): 36-58.

ZIEHL, S. (2002), Baby-Headed Households: Media (Mis)representation and the 'aids debate'. *Society in Transition* 33(3): 432-445.

Legislation, regulations and policy documents

DEPARTMENT OF HEALTH (1996), *National Programme of Action for Children in South Africa: Framework. National Programme of Action Steering Committee*, Pretoria, South Africa.

MINISTRY OF HEALTH (2007), *HIV & AIDS and STI Strategic plan for South Africa 2007-2011.* Pretoria: Government Printers.

MINISTRY OF WELFARE & POPULATION DEVELOPMENT. *White Paper for Social Welfare: Principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa.* Pretoria: Government Printers.

REPUBLIC OF SOUTH AFRICA (2006), *Children's Amendment Bill [B19C -2006]* Pretoria: Government of South Africa.

REPUBLIC OF SOUTH AFRICA (1996), Constitution of the Republic of South Africa. Act 108 of 1996.

SOUTH AFRICAN LAW COMMISSION (2002), Children's Bill (Draft, October 2002). http://www.info.gov.za/bills/2002/childbill.pdf.

Summary

This dissertation deals with coping of children and young people living in so-called 'child-headed households' in the area of Ibhayi in Port Elizabeth, South Africa. Although it is assumed that households headed by children could become a more common phenomenon in the near future in South Africa, research on child-headed households is limited. Despite the lack of research, it is generally assumed that children and young people in child-headed households are living in situations that are 'beyond their age' and are in great need of adult protection and support. However, the lack of research on child-headed households may result in support that is highly inappropriate. When youngsters in child-headed households are predominantly viewed as too young to live on their own, their coping strategies may be overlooked or ignored (McIntyre, 2005; White, 2003; Ebo, 2005). There are numerous examples of children and young people in difficult circumstances who are coping well and making conscious decisions about their lives. Insights into children's and young people's own experiences and coping strategies are consequently vital in developing suitable support. The overall aim of the study was to provide more insights into coping in child-headed households from children and young people's own perspectives.

Although child-headed households are mentioned frequently in the news and in policy papers, it is mostly not explained what is meant by the term. It is often assumed that child-headed households are those households in which all members are under a certain age (mostly under the age of 18). Children are consequently simply defined as all individuals in a certain age group. According to such definitions, when one of the household members turns 18, the household loses its special status which may be related to particular support. To escape the restriction in age, some authors use terms such as 'sibling households', 'orphan-headed households' or 'youth-headed households'. I have chosen to use the term 'child-headed household', as it is the most widely used. In spite of that the term 'child' should not be regarded as fixed in a biological age category. The term points to social classification as a child, and to her or his being of the same generation as siblings residing in the household. However, referring to an individual above a certain age as a 'child' may be demeaning. In this dissertation I use the terms 'children' to refer to those below the age of 18, and I refer to participants above the age of 18 as 'young men', 'young women', or 'young people'. To refer to both 'children' and 'young people' I use the term 'youngsters'.

In chapter one, the introduction, I discuss the motives for this study on child-headed households in South Africa, what is known and unknown about these households, and the dominant discourses on childhood and support to children. In sub-Saharan Africa, the circumstances leading to child-headed households are mostly linked to the HIV-epidemic and to armed conflict. Children in child-headed households fall under the umbrella term of 'orphans and vulnerable children' (OVC), also referred to as 'children affected by AIDS' (CABA). These children are perceived as more vulnerable than other children, with those living in child-headed households among the most vulnerable. Although the problems of children in child-headed households resemble the problems of many OVC or CABA, (such as difficulties with staying in school or emotional problems related to parental death), their problems are viewed as more extreme and they may also experience unique problems. They live without adult care and protection, are often poorer than children in adult-headed households, and are also primarily responsible for caring for their younger siblings.

The idea that such children are vulnerable, in need of adult protection and not able to take care of themselves, originates in the idea of one ideal and universal childhood. The notion of a universal experience of childhood is part of the discourses of large organisations such as UNICEF. The international debate on how to support (orphaned) children reflects this idea, as the (extended) family and community are seen as providing the best possible care for (orphaned) children. The family and community are viewed as traditional social safety nets, which have always existed and from which support and care is almost without limits. This study challenges dominant assumptions of children in child-headed households as vulnerable and helpless with the extended family and community as their safety nets. It views childhood as socially constructed and children as conscious agents. It focuses on the capacities of children and young people in managing their own household and particularly on how much influence they have on their living circumstances. The main question of the study was: what are the capabilities of the children and young people to cope in child-headed households?

In order to study the coping capabilities of child-headed households, we first need to conceptualise these households. As was mentioned above, it is mostly not explained what is meant by the term child-headed household. The first sub-question is therefore, what are child-headed households? In order to come to a conceptualisation of child-headed households, several issues concerning childhood, household, and headship need to be addressed. How can 'childhood' be defined, what does 'headship' entail, and what is meant by a 'child-head'? The first part of chapter two deals with the conceptualisation of child-headed households. I discuss the dominant discourses of childhood, which shifted from

viewing children as little devils or angels, to the view of children as socially developing. In the new social studies of childhood, childhood is viewed as 'socially constructed' (James & Prout 1990; James *et al.* 1998). This means that although there may be universal features in childhood, the ways in which childhood is interpreted and socially institutionalised varies a great deal between cultures (James & James 2001: 26). To analyse these interpretations and the ways childhood is institutionalised, I apply the generational lens, based on the 'gender lens' proposed by Davids & van Driel (2005). The relationships between younger and older people are generally highly unequal and younger people are in a structurally subordinate position to older people. Consequently, the coping strategies of youngsters will be highly influenced by these 'generational constructions', which therefore constitute their room to manoeuvre in coping. For the purpose of defining child-headed households the concepts of 'household' and 'headship' are also addressed. The main questions in the conceptualisation of child-headed households were whether 'children' would have the authority to be accepted as the head of a household, and whether the assumedly supporting relatives and neighbours would not in fact be part of the child-headed households.

The second part of chapter two is a study of coping of child-headed households. It study considers coping from two perspectives: coping as a household that needs to fulfil material demands and coping as 'children' who have to fulfil the role of their former caregiver. Two approaches are discussed to study coping from these perspectives: the sustainable livelihood approach and the task model of coping (adapted by Meursing 1997). At the end of chapter two, I present a theoretical model to study the capabilities and coping strategies in child-headed households based on these two approaches. I operationalise the coping capabilities of youngsters as the assets and the room to manoeuvre. In studying their social assets, I have particularly focussed on the 'use value' of the social relationships (Foley & Edwards 1999), and the formal and informal claims and rights to social support. These claims are the expected support from relatives and the community, and from the Department of Social Development. To analyse the room to manoeuvre, I consider the local ideals and characteristics of childhood and adulthood, the ideas about who should support the children, the formal and informal rules related to childhood, and how youngsters themselves relate to these ideas and institutions. Finally, the study analysed the strategies of the youngsters to cope with the various demands. The research questions can be systematised into three broad themes: the (social) assets, the room to manoeuvre, and the resulting coping strategies.

