The Lives of Children Heading Families

Stories As Told To Shimelis Tsegaye
Prologue

The African Child Policy Forum is an independent pan-African policy advocacy centre based in Addis Ababa, Ethiopia. Its mission is to put the African child on the political and public agenda focusing on the development and implementation of effective policies and laws. The work of the Forum is rights-based, inspired by universal values and informed by global experiences and knowledge. The Forum aims to provide opportunities for dialogue, contribute to improved knowledge of the problems facing African children, identify policy options and strengthen the capacity of NGOs and governments to develop and implement effective pro-child policies and programmes.

Shimelis Tsegaye, Senior Project Officer with The African Child Policy Forum, had an emotionally moving experience while researching child-headed households in five Ethiopian towns and their rural surroundings. This book presents his experiences and the stories of individual child household heads. The African Child Policy Forum is glad to present the book for use in advocacy, policy and legislation development, social mobilisation and programme design.

The Forum believes the stories are a sample of the horrendous experiences of millions of children living in child-headed households across Africa. The stories reveal the gravity of the problem, as well as conveying the urgent need for action.

Real names are withheld in order to protect privacy

The people whose photos and case studies are featured cannot be held responsible for conclusions made by the narrator.
An urgent alarm

I visited 110 child-headed households living in the towns of Dessie, Modjo, Awassa, Shashamene and Addis Ababa in Ethiopia and their selected rural surroundings. Some of the heartrending stories they related to me are presented here. Other stories that they did not tell were based on my observation, interpretation and analysis of their situation including stories of the crumbling houses they live in, the decaying food they eat and the tattered clothes they wear.

This gives you a glimpse into the tragic world of child-headed households, where children are working courageously to maintain a semblance of family life and where children as young as nine are struggling to make ends meet and surviving economic and emotional storms that are completely beyond their capacity.

Millions of children are acting as heads of households, playing an adult role before their physical and emotional maturity is ready and using their survival instinct to develop crude coping mechanisms with insufficient adult support.

The following cases invoke the terrible suffering of children living in child-headed households. Children in such families are living in the same houses where their parents succumbed to HIV/AIDS, devoid of adult fellowship and struggling with abuse and adverse livelihood challenges. These are families of children whose youthful sense of pleasure has been dulled as a result of the constant traumatic memory of their parents’ painful deaths. Children living in child-headed households are often forgotten citizens with confused identities, called derisive names and stigmatised by society. Many of these children are living lives of extreme deprivation, where even their survival is uncertain. Children caring for siblings, as well as sick and bedridden parents or relatives, have to take on subtle adult roles before they are ready; for example, by administering antiretroviral therapy (ART).

The plight of child-headed households is alarming and unprecedented. The dreams and aspirations for a better future of children in child-headed households are being crushed under the weighty burden of psychological, survival and economic challenges.

Shimelis Tsegaye
The African Child Policy Forum
Kotu is a seventeen year-old head of a household in the village of Shera, 25km outside the town of Modjo. Kotu and her brothers lost their parents to HIV/AIDS in 2003, after which the five children deliberately decided to establish themselves as a child-headed household as they wanted the warmth and mutual care and support of living together. They decided to keep the house, two hectares of farmland and some cattle that they inherited, which they thought would be sufficient to sustain them as a family. Even the fertiliser loan owed by their parents to the local Farmer’s Association did not put them off from becoming a child-headed household.

The children have sweet memories of their father singing for them in the evening and their mother telling them stories. “We have to succeed, and by succeeding we will immortalise our parents,” said Kotu assertively.
Mist blankets the mountain range that forms a natural wall around the town of Dessie, as darkness descends over the town. A teenage girl sits on a torn straw mattress in a small crumbling house with plastic walls and poor lighting. Her eyes reflect sadness and deprivation, and she even appears a little deranged by her solitary life of hardship.

