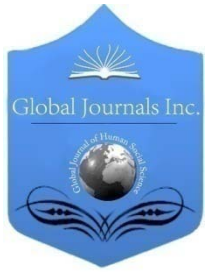
Volume 17 Issue 15
Originally issued as A2



Global Journal of human-social science: a
Arts & Humanities - Psychology
Volume 17 Issue 2 Version 1.0 Year 2017
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-460x & Print ISSN: 0975-587X

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GJHSS-A Classification: FOR Code: 160301



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Identifying Predisposing Causes and Consequences of Child Headed House hold in the Case of Wolaita Sodo Town

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Abstract- The main objective of the study is to explore predisposing factors, attitude and consequences of child headed house hold from both community member and the children perspective. To do so, a quantitative design was employed.

The study was conducted in purposely selected five places in Wolaita sodo town. The required data were gathered from hundred respondents: fifty child headed house hold children and fifty community members. The main findings of the study show that Poverty, parental death, family conflict and large family size were predisposing factors for being child headed; the child headed house hold children have negative attitude or lower self-esteem towards themselves and Hopelessness, poorness, homelessness, migrates were found to be the consequences of being child headed house hold.

I. Background of the Study

Among various rights, a child has the right to be raised in a manner which provides him/her with the best possible development of his/her personality. Regarding such a right, there is a global consensus that this upbringing is (in principle) the primary responsibility of the child's parents. In this regard, a distinction should be made between biological and moral parenthood (UNICEF, 2004). The former refers to the genetic or natural parents via birth while the latter supposes someone who gives care, love and understanding.

Thus, providing care, love and understanding is not restricted only to the biological parent, but can also be achieved by (a form of) foster parenting, adoptive parents, relatives or in a residential institution. This presupposition (i.e the right of a child to receive care by means of either biological or moral parenthood) is found in Principle 6 of the 1959 Declaration and proclaims of child conventional law (UNICEF, 2003).

In spite of this fact, however, Africa in general and Ethiopia in particular is home to millions of children without adequate parental care or access to suitable alternative care. As a result, numerous children are forced to face the responsibility to head the household in early stage.

Previously, child headed households were not common in African continent. This is not since there was no children who lost their parents but because the African traditional of family system provided a sense of belonging, security, social and safety net to support its members at all times (Barnett and Whiteside 2002). The extended family networks had a role to take a care for all children. Consequently, the children who lost their parents were taken and grown by their aunties, uncles and even grandparents even in the worst scenarios as their own children.

Unfortunately, this tradition has been vanished due to different factors: Labour migration, urbanization, westernization and change in economic system. Due to this fact, the traditional safety net can no longer cope and this had led to calls for support from external sources other than the family and individual community (Nelson Mandela children's fund, 2001). In addition, civil wars, poverty, poor agricultural production, diseases (most importantly HIV/AIDS pandemic) and meager resources, the common features of most African countries, have rendered the traditional system incapable of still continuing to serve its people as it did many years ago (Barnett and Whiteside 2002). Due to these and other various reasons, children are being left to fend for themselves from a very early age in life and without a properly functioning welfare system. Because of these, some of the children end up on the streets in urban cities. These children are exposed for many problems like early marriages, poor nutrition and poor health. (UNICEF, 2003).

Other children are also forced to shoulder family responsibility at early age. In recent years, the international community has started to view child-headed households – in which a child has taken over the majority of responsibilities of the main caregiver – as a form of alternative care. The survey indicated; in Sub-Saharan African, nearly 90% of the orphaned children have in the past been cared for by members of the extended family. However, with the rapid increase of orphans, this traditional system of support has been overwhelmed. Therefore, there is a significant rise of child headed households. This is because their relatives have no capability to care for these children when they themselves are languishing in poverty. It is estimated that more than 80% of all child headed households are located in sub-Saharan Africa (UNICEF, 2003).

There are several definitions of child headed households but a more practical definition as noted in a study by Tsegaye (2007) is "a household which is

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headed by a person under 18 years old and who is taking care of the household and other siblings." The children of child headed households are not however necessarily orphans since their ailing parents may live with them but needs care. There could be other adults staying in a child Headed Household .These adults may include old grandparents, disabled uncles/aunts, or even some other adult relatives who are not responsible for the household. Children in child headed households experience hardship in meeting their daily needs. This leads them in leading a distressful life: full of uncertainty and anxiety. Thus, there is a need to create more opportunities accessible to these children and creating enabling environment where they can make better their socio-economic conditions. It is also evident that they need a significant psychological support from the others in their immediate environment, such as teachers, extended family members, church leaders and community leaders (UNICEF, 2003).

