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Orphelins, enfants vulnérables et jeunesse violente

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The Gendered Face of Orphanhood: the Double Vulnerability of Female Orphans in Child-headed Households in Kisumu East District

Mildred A.J. Ndeda

Introduction

- 1 In 1997, the first comprehensive global estimates of orphans revealed that the number of orphans was increasing and that responding to orphaning as a social problem was limited.¹ Studies on Sub-Saharan Africa in the early 1990s indicated an increase in the number of orphans and the breakdown of protective social networks and support for them. Between 1990 and 2000, orphans in Africa increased from 30.9 million to 41.5 million; they were 48.3 in 2006 and it was projected by two UN agencies that by 2010, there would be 53.1 million children under 18 without parents.²
- 2 The World Bank report of 2000 stated that many orphans had begun heading households with disastrous consequences for their well-being.³ The first cases of CHHs, child-headed household, were noted in the late 1980s in the Rakai District of Uganda.⁴ CHHs were also discovered in Lusaka Zambia while Naerland observed cases in six villages in Masaka District, Uganda.⁵ In Zimbabwe meanwhile, CHHs were first noted in the mid 1990s in Manicaland.⁶ In all these cases, older children assumed responsibilities and developed survival strategies and support mechanisms for their siblings despite their own need for parental guidance and support.⁷ The uniqueness of CHHs was that they assumed all the roles usually performed by parents/other adult members of extended families.
- 3 The orphan situation is more precarious than many vulnerable members of society, because of their exposure to limited social support systems particularly in Sub-Saharan Africa, the inadequate basic social services, lack proper supervision, care, support and

guidance at a very crucial time.⁸ Many African governments have had to develop orphan policies consequently given the overwhelming number of orphans. Initial governments' response was authorisation for the establishment of orphanages but these institutions became inappropriate as they undermined the traditional family care. Due to the increased number of orphaned children and children who experienced other vulnerabilities, the operational term "orphans and vulnerable children" (OVC) was coined to include not only children orphaned by their parents' death, but also children considered vulnerable to shocks endangering their health and well-being.⁹

- 4 This increase in the number of orphans has affected all nations in Sub-Saharan Africa, Kenya included. Kenya's 1998 orphan figures indicated that 363,593 were maternal orphans, 973,909 had lost their fathers and 1,220,633 had lost either one of the parents.¹⁰¹¹ According to the Kenya Demographic Health Survey 2003 (KDHS, 2003), 58% of children in Kenya did not live with both their parents. Of these 9% had lost their fathers, 4% had lost their mothers while 2% had lost both biological parents.¹¹
- 5 The situation of orphans in Kenya by 2005 was as indicated in the table below:

Annex 1: Number of Orphans by Type

MATERNAL ORPHANS	
AIDS	849,000
NON-AIDS	585,000
Sub-total	1,434,000
PATERNAL ORPHANS	
AIDS	482,000
NON-AIDS	855,000
Sub-total	1,337,000
DUAL ORPHANS	
AIDS	343,000
NON-AIDS	96,000
Sub-total	439,000
ALL AIDS	1,674,000
ALL NON-AIDS	1,536,000
TOTAL NUMBER	3,210,000

Source: Kenya HIV/AIDs data booklet NACC, December 2005

- 6 The number of Kenyan orphans was expected to exceed two million children by 2010 (UNAIDS/UNICEF, 2002) and indeed according to the Kenya National AIDS Strategic Plan (KNASP), 2005/6-2009/10, approximately 2.4 million (12%) of Kenyan children below 18 years of age were orphans. This excessive increase led the Ministry of Gender and Children Affairs to urge the state to increase children's funding to cater for orphans; the 2011 budget allocated KSh 3.4 billion to cater for the destitute. The International Children Services described the increase in the number of orphans and

vulnerable children as a grave predicament for Kenya arguing that the child welfare crisis in Kenya is related to the HIV/AIDS epidemic.¹²

- 7 There are regional disparities in the number of orphans in Kenya. A University of Nairobi study estimates that Nyanza Province has the highest number of orphans country-wide that is slightly over 500,000 orphans, representing 25% orphans country-wide.¹³ This is also reiterated by a UNICEF report.¹⁴ Other studies conducted in the province show that up to 40% children were orphaned and the proportion is growing.¹⁵ A 2007 report estimated 20% children—twice the national average—in Nyanza are orphans and also submitted that nearly 80% orphans and vulnerable children under 18 in the province received no external support. Due to the high mortality from HIV/AIDS in Nyanza, the number of orphans and vulnerable children had risen to over 565,500 by 2008 (31.4% of the 1.8 million orphans in Kenya) and in 2009 it had the highest burden of about 600,000.¹⁶ This high number of orphaned children represents the top of the iceberg, with many children also remaining vulnerable due to parental illness associated with HIV/AIDS.¹⁷
- 8 At the National Workshop for the “Cash Transfer the Vulnerable Groups in Kenya” between February 28 and March 3, 2007 the Nyanza Provincial Children Officer presented the following facts about the situation of orphans and vulnerable children in Nyanza: the number of orphans in 2005 was 600,000 (about 35.3% of all orphaned children in Kenya), one in every five children less than 15 years in Nyanza had lost at least one parent, each district in Nyanza had a growing population of orphans who needed support. It gave the status of the situation at the time as follows:

Annex 2: Status of OVC in Nyanza, 2007

DISTRICT	POPULATION	OVC
Homa Bay	332,070	81,403
Suba	181,128	44,451
Kisumu	562,585	78,056
Rachuonyo	340,100	47,720
Nyando	267,203	50,133
Bondo	250,702	30,442
Siaya	401,448	68,037
Migori	503,150	84,807
Nyamira	551,725	20,021
Gucha	520,022	28,405
Kisii	542,585	29,228
Kuria	184,771	9,053
TOTAL	4,637,489	571,756

Source: World Vision (2005:8)

- 9 The highest rate (6%) of total orphans was found in Nyanza province, which (at 14%) has the highest HIV prevalence rate in Kenya.¹⁸ Homabay and Suba top the list with 24.4%. Kisumu follows with 18.4%. The prevalence rate in other districts in Kenya is below 10% with the exception of Mombasa at 12.3%.

Challenges faced by orphans

- 10 Since the late 1990s, research on the plight of orphans in Africa has expanded immensely. The first article regarding orphan care was published in 1996 by Foster.¹⁹ At that point, international non-governmental organizations also began to fund and publish a large body of literature. Subsequent studies were undertaken by a variety of scholars²⁰ whose work revealed the situation of orphans in Sub-Saharan Africa, and other dynamics which aggravated their situation such as property grabbing, loss of inheritance, lack of succession planning, and absence of wills, marriage certificates, death certificates and title deeds. Some scholars also closely analysed the problem of child-headed households and orphans under the care of grandparents.²¹
- 11 Orphans live in different kinds of households, meaning that their socio-economic status and living conditions vary greatly. Nyamukapa *et al* (2003) shows that the situation of an orphan living with the extended family is different from an orphan living with one parent. The “quality of care” tends to be diverse amongst these different groups. Like elsewhere in Africa, orphans in Kenya would traditionally have been cared for within the extended family system in families headed by adults. The very existence of CHHs suggests that the kinship-based family system is deteriorating and can no longer cope.²²
- 12 There is a variety of literature on allocation of resources to children that has examined sex and age as leading to differential treatment.²³ Some researches on orphan well-being have also examined intersections with sex and age, mainly in relation to schooling outcomes. Evidence on an interaction between orphan hood and sex has been mixed. Some have found no evidence,²⁴ while others have found some evidence that female orphans are particularly vulnerable.²⁵ Yamano and Jayne (2005) found girls to be more vulnerable before parental death, and boys more vulnerable after parental death. The situation of orphaned children is a matter of concern because they may be dispossessed of property by greedy and desperate relatives²⁶; they can suffer stigmatisation and discrimination associated with the illness and subsequent death of their parents from AIDS²⁷; many are forced to migrate to extended family²⁸; and an increasing number have left families and are living on the streets²⁹ and now the emergent CHHs with their gender implications.
- 13 Even when extended family networks care for children, there may also be maltreatment with adverse effects.³⁰ It is also claimed that relatives tend to favour their biological children over the new children, making them work harder, act unfairly to the child, withhold the best food, and force the child to stay home from school.³¹ The children may be reminded that they do not belong.³² Such maltreatment can impact negatively on the child. Some children are usually thrown out of the family entirely for one reason or another.³³ Apart from familial discrimination, children may also be discriminated against by the wider society.³⁴ This means that orphans must deal with both adverse social impact and economic suffering.

- 14 The consequences of such a life for orphans as they grow from childhood to adulthood remain unknown. Evidently they are un-socialised, in most instances uneducated, and in many instances unloved children struggling to adulthood and the cost of this for them as individuals remains unmeasured.³⁵ Perhaps that is why Ntozi depicts orphans lives as childhood in crisis.³⁶ Some scholars see orphans as children whose dreams and hopes have been shattered by the loss of their parents.³⁷ They are hardly prepared for the future as members of a household or a community or as a citizen.”³⁸ Although orphanhood is a struggle and does not “prepare” them for life and adulthood, it is significant to bear in mind that orphans are also survivors and will struggle to prepare children to adulthood with limited parental guidance, minimal capability and resilience.³⁹
- 15 Some studies have established that in many settings being female may also increase vulnerability. Horizons studies among vulnerable young people in Rwanda, Zimbabwe, and South Africa have shown that girls may be more likely than their male counterparts to report negative symptoms and experiences, including depression, traumatic life events, poor appetite, fatigue, hopelessness, and low self-esteem, and to report their first sexual intercourse as unwilling. Women and girls also take on unequal share of the burden of caring for orphans and vulnerable children in many settings, which may impact negatively on their own health and well-being.⁴⁰
- 16 Although matters concerning orphans have been studied extensively, there are issues that have not received much attention for instance exploration of the everyday experiences and particularly their lived experiences in CHHs.⁴¹ Moreover very few have so far conducted detailed studies specifically on CHHs in Kenya/Kisumu. While Ayieko *et al.* (1997a) focused on reasons for the establishment of child headed households, Awino, Germann (2005) explored the quality of life and coping strategies of the orphans living as child “only” units. Again there are few studies on the gendered face of orphanhood and particularly within the CHHs. Hence this paper focuses on girl children who have lost both parents and are currently living on their own as part of child headed households in a periurban area of Kisumu city/district. Heading households and taking care of siblings may not be the task of a child under normal circumstances and yet this is a growing phenomenon.⁴² In this work it is assumed that orphanhood is gendered and the statistics comprise both male and female orphans. Vulnerability may also be gendered and as confirmed by Horizons studies in several settings being female may also increase vulnerability.⁴³
- 17 This paper discusses the process leading to the formation of child headed households and the gender composition of the same; and explores the gender roles and responsibilities of household members living in CHHs in Kisumu East District. How do orphaned children living in CHHs organize themselves in relation to household roles, responsibilities and social networking? What strategies do CHHs use to meet their livelihoods and how are these negotiated? Is the CHH gendered and with what impact on the girl children in them?
- 18 This paper holds the notion that even in the situation of orphanhood there is gender inequality with dire consequence for girls in CHHs. Since Luo society is patriarchal, women tend to be disempowered and this is transferred inter-generationally as children learn from that environment. Gender stereotypes hamper care for OVCs. Girls are socialised to favour subordinate status which subjects them to many disadvantage such as overwork and likelihood to drop out of school earlier. Thus gender inequalities