Bethlehem is a sixteen year-old girl heading her own household in Dessie, 400km north of Addis Ababa. Bethlehem’s father died five years ago from an uncertain cause, but when his wife fell sick, she was tested for HIV and discovered she was positive. She began to take ART, but later discontinued it in favour of baptism with tsbebel, or holy water, at Tsadikane Mariam, 300km south of Dessie, where thousands of HIV-positive people go hoping to experience the miraculous healing power of its waters. However, her condition worsened daily and three months into the tsbebel treatment Bethlehem’s mother died and was buried in Tsadikane Mariam. Bethlehem, then aged fifteen, mourned her mother alone before returning to Dessie with the assistance of other pilgrims for her bus ticket. Now, with no relatives to turn to, she ekes out a miserable living on food handouts from her poor neighbours and a paltry income from washing clothes in other peoples’ houses. “Even after I have washed piles of clothes, people take me for a beggar when they see how poorly dressed I am, and only give me a meal in return,” she complains.
As night falls in Modjo, electric lights shine from the doors and windows of most of the houses. One house in the middle of a block of dilapidated houses remains in darkness, except for flickering candlelight that creates silhouettes of small moving figures. A sixteen year-old girl, Mulu, is sitting on a thin straw mattress that is wet from the rain trickling through the leaking roof, holding a malnourished-looking baby. The silence of the house is broken only by the baby’s cough and the gusts of wind flapping the piece of cloth covering the window.

Mulu is now heading a household of four children: three are her sisters and the baby is the son of her older sister. Mulu started heading the household after the desertion of her eighteen year-old sister, Azalech, who had headed the household following the death of their mother from HIV/AIDS. Azalech left the household, including her own child, apparently overwhelmed by the dreadful burden of heading a household as a child with no income and with no external support. As Mulu is younger than her sister, it seems likely that she is even less capable of shouldering household responsibilities and may have less stamina to endure hardship.

Since the death of their mother, the household has been living without electric light. They cannot afford to buy candles every day, so they go to bed early or on rare occasions they use homemade kerosene lamps. “We used to get an electric connection from a neighbour’s electric meter, but following the death of our mother, they cut us off in fear of not getting the monthly fees on
time. Who wants to do business with a household of children?” said Mulu.

Mulu has now dropped out of school to care for the household. She tearfully remembers her mother taking her and her sisters by the hand to lead them over the railway tracks when they all attended school. “We miss our mother very much. She was the light of the house. Now that she is gone, we are in darkness,” she says.

Mulu has become very suspicious and is always afraid of potential sexual abusers. She says, “At night, we rely on neighbours for protection and safety.” She supports the household by cooking and washing clothes in other peoples’ houses on a contractual basis, but without a fixed fee; “As I am desperate for money I receive whatever they give me.”

Mulu shares her apprehension that her family could suddenly be left homeless without warning: “We don’t have any guarantees, even for this kebele-owned house. People have tried to drive us out onto the streets on numerous occasions, but so far, we have managed to cling to it.”
Tesfanesh, a girl of eighteen, lives in Addis Ababa with her fifteen year-old sister. Tesfanesh started heading the household in 2004 following the death of her mother. Immediately afterwards, while the girls were still mourning their mother, Tesfanesh was sexually abused by her grandfather who was living in the same house. She still lives in constant fear of him, as he vowed to kill her if she told anyone.

Following the abuse, Tesfanesh and her sister moved to another house and became established as a household by themselves. Even though other relatives live nearby, they did not come forward to take them in and have not even helped them by bringing supplies. According to Tesfanesh, this is because, “Our relatives are poor themselves, or because they know that my mother died of HIV/AIDS.” She is now employed as a cleaner in a local private company, earning a meagre monthly salary that is barely sufficient to cover two meals a day for the two sisters.

