Coping Strategies Applied by Child-Headed Households in Meeting Livelihood Security in Kagera Region, Tanzania

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ABSTRACT

This study examines the coping mechanisms employed by child-headed households (CHHs) in achieving livelihood security in Bukoba and Muleba Districts, Tanzania. The increasing prevalence of CHHs, largely driven by factors such as parental death, illness, war, migration and socio-economic instability, has placed children in roles traditionally held by adults. The study employed a convergent parallel mixed methods design, in which both qualitative and quantitative data were collected simultaneously from 430 respondents through surveys, interviews, and focus group discussions. Both qualitative and quantitative data were carefully collected from primary and secondary sources. The findings reveal that CHHs adopt multiple coping mechanisms to survive under severe resource constraints. The most common strategy include meal skipping, engagement in labour-intensive work, begging, sale of farm produces and household assets, reliance on traditional herbs for healthcare and missing school. With over 76% of households experiencing food insecurity, meal skipping was the most prevalent. While these strategies enable short-term survival, they are largely exposing children living in the CHHs to long-term risks, including malnutrition, exploitation, and limited future opportunities.

Keywords: Child-headed households, coping mechanisms, food insecurity, child labour.

INTRODUCTION

Child-headed households (CHHs) constitute one of the most vulnerable social groups in Sub-Saharan Africa, including Tanzania. These households arise when children assume primary responsibility for managing family affairs due to the absence or incapacity of adult caregivers. Factors such as pandemics (including HIV/AIDS and COVID-19), poverty, parental mortality, and migration have significantly contributed to the increasing prevalence of CHHs (UNICEF, 2020; World Bank, 2022).

Traditionally, children who lost their parents were absorbed into the extended family system, which functioned as a primary form of social protection (MoHSW, 2007a; MoHSW, 2009; Foster, 2004). This system provided a safety net by ensuring that orphans were cared for and supported by relatives who assumed parental roles. However, with the growing number of orphans, this support system has become overstretched, leaving many children to fend for themselves.

Child-headed households are commonly defined as households in which children live independently, and the primary caregiver is under the age of 18 (Sloth-Nielsen, 2004; Mavise, 2011; Bequele, 2007). Other scholars extend this definition to include youth below the age of 20 years (Germann, 2006). However, such definitions are limited, as they fail to capture situations where adults may be present but are unable to provide adequate care due to illness, disability, or advanced age. This study therefore adopts a broader definition, conceptualizing *CHHs as households led by children under the age of 18 who have lost one or both parents, or who live with elderly (60+) or chronically ill guardians, and who assume primary responsibility for caregiving and income-generating activities.*

In Africa, early cases of CHHs were documented in East Africa during the early 1980s, particularly in Rakai District, Uganda (WHO, 1990; Alden, Salole & Williamson, 1991), and later in Kagera Region of Tanzania (Mukoyogo & Shalliams, 1991).

Due to limited resources, livelihood opportunities, and social protection, children living in CHHs often face highly uncertain and insecure futures. These challenging conditions compel them to adopt various coping mechanisms, some of which expose them to significant risks. For instance, some children migrate to urban areas and live on the streets, while others engage in casual labour to meet basic needs. Girls, in particular, may work as domestic workers, and in some cases, they become involved in exploitative activities such as commercial sex work (Veale, 2000; Foster, 2000; Evans, 2010). Although these strategies may offer short-term survival, they frequently result in long-term negative consequences for children's health, development, and overall well-being (Kimbro & Denney, 2015; Howard, 2011). This aligns with the theoretical proposition that coping strategies are not inherently positive or negative but must be understood in relation to their context and consequences.

Despite increasing attention to the plight of vulnerable children, there remains limited empirical evidence on how CHHs in Tanzania navigate livelihood challenges. This study seeks to address this gap by examining the coping mechanisms employed by CHHs in Bukoba and Muleba Districts, and by assessing the implications of these strategies for child welfare and development.

Objective

This study examines the coping mechanisms employed by child-headed households in achieving livelihood security in Bukoba and Muleba Districts, Tanzania

LITERATURE REVIEW

The concept of coping strategies was first systematically examined by Lazarus (1966), whose work *Psychological Stress and the Coping Process* laid the foundation for understanding how individuals respond to stress (Frydenberg, 2014). Subsequent research in the 1970s and 1980s expanded this concept, with scholars such as Pearlin and Schooler (1978), Kobasa (1979), Billings and Moos (1984), and Lazarus and Folkman (1984) conceptualizing coping as a dynamic and evolving process. The most widely cited definition of coping is derived from Lazarus and Folkman (1984, p.141) as *"constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."*

Coping strategies vary in its effectiveness depending on context and the capacity to manage the stressor. Problem-focused coping has been identified as particularly useful when dealing with specific stressors (Stoeber & Janssen, 2011), while Saxena (2023) highlights the importance of combining problem-focused, social support, and self-care approaches for more effective outcomes.

Some of the CHHs, are managed by children as young as 12 years old (Luzze, 2002), represent a highly vulnerable group. These households often emerge during periods of parental illness, when caregiving responsibilities shift to the eldest child (Germann, 2006). As a result, children assume adult roles prematurely, increasing their exposure to multiple forms of vulnerability.

Vulnerability in CHHs is driven by limited access to essential resources, socioeconomic challenges, and weak support systems (Biswas & Nautiyal, 2023). Children in these households must meet basic needs such as food, healthcare, education, and shelter, often leading to emotional distress and anxiety. To cope, they adopt strategies aimed at ensuring livelihood security, including income generation and resource prioritization.

Food insecurity is one of the most pressing challenges faced by CHHs. Adequate nutrition is critical for children's development (Drennen et al., 2019), yet many CHHs struggle to access sufficient and balanced diets (Masondo, 2006; Ibebuike et al., 2014). Studies show that children in these households often survive on one meal per day, typically consisting of carbohydrates with limited nutritional value (UNICEF, 2009; Tsegaye, 2017). In Tanzania, similar patterns have been observed in regions such as Singida, Arusha, Manyara, and Kagera, where children frequently rely on a single starch-based meal (SOS, 2014).

Access to healthcare is another major concern. Despite government efforts to strengthen primary healthcare systems, the needs of children in CHHs remain insufficiently addressed. The Ministry of Health and Social

Welfare (MoHSW) highlights limited coordination between health and social welfare sectors (MoHSW, 2009). Orphan-related health issues often narrowly addressed within HIV and AIDS programs, overlooking broader health needs.

Education, although officially free in Tanzania, presents additional financial burdens for CHHs. Costs related to uniforms, transport, and learning materials remain prohibitive (Phillips, 2011). Similar trends are evident in Uganda and Rwanda, where financial constraints lead to high dropout rates among children in CHHs (Dalen, 2009; Tsegaye, 2017).

Housing conditions further exacerbate vulnerability. Many CHHs live in substandard shelters made of mud or other fragile materials, which are not suitable, particularly during adverse weather conditions (UNICEF, 2003; Roby & Cochran, 2007). In some cases, these homes have structural deficiencies such as leaking roofs and inadequate sanitation facilities (Coetzee & Streak, 2004).

Property grabbing is another critical issue affecting CHHs. Studies indicate that orphaned children are frequently deprived of their inheritance by relatives or community members (Rose, 2007; Mchomvu & Ijumba, 2006; Nyamukapa et al., 2010). The application of customary laws in some contexts often undermines children's property rights, increasing their vulnerability and exposure to exploitation.

Furthermore, economic hardship forces children in CHHs to engage in risky coping strategies. Some resort to illegal or child labour, while others, particularly girls, may engage in transactional sex to meet basic needs, exposing them to sexual exploitation and health risks (Nicholson, 2007; Mogotlane et al., 2010; Lee, 2012; Mabala, 2006; Yamba, 2005).

At the policy level, international frameworks such as the Convention on the Rights of the Child (CRC), adopted in 1989 and ratified by Tanzania in 1991 (UN, 2007), provide a foundation for protecting children's rights. However, despite the existence of national laws, policies, and guidelines, significant gaps remain in implementation and enforcement, particularly in addressing the needs of children in CHHs.

Conclusively, the literature highlights that children in CHHs face multidimensional vulnerabilities, including food insecurity, limited access to healthcare and education, poor housing conditions, and weak legal protection. Their coping mechanisms are shaped by these constraints and are primarily focused on survival. While existing policies provide a framework for support, more effective implementation and targeted interventions are required to address the unique challenges faced by these households.

THEORETICAL FRAMEWORK

The Transaction Theory of Stress and Coping by Lazarus and Folkman (1984), state that individuals respond to stressful situations through cognitive appraisal and the adoption of coping strategies aimed at managing internal and external pressure. In the context of CHHs, children are exposed to extreme stressors such as poverty, hunger, and lack of social support. These stressors compel them to develop coping mechanisms, such as meal skipping, working as labourer, and begging as adaptive responses to their environment.

The Coping Circumplex Model further categorizes coping strategies based on their function and orientation, emphasizing how individuals balance problem-focused and emotion-focused coping (Stanislawski, 2019). In CHHs, problem-focused strategies include engaging in labour or selling farm produce, while emotion-focused strategies may involve reliance on community support or traditional healing practices.

Together, these frameworks provide a comprehensive lens for understanding how children in CHHs navigate their challenging circumstances. They highlight that coping mechanisms are not random but are shaped by the interaction between environmental stressors and the individual's available resources. These theories are particularly relevant in explaining why CHHs adopt survival-oriented strategies despite their long-term negative consequences.