Like many other sub-Saharan countries, Ethiopia faces large and growing numbers of child household heads. The study conducted by Tsegaye (2007) particularly indicated there is many children who are exposed to child headed households in South Nation Nationalities of Ethiopia. This experience is common in this region due to various factors.

II. Purpose of the Study

The aim of this study is therefore to investigate factors of child headed households and its practical consequence on their life. The study as a result identified how children become house holder and ascertain how child household heads affected by changed life circumstances

In 2005, Ethiopia had the fourth largest orphan and child house holder population in sub-Saharan Africa. More than five million children aged 17 or younger, more than 6% of the total population, were one-parent or double orphans. Approximately 2.4 million were maternal orphans, 3 million were paternal orphans, and more than 600,000 were child headed householder (TSEGAYE, S. 2008). AIDS-related deaths accounted for 530,000 maternal orphans and 465,000 paternal orphans. Approximately 77,000 households were headed by children. It was also estimated that 18% of all Ethiopian households are caring for at least one orphan (UNAIDS. 2010). Thus, an attempt will be made in this study to investigate factors of child headed households and its consequences on their life.

III. Objective of the Study

a) General objective

The general objective of the study is to investigate factors of child headed households and its psychosocial challenges in their life.

b) Specific objective

The Specific objectives of the study are to:

- ✓ Identify causes of child headed household.
- ✓ Express the consequences of child headed household.

c) Significance of the study

The study is hoped to contribute to social transformation in general and child empowerment in particular. This is because the research strives to enhances pre- prevention of factors of child headed households and minimize the impacts/challenges/ consequences by mobilizing the communities to maintain the indigenous culture of family system which provide a sense of belonging, security, social and safety net to support its members at all times. The study is also expected to generate practicable and doable ideas for preventing child headed household which is becoming a social problem in Ethiopia as well as in Wolaita zone. The strategy of pre-prevention of factors for this social crisis (child headed household) and managing its impacts/challenges/ consequences by indigenous culture is cost effective and ensures social transformation for lower income countries like Ethiopia.

d) Delimitation of the Study

This study will be delimited on children who take the role of parents and take of their sibling and other family members. Moreover though being a child headed household follows so many challenges this study will concentrate on its psychosocial consequences. Lastly the study will also geographically delimited on Wolaita Sodo Town

IV. Methods of the Study

a) Research design

The main objective of this study is to investigate predisposing factors attitude, consequences of child headed household. To achieve this objective, a quantitative design was employed.

b) Research site

The SNNPR (South Nations and Nationalities People Region)is an extremely ethnically diverse region of Ethiopia, inhabited by more than 80 ethnic groups, of which over 45 (or 56 percent) are indigenous to the region (CSA 1996).Wolitasodo town was selected as a general research site since it is the catchment area of WSU (Wolaita Sodo University) and it is seen that there are a number of children who help their siblings in the town. Five places called "BekeleMola, Menaheria, ArogeArada, Geberna and Otena" where many child headed house hold children found were selected purposefully

c) Population, sample selection and size

The target population for this study was children of 8-18 years among child headed households.

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However, community members lived nearby them were also taken as part of the population. In order to select the participants of the study, a non-probability, purposive sampling design was used.

The rational of applying purposive sampling to select participants are to pick participants who are aware of the phenomenon and able to explain their observable fact. Moreover, purposive sampling implies good judgment and acceptable approach. Thus, the researcher can credibly and intentionally include the sample participants who give in-depth information on the investigated issues.

The researchers selected fifty children who are living and working for their survival. Thus, the researchers purposively focused on the children who are struggling to manage their sibling's life financially, socially and psychologically. Moreover, another fifty participants who are nearby the child headed house hold were randomly selected. Thus, all in all one hundred participants were selected as a data source for this study.

d) Data gathering Technique

Questionnaire was employed in gathering the required data. The questionnaire was divided in to four sections. The first section was intended to gather back ground information about the participants of the study. The remaining three sections were focusing on predisposing factors, attitude and consequences of child headed house hold respectively. The questionnaires' item was designed in Amharic version since the majority of the respondents can communicate with this language.

e) Piloting in Developing Data Collection Instruments

Tentative survey questionnaire was made based on reviews and provided for professional to have their comments. Taking the feedback and comments of the experts from different disciplines, the items were further piloted by 20 randomly chosen respondents of child head house hold and community member. Ten were taken from each group.