Tesfanesh still struggles to cope with her mother’s death and the traumatic memory of the sexual assault by a blood relative, while being crushed by the burden of heading a household at a young age with minimal resources. Weighed down with these horrendous burdens, Tesfanesh has lost all taste for life itself and her sense of self-worth has reached rock bottom. She barely talks at all; but says, “I get temporary respite from my grief when I sit down alone and quietly shed my tears until they dampen my skirt.”
Semira and her family live in the village of Boru, around 10km outside Dessie, in the region of Wollo. The area has famously witnessed some of the worst droughts and famines in living memory. Semira is eighteen and currently heads a household of five children. She has been the breadwinner since 2001, when both her parents became bedridden due to HIV/ AIDS. Following the death of her parents, she took up the entire responsibility of providing for the needs of her four siblings through farming the family land. Semira has a confident and resolute manner, and an uncompromising tone of voice. Asked as to how she managed to sustain her family for so many years, including when her parents were incapacitated, her reply was firm: “I yoke the oxen myself and cultivate the land.” Semira’s relatives live nearby and help her with cultivation, weeding and gathering the harvest, typical of the support network in the Ethiopian countryside.

Semira sees no reason for any of her siblings to go and live with relatives; “As long as I can take care of my family, with assistance from our relatives, we will live here where the spirits of our parents are.” By virtue of the positive role she plays in modelling the behaviour of her siblings, household responsibilities are properly shared within the family. This relieves her of some of the burden of managing the household routine; “While some of us study, the others clean the barn, collect cattle dung for fuel or herd the cattle; each child knows what he or she has to do and when.”

She has demonstrated her emotional tenacity by daring to attend wedding and burial ceremonies in her village, in spite of the widespread stigma and discrimination towards children orphaned by HIV/ AIDS. “When we attend social events, people stare at us. Many people still consider us ill-starred children born to cursed parents, because they lost their lives to HIV/ AIDS, which is widely believed to be contracted because of a curse” she says.

Semira’s hopes for the future are inspiring: “I want to continue my education and become a researcher, because I want to find a cure for AIDS. I want to show the community that I am a blessing, not a curse.”
Before their mother became bedridden due to HIV/AIDS, Daniel and his younger brother and sisters used to lead a happy life in the town of Dessie. Their parents used to closely supervise and guide their studies. They had many friends and plenty of time to play, only interrupted by their mother sending them to buy sugar or coffee. However, once their mother was confined to bed, Daniel and his younger sister had to join hands as the burden of being virtual heads of a household fell on their young shoulders. Now Daniel works as a daily labourer while Sara sells plastic bags. Their mother eventually died, so the brother and sister had to jointly take up the heavy responsibility of satisfying the parenting, security and educational needs of their siblings. “When our siblings get sick, we fetch herbs from the forest and there are times when we have to forego our meals so that the younger siblings get sufficient food,” said Daniel. Daniel and Sara have now dropped out of school, but they encourage their siblings to concentrate on their studies, even though they do not have the necessary skills to provide them with educational support.

Daniel says he will never forget the lingering agony and death of their mother. He feels sad about the indifference people display towards the family of children and says he has lost all hope of a better life, as each day brings more wretchedness. With no relatives to stand by their side, Daniel and Sara have sleepless nights because of the constant anxiety about the challenges tomorrow will bring.
Tadelu is a sixteen year-old girl living in Awassa, 280km south of Addis Ababa, heading her own household. She was born into a middle class family and used to live well before HIV/AIDS snatched away both her parents. Tadelu inherited a large house full of expensive furniture, which could have been rented to raise sufficient income for her living. However, that consolation was short lived. After the customary forty days of mourning came to an end, her aunt, instead of acting as a guardian, grabbed the house and the furniture and drove her out empty-handed. As Tadelu was legally underage to bring a case to court, had no money to cover the cost of litigation and no immediate adult counsel at her disposal, she could not take the case to court.

Tadelu now lives in a small rented house, which takes away half of her paltry income of 100 Birr. Once an affluent girl who attended a good school and even had a private tutor, Tadelu now attends evening classes and works in the day as a domestic servant in different houses on a contractual basis. She used to own many clothes, but now relies on handouts from charitable people. The swift plunge into a life of misery has been like a bad dream for her.
Sitting in a dilapidated mud house with bare walls and cracked windows, Yonas, an eighteen year-old head of a household of seven children, looks towards a future that holds no immediate hope. The only furniture in the house is a small bed, a straw mattress, an unstable old wooden bench and a broken clay stove.