METHODOLOGY

Description of the Study Areas

Kagera Region, situated in the northwest of Tanzania, spans across an area of 40,838 square kilometers, with 28,953 square kilometers of land and 11,885 square kilometers of water bodies. The region consists of seven administrative districts: Biharamulo, Bukoba, Karagwe, Kyerwa, Misenyi, Muleba, and Ngara, encompassing a total of 191 wards and 640 villages. There are 702,412 households, out of which 14,048 are CHHs (URT, 2022:166, Vol. 1B).

Kagera region is predominantly rural, with 88.8% of its population residing in rural areas. Subsistence agriculture forms the backbone of the area's economy, employing 95.1% of the rural populace and 4.9% of the urban population. This sector surpasses other industries such as trade, domestic services, fishing, mining, and manufacturing. Agriculture is the leading contributor to the region's Gross Domestic Product (GDP), accounting for 86.8% of its total output. The region contributes 4% to the national GDP, ranking tenth in the country (NBS, 2018).

Population of the Study Areas

Kagera Region has a total population of 2,989,299, with approximately 52% being children under the age of 18, indicating a highly youthful population structure. Within the region, Bukoba and Muleba districts account for 15.6% and 21.3% of the population, respectively, making them the most populous districts (URT, 2022:170, Vol. 1A).

Furthermore, the region is a home to 125,124 orphans, highlighting a substantial proportion of vulnerable children. This demographic reality underscores the increasing pressure on households and community support systems, particularly in contexts where children may be compelled to assume adult responsibilities, including heading households.

Research Design and Data Collection

The study employed a convergent parallel mixed methods design, in which both qualitative and quantitative data were collected simultaneously (Creswell & Plano-Clark, 2017). This approach, as supported by Creswell (2014), enabled a comprehensive understanding of the research problem by overcoming the limitations associated with the use of a single method.

Both qualitative and quantitative data were carefully collected from primary and secondary sources. Primary data collection involved the use of multiple instruments, including household survey questionnaires, Focus Group Discussion (FGD) guides, Key Informant Interview (KII) questionnaires, and an observation guide. Secondary data were collected from a variety of literature sources, including academic journals, institutional reports, and relevant books. These tools ensured the collection of diverse and complementary data.

Ethical considerations were given high priority throughout the study. Particular attention was paid to safeguarding the emotional and social well-being of participants. Informed consent was obtained from all respondents prior to data collection, ensuring that the research adhered to established ethical standards.

Sample Size and Sampling Techniques

The scope of this study encompassed children heading households, which included those living alone, with one or both grandparents, or caring for an ill parent and were serving as the primary breadwinners for their families. Due to the substantial study population, a sampling method was employed to select a representative unit. Both probability and non-probability sampling methods were utilized.

Given the population's dispersed geographic locations and heterogeneity, a carefully structured multistage stratified random sampling technique was utilized in the selection of the areas for data collection. The government administrative structure was leveraged to select districts, wards, villages, and CHHs for the study.

Cochran's sample size formula (Cochran, 1977) was used to determine the sample size. Hence, a total of 430 CHHs were included in the study, in which 45% were from Bukoba district and 55% from Muleba. The distribution was based on the respective districts' percentage ratio of total CHHs. Consequently, the study included 194 CHHs from Bukoba and 236 from Muleba district. Following the calculation of the sampling interval and the random selection of the first number, every "n^{th}" CHH was chosen at regular intervals.

Data Management

The data collection tools were electronically developed using KoBoToolbox (KoBo Toolbox (n.d.) to enhance data quality, minimize errors, and streamline the data collection, entry, and cleaning processes. The data collection tools were translated into the local language, *'Kiswahili'*, to facilitate the respondents' comprehension. Skilled enumerators were enlisted to support field data collection. Gender considerations were meticulously observed, ensuring that female enumerators interviewed female respondents and the same with male enumerators. Thorough background checks were conducted on all recruited enumerators to confirm the absence of any history of violence towards children or any other disruptive behaviours.

Recruited enumerators participated in a comprehensive three-day training program covering digital data collection, safeguarding, research ethics, and other aspects of research integrity. The training comprised two days of classroom instruction and field pre-testing of tools in three district councils.

Ethical Consideration

The researcher fulfilled all mandatory requirements to obtain the research permit. Ethical clearance was granted by the Vice Chancellor of the University of Dar es Salaam (UDSM). The study was conducted with a deep understanding of the children's emotional and social well-being, ensuring that all aspects adhered to rigorous moral and ethical standards. Strict protocols were followed to ensure that all children participating in the study were treated with utmost respect for their rights and best interests. The social welfare department in each district facilitated access to children, and the village/*mtaa* government leadership was consulted and asked for permission to invite a child to participate in the study. Despite the permission, the respondents had the right to decline to participate.

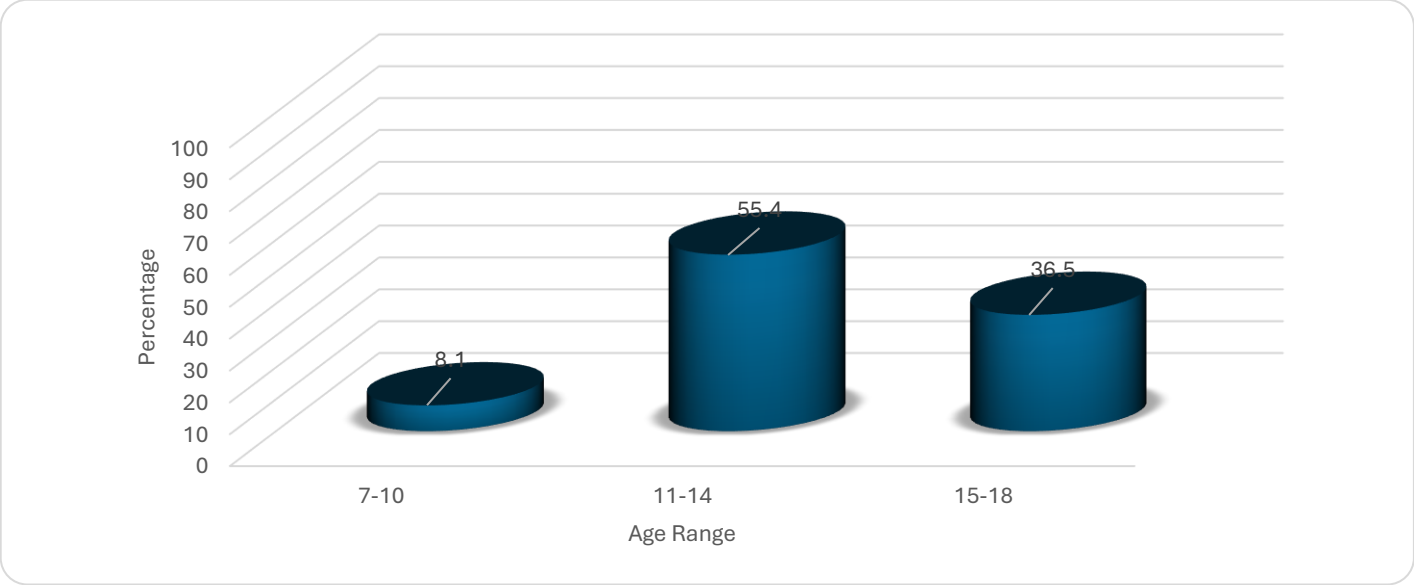
Prior to the commencement of the study, informed consent was signed by the respondents in the presence of social welfare officers before their actual participation in the study, emphasizing the importance of their voluntary involvement. This approach not only reinforced the ethical framework of the research but also respected the individuality of each child, allowing them to feel secure and supported throughout the study's process.

To ensure anonymity, the names of the respondents were not to be recorded, and each respondent was assigned a unique code.

RESULTS AND DISCUSSION

This study draws on the Transactional Theory of Stress and Coping (Lazarus & Folkman, 1984) and the Coping Circumplex Model (Stanislawski, 2019) to examine how children in CHHs navigate complex livelihood challenges. These frameworks emphasize that coping is a dynamic process shaped by individual appraisal and environmental constraints. Consistent with these perspectives, the findings reveal that coping strategies among children in CHHs are not uniform but are influenced by interrelated socio-economic and household-level factors including sex and age of the respondents. Figure 1 present the age categories of the respondents.

Figure 1. Age Categories of the Respondents (N=430)



Source. Field Data

The study sample comprised 430 respondents, with a nearly equal gender distribution (49.5% female and 50.5% male). According to the findings as presented in Figure 1, the age distribution of household heads indicates that the majority of CHHs (55.4%) are led by children aged 11–14 years. The mean age of respondents was 14 years (SD = 2.414), with ages ranging from 7 to 17 years. This distribution underscores the prominence of early adolescence as a critical period during which children assume adult-like responsibilities.

These findings point to a significant shift in traditional caregiving structures. While extended family systems have historically functioned as informal safety nets, their declining capacity, due to increasing socio-economic pressures, has resulted in children assuming primary caregiving roles. The high proportion of household heads in the 11–14 age category suggests that many children are transitioning prematurely into adulthood, often without adequate support systems.