increase vulnerability for girl orphans. It is also assumed in this paper that CHHs are not formed because there were no adult to care for the orphans but also because some children preferred to live alone and also that some relatives preferred not to take children in but rather offer support to the orphans who continued to live at their parents' home.⁴⁴ As Chirwa says they could be part of some innovative coping system or a new form of social transformation.⁴⁵ It is not clear whether these households are permanent or temporary formations. A lot remains unclear about these households because they are a new phenomenon in Africa's burgeoning crisis.

- 19 This paper explicitly focuses on CHHs living with no adult in the household in a rural community with emphasis on the gender dimension. It focuses on processes and events that lead to the formation of CHHs in the recent past and how the CHHs manage their households by examining the distribution of roles and responsibilities among siblings within these households as well as the process of socialisation occurring within and through them; this analysis is done using the gender lens which will explain who the unequal partner within this structure is.

The terms defined

- 20 The term OVC is very difficult to categorise because all attempts to determine what it includes only ends up expanding its domain. Currently it includes: "Orphans, child labourers (both boys and girls), street children, disabled and handicapped, abused and neglected children, child mothers, child brides, child prostitute, drug addicts and traffickers, HIV/AIDS children, children of imprisoned mothers, refugee children,"⁴⁶ as well as "destitute, child labourers, children suffering from various forms of abuse, (...) children in prison and remand homes, children with disabilities, abandoned foundlings, (...) children of nomadic groups, (...) and displaced children."⁴⁷ Other categories are "street children both boys and girls, (...) neglected, battered children"⁴⁸ as well as those "in remedial/correctional institutions (...) and children growing up in slum areas," "beggars, children with no parents or guardians, children in bad company or association." It also includes the "nomadic children in ASAL regions, especially the girl child, handicapped children, abandoned, neglected, and abused, exploited and adolescent mothers."⁴⁹ For this paper the condition of vulnerability of concern is orphanhood, specifically its gendered face.
- 21 The term "orphan" describes a host of relationships and social constructs, which vary over space and time. It is further complicated by the fact that different organisations restrict the definition to suit their own objectives. This study subscribes to the notion that an orphan is "a child, one or both of whose parents have died" which is consistent with that provided in *Children on the Brink*, a joint report publication of UNAIDS/ UNICEF/ USAID (2004) that has become the standard reference for global definitions and estimates related to orphans and vulnerable children (OVC). Children who have lost their mother are referred to as "maternal orphans"; those who have lost their father are "paternal orphans" while those who have lost both parents are classified as "double orphans."⁵⁰
- 22 Just like it is challenging to define orphans similarly, there is confusion and inconsistency in the literature on definitions of CHHs. The term CHH varies over time, space and refers to the various situations. According to Gow and Desmond (2002) CHHs are children living in a household without direct adult supervision, either because they

have been orphaned or abandoned by parents or the parents are working elsewhere. Foster *et al.*, (1997a) identify two working typologies of CHHs: namely accompanied and unaccompanied households, that is with an adult or with no adult respectively. In accompanied households, children are often forced to take over the responsibility to provide for the household.⁵¹

- 23 In this paper a CHH is used to refer to children whose parents have died and live alone as child only units in what Foster *et al.* (1997a) refers to as “unaccompanied households.” While the focus explicitly on “child only” units, the interaction that may exist between unaccompanied CHHs and “outside” adults or neighbours who may offer support is also taken into account. This paper recognises that unaccompanied CHHs are a particularly vulnerable group of children but also that they are a small part of a much broader group of children in distress. Lack of an adult in CHHs increases their vulnerability.
- 24 In precolonial Africa, an orphan was defined as one who had lost both parents, and had to be cared for by the extended family⁵² and particularly the siblings of the deceased. Most African cultures are patrilineal in which case the siblings of the father care for the children. In instances where the fathers’ siblings were not there the extended family took charge. Hence, children would be cared for in homes of relatives and may travel between several homes and may receive financial and emotional support from a variety of family members over great geographical distances.⁵³
- 25 The increase in the number of orphans has led to extensive debate whether the extended family can continue to absorb and care for orphans.⁵⁴ When paternal aunts and uncles are unable to take in the orphans, often the most likely caregiver becomes a grandmother who is likely to lack economic resources, retirement savings, or pensions to aid sustain the children.⁵⁵
- 26 Responsibility towards orphans among the Luo customarily belonged to the paternal clan. The maternal side of the family may care for children when paternal relatives are not available. Today, however, it has become increasingly common and more acceptable for the maternal clan to assume responsibility towards orphans because of the diminishing number of viable caregivers. In some situations, no one is able or willing to care for the children. In these cases the children may become domestic workers or live together in child-headed households. Child-headed households may receive some support from relatives. Other children may migrate to cities to live with relatives, work in the informal sector, beg, or work in the sex trade.
- 27 In the past among the Luo if the father died, the nearest male kin of the deceased (the brother or the nephew of the deceased) inherited the mother and children. He became “husband” to her and “father” to her children. If a mother died and left children or even without children her immediate sister or close female relative assumed her role by becoming the “wife” of the living husband (sorority). The children left by the deceased became her responsibility and she was bound to treat these children as her own. Even when she produced her own children she had to give them equal treatment. The key factor was that the motherless children were absorbed into the new family. Thirdly if both parents of children died the children would be shared by the extended family and in each family they joined they were automatically absorbed. Their rights in the home were automatic.
- 28 Today extended family care may not be available due to the fact that aunts and uncles, commonly the caregivers, are less available perhaps because they have absorbed more