In chapter 3, I discuss the research methodology. As child-headed households are a relatively unexplored phenomenon, my fieldwork had an ethnographic nature. The fieldwork involved three periods for a total of one and a half years

(between December 2003 and May 2006) in the area of Ibhayi, one of the former black townships in Port Elizabeth. Port Elizabeth is situated in the Eastern Cape, which is one the poorest provinces, with 7 million inhabitants, who are primarily Xhosa-speaking (Butler 2004: 42). The Eastern Cape further has among the highest percentages of orphaned children and child-headed households. In locating child-headed households, I was dependent on people who knew the area well. Setting the criteria for the participants was difficult and my initial criteria needed adaptation during my fieldwork. This was mostly because the households perceived as child-headed were extremely diverse, which points to the confusion about how to define a child-headed household. Twenty households participated in this study, in which most household members had been under the age of 18 when the household became child-headed. I conducted 77 one-to-one interviews with the children and young people, and also organised group discussions. Furthermore, community workers, neighbours, social workers, and relatives have also been interviewed.

Local perceptions of childhood and contextual factors, such as poverty, caused ethical and methodological difficulties. The ethical difficulties are particularly addressed in the second part of the chapter. Although all research involves ethical considerations, it is often argued that with research among children extra precautions are needed (Schenk & Williamson 2005). The main concerns in childhood research are the issue of informed consent, the issue of protection, and that of maximising possible benefits. The assumed difference in power between the adult researcher and the child participant overlie these three issues. Therefore, in dealing with these ethical issues, I have tried to reduce the possible power differences as much as possible. I viewed consent as a continuous process, the research had a clear reciprocal character, and by involving experienced child counsellors, children were protected emotionally. A particular concern during my fieldwork was the contradicting views of existing childhood ethics and the view of children as social actors. Viewing children as social agents also often clashed with local views of childhood. This was often interesting for my study, which sought to understand these local views, but it also complicated my fieldwork. At the end of chapter three, I discuss this and describe how I dealt with these difficulties, among others, by compromising with my interpreters

Chapter 4 describes the broad contextual forces which influence the living circumstances of child-headed households. It starts with a description of the homes of the youngsters. Most live in very impoverished circumstances, and thus the most visible problems are poverty related. These problems are not very different to those of most African children . Particularly African people in South Africa are affected by poverty and HIV/AIDS. This is mostly a result of years of apartheid. HIV/AIDS policies and policies aimed at reducing poverty are

therefore of high importance to youngsters in child-headed households. I discuss the policies that are aimed at supporting youngsters in difficult circumstances, which are the formal rights to support for child-headed households. The government aims to support children affected by AIDS through the Home and Community Based Care and Support (HCBCS) programme. I discuss the main focus of the programme which is the provision of social assistance in the form of financial grants.

For child-headed households, the Foster Care Grant (FCG) and the Child Support Grant (CSG) are potentially very helpful in assisting with material demands. I discuss the conditions and difficulties in accessing these grants. Children in child-headed households can only access a grant if they are caring for younger siblings and are above the age of 16 (for the CSG) or 18 (FCG). The new Children's Bill, which is to replace the existing child legislation (the Child Care Act) deals with this problem of access. It states that child-headed households should be legally recognised as a placement option for (orphaned) children, with suitable adult support in the form of 'household mentors' (Republic of South Africa 2005: 22). These mentors should access the grants in name of the children who are legally unable to do so themselves. Several questions arise from this mentorship scheme and are addressed in this study. First of all, will mentors in fact spend the money on the children? Secondly, will children have a say in how the money is spent? And, finally, as the mentorship scheme suggests, can young people over the age of 18 easily access financial grants?

Chapter 5 deals with the ideas and characteristics of childhood and adulthood, the related ideas of support, and resulting generational practices. I start the chapter by discussing the differences between 'children' and 'adults'. I first address the significance of biological age and dependence in the definition of children, and which tasks and responsibilities are considered 'normal' for children. After that, I discuss the importance of getting married and leaving one's family home in order to be viewed an 'adult'. This seems to be particularly important for girls. Boys, on the other hand, are considered 'men' when they have been to initiation school and been circumcised (referred to as 'going to the bush'). The ideas and characteristics of girls, boys, men and women result in hierarchical differences which are particularly evident in the rules of communication. These rules, which stipulate that 'children' cannot communicate in certain ways with 'adults', are also the main reason that most youngsters in child-headed households perceived themselves as 'children'. The adults in their lives also defined them as 'children' because they lacked adult characteristics. Despite this, they are perceived as able to run their own households and to care for their younger siblings and, in some cases, their dying parents. The paradox of 'children' heading households lies consequently in the fact that the youngsters in

child-headed households are not viewed and treated as autonomous individuals but are also, in apparent contrast, perceived as capable of running their own household.

The ideal of supporting each other in difficult times is still very much alive in these communities. Orphans and other vulnerable children are first of all expected to be supported or taken in by their extended families. I discuss the origins of the assumption that relatives will support them, and address how these values may have changed due to modernisation, apartheid and migrant labour. As is explained, fostering in the time of the HIV-epidemic is different to fostering during apartheid. Furthermore, relatives are not always viewed as a better option to living in a child-headed household. Community members or neighbours are sometimes perceived as more willing to support child-headed households. Community support is based on the philosophy of 'the spirit of ubuntu', and on the principle of reciprocity. Deriving from the latter is the question whether youngsters in child-headed households are expected to do things in return for support. Furthermore, the question is whether community members are able to play the vital role in supporting child-headed households they are ascribed.

In chapter six I discuss whether the youngsters were indeed supported by relatives and neighbours according to the ideal of supporting each other. This chapter deals with the social relationships of the child-headed households and addresses the question of whether these relationships could be considered supportive. In other words, in this chapter I assess the 'use-value' of these relationships. I start by describing the living arrangements of child-headed households before and after becoming child-headed and whether the youngsters are orphaned or not. Many children have a remaining parent, but in most cases he or she does not offer much support. Most youngsters have relationships with relatives or know there whereabouts. Despite this, only some households are sufficiently supported by their family members. Some relatives even posed a threat to the well being of the youngsters, by trying to claim their property. I discuss these problems of inheritance, and show that the problems are related to both contemporary legal and customary rules of inheritance. Many child-headed households are somehow supported by community members. They help the youngsters with food or money or, in some cases, in keeping their property. Although much support is expected to come from community-based organisations, most youngsters were not supported by such organisations. Despite the little help youngsters received, most of them managed to stay in school. However, because of the need to care for parents or siblings, some youngsters temporarily dropped out and fell behind.

The majority of households were never visited by a social worker from the Department of Social Work, and most did not receive any type of formal support.

After discussing which households did receive some form of formal support, I address the cases where adults intervened more actively in the lives of the youngsters. Most of these interventions were aimed at breaking up the child-headed households such as fostering the youngest children and adults moving in to the household or youngsters moving in with adults. In one case, the intervention resembled mentorship as proposed in the Children's Bill. Although in that particular case the children seemed to be doing well, the motivations for and consequences of the interventions in all the other households raise serious doubts about the suggested mentorship scheme in practice. As will be clear in the section about children's interpretations, children and young people are not sufficiently supported by relatives, community members or the Department of Social Work. They are hardly or not at all consulted about the support they need or interventions that influence their lives. The support consequently does not match their needs or wishes. Many youngsters were disappointed and frustrated by the lack of support, particularly from relatives. These negative interpretations influence their sense of agency significantly.