Yonas says, “I am living for my siblings. I have no life of my own… when I think of the future of these kids, I feel like killing myself.” Their father died when Yonas was a young child and their mother died a tragic death four years ago. She suffered with serious mental problems, apparently exacerbated by the skyrocketing cost of living in Addis Ababa. One morning she went to church, but never returned. After an extensive search, her body was found under a bridge; she allegedly committed suicide.

As the eldest, Yonas inherited house rent arrears of several years as well the responsibility of six young children, including a girl with speech and hearing impairments. Yonas now heads the household with the income from renting bicycles and working as a daily labourer. His work is sometimes hazardous; he bitterly recalls the day when he was stabbed following disagreement over payment with a customer. “When you are poor, your words often fall on deaf ears; a poor person is never right,” he says, remembering how the law reacted to his case.
The household only eats twice a day, and even that depends on Yonas earning his maximum daily income. “Our diet contains only bread and cereals. Before the death of our mother, we used to have fun in the holiday season, but now we hate it. It has been years since we ate chicken.”
A short distance from a luxury restaurant in the fast developing town of Awassa, a group of children who make a living shining shoes are huddled together against the cold or potentially abusive customers. Among these children is Lebu, a member of a household headed by his sixteen year-old brother, Gezu.

Gezu, Lebu and their sister Marta used to lead an average life before they lost both their father and their mother in rapid succession, to HIV/AIDS. Their life changed abruptly, as they had to learn to fend for themselves with no known relatives to help them. With limited skills to earn a living, they had to resort to the readily available option of self-employment in the informal sector. Gezu became a daily labourer, while Lebu joined the army of shoe-shining boys. Both earn income under exploitative circumstances and spend a good part of their time on the streets. They are vulnerable to physical abuse by customers who deny them of payment. Even if they had a strong interest in learning before, education has now become a luxury to them, when their preoccupation is where the next meal will come from.

Where going to school is a luxury
At a young age child heads of households drop out of school to look after their siblings.
Abegaz is an eighteen year-old boy heading a household of six children in the town of Dessie. He has been the virtual head of the household since 2001, when both parents became bedridden due to HIV/ AIDS. Following the successive death of their parents, Abegaz had to become the actual head of the household. He works as an assistant mason, which means he has to carry heavy slabs of stone from dawn to dusk, mostly on an empty stomach. His younger sister converts money into coins for telephone users and taxis, while his younger brother sells plastic bags.

Abegaz has no friends and has virtually lost any desire to enjoy himself. A traumatic past and a miserable life, worsened by the awesome burden of heading a large household for seven years, have dulled his youthful sense of pleasure, “our sense of joy has died and is buried along with our parents,” he says. Abegaz wears an oversize coat inherited from his father, contributing to his serious and adult demeanour. “We feel sad when we think of the agonising lingering death of our parents. They had no relatives to stand by their side; we were the only ones to take care of them. People still call us ill-fated children, because we lost our parents to HIV/ AIDS.” His concluding words sound an urgent alarm: “We are forgotten by everybody. We need support before we die; dead people need no aid.”
Yeshimebet and her mother share a meal of injera sprinkled with berbere on a table crowded with tin cans, used for selling traditional alcohol. Berbere is an essential ingredient in Ethiopian cuisine, but no one would eat it as a sauce in its own right unless they were really desperate. The packet of medicine on the bench is a clue to the nature of the desperation; the packet is ART drugs and Yeshimebet’s mother is HIV-positive.

Eighteen year-old Yeshimebet and her mother live in the town of Shashemane, 250km south of Addis Ababa. Yeshimebet’s father died three years ago and her mother has been bedridden since then. Yeshimebet earns a paltry income by carrying out domestic chores, such as washing clothes, cooking and cleaning, in different peoples’ houses.