orphans than they can handle already. Grandparents and older siblings have had to take on this role. As the tradition of the extended family disappears, the tradition of “responsibility for other” is also diminishing. Orphans have become a community burden. The increased numbers which are beginning to overwhelm the extended family members have led to the emergence and evolution of CHHs which are also gendered in their existence and it is the assumption of this work that just like in general society the gender relations in these households are also unequal.

- 29 In this paper gender refers to a social and cultural construct differentiating women and men and defining the ways in which women and men interact with each other. Gender is determined by the composite of shared expectations and norms within a society concerning appropriate female and male behaviour, characteristics, and roles. Gender and gender roles are culturally specific, learned, and changeable over time, and influenced by variables such as age, race, class, and ethnicity. The concept of gender refers to social relationships produced by cultural, social, economic and historical processes and the various roles played by men and women.⁵⁶
- 30 Power is a fundamental component of gender. In fact, gender has been conceived as the sexual division of power, and any major shift in power is likely to include corresponding changes in gender relations. Despite cultural variations, there is a consistent difference between women’s and men’s gender roles based in power, e.g., access to productive resources and ability to exercise decision-making authority. The power imbalance that defines gender relations influences women’s access to and control over resources, their visibility and participation in social and political affairs, and their ability to realize their fundamental human rights. Gender is about men as much as women. Gender stereotypes hamper care for OVCs. Girls are indoctrinated to favor insubordinate status. Gender inequalities increase vulnerability for girl orphans much so that girl orphans are overworked and exploited variously.
- 31 In many countries patriarchal tendencies have militated against the well-being of women and girls. Although international protocols have articles on the protection of children they do not address directly the issues that affect girls and especially the orphaned ones. ⁵⁷In spite of Africa’s efforts to deal with the issue of the African child it does not have ways of dealing with the vulnerability of the orphan and more specifically the girl child one who is prone to all kinds of abuses.
- 32 Orphaned girls face an intersection of vulnerabilities: As children, they lack the legal rights (e.g., inheritance and property), maturity, and skills to care and provide for themselves. As girl children, they most often do not have equal access to household resources for schooling, nutrition, or health care. When a catastrophic event hits the family, girls are more often the ones who must leave school and take on a greater burden within the home. A study in Rwanda found that “90 percent of the estimated 45,000 child-headed households were headed by girls” (UNHCR, 2001 cited in Lawday, 2002). Many receive little social support because of the stigma associated with HIV/AIDS. OVC, and girls in particular, are more likely to have high rates of absenteeism from school, experience behavior or performance problems in school, or leave school altogether.⁵⁸ Further, a study based in Zambia with 228 OVC found female OVC had less decision-making power, lower self-confidence, negotiation and communication skills than males. ⁵⁹
- 33 In Nyanza and specifically Kisumu relief agencies, NGOs, governments and others have tried to ensure that the basic needs of children are met through food distribution,

support to food production, supplies of medicine, vaccines, and education materials but little is being done to protect children as effectively as needed. NGOs dealing with various issues in Nyanza have raised concern about continued vulnerability faced by the orphaned girls; especially those of school going age. Specifically they have cited the long distances (in sparsely populated areas) girls had to cover to get to school or even just to run routine household tasks. This put them at a very high risk of assault.⁶⁰