Because youngsters are hardly supported they have to rely on their own coping strategies. The multiple strategies and the creative ways they create room to manoeuvre are addressed in chapter 7. I start by discussing their strategies to fulfil material needs. Some youngsters ran errands for neighbours or occasionally had piece jobs. The majority, however, were not able to find a piece job. Because jobs were very scarce, some youngsters had developed secret strategies, such as stealing. Most youngsters had a very difficult time making ends meet. Because social workers do not visit child-headed households, youngsters are expected to go to the Department of Social Work themselves. Most youngsters seemed, however, reluctant to go as they expected not be taken seriously as 'children'. They were also hesitant to ask for support from relatives, as they did not expect any real help from them, or had been offended or disappointed by relatives in the past. Not asking for support was a result of low senses of agency, but also a conscious strategy. For example, by rationing the times they asked for support, they saved their pleas for even worse times.

The generational constructions severely limited the room to manoeuvre in support-seeking behaviour for youngsters. However, this did not mean that they were helpless or powerless. Some of the youngsters seemed to have had some choice in residing in a child-headed household. Their child-status also created room to manoeuvre; by positioning sometimes as either too young or too old they managed to get what they wanted. Youngsters openly disagreed with their seniors or secretively resisted their wishes. Besides quarrelling with relatives and neighbours outside their household, within the household the younger and older ones also had disputes. These quarrels were often the result of the oldest sibling

adapting the parenting role. Younger siblings did not always expect the authority of their new 'parent', and the oldest mostly had difficulty adapting to their new role. Many youngsters had gone through very difficult periods and they needed to cope with grief and stress. There were youngsters who wanted to talk about the death of their parents, but talking about the illness and death of their loved ones was difficult for most. Positive thinking was another coping strategy to deal with the difficult circumstances of living in a child-headed household.

In chapter eight, I come back to the main question of the study; what are the coping capabilities of youngsters in child-headed households? I discuss their assets and rights or claims, and conclude that most youngsters not only had to deal with a lack of material assets, but also with emotional stressors. Youngsters worried about whether they would have enough to eat and would be able to care for their siblings, grieved over the loss of their parents and were frustrated and angry with unsupportive relatives. Most relatives and community members did not provide sufficient support, and some even posed a threat to the well-being of youngsters. My findings therefore raise serious questions about the viability of the propagated family and community support, and consequently also about the suggested mentorship scheme. Contrary to popular discourses, the capacity and dedication of the extended family and community is not unlimited or endless. Although the capabilities differed between the youngsters, their capabilities were in general highly restricted by this lack of support. Their capabilities were further restricted by the generational constructions. Youngsters in child-headed households lacked adult status but had to perform 'adult' tasks and responsibilities. Although these contradictory ideas severely limited their coping options, they also created opportunities. Youngsters used the generational constructions for their benefit by (secretively) challenging or confirming to these constructions.

In the final chapter, I return to the question of how to conceptualise child-headed households. A universal definition of a child-headed household is impossible. In the context of South Africa, it is clear that child-headed households cannot be defined by the biological ages of the household members. This is first of all because a household may contain incapable or ill adults. More importantly, households where the oldest sibling is 18 years or older experience similar problems to households where the oldest is younger than 18. As is clear from this study, the ability to care for younger siblings or themselves does not magically change when turning 18. Furthermore, being over the age of 18 does not mean that one will be perceived or treated as an adult.

Despite the many restrictions in their capabilities, my findings suggest that with the provision of appropriate support, youngsters in child-headed households are likely to be able to cope rather well. I end the chapter with some suggestions for what this support might entail. The Child Support Grant, the Foster Care

Grant, and other poverty alleviation programmes should first of all be made more accessible to youngsters in child-headed households. The grants should further not only serve the needs of dependent siblings, but also those of the young heads themselves, and those children who live alone. In addition, not only children below the age of 18, but also those above the age of 18 need assistance in accessing formal support. The proposed mentorship scheme is only intended to help those who cannot access formal support due to their biological age. However, due to restrictions related to social age, youngsters above the age of 18 can also not access support. A strict monitoring system is required to check whether the money is indeed reaching the youngsters. Finally, to strengthen the coping capabilities of these youngsters it crucial that they are always consulted and listened to. Only then can support really be in the best interests of the youngsters involved. Nonetheless, child-headed households are also not the solution to the growing number of orphaned or abandoned children and young people who are not fostered by relatives or community members. More attention therefore needs to be paid to alternative care options such as, as suggested by Crewe (2001), new forms of non-traditional institutionalised care. An overall conclusion from my study is that the difficult and vulnerable circumstances of the child-headed households did not relate so much to the biological age of the head of the household, but more to their social age. Studying the capabilities of coping in child-headed households consequently forces one to look beyond biological age.

Nederlandse samenvatting

Dit proefschrift gaat over hoe kinderen en jonge mensen omgaan met en over-leven in zogenaamde '*child-headed households*' (kindhuishoudens) in het stads-deel Ibhayi in Port Elizabeth, Zuid Afrika. Hoewel het aantal van dit soort huishoudens naar verwachting de komende jaren zal groeien is hier nog weinig onderzoek naar gedaan. Ondanks het gebrek aan onderzoek wordt in het alge-meen aangenomen dat kinderen en jonge mensen in *child-headed households* in omstandigheden leven 'beyond their age'. Met andere woorden, deze 'jongeren' worden als nog te jong gezien om zelfstandig een huishouden te runnen. Zij bevinden zich daarom in uiterst kwetsbare posities en hebben dan ook dringend behoefte aan hulp en bescherming van volwassenen. Hulp kan echter verkeerd uitpakken en zelfs averechts werken als gevolg van het gebrek aan kennis over *child-headed households*. Wanneer kinderen in *child-headed households* vooral gezien worden als 'te jong' om een stem te hebben ten aanzien van hun eigen behoeften en belangen, kunnen ook hun strategieën genegeerd of miskend worden (McIntyre, 2005; White, 2003; Ebo, 2005). Er zijn veel voorbeelden van jonge mensen in zeer moeilijke omstandigheden, die zichzelf weten te redden en weloverwogen beslissingen over hun levens nemen. Daarom is inzicht hierin van groot belang om hulp en beleid te ontwikkelen dat aansluit bij hun wensen en behoeften. Het algemene doel van dit onderzoek was dan ook meer inzichten te verkrijgen in hoe *child-headed households* zich redden (in coping) vanuit de zienswijzen en ervaringen van kinderen zelf.