The household is living in an abject state of poverty. Benches covered with dried goat skin are used as beds. The walls of the house are crumbling and the cramped interior is in a deplorable state; miscellaneous household materials are dumped in an unhygienic heap.

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1 Hot red pepper, dried and ground into a powder.
Yeshimebet does go to school, but because she spends a good part of her time working for a living and caring for her mother, she is frequently absent from school and has hardly any time to study. Therefore, her results are very discouraging and she sees little prospects for future improvement. The poignant mixture of poverty and disease has made life unbearable for this household that consists of a child and her bedridden mother. The mother mostly takes ART drugs without eating, thus reducing the effectiveness of the drugs and her chance for an improved standard of health.
Biritu is fourteen and lives in the village of Shera, 25km outside the town of Modjo. She heads a family of three children and her forty year-old mother, who is HIV-positive, in a shelter provided by a benevolent person. The household survives on a monthly handout of 45kg of wheat from a local NGO, supplemented by the daily income of 3 Birr that Biritu earns by collecting and selling cattle dung for fuel. In this situation, with five mouths to feed, three meals a day are a luxury. Biritu’s mother has recently become paralysed from the hip down and can hardly move, so Biritu always has to be around. She is regularly absent from school and has little time to study.

The most worrying aspect of life for this child household head is the psychological and physical burden of caring for her bedridden mother. Biritu has to carry her mother on her back to the local health post whenever her mother feels pain. She also bathes her mother and has to remove her excreta with unprotected hands. “I have no gloves, so I fear contracting HIV. Even without gloves for protection, I have to do it, as I am the only one old enough to care for our mother,” said Biritu.

Monitoring her mother’s drug intake is a constant preoccupation. There is no clock in the house, so this overstretched girl has to rely on nature to tell the correct times for her mother’s ART drug intake, by looking at the position of the sun. The rigorous precision of timing demanded by these drugs is left to the elements.
Tsion is a seventeen year-old head of a household in the town of Modjo, 73km south of Addis Ababa. Modjo is located on a busy highway that links the populous regions of Oromia and SNNP, so it is has one of Ethiopia’s fastest growing rates of HIV/AIDS.

Tsion has been caring for her bedridden father, a former soldier and veteran of the Ethio-Eritrean war, since he fell ill with HIV/AIDS in 2005. She has been doing her best to satisfy both their needs on her father’s pension of 200 Birr a month plus a 45kg monthly wheat handout from a local NGO. Life is miserable for this child head of a household, complicated by the delicacy of caring for an HIV-infected adult without sufficient income.

Housing has been a critical problem of this household. They were precipitously driven out of their last rented house by the landlady, who had threatened to expel them many times before. Through kneeling down at the landlady’s feet and tearfully begging for mercy, Tsion had previously managed to avert the threat. However, one day the owner carried out her threat and threw their few belongings into the road while shouting and cursing Tsion and her father. And they had to move into a new rented house for the third time. Tsion’s father, with tears rolling down his bony cheeks, says, “We are always on the move. Today we are here in this house, but only God knows where we will be tomorrow.”
Solomon is an eleven year-old double orphan who is now responsible for his own livelihood and that of his grandmother. Their home is a plastic shelter put up by churchgoers who frequent the Medho Medhanealem church. The rain leaks through the roof onto their beds and their meals mainly consist of mouldy injera and dried meat, leftovers from nearby restaurants or handouts from churchgoers.

The second grader attends school for half the day, thanks to support from the church. He spends the rest of the day in the street selling sugarcane, boiled potatoes and tissues. Since the rainy season set in, Solomon has been going to school late in the morning, as he has to lay out his bed sheets and other belongings to dry in the sun. Thieves recently stole his threadbare blanket and since then he sleeps wearing his school uniform. During the course of the interview, Solomon looked very anxious about where he was going to sleep that night, as his bed was covered in water. He was desperate for a bed and a blanket during the cold rainy season: “I am not afraid of anything except two things: night time assailants and the rain.”
The burden of household management, including household conflict resolution, has a devastating effect on child heads of households. The very young household heads especially complain of their lack of life skills and inability to address the parenting and information needs of siblings. They suffer from emotional crises when siblings ask them for arbitration or advice and they don’t know what to say or do.