The local research

- 34 The research was conducted in one district in Kisumu county namely Kisumu East in Nyanza. Nyanza has the highest incidence of absolute poverty, namely 63.1%⁶¹ and the highest poverty level of all provinces in Kenya (national average is 52%). In 2008, the locality of research became a district.
- 35 One of the major socio-economic activities is fishing because of Kisumu's proximity to Lake Victoria. Other main socio-economic activities are subsistence farming and small-scale business. The infrastructure within the district is of poor quality, which causes major troubles during rainy season (the long rains fall during the months August and September and the short rains fall from March until May) .⁶² Especially in peri-urban areas, most roads are in these periods inaccessible.⁶³
- 36 The Luo make up for the major ethnicity in the area. Their social structure demonstrates a gender-based distribution of tasks and positions. Men are the decision makers in a household and are the owners of property. Moreover, social relationships are defined by kinship and age. The Luo society is patrilineal, meaning that descent is defined by the male line. The Luo culture attaches great value to the bearing of children, especially male ones. This is also one of the reasons why polygamy is commonly practised (25%) by the Luo. When a woman is not able to give birth to a child, a man can look for another woman.
- 37 Research which has recently been conducted in Kenya has thus begun narrowing in on particular ethnic regions. Of the ethnic groups which have now been studied in relation to orphan practices are the Luo of Nyanza by Oburu (2005), the Luo of Bondo district by Nyambedha *et al.* (2001, 2003) and the Luo of Kisumu by Ayieko (1997) and Awino (2007).
- 38 To garner information on the issues of concern in this paper qualitative data was collected from the locale. Qualitative data collection used two instruments: focus groups and a limited number of in-depth interviews. Focus groups discussions, conversations and participatory techniques were employed to gain a measure of insight into household evolution, the socialisation of family members, gender roles and survival strategies. It is assumed that while children living in CHHs are vulnerable, they exhibited considerable competence and capabilities to sustain themselves. The ambivalent position of orphaned children in CHHs needs to be addressed if CHHs are to be recognised as an alternative orphan care arrangement.

Discussion of research results

- 39 In this paper the example of seven children, four girls and three boys in CHHs was used. Six are in CHHs while one is migrated but had a story to tell. The respondents came from Kisumu North district; Kisumu East district specifically from three sub-locations

namely Nyalenda, Kanyakwar and Kajulu. Those interviewed were: 16 years old Sylvia Adoyo who is the first born in a family of four children; 18 years old Nancy Ogutu the second born of three; 15 years old Abraham Ndasosa one of four children; 17 years old Alex Okoth a first born in a family of six children; 16 years old Brian Ogwayo; and Emily Atieno Abuogo. All of the CHHs respondents had relatives who live in close proximity to them apart from Brian Ogwayo who had only one living aunt but far away.

Demise of parents

- 40 All the respondents lost parent after a period of ailing. The period of illness ranged from one year to five years but length of period notwithstanding all respondents went through a traumatic time. While two of the respondents did not know how the medical costs were met one respondent's household paid the bills. For the rest the medical costs were met by relatives and friends. The funeral arrangements were made and financed by Church members, friends, employer and relatives. As the parents ailed various categories of relatives gave care as well as provisions with the exception of Brian Ogwayo whose father took care of the mother and Alex Okoth whose parents were cared for by the children because relatives abandoned them.

Annex 3: Parent Death

Orphan	Date of Parent's Death		Age of parents at death		Cause of Death	
	Mother	Father	Mother	Father	Father	Mother
Sylvia Adoyo	2008	2006	uncertain	uncertain	Unaware	Unaware
Nancy Ogutu	2000	2001	uncertain	uncertain	HIV/Aids	HIV/Aids
Abraham Ndasosa	2005	2003	uncertain	uncertain	Just sick	Just sick
Alex Okoth	2003	2004	35	40	Cancer	Unaware
Brian Ogwayo	1998	2000	25	35	HIV/Aids	Cardiac arrest
Emily A. Abuogo	2006	2000	40	uncertain	unaware	unaware

- 41 For the Kisumu case, both male and female orphan's childhoods and other household members were greatly affected by the illness and demise of their parents given that they were young and left with a bleak future. Some of the children took care of sick parents; for instance Emily Atieno cared for her mother for four months before her death. They felt sorrowful, mostly pained by the sense of loss and the whole burden of parenthood that had suddenly dropped on some of them. Some of them, the males particularly, resorted to drinking alcohol to escape reality. One respondent was only three years old when parents died so could not recall anything. Thus parental death is recognized as one of the most stressful life events a child or adolescent can endure (Hallman *et al.*, 2008: 38) and may lead to inimical behaviour.
- 42 Although there were changes in living arrangements during illness, major changes occurred after the death of the parents/caregiver as some of the children lost all property to relatives. In Emily Atieno's case their uncle and wives took all the household items and dispossessed them of their land under the pretext that the uncle would be paying their school fees and meeting some of their household economic

needs. In some families some children migrated, especially the girls and the very young who often migrated to the maternal families. An example is Emily Atieno's younger sister who migrated because she was too young to be left with them. Emily was encouraged to remain to be educated by paternal uncles. There was only one instance when a brother was taken to foster care but the rest of the family was left intact. There was one case where the siblings remained scattered and to date do not know where one of the female siblings was taken to.

- 43 The issue of school attendance before and after the death of the parents generated varied responses. One set of siblings (all girls) had a sponsor who paid the cost of their education and provisions: their economic situation seemed much better than when the parents were alive. The next set of children stopped schooling because they lacked means of survival as well as school fees. In one CHH the parents' death affected one child to the extent that he had to join an institution for the mentally challenged. But not all relatives abandoned the children because there was one instance where an uncle gave school fees support and at the time of the interview, this child was in high school.
- 44 The illness and death of parents/caregiver affected the children emotionally and mentally. One group of children stated they did not come to terms after the death of the mother and the death of the father exacerbated the situation. One child became so disturbed by the realization that she would never see the classroom again. One child became mentally challenged. In another set of sibling the child head cried most of the time and became unfavourable to the younger siblings particularly when they needed anything from him. The siblings concluded that their brother had lost his mind. One sibling was too young when the parents died but as he matured it dawned on him that he would never see his father again.