De Nederlandse vertaling van child-headed households is 'kindhuishoudens'. Hoewel de benaming child-headed households en 'kindhuishoudens' vaak ge-bruikt worden in het nieuws of in beleidsverslagen, wordt er meestal niet uit-gelegd wat men ermee bedoelt. Vaak wordt aangenomen dat child-headed house-holds huishoudens zijn waarin alle bewoners onder een bepaalde leeftijd zijn (meestal jonger dan 18) of waar een 'kind' het hoofd van een huishouden is. Het kan hierbij om wezenlijke verschillen in samenstellingen van huishoudens gaan. In het eerste geval zijn alle inwonenden onder een bepaalde leeftijd, in het tweede geval kunnen volwassenen deel uit maken van het huishouden, zoals (groot)ouders of verzorgers die niet meer in staat zijn de taken van een huishoudhoofd uit te voeren. Ook de betekenis van het concept 'kind' is niet eenduidig. 'Kinderen' worden in de meeste definities simpelweg gedefinieerd als zijnde alle mensen in een bepaald leeftijdsgroep. Volgens zulke definities verliest een dergelijk huishouden zijn special status dan ook (en de daaraan verbonden

hulp) als een van de inwoners 18 jaar wordt. Om te ontsnappen aan deze leeftijdsbeperking gebruiken sommige auteurs andere termen, zoals sibling-households (huishoudens bestaande uit broers en zussen), orphan-headed house-holds (huishoudens bestaande uit wezen), of youth-headed households (huishoudens bestaande uit jongeren). Het weglaten van de term child in deze definities kan er voor zorgen dat zulke huishoudens minder hulp ontvangen omdat hulp-organisaties eerder geneigd zijn 'kinderen' te helpen. Daarom heb ik in dit proefschrift gekozen voor de term child-headed households. De uitdrukking child in deze term is echter niet gefixeerd in een bepaalde biologische leeftijdsgroep. De term verwijst naar de sociale classificatie van het kind-zijn en naar het horen bij dezelfde generatie als broers en zussen in het huishouden. Het refereren naar een 'kind' voor een individu boven een bepaalde leeftijd kan echter denigrerend overkomen. Daarom gebruik ik de term 'children' (kinderen) voor de deelnemers onder de leeftijd van 18 jaar en noem ik iemand boven die leeftijd een 'young man' (jonge man), 'young woman' (jonge vrouw), of 'young people' (jonge mensen). Wanneer ik verwijs naar kinderen en jonge mensen in zijn algemeen-heid dan spreek ik over 'youngsters' (jongeren).

In het eerste hoofdstuk, de introductie, bespreek ik de motieven voor deze studie naar child-headed households in Zuid Afrika, wat bekend en onbekend is over deze huishoudens en wat de dominante discoursen zijn over kinderen en hulp aan kinderen. De omstandigheden die leiden tot het ontstaan van child-headed households zijn in sub-Sahara Afrika vooral gerelateerd aan de Aids-epidemie en aan conflictsituaties. Kinderen in child-headed households vallen onder de algemene term van orphans and vulnerable children (OVC) (weeskinde-ren en kwetsbare kinderen) en children affected by AIDS (CABA) (kinderen getroffen door AIDS). Zulke kinderen worden kwetsbaarder beschouwd dan andere kinderen, en kinderen in child-headed households worden gezien als het meest kwetsbaar. Hoewel de problemen van kinderen in child-headed households vergelijkbaar zijn met de problemen van veel wees- of kwetsbare kinderen (zoals problemen om scholing te blijven volgen of emotionele problemen gerelateerd aan de dood van ouders), worden hun problemen over het algemeen als ernstiger beschouwd. Ook zouden deze kinderen unieke problemen ervaren omdat zij zonder de directe verzorging en bescherming van volwassenen wonen. Daarnaast zijn ze vaak armer dan andere kinderen en primair verantwoordelijk voor de op-voeding van hun jongere broers en zussen.

Het idee dat zulke kinderen kwetsbaar zijn, bescherming nodig hebben van volwassenen en niet in staat zijn om voor zichzelf te zorgen komt voort uit het idee van één ideale en universele ervaring van 'childhood' (hierna vertaald als 'jeugd'). Dit idee domineert de discoursen van grote organisaties zoals UNICEF. Het internationale debat over hulp voor (wees) kinderen weerspiegelt het denk-

beeld van een universele jeugd. Hierin wordt verondersteld dat alle kinderen het best worden verzorgd door de extended family (de grote familie, inclusief ooms en tantes, neven en nichten) of de community (de gemeenschap). Deze worden als de traditionele sociale vangnetten beschouwd. De ondersteuning van de extended family en community wordt als grenzeloos en vanzelfsprekend gezien.

Mijn studie betwist de veronderstelling dat de extended family en community een natuurlijk sociale vangnet vormen voor child-headed households, alsook de dominante aanname van jongeren in child-headed households als uitsluitend kwetsbaar en hulpeloos. Het uitgangspunt van dit onderzoek is dat kinderen en jonge mensen bewuste actoren zijn en dat jeugd een sociale constructie is. De studie concentreert zich op de mogelijkheden van kinderen en jonge mensen om hun eigen huishouden te runnen en vooral op de mate van invloed die zij hebben op hun levensomstandigheden. De centrale vraag van dit onderzoek is, wat zijn de capabilities (mogelijkheden of capaciteiten) van kinderen en jonge mensen om zich te redden in child-headed households?

Om deze capaciteiten te onderzoeken, moeten we eerst weten hoe child-headed households te conceptualiseren zijn. Zoals boven al beschreven, wordt er meestal niet uitgelegd wat er wordt bedoeld met de term. De eerste subvraag was dan ook, wat zijn child-headed households? Om deze vraag te beantwoorden moesten verschillende kwesties behandeld worden aangaande jeugd, huishouden en hoofd van een huishouden. Het eerste deel van hoofdstuk 2 gaat over de conceptualisering van child-headed households. Na een korte bespreking van historische vertogen van kinderen en jeugd, bespreek ik de nieuwe sociale jeugd-studies. Hierin wordt jeugd gezien als een sociale constructie en kinderen als sociale actoren (James & Prout 1990; James *et al.* 1998). De sociale constructie van jeugd betekent dat, hoewel er universele kenmerken in jeugd zijn, de manieren waarop jeugd geïnterpreteerd en sociaal geïnstitutionaliseerd is, in grote mate verschilt tussen culturen (James & James 2001: 26). In deze visie kan jeugd dus sterk variëren en verschilt dus in sterke mate met het populaire dis-cours van één universele jeugd.

Om de verschillende interpretaties en de wijzen waarop jeugd is geïnstitutio-naliseerd te analyseren gebruik ik de 'generatie lens', gebaseerd op de 'gender lens' van Davids & van Driel (2005). De relaties tussen jongere en oudere mensen is in het algemeen erg ongelijk en jonge mensen zitten in een structurele ondergeschikte positie ten opzichte van oudere mensen. De copingstrategieën zullen daarom in sterkte mate worden beïnvloed door deze generational con-structions. In het eerste deel van hoofdstuk 2 worden de concepten van 'huis-houdhoofd' en 'huishouden' ook behandeld. De belangrijkste kwesties hierin zijn of 'kinderen' de autoriteit kunnen hebben om als hoofd beschouwd te worden, en

of familieleden, die volgens verwachting bijdragen aan de huishoudens, eigenlijk geen deel uitmaken van de child-headed households.