From a theoretical standpoint, this early assumption of responsibility can be interpreted through the lens of the Transactional Theory of Stress and Coping, where children are compelled to continuously appraise and respond to stressors such as food insecurity, lack of income, and limited access to education. Their coping responses, whether problem-focused (e.g., engaging in income-generating activities) or emotion-focused (e.g., withdrawal or endurance), are shaped by both resource availability and perceived control over their circumstances. The Coping Circumplex Model further helps to situate these responses within a multidimensional space, highlighting how children may simultaneously adopt adaptive and maladaptive strategies depending on contextual pressures.

The presence of very young household heads (7–10 years) is particularly concerning and indicative of extreme vulnerability. At this developmental stage, children typically lack the cognitive, emotional, and physical capacity required to effectively manage household responsibilities. This not only increases their exposure to exploitation and neglect but also undermines their long-term developmental outcomes. The findings therefore reinforce concerns raised in previous studies (Pillay, 2011, Schenk & Williamson, 2005, Gow, Desmond, & Ewing, 2002, MacLellan, 2005, Evans, 2010, Luzze, 2002, and Foster 2004)). regarding the adverse implications of CHHs on child welfare, including disrupted education, psychosocial distress, and compromised health outcomes.

Taken together, these findings highlight the intersection between age, household structure, and socio-economic context in shaping coping mechanisms among CHHs. The evidence points to a cycle of vulnerability in which children are forced into premature adulthood, adopt survival-driven coping strategies, and face constrained opportunities for long-term development. The study uncovered a range of six distinct coping mechanisms utilized by CHHs in the study area. These mechanisms serve as vital means of survival amid challenging circumstances.

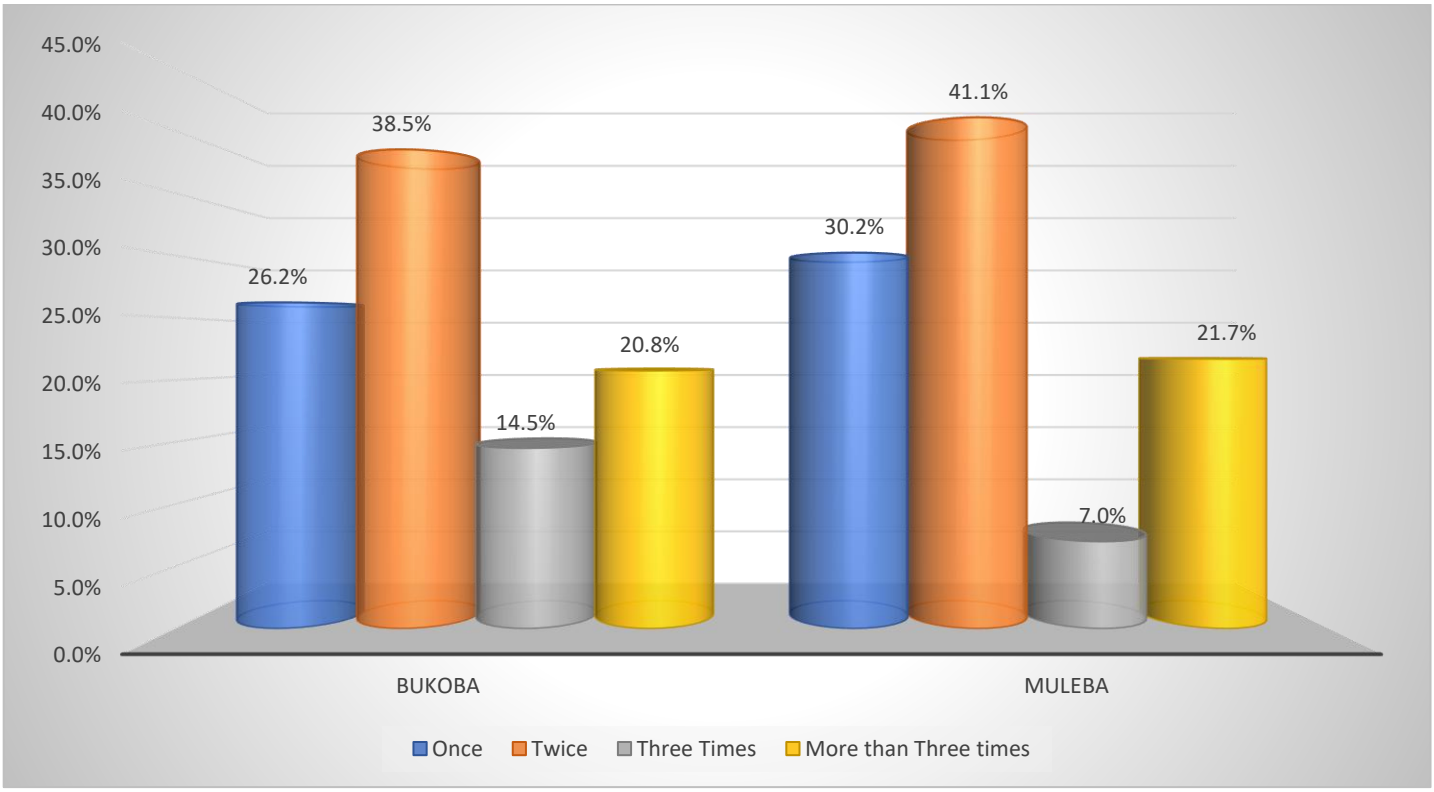
Meal Skipping

Despite 12% of the CHHs were able to inherit their family properties and assets, including farm plots, still they often struggle to produce enough crops for their own consumption and for sale. The loss of both parents and the age of children left behind leads to a significant decrease in the household's labour force capacity. This, in turn, results in a reduction in the area under cultivation, leading to a decrease in food production. This ultimately increases the household's vulnerability to food insecurity, and the children heading the household burden of responsibility increases, exacerbating the household's economic vulnerability.

The study revealed that the majority (76.5%) of the CHHs in the study area face severe food insecurity and struggle with food accessibility. These households cannot produce enough crops for their own consumption and lack the financial resources to buy food from the market. The study revealed that only a small percentage of the CHHs, accounting for 19% were able to produce food from their farms, while only 1.4% have the means to purchase food from the market. Shockingly, despite these food security challenges, only 0.2% received food support from the government. This stark reality underscores the urgent need for intervention to address the food security crisis among CHHs in the study areas.

To address the issue of food insecurity, children in the CHHs have resorted to a variety of coping mechanisms, with meal skipping emerging as a predominantly used method. Research findings indicate that nearly every individual within these households has opted to skip meals at least once in a week. Figure 2 presents the findings on the weekly frequencies of meal skipping among CHHs by district.

Figure 2. Weekly Frequencies of Meals Skipping in the CHHs by District (N=430)



Source. Field Data 2023

The data presented in Figure 2 highlights an interesting trend in the eating habits of respondents in Bukoba and Muleba Districts. The findings reveal that, overall; the eating habits of children living in CHHs in both districts are closely similar. However, there are some notable differences in the prevalence of meal skipping between the two districts.

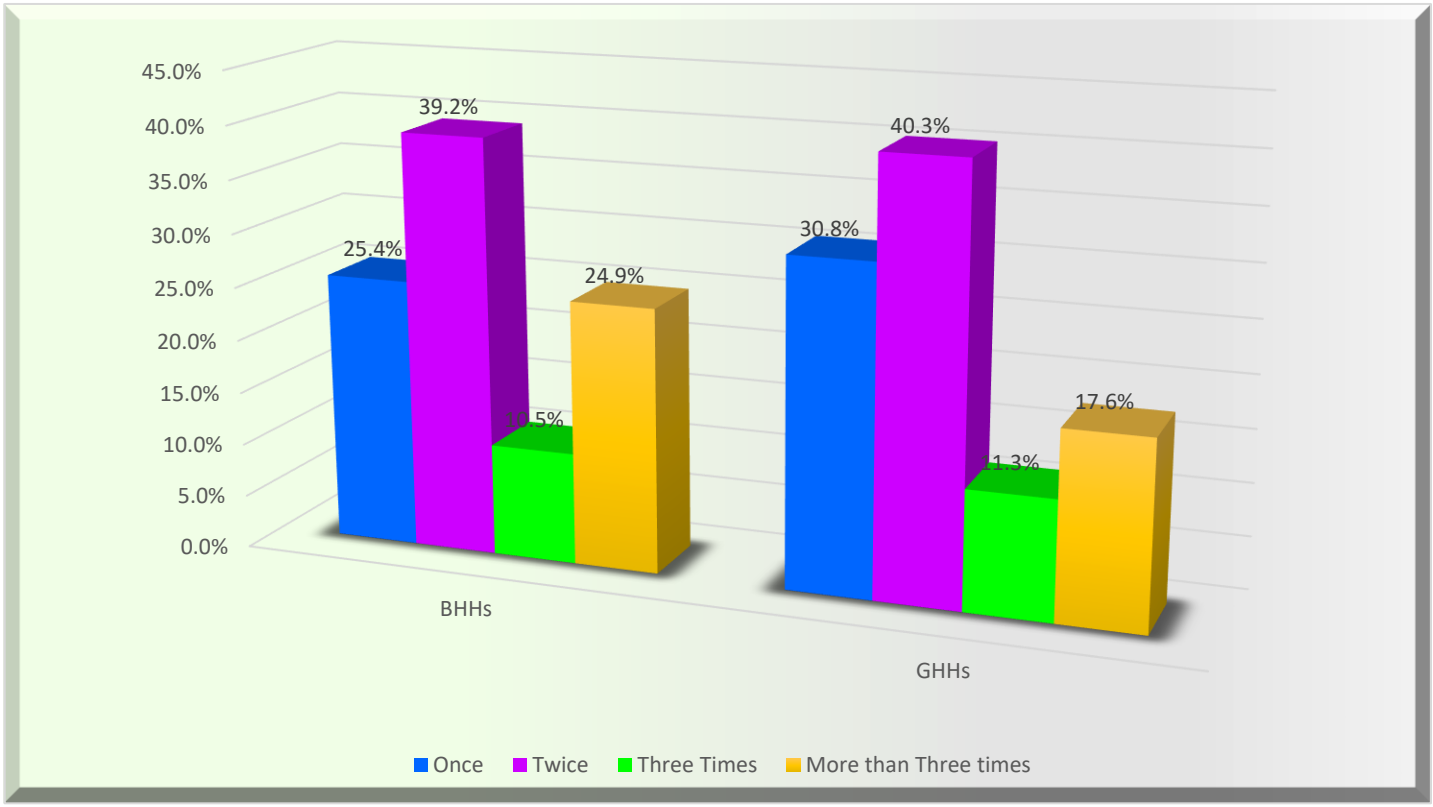
In Bukoba District, a significantly higher proportion of respondents indicated skipping meals compared to Muleba District, a trend that demands immediate attention. Precisely, 53% of children living in CHHs that