Roles, responsibilities and decision as part of survival strategy

- 45 The illness and death of parents greatly changed the lives of the orphans. One CHH felt that illness and death of parents developed in her a sense of purpose and at the time of the interview she felt she was able to make decisions for the household. One female head said the death of parents gave her a sudden turn in life from a child to an adult with the responsibility of fending for the family. A male CHH noted that death of parents put a lot of pressure on him as a minor of age 13 with the adult's responsibility of taking charge over the family most especially Abraham who became disabled because of the trauma of the death. One male CHH categorically stated that this was a new turn of events and becoming a household head was no mean task. One male head migrated to other homes and lived with one relative after another. All those interviewed agreed that they were heading households. In the village they lived within the same compounds the parents lived, in the town they maintained the same houses the parents lived in.
- 46 These children began to head houses because they were either the first-born in their families or because the first-born had become irresponsible. For example Emily Atieno is not the first-born but took over because the elder sibling (a son) had taken to alcohol. Initially he supported the family by sending remittances while working as a tailor in Eldoret. This was to change with the 2008 post-election violence that forced him to relocate to Kisumu. In Kisumu he got a casual job as a watchman and departed from the siblings. He made an effort to retrieve the family property from the uncles but never

succeeded. The second sibling is a university student and only assumes responsibility when he comes home on holidays. Otherwise Emily is left in charge of two other siblings in high school and primary schools. Emily herself attends a day secondary school. Nancy Ogutu's experience is almost similar to that of Emily. Although she is the second born in the family of three and she had to take care of her younger brother since the eldest brother became an alcoholic. Most of the children assumed responsibility because they had no relatives who were willing to do it.

- 47 Children described their roles variously. Sylvia Adoyo said this is a responsibility that "requires dedication and sacrifice" for example I have sacrificed my entire childhood life to take care of my siblings." For Nancy Agutu this is a massive task that requires her to place food on the table on a daily basis forcing her to offer her labour as a househelp on a daily basis but there are days she does not get hired which means she returns home with nothing. The male CHH also expressed their daily hardship as they try to fend for the families in the precarious job sector. Brian Ogwayo alone had no problems because of the support he receives from relatives and because he is alone.
- 48 All the respondents felt they had assumed the role of parenthood without clear understanding of the magnitude and without due preparation for the task. Hence despite their effort to keep the family disciplines they could never fit in the shoes of parents. This is reiterated in Sylvia Adoyo's response "Actually I am a parent although I cannot fulfil all of them but I have always tried to put my siblings on the right track." For Nancy although she sees her self as a parent "it is a very hard for me." Similarly the boys also found this a heavy task because it meant "taking all responsibilities upon myself which I cannot manage alone," and "ensuring that everything in the house is in order and that my brothers and sisters find something to eat everyday." Their comments indicated that they had not only lost their childhood but they were also insufficiently prepared for the roles they assumed.
- 49 Despite their challenges most of the respondents stated that their relationships with other siblings remained favourable, they understood each other and tried to maintain family love and harmony given their common loss. However Nancy had nothing favourable to say regarding her relationship with her siblings given that her elder and younger siblings who became alcoholic blamed her for failure to give them favourable support. Brian who lives with other orphans who are his cousins also felt that their common loss bonded them with each other.
- 50 Generally the sibling shared household roles and responsibilities for instance Abraham and Abraham did so but Alex also had the responsibility of being the sole bread winner. Brian stated that "Although we do not live in the same compound with our uncles or aunts they provide our food but all of us undertake household chores on a rotational basis." Sylvia, a female CHH, had to give the direction as the eldest sibling but the rest share in all the household tasks. Unlike Sylvia, Nancy's sibling seemed rather hostile so she bore brunt of all the responsibilities alone. In Emily's home the division of labour is clearly indicative of the sibling's efforts to manage their affairs fairly. Emily and siblings receive an irregular support from a maternal uncle who visits them occasionally and brings provisions. A brother at the university also send money provided him by a sponsor. When provisions from such sources diminish then Emily and the other siblings would eat at a cousin's home but go back to their own home. Under normal circumstances they also do casual jobs during the weekend to meet some of their basic needs. During the school holidays all the boys do casual work while Nancy

remains at home to take care of the house and prepare food. According to the respondents the roles they took each day seemed similar.