Moreover, the items were scrutinized by other experts' comments and checked their reliability and validity statistically. Accordingly, to check the reliability of the study's quantitative data instrument, Statistical Package for Social Sciences (SPSS) was also used. It helped the researcher to see the internal consistency. Accordingly, a Cronbach Alpha coefficient greater than 0.795, was computed. This shows valid internal consistency of the items. The content validity was also approved by the expertise's comments

f) Data Collection Process

The data collection of the study was managed efficiently since the paves were crystal clear via piloting process. To manage the data collection process, the researchers had passed three phases.

In the first phase, good rapport was retained with participants of the study. The rapport was established by having services from the child headed house hold and their nearby community members. During this time, the places many child headed house hold found were identified.

In the second phase, the researchers went to the identified places and took the services as it was done in the first phase to maintain the rapport. And it was done successfully. During this phase, twenty data collectors were identified: ten from child headed house hold and ten from community member. Accordingly, the child headed house hold data collectors collected from their friends so do the community members. Each of them collected data from five participants.

At the last stage, so as to make the survey data collectors successful in their duties and generating the necessary data, the collectors were given an orientation how they manage the data collection. They were also paid per paper. The orientation focused on the objectives and contents of the survey questions and the responsibilities of the data collectors. After the orientation, they were requested to read the question-naire and discuss with their mate and ask the researchers any questions if they have had. This helped them to develop a general understanding of the questionnaire. It (the survey's data collection process) was managed in such away.

g) Data Analysis Process

The major concern of structured survey questionnaire was for gathering cross-sectional information on the predisposing factors, attitude and consequences of child headed house hold. To this end, data were gathered and analyzed statistically using SPSS. The data were described in percentile

V. Results and Descriptions

In this section, an attempt is made to describe results obtained from descriptive method of data analysis: frequencies. The Specific objectives of the study were to:

- ✓ Identify causes of child headed household.
- ✓ Express the consequences of child headed household.

In answering the above research questions, as indicated in the commencing part of the chapter, frequency method of data analysis was employed.

a) Causes of child headed household

In this section results found from participants about factors which force children to be headed are presented as follows.

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Table1: Predisposing Factors of Child headed House hold on communities' side

Item	Options						
A child is being child headed household by…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Parental death	N	6	7	3	11	23	50
	%	12	14	6	22	46	100
Poverty	N	3	9	2	24	22	50
	%	6	18	4	28	44	100
HIV/ADIS	N	8	18	7	14	3	50
	%	16	36	14	28	6	100
Family Conflict	N	6	21	2	15	6	50
	%	12	42	4	30	12	100
Migration	N	7	24	2	10	7	50
	%	14	48	4	20	14	100
Natural Disaster	N	11	22	3	9	5	50
	%	22	44	6	18	10	100
Large family size	N	3	10	10	10	17	50
	%	6	20	20	20	34	100
Absence of School	N	9	23	5	8	5	50
	%	18	46	10	16	10	100

To identify the Predisposing causes for being child headed household, the community member were asked to disclose their position via rating their disagreement or agreement as well as their indecisiveness. The predisposing factors proposed in showing their status were parental death; poverty; HIV/ADIS; family conflict; migration; natural disaster; large family size and absence of school.

Accordingly, the majority of respondents (68%) agreed parental death as a predisposing factor for being child headed while only 26% declared their disagreement. Likewise, regarding the other factor, poverty, the highest number of the respondents (72%) agreed about its impact for exposing children for being child headed household while a few respondents (24%) disagreed. In the similar vein, more than half of the respondents (54%) agreed on large family size as a predisposing factor while 26 % of them stood on its contrary.

However, the respondents indicated their disagreement regarding other predisposing factors. As far as HIV/ADIS is concerned, more than half of the participants (52%) noted their disagreement while only 34% agreed. Similarly, 54 % of the respondents dis - agreed with the assumption that family conflict caused child to be child headed household. Regarding, migration, natural disaster and absence of school, as predisposing factors of being child headed household, 62%, 66% and 63% disagreed respectively while 34%, 28% and 26% indicated their agreement in that order.

Based on the above figures, it can be stated that parental death, poverty and large family size lead children to be child headed household. As a result, to reduce the number of child headed household, initiatives on parents' health, income generative activities and reproductive health especially on promoting contraceptive which goes with their health status should be done.