skipping meals are in Bukoba District. Specifically, among those skipping meal in Bukoba (*n*=228), it was found that 26.2% skipped a meal at least once a week, while 38.5% skipped a meal twice a week. An alarming finding of 20.8% specified skipping meals more than three times a week.

On the other hand, 47% of children living in CHHs that skipping meals are in Muleba District. Among those who admitted to meal skipping in Muleba (*n*= 202), a significant portion, specifically 41.1% indicated that they are skipping meals on average twice a week. Even more concerning is that 21.7% admitted to skipping meals more than three times a week.

These findings highlight a troubling pattern of food insecurity within Muleba, which echoes similar challenges faced in Bukoba District. However, it is worth noting that meal skipping appears to be a more persistent issue in Bukoba. This discrepancy raises critical concerns regarding the health and overall well-being of children living in CHHs within these districts. The frequency of meal skipping can have significant implications for the nutritional status, physical growth, and emotional health of these vulnerable populations, potentially jeopardizing their futures. Furthermore, an analysis was conducted to determine the extent of meal skipping between the girl-headed households (GHHs) and boy-headed households (BHHs). Figure 3 present the comparison between the two different sexes.

Figure 3. Comparison of Meal Skipping in the CHHs by Sex



Source. Field Data 2023

The study conducted analysis of the prevalence of meal-skipping habits among CHHs in Bukoba and Muleba Districts by sex as presented in Figure 3, with a specific focus on how these habits differ between BHHs and GHHs. The findings revealed that there was no statistically significant variation in the overall trend of meal-skipping between the two types of households. Notably GHHs accounting for 51.4% of the total CHHs who skipped meal at least once in a week across the two districts.

Upon examining the data more closely, it was found that, within BHHs (*n*=209), a considerable 39.2% reported skipping meals twice a week. Even more concerning, 24.9% of these households indicated that they often skipped meals more than three times a week, highlighting a serious concern regarding food insecurity among children living in this households.

In comparison, GHHs (*n*=221) displayed similar patterns of meal skipping, with 40.3% of respondents indicating that they skipped meals twice a week. In this group, a slightly lower percentage, 17.6% reported skipping meals more than three times a week.

Overall, the analysis indicates that meal skipping is a prevalent coping mechanism utilized almost equally across both GHHs and BHHs. These results emphasize the necessity of addressing the specific gender-related needs and challenges that CHHs face when designing interventions aimed at combating food insecurity. Effective strategies must take into account the unique circumstances of both boy-led and girl-led households to ensure equitable support and resources.

The study found no statistically significant difference between respondents from Bukoba (urban setting) and Muleba (rural setting). Equally, respondents from urban and rural settings took skipping meals as the primary coping mechanism to combat food security.

The Sustainable Development Goals (SDGs) have emphasised the urgent need to tackle food insecurity in achieving human rights by 2030. The SDG number 2 goal is to end hunger, achieve food security, improved nutrition, and promote sustainable agriculture (UN General Assembly, 2015, p. 15). Food security plays a crucial role in the well-being of every household, including CHHs. Children residing in these households are particularly vulnerable, facing heightened risks of malnutrition and stunted growth. Additionally, the fluctuations in food availability significantly affect children's academic performance and social development, this concurs with studies conducted by Grineski et al. (2018), Howard (2011), and Kimbro & Denney (2015).

This dreadful situation poses a significant threat to their immediate health, leading to malnutrition and related health complications, while also heightening their overall vulnerability to various socio-economic challenges. The absence of adequate and nutritious food profoundly influences not just the physical health of individuals in these households but also their mental well-being and emotional stability. This interplay often entangles them in a relentless cycle of poverty and insecurity. A critical factor contributing to food insufficiency in these households is the lack of agricultural resources and their age. Most of CHHs do not possess their own farms, leaving them reliant on external sources for sustenance. Meanwhile, those who have a small plot of land frequently struggle to cultivate enough food to sustain themselves throughout the year. This limited capacity for production not only jeopardizes their nutritional needs but also heightens the stress and anxiety associated with food scarcity, further exacerbating their overall instability.

In the face of an alarming food crisis, children living in CHHs have made the heart-breaking choice to skip meals. This tough decision, while fraught with challenges, is viewed as a reluctant yet essential strategy to navigate their extremely limited food supplies. By forgoing meals, these resilient young individuals are desperately attempting to stretch whatever little resources they have left, striving to preserve some semblance of food security. This situation underscores the profound hardships and relentless struggle that these households endure on a daily basis, revealing the stark reality of their circumstances.

A significant portion of CHHs, nearly 40% reported missing meals at least twice a day. These distressing statistics underscore the risky circumstances these children face on a daily basis. Sustaining themselves on just one meal per day poses serious risks to their overall health and well-being. Furthermore, those who manage to attend school often struggle academically, with their learning and concentration severely affected by hunger and inadequate nutrition. This grim reality not only affects their physical health but also hampers their educational opportunities and future prospects.

Skipping meals is a common coping mechanism employed by these households to mitigate food security. While this approach may provide short-term relief from the stress associated with limited food resources, it significantly jeopardizes the nutritional well-being and their overall health. Prolonged reliance on this strategy can result in deficiencies in essential nutrients, negatively affecting growth and development. Furthermore, there is no room for food choices in these households. As a result, children in these contexts compromise both the quality and diversity of their diet. Their coping mechanisms often reflect a 'hand-to-mouth' existence, where meals are dictated by what is immediately accessible rather than through planned consumption.

Engagement in Labour-Intensive Work

The welfare of children residing in CHHs faces significant challenges, primarily due to the absence of a reliable and stable source of income. This uncertain economic situation compels these children to adopt various coping mechanisms aimed at ensuring their survival and well-being. A study has revealed that engaging in labour-intensive work is the predominant coping strategy among children in CHHs, serving as the main source of income for their households. Table 1 presents a detailed breakdown of the various income sources applied by CHHs in Bukoba and Muleba District as a means of coping with their challenging economic circumstances.

Table 1. Sources of Incomes in the CHHs by District (N=430)

Source of Incomes	Bukoba		Muleba		Total	
	Count	%	Count	%	Count	%
Sale of assets	4	0.9	0	0.0	4	0.9
Work as labourer	116	27.0	133	30.9	249	57.9
Going to Beg	44	10.2	42	9.8	86	20.0
Farm produces	27	6.3	44	10.2	71	16.5
Not sure	8	1.9	12	2.8	20	4.7
Total	**199**	**46.3**	**231**	**53.7**	**430**	**100.0**

Source. Field Data 2023

An alarming finding from the study, as presented in Table 1, indicates that 57.9% of CHHs in the study area rely on casual labour, such as farm work, brickmaking, and at fishing cleaning and descaling around fishers landing sites, as a primary source of income. This pattern is particularly pronounced in Muleba District, where 53% of respondents reported depending on this strategy. The data further suggest that most children engaged in such labour are aged 14 years and above, highlighting a trend in which adolescents are increasingly drawn into the workforce. This reflects a coping response to economic hardship, where older children assume income-generating responsibilities to sustain their households. However, this early entry into labour raises concerns regarding its potential impact on education, health, and overall child development.

Despite the detrimental effects on their education and overall well-being, the study found that 32% of CHHs working as labourers (n=249) are employed on other people's farms, where majority are compensated in kind, primarily with food, rather than receiving monetary payment. This form of remuneration reflects the limited livelihood options available to these households and underscores their high level of vulnerability within local labour markets.

While receiving food may provide short-term relief from hunger, it does not offer the financial means needed to meet other essential needs such as school expenses, clothing, healthcare, and shelter. As a result, children in these households are often compelled to prioritize survival over education, leading to irregular school attendance, poor academic performance, or complete dropout. Over time, this perpetuates a cycle of poverty and limited future opportunities.

Qualitative evidence from the FGD further illustrates the lived realities of their struggle to attain livelihood security, in which some often prioritizing household survival over schooling. For instance, one 11-year-old boy from Bukoba explained:

"I do not attend school regularly. I must support my brother for our well-being. I go to work as a labourer in different places so that I can earn money to buy food or school materials."