- 51 Despite the fact that their household tasks seemed routine they could not compare them with what happened when the parents were alive. Moreover their households were no match for the adult headed households in their locality. Their households were differently structured with inexperienced children at them helm. Nancy was categorical about the fact that the leadership in CHHs was unusual and not traditional or even contemporary not even run in the same way normal households were run. They all stated that the experience of children in adult headed households was totally different from theirs because adults were in charge, took care of their needs, discipline and gave them direction. Adults also sustained interfamily relationships. It is only Sylvia who felt that to some extent theirs was a better arrangement than some adult headed households where violence was rampant. This could be explained by the fact that she lives in a slum that harbours all types of households.
- 52 Initially the responsibility they had seemed massive and challenging but they tried to live up to the task within the household since the death of the parents/caregivers. Over time they have learnt to cope with their circumstance as providers, disciplinarians and encouragers of one another. Among the siblings there were those who found it hard to cope initially for example Brian's cousin George who took quite a while to recover. They all emphasized that the entire process was difficult but they were left with no choice.
- 53 Despite significant strides in their efforts to live as CHHs the heads have found the task of raising siblings as a daunting one mostly when they have to provide for and discipline siblings and yet they themselves are children needing love, care, discipline and support. When overwhelmed by the responsibility their immediate response is to wish that the parents were alive. Such wishes occur because their experience is new and differs immensely from when the parents were still alive. These CHHs believe that parental responsibility is irreplaceable as for them they are mere children mimicking parental responsibility, which means that no matter how hard they try they consider they cannot become parents to their siblings. They also noted that their parents were in gainful employment and were therefore able to provide for them with more ease. They recalled that when parents were alive they fitted appropriately in their position as children with parents as reliable problem solvers, disciplinarians and providers. After the death of parents some of them go hungry even for days, they have assumed parental responsibilities for which they are inadequately prepared and in spite of their inadequacy their siblings rely on them.
- 54 Given their inadequacy they try to solve their problems not necessarily by consensus. Only three households said they made their decisions after discussing with all the siblings. Sylvia said they made decisions within the household with regard to roles and responsibilities by coming together and agreeing on the specific role and responsibility each member would take on a given day. Emily and Brian also stated that their operation was by consensus and in instances of disagreement they consulted uncles to mediate. The rest of the respondents made the decisions alone on the pretext that if the other siblings were consulted the situation could degenerate into family feuds or since they were the ones in charge the onus to make decisions fell on them and such decisions were final.

- 55 All CHHs were the final authority even in instances when they consulted each other. Sylvia always made certain decisions that aroused arguments among her two sisters. Nancy made decisions alone because she hated their constant fights. Abraham, Alex and Brian made all decisions because they considered them the best. In fact Brian boasted due to this he had earned respect from his siblings. But Alex's decisions were favourable because he always consulted with uncles.

Survival and social support networks

- 56 The existence of CHHs is an indication of the fact that the traditional social support networks are weakening. But from research it is clear that such CHHs are often located in close proximity to close paternal relatives and in one way or other interactions occur. There are also other support networks that have met the needs of CHHs for instance Sylvia who claims that they have a sponsor who does not live with them but cares for them and about them. Sylvia and siblings live in the town set up and do not seem to have relatives on the ground. Nancy has friends and an old grandmother who support her in decision-making and other areas. The grandmother is too old to provide for them. Abraham, Alex and Brian normally would seek help from uncles and aunts, friends when necessary regarding money food and decision making otherwise some rely heavily on their casual jobs. Basically the help accruing to orphans therefore come from friends, sponsor, church, and relatives. Apart from Brian whose relatives are aware of their dependence and so provide regular help, the rest of the households have to request for such help which might be granted or not. Nancy often requests when she lacks sanitary towels but this help is not assured because those asked often fail to respond.
- 57 Apart from help from social network the members of the child headed households must fend for themselves. They source for food or meet their basic needs within the household through a sponsor in the case of Sylvia who provides a monthly supply. Nancy has to work which means walking on foot to Kisumu town to look for odd jobs like sweeping shops and gets paid a pittance. Alex works as gardener in peoples homestead to be able to sustain his household. For the others friends and relatives have supplied their needs consistently and favourably. Emily has also relied on friends and relatives irregular support but they have also as siblings engaged in casual work consistently to sustain their household.
- 58 Apart from relatives and friends there are also some of the CHHs with social support network that provides assistance. Sylvia's family has a sponsor whose identity is not clear and could be considered part of the social network and at this level she admitted that an uncle and some friends also often came to their aid. She states that the uncle is the eldest brother to their father and provides them with a sack of maize after every harvest. Nancy and Abraham continue to be supported by the Catholic Church that offers orphans 10 kilograms of maize and one kilogram of sugar each month. Individuals from the church also regularly donate clothes, soap, money and even food. Brian and his siblings joined the young orphans group in the region where we receive help in terms of food, money, clothing, and counselling. The church and its members seem to support all these orphans but in most instances irregularly.
- 59 All the respondents tried to use the finances from these sources appropriately to meet their needs. Sylvia and her siblings have to programme their finances and provision

well because their consistent provider, the sponsor, gives the support once a month. Nancy's experience may be different from Sylvia's because she has no consistent support so when she receives her support she utilizes them for any need they have. Some of the orphans quickly utilize such support to pay tuition fees and buy some personal effects but they have to use with caution because their provision is not assured. The kind of support was appreciated by CHHs.

- 60 One of the major concerns of these CHHs is the community children's perception of them. However they realized that the community children's attitudes were favourable towards them. Some of them were regarded with much respect due to their seeming hard work. They have therefore tried to maintain good relations with them and consider them as their friends (discussions, chores, playing and occasional visits). Although the relationship between them and other children may seem favourable their relations with relatives remain ambivalent. Some of them only meet such relatives at funerals, others remain hostile towards CHHs, but some uncles, aunts and uncles remain favourable. But the CHHs did not give any response concerning the attitude of members of their community or the neighbourhood towards them and their siblings. My conclusion is that the general community may not any close interactions with needy families such as the CH households given the harsh economic circumstances. Only one CHH stated that he related with a young orphans group in the region where they are taught to live positively and always strive to achieve the best.