Het tweede deel van hoofdstuk 2 gaat over het analyseren van de strategieën van jongeren om te overleven en om te gaan met moeilijkheden in een child-headed household. In dit onderzoek refereer ik naar deze strategieën als coping strategieën. Dit onderzoek beschouwde coping vanuit twee invalshoeken: als huishoudens die in hun levensonderhoud moeten voorzien en als 'kinderen' die de rol van hun voormalige ouder of verzorger moeten vervullen. Ik bespreek twee benaderingen die coping analyseren vanuit deze twee perspectieven; de 'sustainable livelihood approach' en de 'task model of coping' (aangepast door Meursing 1997).

Aan het einde van hoofdstuk 2 presenteer ik een theoretisch model om de capaciteiten en coping strategieën in child-headed households te analyseren gebaseerd op deze twee benaderingen. De coping capaciteiten van jongeren zijn geoperationaliseerd als hun toegang tot materiële en immateriële hulpbronnen en de mate waarin ze daadwerkelijk van deze hulpbronnen gebruik kunnen maken (de 'room to manoeuvre'). Deze room to manoeuvre wordt bepaald door de hierboven besproken generational constructions. Om deze te analyseren, heb ik de lokale idealen en kenmerken van jeugd en volwassenheid onderzocht, de ideeën over wie de kinderen zou moeten ondersteunen, de formele en informele regels gerelateerd met jeugd en hoe jongeren zichzelf relateren ten opzichte van deze ideeën en instituties. Om hun sociale hulpbronnen te onderzoeken, heb ik vooral gekeken naar de gebruikswaarde van sociale relaties (Foley & Edwards 1999) en naar de formele en informele rechten en claims op hulp. Deze laatste zijn de verwachte hulp van de extended family en community en van het Departement van Sociale Ontwikkeling. Tenslotte heb ik onderzocht wat de grootste moeilijkheden in de huishoudens waren en welke copingstrategieën de jongeren hadden om hiermee om te gaan. De onderzoeksvragen kunnen worden ingedeeld in drie brede thema's: de sociale relaties, de room to manoeuvre en de coping strategieën.

In hoofdstuk 3 behandel ik de onderzoekmethoden. Omdat child-headed households een relatief onbekend verschijnsel is, was mijn veldwerk van etno-grafische aard. Het veldwerk bestond uit drie periodes van totaal anderhalf jaar (tussen december 2003 en mei 2006) in het stadsdeel Ibhayi, dat bestaat uit voormalige townships in Port Elizabeth. Port Elizabeth ligt in de Oostelijke Kaapprovincie (Eastern Cape), een provincie met één van de hoogste aantallen kinderen in armoede, weeskinderen en child-headed households. Om child-headed households te vinden was ik afhankelijk van mensen die het stadsdeel goed kenden. Mede daarom werkte ik samen met een aantal jeugdwerkers van een lokale NGO, die tevens als mijn vertalers optraden. De criteria waarop de

deelnemers werden uitgekozen waren moeilijk te bepalen en tijdens mijn veld-
werk moest ik mijn initiële criteria aanpassen. Dit kwam vooral doordat huishou-
dens die als child-headed households werden beschouwd erg divers waren, wat
wijst op de verwarring wat een kindhuishouden nu eigenlijk is. Uiteindelijk
namen twintig huishoudens deel aan het onderzoek, waarvan de meeste jongeren
onder de 18 waren toen hun huishouden een child-headed household werd. Ik heb
77 één-op-één interviews gehouden met de kinderen en jonge mensen en ook
buren, vrijwilligers van buurtorganisaties, sociaal werksters en familieleden
geïnterviewd. Andere methoden waren observatie, informele bezoeken en ge-
sprekken, groepsdiscussies en het laten maken van foto's door jongeren.

In het tweede deel van hoofdstuk 3 bespreek ik ethische overwegingen in het
onderzoek. Hoewel elk onderzoek hiermee te maken heeft, wordt er doorgaans
beweerd dat er in onderzoek met jeugd aanvullende voorzorgsmaatregelen ge-
nomen moeten worden (Schenk & Williamson 2005). De voornaamste ethische
kwesties in jeugdonderzoek zijn de aspecten van informed consent (welover-
wogen instemming), van bescherming en van het maximaliseren van mogelijke
baten. In deze drie kwesties speelt het veronderstelde machtsverschil tussen de
volwassen onderzoeker en de jongere deelnemer een grote rol. Om met deze
ethische kwesties om te gaan heb ik daarom dan ook het verschil in macht zoveel
mogelijk proberen te verminderen. Dit heb ik onder andere gedaan door informed
consent als een onafgebroken proces te zien, het onderzoek een duidelijk
wederkerig karakter te geven en door ervaren jeugdwerkers bij het onderzoek te
betrekken. Mijn eigen opvatting en opstelling ten aanzien van jongeren als
sociale actoren botste vaak met lokale gebruiken en omgangsvormen. Hoewel dit
vaak interessant was voor mijn onderzoek (omdat het juist probeert deze lokale
zienswijzen te begrijpen) compliceerde dit tevens het onderzoek. Aan het einde
van hoofdstuk 3 wordt dit besproken en ook hoe ik daarmee ben omgegaan,
onder andere door compromissen te sluiten met mijn vertalers.

Hoofdstuk 4 beschrijft de contextuele factoren die de levensomstandigheden
van child-headed households beïnvloeden. Het hoofdstuk begint met een be-
schrijving van de huizen van de jongeren. De meeste leefden in erbarmelijke
omstandigheden en de meest zichtbare problemen waren dan ook aan armoede
gerelateerd. Deze problemen zijn niet substantieel anders dan die van de meeste
Afrikaanse kinderen. Vooral onder de Afrikaanse bevolking is het aantal HIV-
besmettingen hoog, en komt veel armoede voor. Dit is vooral het resultaat van
jaren van apartheid. Beleid gericht op het reduceren van het aantal HIV-besmet-
tingen en gericht op het verminderen van armoede zijn daarom ook van groot
belang voor jongeren in child-headed households. Ik bespreek het beleid dat erop
gericht is jongeren in moeilijke omstandigheden te helpen en waar child-headed
households dus formeel aanspraak op kunnen maken. De regering probeert wees-

kinderen en andere kwetsbare kinderen te helpen door het 'Home Community Based Care and Support (HCBCS) programme'. Het programma richt zich vooral op het stimuleren van familieleden en buurtbewoners om kinderen in huis te nemen, door het aanbieden van financiële uitkeringen zoals de 'Foster Care Grant'.

De 'Foster Care Grant' (FCG) (de 'pleegzorg uitkering') en de 'Child Support Grant' (CSG) (een soort kinderbijslag) kunnen child-headed households in potentie goed helpen in hun materiële behoeften. Om deze uitkeringen te krijgen zijn er echter verschillende voorwaarden waaraan child-headed households moeten voldoen. Zo hebben jongeren in child-headed households alleen toegang tot een van de uitkeringen als ze voor jongere broers of zussen zorgen en boven de 16 (voor de CSG) of boven de 18 jaar zijn (voor de FCG). De nieuwe Children's Bill, welke de bestaande kinderwet (the Child care Act) gepland in 2008 zal vervangen, behandelt deze toegangsproblemen tot uitkeringen. Hierin staat onder andere dat child-headed households wettelijk erkend moeten worden als plaatsingoptie voor (wees) kinderen en tevens moeten worden voorzien van gepaste hulp van volwassenen in de vorm van huishoud mentoren (Republic of South Africa 2005: 22). Deze mentoren zouden toegang moeten hebben tot de uitkeringen als de kinderen dat zelf wettelijk nog niet hebben. De maatregel roept verschillende vragen op die in deze studie zijn behandeld. Allereerst of de mentoren het geld daadwerkelijk aan de kinderen zullen besteden. Ten tweede, of de kinderen kunnen mee beslissen hoe het geld wordt besteed. Tenslotte, of jonge mensen boven de 18 jaar wel gemakkelijk toegang tot de uitkeringen hebben zoals het mentorstelsel veronderstelt.