Similarly, a 14-year-old girl heading a household in Muleba noted:

"I am responsible for securing food and other necessities for the family. I hustle here and there and work long hours, but I manage to survive."

These accounts highlight the extent to which children in CHHs assume adult-like responsibilities, often at the expense of their education. They also underscore how economic hardship and caregiving obligations shape children's coping strategies, reinforcing patterns of working as labourers.

In this context, they have been typically receiving compensation in the form of food rather than traditional monetary payment. Given that their foremost concern is satisfying their immediate hunger and nutritional needs, they readily accept this form of payment. The food provided to them are typically cooked immediately and eaten shortly after preparation, offering essential nourishment that fuels not only their daily tasks but also supports their families during shared mealtimes. However, while it may serve as a temporary solution, it falls short of guaranteeing sustainable food security for the future.

These young individuals are physically involved in this energy intensive work, often working under persistent conditions. Their small frames strain under the weight of their tasks, but they press on, fuelled by the need to provide for their families. These line of works is not only physically demanding but also dangerous; the labour often exceeds what their growing bodies are equipped to handle. Despite their tender ages, they confront this arduous reality daily, enduring the gruelling labour that defines their circumstances. Driven by necessity, they withstand the physical toll to secure the livelihood for themselves and their families in the face of adversity.

Additionally, the study identified some minor labour tasks these children undertake, such as working as porters in the busy local markets or at bus stands. These roles require them to carry goods for customers, further demonstrating their resilience and determination to support their families' livelihoods.

This practice poses significant issues, as it contradicts Tanzania's established child protection policies and breaches the stipulations set forth in the Employment and Labour Relations Act of 2004. Furthermore, it undermines the fundamental principles outlined in the Convention on the Rights of the Child, which emphasizes the importance of safeguarding children from exploitation and ensuring their right to a safe and nurturing environment. The implications of such actions not only jeopardize the well-being and development of these children but also reflect a disregard for the legal frameworks designed to protect vulnerable populations and denies their right to social protection.

Begging

Begging is another coping mechanism used to mitigate financial stability. The alarming trend of children residing in CHHs turning to begging as a means of coping with their economic hardship is increasingly becoming a pressing issue. This behaviour not only undermines their sense of dignity and self-worth but also exposes them to various social risk, such as exploitation and neglect. In the study area, it was discovered that a striking 20% of these children depend on begging to alleviate the financial burdens they face.

Further analysis indicated that the prevalence of begging is notably similar in both the Bukoba and Muleba districts. However, Bukoba showed a slightly higher incidence with 51% of CHH children engaging in begging, which underscores the notion that urban environments might foster such survival strategies more than rural areas. This pattern suggests that in densely populated settings like Bukoba, the desperation for immediate financial relief may drive children to seek help from passer-by. During the FGD in Bukoba District, a 11-year-old boy shared that:

"Life is so difficult when there is no food in the house and no neighbour or good Samaritan to help, the remaining option is for me to go out to beg, and if I get any money, I buy any food depending on how much I get"

Furthermore, the study found that GHHs widely practice this strategy as a way to mitigate income stress. Most of the children engaged in this practice are below 14 years old. This trend has been especially noticeable in urban neighbourhoods, where the struggle for basic necessities, particularly food, is often more acute. Unfortunately, this desperate coping strategy exposes children, especially girls, to significant risks, including sexual abuse and exploitation. Many respondents reported that prolonged exposure to street environments increases children's vulnerability to abuse, violence, and other forms of exploitation. Boys are equally vulnerable, as some may be recruited into criminal groups, engage in substance abuse, or resort to petty theft as a survival mechanism, which can have long-term negative consequences on their mental, emotional, and physical well-being.

These findings are consistent with previous studies conducted in Tanzania and other African contexts. For instance, a study by Seni (2025) on street children engaged in begging in Tanzania found that girls involved in street begging frequently experienced violence, sexual harassment, rape, and physical abuse, while prolonged absence from school further deepened their vulnerability and social exclusion. Similarly, research conducted in Dar es Salaam and Dodoma revealed that income poverty is a major driver of child streetism, with children often engaging in begging, unsafe survival activities, and informal street work as coping mechanisms for household economic hardship (Shitindi, 2023).

In addition, studies on child-headed and vulnerable households in East Africa have shown that poverty, social isolation, and lack of protection systems significantly increase children's exposure to sexual abuse and exploitation. Research conducted in Kenya on CHHs found that financial stress, community violence, and weak social support structures heightened the risk of child sexual abuse and exploitation among vulnerable children (Maranga, Marima & Mwaura, 2019). Likewise, Evans (2012), in a study on street children in Tanzania, observed that poverty, HIV/AIDS, and family breakdowns force many children onto the streets, where they experience exploitation, educational deprivation, and severe social vulnerability.

It is deeply concerning that children in CHHs are compelled to resort to begging in order to cope with financial hardship. This practice not only undermines their dignity and childhood but also places them in highly vulnerable environments where they are exposed to abuse, violence, exploitation, and harmful influences. Moreover, time spent on the streets deprives them of their fundamental right to education, limiting their opportunities for personal development and increasing the likelihood of long-term poverty and social exclusion. The trend as also noted by Shitindi & Zhang (2025), significantly contributes to school dropout, social marginalization, and children's engagement in unsafe survival strategies.

Given the seriousness of the situation, there is an urgent need for comprehensive interventions aimed at safeguarding the welfare of children in CHHs. Such interventions should focus on reducing household income stress through social protection mechanisms, livelihood support, and economic empowerment initiatives. In addition, efforts should be directed toward ensuring that vulnerable children have access to education, vocational training, psychosocial support, and safe community environments that can help them build sustainable and dignified futures.

Sale of Farm Produces and Household Assets

The study reveals that, despite limited access to land, children in the CHHs engage in small-scale agricultural production and allocate a portion of their harvest for sale in order to meet basic household needs. Bananas emerged as a particularly important crop among CHHs with access to land, serving as a key source of household food and income. Overall, 16.5% of CHHs in Bukoba and Muleba District reported relying on farm produce, primarily bananas, for income generation. Among these households (n = 71), the majority (62%) were located in Muleba District, a predominantly rural area characterized by extensive agricultural activity, especially banana cultivation.

These findings are consistent with previous studies on rural livelihoods in Tanzania, which identify bananas as one of the most important food and cash crops in Kagera Region. Study by the World Bank (2022) and Mrema, Selejo & Lokina (2024) highlights that smallholder farmers in northwestern Tanzania heavily depend on banana production for food security and income generation, particularly where access to formal employment opportunities is limited. Similarly, studies by Mrema, Selejo & Lokina (2024) and Kilimo Trust, (2015) found that banana farming remains central to household survival strategies in Kagera, especially among vulnerable and low-income households. Dependency on banana farming is crucial for household survival in Kagera, particularly among vulnerable groups. Studies indicate that bananas serve both as a primary staple food and a major source of income, with approximately 75%–95% of the population in Kagera relying on the crop for their livelihoods. As a perennial crop, bananas produce fruit throughout the year, making them a reliable source of food security and household income Mrema, Selejo & Lokina (2024) and Kilimo Trust, (2015). This continuous production strengthens their importance as both a staple food and a cash crop across the region.

However, reliance on perishable crops such as bananas presents significant constraints. Due to their short shelf life, bananas must often be sold quickly to avoid spoilage, forcing households to accept lower market prices.

This challenge is compounded by poor market infrastructure, limited storage facilities, and weak bargaining power among these children. These findings align with rural livelihood studies in Tanzania, which indicate that post-harvest losses and limited market access significantly reduce income potential for smallholder farmers (URT, 2022). Similar observations were made by the Food and Agriculture Organization, which noted that inadequate storage and transportation systems continue to undermine the profitability of banana value chains in East Africa.

In addition to agricultural activities, some CHHs resort to selling household assets as a coping mechanism to address income shortfalls. However, this strategy appears to be rare, reported by approximately 1% of households, and was more prevalent in Bukoba District. The limited use of asset sales suggests that household assets are both scarce and highly valued, particularly in rural settings where they represent long-term security, family continuity, and social identity rather than disposable economic resources.

Insights from the focus group discussions further illuminate the socio-cultural significance of these assets. A 16-year-old female household head in Muleba explained that household assets serve as important reminders of deceased parents and symbolize hope for the future. The possibility of losing such assets was described as emotionally distressing and deeply consequential for household identity and stability.

From a coping perspective, the sale of assets can therefore be understood as a last-resort strategy associated with heightened vulnerability and declining resilience. While asset liquidation may provide temporary financial relief, it simultaneously undermines households' long-term capacity to recover from shocks and sustain livelihoods. Evans (2012) emphasizes that household assets in child-headed families are not merely economic resources but also serve as symbols of continuity, belonging, and emotional attachment, particularly in the absence of adult caregivers. As a result, children often avoid selling these assets unless confronted with extreme hardship.

These findings further resonate with broader literature on child vulnerability and coping mechanisms in sub-Saharan Africa. Foster (2004) and Evans (2010) observed that vulnerable children frequently prioritize preserving productive and symbolic assets while relying on alternative coping strategies such as casual labour, petty trade, and small-scale farming to meet immediate household needs. Similarly, studies by Skovdal (2011) found that maintaining household assets provides children with a sense of dignity, security, and social belonging, even under conditions of severe poverty.