Child household heads undergo psychological and physical ordeals beyond their capacity, ranging from foregoing meals for the benefit of younger siblings and treating siblings when sick, to sharing limited household supplies among the household and protecting siblings and property from assailants. Lack of experience means they are unable to fulfil the traditional parenting responsibility of teaching siblings about the ways of the world, which has serious adverse impacts on emotional and intellectual development.
Incapacitated adult members of child-headed households play a formidable role in keeping children together and stopping them making their separate ways onto the streets; they act like glue for family cohesion. Children appreciate the warmth brought by the presence of adults in their family, and their presence also plays a role in deterring potential property and land grabbing.

“Even if she looks pale and frail due to the illness, we take delight when we see our mother present in our midst. She is the light of our home. Is there anyone who desires to live without light?”

“Abebech, sixteen year-old head of a household caring for a seven year-old sibling and her mother living with HIV/ AIDS, Addis Ababa”
Concluding remarks

This book is an attempt to share the appalling stories of the children I met; stories that broke my heart and wounded my spirit. No words can fully convey the reality of the afflictions affecting these children. The case studies presented here are just the tip of the iceberg. They tell only part of the tale of the shattered dreams of millions of children living in a child-headed households. Unless urgent steps are taken, the emotional and physical states of millions of young lives will be ruined beyond repair. Urgent support is needed for these children in a wide spectrum of areas, including the following:

1. Material support in the form of food, shelter, clothing, educational materials, healthcare, sanitary facilities and bedding. Direct financial support is needed, to address other needs. These households also need trauma counselling, including access to play and recreational facilities.

2. An adult guardian: someone to offer them love, hope and affection, someone to turn to for help, advice, guidance, protection and support in times of crisis, and monitor their health and schooling. The children also need adult companionship in order to develop to their full potential.

3. At the national level, policies need to be developed to institutionalise the support child-headed households should receive, to standardise the training of social workers and to provide support to local authorities.

4. Improved life skills will better equip child household heads to shoulder the responsibility of providing the material and emotional needs of siblings and/or bedridden adults; build their resilience to help them overcome bereavement; and protect them from HIV infection.

5. Child-headed households need special legal protection from abuse and property grabbing.

6. Incapacitated adult household members need appropriate help to improve their health and prolong their lives, through clinic and home-based care, treatment for opportunistic infections and Anti-retroviral Treatment, and appropriate nutritional support.

7. Terminally-ill parents need to be advised on proper succession planning, by empowering them to prepare wills, identify caretakers and make plans for their children.

Shimelis Tsegaye, The African Child Policy Forum
An urgent alarm echoes in every pages of this book about the special support child-headed households in Ethiopia desperately need. Unless urgent steps are taken, millions of children parented by siblings will become adults whose emotional, social and educational development has been compromised beyond repair. It may not be too much of an exaggeration to say that this crisis is for the future of heavily affected countries, such as Ethiopia. Policy makers, advocacy groups, NGOs and individuals are urged to exert their efforts to rescue these children from the ordeals they are now undergoing.

These children have shouldered the awesome responsibility of providing the material and psychological needs of other children that are wholly dependent upon them, responsibilities which are way beyond their experience or capacity. In Africa, where raising children used to be traditionally taken by a whole village, little children are now caring for entire households, by their own, spending sleepless nights to make ends meet in a world that is beset with uncertainties. This, dear brothers and sisters, is the reality in Africa today... ... We thus are part of this reality and hence partly to blame for it. We therefore have the responsibility to change that reality."

- A speech by Dr. Assefa Bequele, Executive Director of The African Child Policy Forum on the occasion of the 2005 Larissa Award.

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