Hoofdstuk 5 behandelt de denkbeelden en kenmerken van jeugd en volwassenheid, de gerelateerde ideeën over hulp en de daaruit voortvloeiende gebruiken. Het hoofdstuk begint met een bespreking van de verschillen tussen 'kinderen' en 'volwassenen'. Eerst bespreek ik de betekenis van biologische leeftijd en afhankelijkheid in de definitie van kinderen, en welke taken en verantwoordelijkheden voor kinderen als 'normaal' worden beschouwd. Daarna behandel ik het belang van trouwen en het verlaten van het huis van je familie om als volwassen te worden beschouwd. Dit lijkt vooral belangrijk voor meisjes. Jongens, daarentegen, worden als 'mannen' gezien zodra ze zijn ingewijd in het man-zijn. De denkbeelden en voorstellingen over meisjes, jongens, mannen en vrouwen resulteren in hiërarchische verschillen welke vooral duidelijk zijn in de regels van communicatie. Deze regels, welke voorschrijven dat 'kinderen' op bepaalde wijze moeten communiceren met 'volwassenen', zijn de belangrijkste reden dat jongeren in child-headed households zichzelf zagen as 'kinderen'. De volwassenen in hun levens zagen hen ook als 'kinderen' omdat ze bepaalde volwassen kenmerken misten. Ondanks dat, werden ze wel als in staat gezien om hun eigen

huishouden te runnen, om voor hun jongere broers en zusjes te zorgen, en in bepaalde gevallen, ook voor hun stervende ouders. De paradox van 'kinderen' aan het hoofd van een huishouden ligt dus in het feit dat jongeren in child-headed households niet gezien en behandeld worden als autonome individuen, maar desondanks wel als in staat om hun huishouden te runnen.

Het ideaal van elkaar helpen in moeilijke tijden leeft nog erg in de gemeenschap. Wezen en andere kwetsbare kinderen worden allereerst geacht door hun extended family ondersteund te worden. Ik bespreek de herkomst van de aanname dat familieleden kinderen zullen helpen en hoe deze waarden mogelijk veranderd zijn als gevolg van modernisering, apartheid, en arbeidsmigratie. Het wonen bij familieleden wordt niet altijd gezien als een betere optie dan in een child-headed household. Buren of mensen uit de gemeenschap worden soms als bereidwilliger beschouwd om child-headed households te ondersteunen. Deze zogenaamde community-based support is gebaseerd op de filosofie van 'the spirit of ubuntu' en op het principe van reciprociteit (wederkerigheid). De filosofie van ubuntu is moeilijk te vertalen, maar betekent dat iedereen geacht wordt diegene te helpen die het moeilijker heeft dan de ander. Het principe van reciprociteit roept de vraag op of de jongeren verwacht worden iets terug te doen voor de hulp die ze ontvangen. Verder is het de vraag of gemeenschapsleden wel de cruciale rol kunnen spelen in het ondersteunen van child-headed households die ze wordt toebedeeld.

Hoofdstuk 6 laat zien of de extended family en de community werkelijk als sociale vangnetten beschouwd kunnen worden. Het beschrijft de sociale relaties van de child-headed households en behandelt de vraag of deze als steunverlenend kunnen worden beschouwd. Ik begin met een beschrijving van de levensomstandigheden van de jongeren voor en nadat hun huishouden child-headed werd. Van veel jongeren leefde nog één van de ouders, maar die gaven in de meeste gevallen weinig hulp. De meeste jongeren hadden relaties met hun familieleden of wisten waar zij woonden. Desondanks werden slechts enkele huishoudens in voldoende mate gesteund door familie. Sommige familieleden vormden zelfs een bedreiging voor het welzijn van de jongeren, door te proberen hun bezittingen op te eisen. Ik bespreek de problemen van erfrecht en laat zien dat deze zijn gerelateerd aan zowel hedendaags wettelijk en traditioneel erfrecht. Veel child-headed households werden in bepaalde mate gesteund door gemeenschapsleden. Deze hielpen de jongeren met voedsel, en in sommige gevallen hun eigendommen te behouden. Hoewel er ook veel hulp wordt verwacht van community-based organisations (CBO's) volgens het HCBC programma, werden de meeste jongeren niet geholpen door een dergelijke organisatie. Ondanks de beperkte hulp die kinderen en jonge mensen kregen, waren de meeste in staat om op

school te blijven. Sommigen gingen echter tijdelijk niet naar school om voor (zieke) familieleden te zorgen en kwamen hierdoor op een achterstand.

De meerderheid van de huishoudens was nooit bezocht door een sociaal werker en ontving ook geen enkele vorm van officiële hulp. Na de bespreking van huishoudens die deze hulp wel kregen, bespreek ik een aantal gevallen waar volwassenen meer direct ingrepen in de levens van de jongeren. Deze interventies waren veelal gericht om child-headed households op te breken. Het betrof het in huis nemen van de jongste kinderen, het intrekken van volwassenen in het huishouden, of het intrekken van de jongeren bij een volwassene. In één geval leek de interventie op het mentorschap voorgesteld in de Children's Bill. Hoewel het in dat geval goed leek te gaan met de kinderen, roepen de motivaties en consequenties van de andere interventies grote twijfel op over het mentorschap in de praktijk. Zoals duidelijk blijkt uit de interpretaties van de jongeren, worden zij niet afdoende gesteund door familieleden, buren, of het Departement van Sociale ontwikkeling. Er wordt niet of nauwelijks met de jongeren zelf overlegd over de interventies die hun levens in grote mate beïnvloeden. De hulp sluit daarom vaak niet aan bij hun noden of wensen. Veel jongeren waren teleurgesteld of gefrustreerd door het tekort aan hulp, vooral wanneer familieleden in gebreke bleven.