Overall, the findings highlight the dual role of agriculture and household assets in shaping livelihood strategies among CHHs. While farm production, particularly banana cultivation, provides a critical source of food and income, its effectiveness is constrained by limited land access, low productivity, the physical capacity of children to manage farms, and the perishable nature of the crops produced. At the same time, the reluctance to liquidate household assets underscores their significance not only as economic resources but also as important emotional and symbolic anchors that support household identity, resilience, and continuity.

The Use of Traditional Herbs for Healthcare

Findings from the study indicate that access to healthcare services among children living in CHHs is significantly constrained. Only 35% of respondents reported visiting primary healthcare (PHC) facilities when ill. A substantial proportion of those who did not seek care at PHC centers cited multiple barriers, including denial of services in the absence of an adult companion, experiences of harassment, bullying, and discrimination within healthcare settings, as well as financial limitations linked to the lack of health insurance coverage. Notably, the majority of respondents were unaware of existing exemption policies that allow vulnerable groups to access PHC services free of charge.

These findings are consistent with previous studies across Sub-Saharan Africa, which have documented structural and social barriers limiting children's access to formal healthcare. For instance, Foster (2000) and Howard (2011) observed that children in CHHs often face exclusion within health systems due to age-based discrimination and institutional requirements for adult guardianship. Similarly, Evans (2010) found that stigma and negative attitudes from service providers discourage vulnerable children from seeking formal medical care. In the Tanzanian context, studies have also highlighted low awareness and weak implementation of exemption policies, which undermines access for vulnerable populations.

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In response to these challenges, children in CHHs adopt alternative coping strategies to manage their health needs. As presented in Table 2, the predominant strategy involves self-treatment using traditional herbal remedies, reported by 88.9% of respondents. Participants explained that knowledge of medicinal plants is often inherited from older generations, enabling them to prepare home-based remedies to address a range of common illnesses. In addition, a small proportion (1.4%) reported seeking assistance from traditional healers within their communities, who are widely trusted and perceived as capable of treating various ailments.

Table 2. Methods of Treatment Applied by Children in the CHHs (n=279)

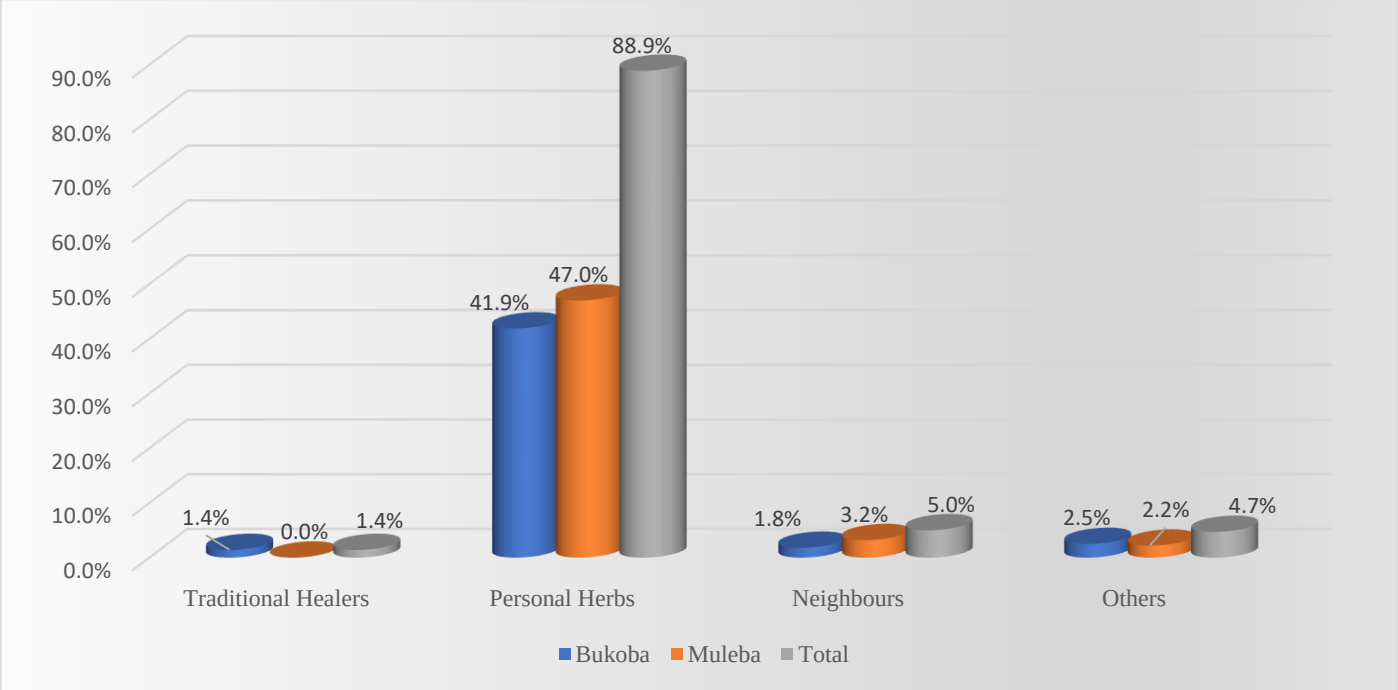
Treatment Method	Count	Percent
Traditional healers	4	1.4
Personal herbs	248	88.9
Neighbours	14	5.0
Others	13	4.7
Total	**279**	**100.0**

Source. Field Data 2023

This reliance on traditional medicine aligns with findings from other studies in the region. For example, Veale (2000) and Foster (2004) documented that orphans and vulnerable children frequently depend on locally available remedies due to financial constraints and limited access to formal healthcare. Likewise, Mavise (2011) found that traditional healing practices remain central to coping strategies among CHHs, particularly in rural areas where biomedical services are less accessible. These studies reinforce the idea that traditional medicine serves both as a culturally embedded practice and a pragmatic response to systemic barriers.

Furthermore, the study featured a thorough comparative analysis of health-seeking behaviours across the two districts, which allows for a deeper understanding of the distinctions and similarities in how these communities approach health and illness. The comprehensive analysis is visually represented in Figure 4, which categorizes the results based on each district. This comparison not only underlines the differences in health-seeking behaviours but also emphasizes the necessity for tailored healthcare strategies that consider the unique cultural and socioeconomic contexts of Bukoba and Muleba Districts.

Figure 4. Health-seeking Behaviours among the Children in the CHHs by District (n=279)



Source. Field Data 2023

The research findings revealed a notable disparity in health-seeking behaviours among children living in CHHs across the two districts. Among those who turn to personal herbs for self-treatment during health issues, a significant majority, 58.1% reside in Muleba District. This indicates a distinct cultural or contextual approach to health management in CHHs between the two districts. The rural nature of Muleba likely influences this trend due to factors such as embedded traditions, distance and the availability of health facilities.

However, interestingly, despite Bukoba being an urban area, of all respondents specified seeking healthcare services from traditional healers, came from Bukoba. This figure stands in contrast to the predominant trend among children in CHHs, who largely depend on traditional herbs for treatment. During FGDs held in Bukoba, participants revealed that the services offered by traditional healers are without charge. This finding may help to clarify the ongoing reliance on traditional healers in urban settings despite the availability of alternative medical resources.

Among households that reported receiving support from neighbours (*n = 14*), the majority (64.3%) were in Muleba District. Findings from the FGDs revealed that children in CHHs often rely on neighbouring households for support when they fall sick. In many cases, neighbours provide basic assistance in the form of modern medicine available within their households or traditional herbal remedies commonly used within the community.

These findings reflect the important role of informal community support systems in rural settings, particularly where access to formal healthcare services is limited or unaffordable. Similar studies in sub-Saharan Africa have shown that neighbours and extended community networks frequently serve as critical sources of social protection for vulnerable children, especially in child-headed households. Foster (2004) observed that community-based care and neighbourly support often function as substitute safety nets for orphaned and vulnerable children in contexts where formal welfare systems are weak. Likewise, Evans (2010) noted that children in CHHs commonly depend on social relationships within their communities to access food, healthcare, emotional support, and other essential needs.

From a theoretical perspective, this pattern reflects a problem-focused coping strategy shaped by constrained access to resources, as articulated in the Transactional Theory of Stress and Coping. However, as highlighted in the Coping Circumplex Model, such strategies may simultaneously carry adaptive and maladaptive dimensions. While herbal remedies offer immediate and accessible solutions for minor ailments, overreliance on them may delay appropriate treatment for serious conditions, thereby exacerbating health risks.

The findings suggest that traditional medicine continues to play an important role in community healthcare practices, particularly in rural Tanzania where access to health facilities and pharmaceutical services may be constrained by distance, cost, or availability. According to the World Health Organization (2019), traditional medicine remains a primary source of healthcare for many rural populations in Africa, particularly among low-income households.

Overall, these findings underscore a critical intersection between structural inequalities in healthcare access and culturally grounded coping mechanisms. While traditional practices enhance short-term resilience, the limited utilization of formal healthcare services poses significant risks to long-term child health outcomes. Reliance on informal care mechanisms may also indicate gaps in access to formal healthcare and child protection services. Children in CHHs may delay seeking professional medical care due to financial constraints, lack of adult guidance, or limited access to health facilities, potentially increasing their vulnerability to preventable illnesses and health complications.

Addressing these challenges requires targeted interventions, including improving awareness of health service entitlements, strengthening the implementation of exemption policies, promoting child-friendly healthcare services that do not require adult accompaniment, and expanding access to affordable health insurance for vulnerable children.