Table 2: Predisposing factors of child headed house hold from the child side

Item	Options						
A child is being child headed household by…		Strongly Disagree	Disagree	Undeci ded	Agree	Strongly Agree	Total
Parental death	N	2	8	2	8	30	50
	%	4	16	4	16	60	100
Poverty	N	1	2	1	3	43	50
	%	2	4	2	6	86	100
HIV/ADIS	N	10	17	8	6	9	50
	%	20	34	16	12	18	100

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Family Conflict	N	5	13	3	15	14	50
	%	10	26	6	30	28	100
Migration	N	11	16	8	7	8	50
	%	22	32	16	14	16	100
Natural Disaster	N	9	24	5	5	7	50
	%	18	48	10	10	14	100
Large family size	N	1	5	2	14	28	50
	%	2	10	4	28	56	100
Absence of School	N	12	27	5	3	3	50
	%	24	54	10	6	6	100

To identify the Predisposing factors for being child headed household, they themselves were asked to disclose their position via rating their disagreement or agreement as well as their indecisiveness. Such data seem very crucial since they are considered as a first hand information, live data. The predisposing factors proposed in showing their status were parental death; poverty; HIV/ADIS; family conflict; migration; natural disaster; large family size and absence of school.

Accordingly, as displayed in Table 4.6., the majority of respondents 86%, 60%, 58% and 56% agreed poverty, parental death, family conflict and large family size as predisposing factors for being child headed respectively. However, the respondents indicated their disagreement regarding other predisposing factors. As far as HIV/ADIS is concerned, more than half of the participants (54%) noted their disagreement. Similarly, 54 % of the respondents disagreed with the assumption that migration caused child to be child headed household. Regarding natural disaster and absence of school as predisposing factors of being child headed household, 66% and 78% disagreed respectively.

The above figures indicated there are both compatibility and incompatibility between child headed household and community member. As far as parental death and poverty, and large family size as pre-disposing factors are concerned, compatibility was proved since both the community members and child headed house hold agreed. Both of them also disagreed on the statement "HIV/ADIS; natural disaster and absence of school are causes for being child headed house hold". To the contrary, incompatibility was found regarding two factors: Family conflict and migration. The child headed house hold children agreed as they are predisposing causes while the community member disagreed.

From this reality, it can be presumed that the child headed house hold children did not disclose the reality for the community member whom they live nearby. This is because, if the community member knew that the child headed house hold children are exposed to this life due to family conflict, they would force the children to re-unite with their family. The children seem fear this coincidence and hide the real predisposing cause for their existing life to the community members.

Based on the above figures and presumption, it can be stated that parental death, family conflict, large family size including family conflict lead children to be child headed household. As a result, to reduce the number of child headed household, initiatives on parents' health; income generative activities, family communication and reproductive health especially on promoting contraceptive which goes with their health status should be done.

b) Consequences of child headed household

In this section results found from participants about consequences of child headed household is presented as follows.

Table 3: Consequences of child headed house hold from child side

Item	Options						
Due to my being child headed house hold, I am…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Hopeless	N	7	8	3	18	14	50
	%	14	16	6	36	28	100
Poor	N	3	4	0	4	39	50
	%	6	8	0	8	78	100
HIV Patient	N	15	17	6	4	8	50
	%	30	34	12	8	16	100
`Naughtier	N	15	21	2	5	7	50
	%	30	42	4	10	14	100
Homeless	N	1	18	1	9	21	50

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	%	2	36	2	18	42	100
Migrant	N	0	3	0	17	30	50
	%	0	6	0	34	60	100
Discriminated	N	9	0	1	19	21	50
	%	18	0	2	36	42	100
Illiterate	N	1	28	0	12	9	50
	%	2	56	0	24	18	100

To identify consequences of being child headed household, the child headed household children were asked to indicate their views towards themselves. To this end, the respondents were asked their position: disagreement, indecisiveness or agreement, for the statement " Due to my being child headed house hold, I am hopeless, poor, HIV patient, naughtier, homeless, migrant, discriminated and illiterate".

Almost the majority of the respondents associated their position as a result of being child headed household. Accordingly, 64%, 86%, 60%, 90% and 78% of the respondents agreed they are hopeless, poor, homeless, migrant and discriminated respectively due to being child headed household while 64% and 72% of the respondents disagreed with the association of HIV patient and naughtier respectively with being child headed household.

As of the preceding sections, an attempt was made to indicate the compatibility and incompatibility of community member and child headed household children as far as consequences of being child headed household. Most of the compatibility was did lay on their disagreement on the idea that being child headed household children causes being HIV patient, discriminated and illiterate though they both agreed on the concept being poor is caused by being child headed house hold. Regarding other constructs: hopelessness, migration, homelessness, discrimination, the community members and child headed household children were found incompatible. While the community members disagreed on the idea these constructs were the consequences of being child headed house hold, they children under the position of child headed house hold agreed as the aforementioned constructs are their realities due to their being child headed house hold.