Omdat jongeren in child-headed households nauwelijks hulp kregen waren ze van hun eigen coping-strategieën afhankelijk. Hoofdstuk 7 behandelt de variëteit aan strategieën en de creatieve manieren waarop ze room to manoeuvre creëerden. De strategieën waarmee ze in hun levensonderhoud voorzagen, waren het doen van klusjes voor buren of het hebben van incidentele baantjes. De meerderheid was echter niet in staat om zulke baantjes te vinden. Omdat werk in het algemeen erg schaars is hadden sommige jongeren geheime strategieën ontwikkeld, zoals stelen. De meeste jongeren konden nauwelijks de eindjes aan elkaar knopen. Omdat sociale werkers de child-headed households niet bezochten, werd van jongeren zelf verwacht het Departement van Sociale Ontwikkeling te bezoeken. De meeste jongeren waren echter terughoudend omdat ze niet verwachtten als 'kinderen' serieus genomen te worden. Ook waren ze huiverig om hulp te vragen aan familieleden, omdat ze geen hulp verwachtten of omdat ze in het verleden gedesillusioneerd waren geraakt. Het niet vragen van hulp leek enerzijds het resultaat van onzekerheid, anderzijds was het een bewuste strategie. Doordat jongeren hun verzoeken om hulp doseerden, bewaarden zij deze voor nog slechtere tijden.

De generational constructions beperkte voor jongeren in hoge mate de room to manoeuvre om hulp te zoeken. Dit betekent echter niet dat ze hulpeloos of machteloos waren. Bepaalde jongeren leken een zekere keuze te hebben gehad om al dan niet in een child-headed household te leven. Verder gaf hun kindstatus ook een zekere room to manoeuvre. Door zichzelf als jonger of juist als ouder

voor te doen, kregen ze in bepaalde gevallen voor elkaar wat zij wilden. Verder lagen jongeren soms in de clinch met volwassenen of gingen (stiekem) tegen hun wensen in. Naast onenigheid met familieleden en buren buiten hun huishouden, hadden de broers en zussen binnen het huishouden ook vaak ruzie. Dit geruzie kwam vaak doordat de oudste broer of zus de ouderrol had aangenomen. Jongere broers en zussen accepteerden de autoriteit van deze nieuwe 'ouder' soms niet. Verder gingen veel jongeren door zeer moeilijke periodes en moesten ze zien om te gaan met stress en verdriet. Er waren jongeren die wilde praten over de dood van ouders, maar het spreken over de ziekten en dood van hun geliefden was voor de meesten erg moeilijk. Naast praten was positief denken een andere strategie om te copen met de moeilijke omstandigheden van het leven in een child-headed household.

In hoofdstuk 8 kom ik terug op de centrale vraag van dit onderzoek; wat zijn de *capabilities* van jongeren om te copen in child-headed households? Ik bespreek de materiële en immateriële hulpbronnen en hun recht en aanspraak op hulp. Ik concludeer dat child-headed households niet alleen moeite hadden met het rondkomen als huishouden maar ook moesten omgaan met emotionele stressfactoren. De jongeren maakten zich zorgen of ze wel genoeg te eten hadden, of ze voor hun jongere broers en zussen konden zorgen, rouwden om het verlies van (groot)ouders en waren gefrustreerd en boos op familieleden die niet of nauwelijks steun boden. Naast het feit dat de meeste familieleden en buren niet genoeg hulp gaven, vormden sommigen zelfs een bedreiging voor het welzijn van de jongeren. Mijn bevindingen roepen daarom serieuze vragen op over de uitvoerbaarheid van de alom gepropageerde steun door de extended family en community. In tegenstelling tot populaire vertogen is de capaciteit en toewijding van de extended family en community niet grenzeloos of oneindig. Hoewel er verschillen waren in de capabilities per child-headed household, waren deze in het algemeen gering als gevolg van dit chronische tekort aan hulp. Verder werden de capabilities in grote mate beperkt door de generational constructions. Jongeren in child-headed households werden niet als volwassenen gezien maar hadden wel 'volwassen' taken en verantwoordelijkheden. Hoewel deze tegengestelde ideeën de room to manoeuvre erg beperkte, zorgden deze ook voor meer speelruimte. Jongeren gebruikten de generational constructions in hun voordeel door deze constructies openlijk of in het geheim te betwisten of juist door zich er aan te passen.

In dit laatste hoofdstuk kom ik tevens terug op de vraag hoe child-headed households te conceptualiseren. Een universele definitie van een child-headed household is onmogelijk. In de context van Zuid Afrika is het in ieder geval duidelijk dat deze niet kan worden gedefinieerd aan de hand van de biologische leeftijden van de huishoudleden. Dit komt doordat er in een child-headed house-

hold volwassenen kunnen wonen, die ziek of onbekwaam zijn. Belangrijker nog is het dat huishoudens waar de oudste broer of zus over de 18 jaar is, soortgelijke problemen ondervinden als huishoudens waarvan de oudste onder die leeftijd is. Zoals duidelijk uit mijn onderzoek blijkt, verandert het vermogen om voor jongere broers en zussen te zorgen niet zomaar na de 18e verjaardag. Verder betekent het ouder zijn dan 18 jaar ook niet vanzelf dat men als volwassen zal worden gezien of behandeld.

Ondanks de vele beperkingen in capabilities, laten mijn bevindingen zien dat jongeren in child-headed households, indien zij worden voorzien van de juiste ondersteuning, redelijk goed kunnen copen. Ik besluit het hoofdstuk met enige suggesties hoe die steun er uit zou kunnen zien. De Child Support Grant, de Foster Care Grant en andere hulpvoorzieningen zouden allereerst beter toegankelijk moeten worden voor jongeren in child-headed households. Zo zouden de uitkeringen niet alleen bestemd moeten worden voor afhankelijke broers en zussen, maar ook voor die aan het hoofd van het huishouden en voor jongeren die alleen wonen. Verder hebben niet alleen jongeren onder de 18 jaar hulp nodig in de toegang tot officiële hulp, maar ook die van boven de 18 jaar. De voorgestelde maatregel uit de Children's Bill waarin mentoren met toegang tot uitkeringen kunnen helpen, is alleen bedoeld voor jongeren die geen toegang hebben door hun biologische leeftijd. Jongeren boven de 18 jaar hebben echter ook vaak geen toegang door beperkingen gerelateerd aan hun sociale leeftijd. Er zou verder een strikt monitorsysteem moeten komen om te controleren of het geld echt ten goede komt aan de child-headed households. Om de capabilities in child-headed households te versterken is het verder van cruciaal belang dat jongeren altijd geraadpleegd worden en dat er naar hen geluisterd wordt. Hoe kan hulp anders echt in hun belang zijn? Niettemin, ook child-headed households zijn niet de oplossing voor het groeiende aantal weeskinderen die niet worden geadopteerd door familieleden of gemeenschapsleden. Sommige oudere broers en zussen kunnen of willen niet zorgen voor hun jongere broers en zussen. Daarom zal er meer aandacht moeten worden besteed aan alternatieve verzorgingsopties. Dit zou kunnen door te kijken naar niet-traditionele vormen van geïnstitutionaliseerde zorg, zoals voorgesteld door Crewe (2001). De algemene conclusie van mijn onderzoek is dat de zeer moeilijke en kwetsbare omstandigheden van de child-headed households niet zozeer gerelateerd zijn met de biologische leeftijd van het hoofd van het huishouden, maar met hun sociale leeftijd. Onderzoek naar de mogelijkheden van coping in child-headed households dwingt daarom ook om verder te kijken dan (biologische) leeftijd.