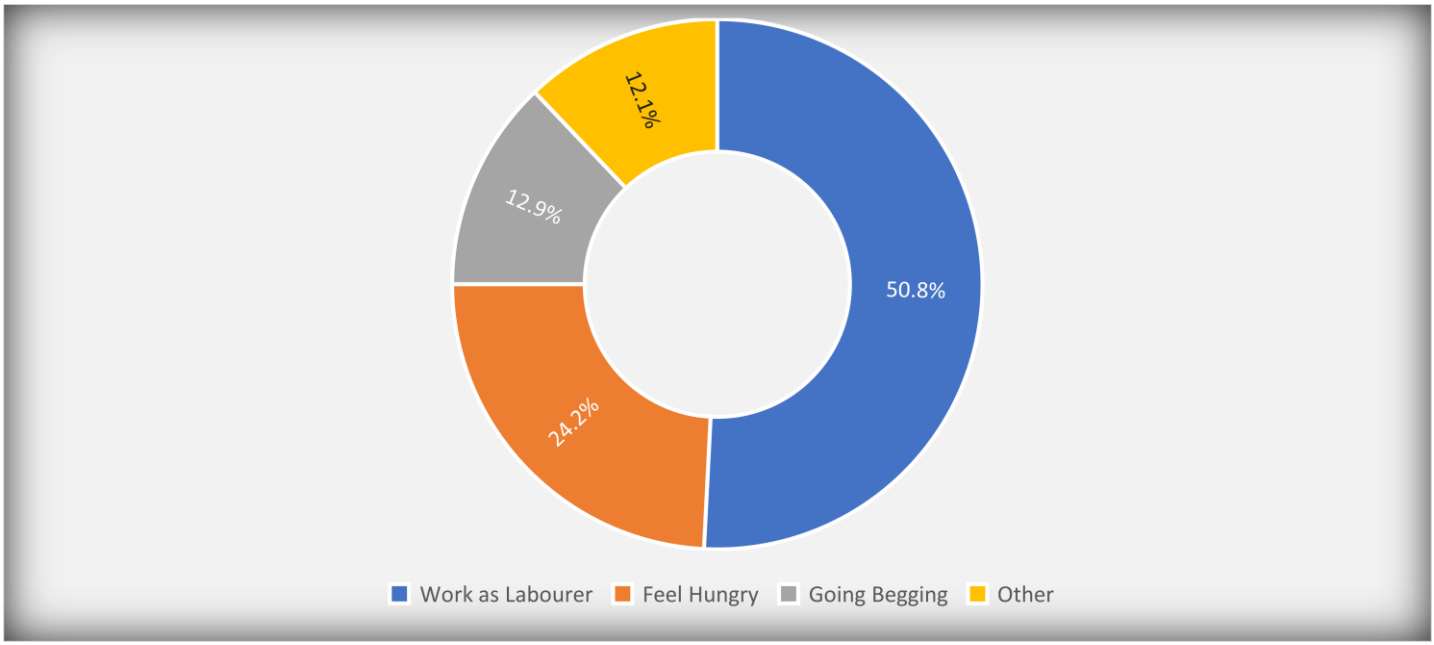
Missing School

Despite education being free in Tanzania, children living in CHHs faces multiple and interrelated challenges that significantly constrain their educational participation, particularly in terms of regular school attendance.

Although a considerable proportion of children in the study area were formally enrolled in school (n = 268), more than half (53%) reported irregular attendance. This indicates that school enrolment does not necessarily translate into consistent participation, reflecting deeper structural and household-level constraints.

The findings show that irregular attendance is primarily driven by the daily survival pressures faced by children in CHHs. Many are compelled to forgo schooling in order to engage in survival efforts to secure basic necessities such as food and money to cover other school expenses such as uniforms and stationery. As illustrated in Figure 5, among those who reported irregular attendance (n = 132), approximately 50.8% were involved in various forms of labour-intensive works. This suggests that economic necessity is a dominant factor shaping educational disruption, as children prioritize immediate household survival over long-term educational attainment.

Figure 5. Reasons for not Attending School Regularly (n=132).



Source. Field Data 2023

These findings are consistent with existing evidence from Tanzania. Studies by Evans (2010) in northwestern Tanzania demonstrate that children in CHHs frequently combine schooling with labor, resulting in absenteeism and reduced academic performance. Similarly, URT (2018) and URT (2021) reports on education and child welfare highlight that poverty, food insecurity, and household responsibilities are key drivers of irregular attendance and dropout among vulnerable children. Research by Makame et al. (2002); Phillips, (2011); Masondo, (2006) also found that orphaned and vulnerable children are significantly more likely to miss school due to economic pressures, heavy household chores and caregiving roles within the household.

Qualitative data from focus group discussions further reinforce these patterns. Participants emphasized that hunger, caregiving responsibilities, and lack of basic school requirements are key barriers to regular attendance. For example, one 14 years old female respondent from Kashai ward explained: *"My mom is sick; she has mental issues, so I did not manage to attend school every day because I have to go and work where she used to work to get money for basic needs, at the end, i had to drop out…"*

Similarly, a 12 years old boy from Gwanseli ward noted: *"Sometimes we cannot go to school because we cannot study while feeling hungry, so if we sleep without eating, then the next day we have to go to work as labourers to get paid and buy food…"*

These narratives illustrate the complex trade-offs that children in CHHs must navigate. From a theoretical perspective, this reflects a form of problem-focused coping, where children actively engage in labor to meet immediate needs. However, as suggested by the Coping Circumplex Model, such strategies may have unintended negative consequences, particularly when they undermine long-term developmental outcomes such as education.

The findings highlight a critical tension between immediate survival and long-term investment in human capital. While education is widely recognized as a key pathway out of poverty, children in CHHs are often forced to deprioritize schooling in favor of addressing urgent household needs, including food security, caregiving, and income generation. This is consistent with national evidence showing that, despite progress in enrolment under Tanzania's education policies, retention and regular attendance remain major challenges for vulnerable groups (URT, 2021; URT, 2021).

Overall, the results underscore the need for integrated interventions that address both educational access and underlying household vulnerabilities. In the Tanzanian context, initiatives such as school feeding programs, capitation grants, and social protection schemes (e.g., TASAF) have shown potential in improving attendance, but gaps remain in reaching the most vulnerable children, particularly those in CHHs (URT, 2018; World Bank, 2020). Strengthening these interventions, alongside community-based support systems, could play a critical role in reducing absenteeism and enabling children in CHHs to remain in school. Without such targeted support, the cycle of poverty and educational disadvantage is likely to persist across generations.

In the study areas, it has been observed that many children from CHHs who are enrolled in school exhibit irregular attendance patterns. This behaviour is often a coping mechanism employed to alleviate the significant hardships their families face. Frequently, these children deal with severe hunger, which ruthlessly hampers their ability to focus during lessons. A common scenario is that they attend school without having had breakfast, leaving them fatigued and unable to engage with their studies, while others reported not having decent school uniforms and stationery. Moreover, there are instances where these children opt to miss school entirely to contribute to the family's efforts to make ends meet. In such cases, they may accompany their brothers or sisters to their places of work, engaging in labour or other demanding tasks. Alternatively, some children may resort to begging to help support their families. This lack of consistent school attendance not only affects their education but also underscores the challenging socio-economic conditions they endure.

CONCEPTUAL FRAMEWORK

This study is anchored in the Transactional Theory of Stress and Coping developed by Lazarus and Folkman (1984), which conceptualizes coping as a dynamic process arising from the interaction between individuals and their environment. According to this theory, individuals continuously engage in cognitive appraisal of stressors and subsequently adopt coping strategies to manage demands perceived as exceeding their available resources.

Within this framework, CHHs are exposed to multiple environmental stressors, including poverty, parental death, chronic illness, and weak social protection systems. These conditions constitute significant external demands that disrupt household stability and place children in roles for which they are often unprepared.

Through primary appraisal, children in CHHs interpret these conditions as threatening to their survival and well-being. This is followed by secondary appraisal, in which they assess their limited resources and capacity to respond to these challenges. Given the constrained resource base and lack of adult support, these households are characterized by heightened vulnerability.

In response, CHHs adopt a range of coping strategies, which reflect both problem-focused and emotion-focused coping processes as outlined by Lazarus and Folkman (1984). Problem-focused strategies include engagement in labour-intensive work, sale of farm produce or household assets, and income-generating activities aimed at addressing immediate material needs. Emotion-focused and adaptive strategies are reflected in behaviours such as reliance on social support, begging, and the use of traditional herbs to manage health-related challenges.

While these coping strategies enable households to manage immediate stressors and ensure short-term survival, the theory emphasizes that coping effectiveness is contingent upon available resources and context. In the case of CHHs, the limited and often inadequate coping options led to adverse long-term outcomes, including malnutrition, disrupted education, exposure to exploitation, and persistent poverty.