From the above controversies, it is possible to presume that the child headed household children allied almost all the challenges with their being child headed house hold. The challenges might be faced by probably with most of the people who lived in developing countries, like Ethiopia in general and Sodo town in particular.

Table 4: Consequences of Child headed House Hold communities' side

Item	Options						
child headed house hold thought due to their status they are…		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Hopeless	N	11	20	3	7	9	50
	%	22	40	6	14	18	100
Poor	N	3	9	7	14	17	50
	%	6	18	14	28	34	100
HIV Patient	N	9	19	9	7	6	50
	%	18	38	18	14	12	100
`Naughtier	N	9	24	7	4	6	50
	%	18	48	14	8	12	100
Homeless	N	9	16	2	9	14	50
	%	18	32	4	18	28	100
Migrant	N	1	11	2	11	25	50
	%	2	22	4	22	50	100
Discriminated	N	5	25	5	4	11	50
	%	10	50	10	8	22	100
Illiterate	N	6	25	5	5	9	50
	%	12	50	10	10	18	100

To identify Communities perceptions about child headed household views towards themselves; the respondents were asked their position for the statement "child headed house hold thought due to their status they are hopeless, poor, HIV patient, naughtier, homeless, migrant, discriminated and illiterate".

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Only 60% of respondents agreed on the statement "child headed house hold thought due to their status they feel as they poor." Regarding other constructs, the community members indicated their disagreement. To described vividly, 52%,56%,66%, 50%, 60% and 62% of the respondents disagreed on the concept hopeless, HIV patient, naughtier, homeless, migrant discriminated and illiterate respectively.

The above data, as of its preceding, indicated the community members' perception about child headed house hold views towards themselves is not appalling to lead terrible life.

VI. Discussions

The main purpose of the study was to investigating predisposing factors and consequences of Child headed House Hold. To this end, specific objectives were designed. The first specific objective and its replica, first research question, were intended to identify the predisposing factors of child headed household. Accordingly, parental death, poverty, large family size and family conflict were found as predisposing factors for being child headed house old. Regarding these, scholars in the field of development psychology, examined the family, economy, and political structure as influencing development into adulthood (Gow, & Desmond, 2002). The scholar stated this to explain how child growth and development is affected by everything in their environment as of the aforementioned predisposing factors: parental death, poverty, large family size and family conflict.

The intention of the third specific objective and its reproduction research question is to identify the consequences of being child headed household. Accordingly, almost all of the child headed households children agreed the prevailing reality, according to them, hopelessness, poorness, homelessness, migrates are caused by their position, being headed house hold children.

Following the death of their parents, children must make the adjustment from being a child to being the head of a household, an adjustment that carries many challenges. According to (Gow, & Desmond, 2002). adjustment, including the feeling of having lost one's childhood and sense of self with the attendant feelings of deprivation; of responsibility towards one's family (younger siblings)and the obligation to take the place of the deceased parents; of being abandoned by extended family members who they feel should be taking responsibility for them; of concern for surviving in the face of economic hardship; of grappling with multiple and competing responsibilities; and of helplessness and uncertainty about personal safety, family disintegration and discipline.

A study of child-headed households in India similarly reported that the adjustment of children into the household head role was very challenging (India HIV/AIDS Alliance & Tata Institute of Social Science, 2006).

Common, among youth (aged 13-24) who headed households in Rwanda Of interest, "heads of household who reported higher levels of depressive symptoms, social isolation, and/or lack of adult support were also more likely to report that children under 5 in the home were showing more signs of socio emotional disruption" (Nkomo's , 2006).

VII. Conclusion

Based on the above results and their descriptions as well as discussions, the following conclusion is drawn:

- Poverty, parental death, family conflict and large family size was identified the predisposing factors for being child headed.
- Hopelessness, poorness, homelessness, migrates were found the consequences of being child headed house hold.

VIII. Recommendation

Based on the findings of the study, the following recommendations are put forwarded.

- Agricultural extension workers in the country side ; micro finance enterprises in town and other non-governmental organizations should teach the parents of child headed house hold in empowering them in income generative activities
- Health extension workers, nurses and other health professionals should provide health education in efficient manner to reduce the mortality of child headed house hold children's parents.
- The health professionals should also provide effective education on the employment of contraceptive
- School teachers and social workers should make reconciliation while family conflict is happened as well as provide counseling for child headed house hold children to enhance their self-esteem and have bright future via acquiring positive attitude towards themselves.
- More research needs to be done on child headed house hold from their parents perspective.

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