About the author

Diana van Dijk was born in 1975 in Maassluis, the Netherlands. She obtained a MA in Development Studies from Nijmegen University in 2001, with research on young people, gender and sexual behaviour in relation to HIV in Port Elizabeth, South Africa. After graduation she was employed for a year as worker in socio-cultural education in The Hague. In 2003 she started working as a PhD candidate at the Centre for International Development Issues Nijmegen with a focus on child-headed households. For this project she conducted fieldwork for one and a half years in Port Elizabeth, South Africa. In the course of work on her PhD she attended and participated in several South African and international conferences. Since 2004 she has been a member of the CABA working group in the Netherlands, a lobby group for several Dutch development organisations. In 2007 she became a Dutch partner for a SANPAD research project at the University of Johannesburg on child-headed households. She is currently working as a researcher for the social scientific section of the Department of Social Issues and Employment in Rotterdam.

ASC BOOK PUBLICATIONS

Copies of all the publications listed below in the African Studies Collection and the earlier Research Reports Series may be ordered from:

African Studies Centre
Email: asc@ascleiden.nl
Tel: +31 (0)71 527 3490
Fax: +31 (0)71 527 3344

For prices, check the ASC website [www.ascleiden.nl] under Publications.

African Studies Collection

14 *'Beyond their age'. Coping of children and young people in child-headed households in South Africa*
Diana van Dijk   (2008)

13 *Poverty and inequality in urban Sudan. Policies, institutions and governance*
Muna A. Abdalla   (2008)

12 *Dilemmas of Development: Conflicts of interest and their resolutions in modernizing Africa*
Jon Abbink & André van Dokkum (eds)   (2008)

11 *Teaching peace, transforming conflict? Exploring participants' perceptions of the impact of informal peace education training in Uganda*
Anika May   (2008)

10 *Plantations, power and people. Two case studies of restructuring South Africa's forestry sector*
Alice Achieng Ojwang   (2008)

9 *Coming back from the bush. Gender, youth and reintegration in Northern Sierra Leone*
Janneke van Gog   (2008)

8 *How to win a football match in Cameroon. An anthropological study of Africa's most popular sport*
Arnold Pannenborg   (2008)

7 *'Prendre le bic'.* Le Combat Spirituel *congolais et les transformations sociales*
Julie Ndaya Tshiteku   (2008)

6 *Transnationalism, local development and social security. The functioning of support networks in rural Ghana*
Mirjam Kabki   (2007)

5 *Tied to migrants: Transnational influences on the economy of Accra, Ghana*
Lothar Smith   (2007)

4 *"Our way": Responding to the Dutch aid in the District Rural Development Programme of Bukoba, Tanzania*
Adalbertus Kamanzi   (2007)

Research Reports

71 *The solidarity of self-interest. Social and cultural feasibility of rural health insurance in Ghana*
Daniel K. Arhinful   (2003)

70 *Recent advances in coastal ecology. Studies from Kenya*
Jan Hoorweg & Nyawira Muthiga (eds)   (2003)

69 *Structural adjustment: Source of structural adversity. Socio-economic stress, health and child nutritional status in Zimbabwe*
Leon Bijlmakers   (2003)

68 *Resisting reforms. A resource-based perspective of collective action in the distribution of agricultural input and primary health services in the Couffo region, Benin*
Houinsou Dedehouanou   (2003)

67 *Women striving for self-reliance. The diversity of female-headed households in Tanzania and the livelihood strategies they employ*
Anke van Vuuren   (2003)

66 *Démocratisation en Afrique au sud du Sahara: Transitions et virage. Un bilan de la littérature (1995-1996)*
Klaas van Walraven & Céline Thiriot   (2002)

65 *Democratization in sub-Saharan Africa: Transitions and turning points. An overview of the literature (1995-1996)*
Klaas van Walraven & Céline Thiriot   (2002)

64 *Sharing a valley. The changing relations between agriculturalists and pastoralists in the Niger Valley of Benin*
Antje van Driel   (2001)

63 *Pathways to negotiate climate variability. Land use and institutional change in the Kaya region, Burkina Faso*
Mark Breusers   (2001)

62 *"We think of them." How Ghanaian migrants in Amsterdam assist relatives at home*
Daniel K. Arhinful   (2001)

61 *Pastoralists and markets. Livestock commercialization and food security in north-eastern Kenya*
Abdirizak A. Nunow   (2000)

60 *Rural development and agricultural policy in central western Zambia. The case of Kaoma-Nkeyema tobacco scheme*
K. Hailu   (2000)

59 *Secrecy and ambiguity. Home care for people living with HIV/AIDS in Ghana*
Maud Radstake   (2000)

58 *Urban agriculture in Africa: A bibliographical survey*
R.A. Obudho & Dick Foeken   (1999)

57 *Changing security. Livelihood in the Mandara Mountains in North Cameroon*
Annette van Andel   (1998)

56 *Catholic mission, colonial government and indigenous response in Kom (Cameroon*
Jacqueline de Vries   (1998)

55   *Eritreo-Ethiopian studies in society and history: 1960-1995.*
     A supplementary bibliography
     Jan Abbink   (1996)

54   *Commodity auctions in Tropical Africa. A survey of the African tea, tobacco and*
     coffee auctions
     John Houtkamp & Laurens van der Laan   (1993)

53   *Land and labour in Myjikenda agriculture, Kenya, 1850-1985*
     Henk Waaijenberg   (1993)

52   *Democratisation en Afrique au Sud du Sahara. Un aperçu de la litterature*
     Rob Buijtenhuijs & Elly Rijnierse   (1993)

51   *Democratization in Sub-Saharan Africa. An overview of literature*
     Rob Buijtenhuijs & Elly Rijnierse   (1993)

50   *Women in Bamenda. Survival strategies and acces to land*
     Adri van den Berg   (1993)

49   *Pratiques foncières à l'ombre du droit. L'application du droit foncier urbain à*
     Ziguinchor, Sénégal
     Gerti Hesseling   (1992)

48   *Power and privilege in the administration of law. Land law reforms and social*
     differentiation in Cameroon
     Cyprien Fisiy   (1992)

47   *Staatsvorming, rurale ontwikkeling en boeren in Guiné-Bissau*
     H. Schoenmaker   (1991)

44   *Popular Islam in Tunisia*
     Kees Schilder   (1991)

43   *Seasons, food supply and nutrition in Africa*
     Dick W.J. Foeken & Adel P. den Hartog (eds)   (1990)

42   *Socio-economic development of women in Zambia*
     A. Touwen   (1990)

41   *Enduring crisis, refugee problems in Eastern Sudan*
     Henk Tieleman & Tom Kuhlman   (1990)

40   *Marketing policies and economic interests in the cotton sector of Kenya*
     Tjalling Dijkstra   (1990)

39   *The IMF-World Bank's stabilisation and structural adjustment policies and the*
     Uganda economy, 1981-1989
     D.W. Nabudere   (1990)

38   *Economic management in neo-colonial states: A case study of Cameroon*
     N. Jua   (1990)

34   *Aspects of the Apartheid state. A bibliographical survey*
     Ineke van Kessel   (1989/91)

33   *Scenes of change: Visions on developments in Swaziland*
     Henk Tieleman (ed.)   (1988)

32   *State formation, religion and land tenure in Cameroon.*
     A bibliographical survey
     Kees Schilder   (1988)