Thus, the framework illustrates that coping among CHHs is not static but a continuous adaptive process, shaped by ongoing interactions between environmental stressors and constrained resources. Although these strategies

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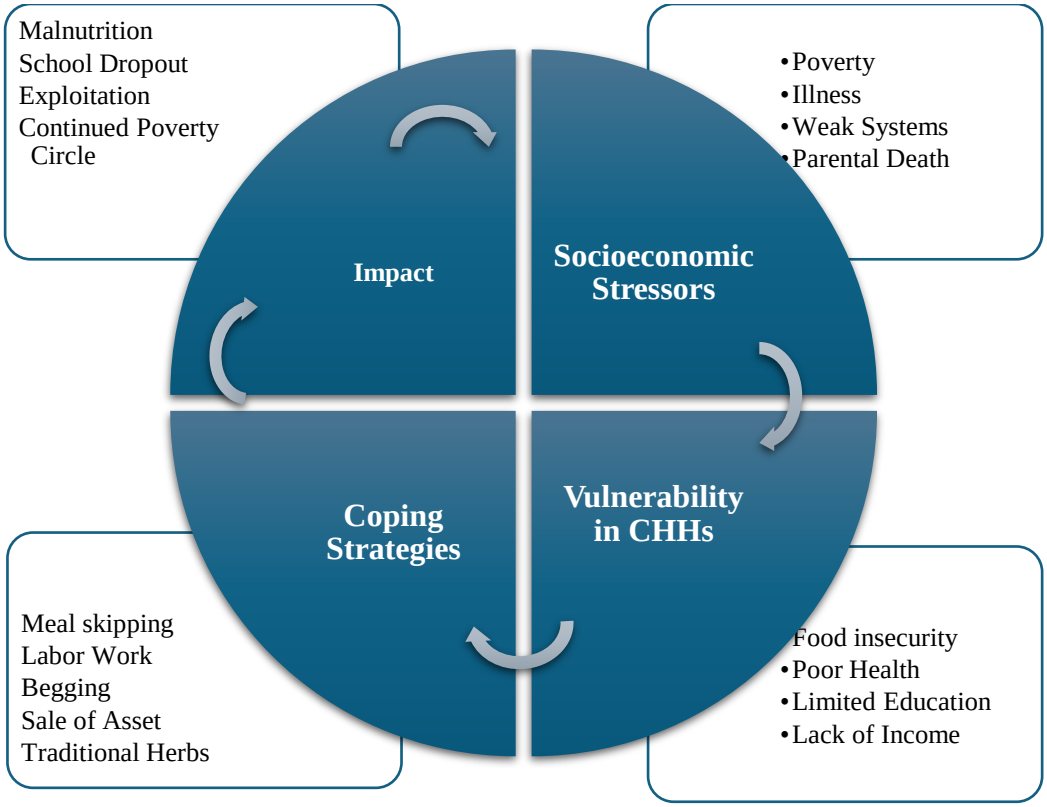
represent rational responses to extreme circumstances, they often reinforce vulnerability rather than resolve it. This underscores the need for interventions that strengthen household resources, reduce exposure to stressors, and support more sustainable coping mechanisms. Figure 6 present the conceptual model that present the vicious circle of vulnerability.

Figure 6. Conceptual Model of Vicious Circle of Vulnerability



Source. Researcher own invasion

The long-term psychological, emotional, and developmental impacts on children living in CHHs cannot be overlooked. Continuous exposure to hunger, poverty, neglect, excessive responsibilities, exploitation, and social stigma places these children under persistent emotional and psychological stress. Many children in CHHs are forced to assume adult responsibilities at an early age, including caregiving, income generation, and household management, often without adequate emotional support or guidance. Such experiences deprive them of a normal childhood and may result in chronic anxiety, depression, emotional exhaustion, low self-esteem, and feelings of hopelessness.

The absence of parental care and protection also affects children's emotional development and sense of security. Many children experience loneliness, grief, trauma, and fear, especially those who lost parents due to illness or other tragic circumstances. Over time, unresolved trauma and prolonged stress may negatively affect their cognitive development, decision-making abilities, emotional regulation, and social relationships. Children exposed to exploitative labour, abuse, or unsafe environments may develop behavioural problems, mistrust, aggression, social withdrawal, or difficulties forming healthy interpersonal relationships later in life.

Furthermore, persistent food insecurity and poor nutrition during childhood can impair brain development, memory, concentration, and learning capacity. Combined with interrupted education and irregular school attendance, these challenges significantly reduce future employment opportunities and socio-economic mobility, thereby perpetuating intergenerational cycles of poverty and vulnerability. The burden of adult responsibilities at a young age may also limit children's opportunities for personal growth, recreation, and psychosocial development, which are essential for healthy transition into adulthood.

The psychological strain experienced by children in CHHs may further increase the likelihood of substance abuse, risky behaviours, school dropout, and long-term mental health disorders if adequate support systems are

not established. Therefore, interventions targeting CHHs should go beyond addressing immediate material needs and incorporate psychosocial support, mental health services, child protection interventions, life skills development, and social support systems that promote resilience, emotional healing, and healthy child development. Integrated community-based approaches involving schools, healthcare providers, social welfare officers, and community leaders are essential to ensure the long-term well-being and protection of children living in CHHs.

Overall, the findings reveal that children in CHHs employ multiple coping strategies to survive under extremely difficult socio-economic conditions. However, many of these strategies expose them to additional risks, including exploitation, poor health, interrupted education, and long-term poverty. Addressing these challenges requires integrated interventions focusing on food security, child protection, healthcare access, education support, livelihood strengthening, and social welfare services.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Children residing in the CHHs frequently experience the profound trauma and distress of witnessing their parents suffering and, in some cases, endure the process of dying. This exposure amplifies their emotional distress, instilling a sense of uncertainty and fear regarding their perceived future stability. Deprived of the parental guidance they once relied on, these children find themselves compelled to assume caretaker roles for their siblings, effectively stepping into the shoes of their absent parents at a younger age.

This study set out to examine the coping mechanisms applied by CHHs in meeting livelihood security in Bukoba and Muleba Districts. The findings reveal that children living in CHHs face severe socio-economic hardships, primarily driven by food insecurity, limited access to healthcare, inadequate income sources, and disrupted education. Livelihood securities are secure when households have sufficient access to resources and income to cope with risks and sustain basic needs.

The study identified five major coping mechanisms employed by CHHs to meet their livelihood security: These includes meal skipping, engagement in labour-intensive work, begging, sale of farm products and assets, and the use of traditional herbs. Among these, meal skipping emerged as the most prevalent strategy, reflecting the alarming levels of food insecurity affecting over three-quarters of the households. While this approach provides short-term relief, it exposes children to malnutrition, poor health outcomes, and reduced cognitive development.

Engagement in labour-intensive work was found to be the primary source of income for most CHHs. Although this strategy enables children to meet immediate needs, it comes at a significant cost to their education, health, and overall well-being, and in many cases violates child protection regulations. Similarly, begging, though less prevalent, exposes children to exploitation, abuse, and social stigma, further compounding their vulnerability.

The sale of farm produce and household assets provides temporary financial relief but is not sustainable, particularly given the limited productive resources available to these households. Meanwhile, the reliance on traditional herbs underscores the critical barriers CHHs face in accessing formal healthcare services, including financial constraints, distance to facilities, and social stigma.

The study also highlights the strong interconnection between livelihood insecurity and educational disruption. Many children are forced to miss school due to hunger, labour responsibilities, or lack of essential school requirements, thereby jeopardizing their future opportunities.

Overall, the findings demonstrate that the coping mechanisms adopted by CHHs are largely survival-oriented, reactive, and unsustainable. These strategies, while essential for immediate survival, often perpetuate cycles of poverty, vulnerability, and social exclusion. The study therefore underscores the urgent need for functional social welfare system, and comprehensive targeted interventions to improve the living conditions of children in CHHs.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed:

i. **Strengthening Food Security Programs:** The government, in collaboration with non-governmental organizations, should implement targeted food assistance programs for CHHs. School feeding programs should also be expanded to ensure that children receive at least one nutritious meal per day, which can improve both health and school attendance.
ii. **Economic Empowerment Initiatives:** There is a need to establish income-generating programs tailored for CHHs, such as vocational training, small grants, and microfinance support. These initiatives can reduce reliance on child labour and provide sustainable livelihood options.
iii. **Enhancing Access to Education:** Policies should focus on eliminating hidden school costs by providing essential learning materials, school uniforms, and transport support to vulnerable children. In addition, school feeding programs should be introduced or strengthened in every school to ensure that enrolled children have access to at least one nutritious meal during school hours. Such interventions would help improve school attendance, concentration, academic performance, and retention, particularly among children from CHHs who often attend school hungry or miss classes due to economic hardship.
iv. **Improving Access to Healthcare Services:** The government should strengthen the implementation of healthcare exemption policies for vulnerable children. Mobile clinics and community outreach programs can help bridge the gap for those living far from health facilities. Additionally, awareness campaigns should educate CHHs about the availability of healthcare exemption policies.
v. **Child Protection and Social Support Systems:** There is an urgent need to reinforce child protection mechanisms to prevent exploitation, abuse, and hazardous labour. Community-based child protection committees and social welfare programs should be strengthened to monitor and support CHHs.
vi. **Community Awareness and Engagement:** Communities should be sensitized on the challenges faced by CHHs and encouraged to provide support through local initiatives. Strengthening community solidarity can reduce stigma and improve informal support systems.
vii. **Policy Review and Implementation:** The government should review and strengthen existing policies related to child welfare and ensure their effective implementation. Particular attention should be given to enforcing laws against child labour and improving social protection frameworks.
viii. **Further Research:** Future studies should explore long-term impacts of these coping mechanisms on children's development and assess the effectiveness of intervention programs aimed at supporting CHHs.

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