Strengths/ Weaknesses

- 61 Whereas some of the CHHs stated that unity was their source of strength one female CHH stated that this is what they lacked because in their family of three one at age 14 had totally lost direction, became an alcoholic and therefore out of control and responded to any effort to tame him in violence towards her.
- 62 They all admitted they usually have moments of crisis involving issues such as sibling misbehaviour, illness, lack of food, etc. When faced with crisis each household dealt with it in different ways. One female respondent stated that "We have never lacked food and when one is sick we call our sponsor and he tells us what to do. Child misbehaviour is a rare occurrence given that our sponsor has been our counselor." The second girl who heads a family that has male siblings and is not the first-born said "For lack of food I can borrow from some friends some money. For illnesses we depend on a local health centre which provides medication." Two boys expressed their dependence on relatives to provide food when they lacked, take them to hospital when they were sick and give every other possible support. However, they never had to deal with the misbehavior of a sibling in fact they did not know the indicators. One male CHH said their biggest crisis was usually when one of them fell sick because he had no finance reserved for such eventuality and as such he was forced to borrow from friends who demanded interest.
- 63 Most of the CHHs had lived peacefully, in harmony and love with siblings and due to the responsibilities they bore the siblings respect and the familial mutual bond. There is only one household where relationship between siblings and female head has been in continuous trouble.
- 64 Although these CHHs could live in harmony with siblings, their biggest challenge was lack of knowledge of the concepts of family values in the household; this made them

have wild wishes. Whereas some of them yearned for change if they were given the opportunity, one female respondent stated that she had accepted her situation fully and so had nothing she desired to change. One female respondent had accepted her loss of parents but desired change in her relations with her two male siblings who were given to drunkenness and violence. The male heads bemoaned their persistent lack which made them struggle to supply food for the CHHs and the failure to have all siblings in school. Their core desire was that society engages in their issues, treat them favourably and provide for their survival and education. For some of them the fact that they could not go to school was a big handicap because their future was now clouded.

- 65 Their remarks concerning other children in their neighbourhood had a tinge of envy. They felt their lifestyle had no comparison with children whose parents were alive. According to them these other children of their age had time to play a luxury the orphans lacked. The CHHs said that life had transformed them into parents while the other children were not. One boy's response was as follows "I have to put food on the table while other children have to wait for their parents to do so." Another boy described himself as "mature and the rest are very playful." One of the boys who was well provided for and given familial support by the extended family did notice any difference between him and other children who happened to be his friends.
- 66 Despite their different experience all the respondents maintained friendly relations with friends who were not orphans. Their interaction with one another involved the sharing of stories, discussion of schoolwork, fetching water together (girls), cracking jokes and engaging in other games. Both girls and boys met with such friends in their daily engagements either at school or when they undertook their other responsibilities.
- 67 All the respondents viewed themselves not as children but as guardian or parents or both to their siblings. There was only one CHH that had a sponsor who lived away from them but they considered the sponsor as a parent and the elder girl was the head of the family. One respondent stated that although he was expected to give parental responsibility to his siblings he was also still a child. As child heads of households they engaged in certain activities that other children did not. They took care of younger siblings and ran households while for other children this is the duty of their parents. One female head responded: "I have to look for food and that means working very hard. Children my age are in high school and studying while I am not."
- 68 The CHH were not happy with the state of affairs claiming that their new massive responsibility caused them to stop playing like other children too early. One girl head wept often because due to the death of parents she was unable to attend school and did not know how to read and write in this day and age. Other children's situation seemed better because they attended school; looked forward to going back to their parents at the end of each day and played at all times because, when they arrived home, parents had taken care of their provisions and other needs.

Orphans Future aspirations

- 69 All orphans seemed to view the future positively. The female respondents looked forward to becoming either prosperous businesswomen or completing secondary education or university in the next five years. Those aspiring to proceed to university wish to become either doctors or engineers basically bearing the same aspirations as non-orphans. One female respondent argued that given her good performance at

school she would be studying law at the university in the next five years. After acquiring her university degree in law she would assume the role of defending children an indication that she had come face to face with children's suffering. One discouraged girl's response was as follows "I cannot say anything because this is the life I will always lead. I do not know whether it will be any better." The only yearning this girl had was to establish a shop and do some small business. The other girl also entertained hopes for further education but admitted that the future seemed very uncertain.

- 70 Although the CHHs rarely discussed the future of their siblings they desired the best for them. Both male and female CHHs expressed the uncertainty over the future of their siblings but yearned for their success. The male heads stated that their siblings wanted to "become responsible members of the society," and had "big dreams too. One sibling wants to be a lawyer he is in form 1 and the youngest in class 7 dreams of becoming a Criminal Investigation Officer."
- 71 The following are the responses from respondents on their vision concerning their life in the next ten years; two female respondents saw themselves as well established professionals while one was uncertain regarding the future, in fact she could not foresee her future. The young men seemed quite positive concerning the next ten years. One foresaw himself in regular employment; the other one would have become a medical doctor; and still the other would have succeeded and even began to raise a family. Thus the dire straits within which the CHHs operate have not destroyed their hopes completely in other words they remain fighters to the end.

Conclusion

- 72 Orphanhood is an expanding issue that requires the effective involvement of all stakeholders. Whereas it is true that all orphanhood means the loss of parents, the experience of both the boys and girls in the CHHs has a gendered face which cannot be ignored. Boys lives are a bit care free and boys have time to interact with friends while the girls seem to have a big load of fending for family and ensuring their upkeep particularly in instances where the boys have failed to assume their responsibilities as elder sons. The girls may also be vulnerable in many ways that boys are not, particularly in relation to sexuality and workload.

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