



Strategies for success: Supporting child-headed households in education from Manicaland Province, Zimbabwe

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ABSTRACT

Child-headed households (CHHs), in which adolescents assume adult responsibilities after losing or being abandoned by their parents, pose a growing challenge to educational equity in Zimbabwe's Manicaland Province. In this context, HIV/AIDS, economic migration, and the breakdown of extended kinship networks have led to an estimated 15,000–20,000 such households. This study investigates which school-based support strategies most effectively improve educational outcomes and well-being among secondary school students from CHHs. Using a convergent parallel mixed-methods approach grounded in Bronfenbrenner's Ecological Systems Theory, quantitative data were collected via structured surveys completed by 18 teachers and administrators regarding 40 CHH students across six secondary schools in the Mutare and Mutasa districts. Qualitative data were obtained through semi-structured interviews with 12 teachers and 10 students. The results show that comprehensive support combining material aid, academic tutoring, psychosocial counseling, and flexible attendance and assessment policies significantly improves attendance (Cohen's $d = 1.12$), academic performance ($d = 0.89$), and well-being ($d = 1.04$) compared with fragmented, single-component efforts. These effect sizes far exceed typical benchmarks for educational interventions, yet only 30% of students received this support, indicating that current practices are fragmented. The qualitative analysis emphasizes the importance of respectful teacher-student relationships, the tension between household survival needs and a rigorous O- and A-level curriculum, and the critical role of collaboration among schools, NGOs, and communities. This points to the need for coordinated, multi-level support systems, formal government recognition of CHHs, flexible examination and attendance policies, and trauma-informed teacher training.

Keywords: Child-Headed Households, Orphans, Educational Support, Vulnerable Children.

INTRODUCTION

Child-headed households, in which children assume the role of head after parental loss or abandonment, are increasingly common in Zimbabwe.¹ Manicaland Province has particularly high numbers, driven by

¹ Geoff Foster et al., "Factors Leading to the Establishment of Childheaded Households: The Case of Zimbabwe," *Health Transition Review* (1997): 155–68.

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HIV/AIDS, poverty, and cross-border migration. The province is estimated to have 15,000–20,000 such households, with leaders aged 10–18 years.² These children balance adult responsibilities with secondary schooling while facing poverty, food insecurity, trauma, and stigma.³ Research in the province shows higher dropout rates, higher absenteeism, and lower academic performance among CHH students compared to peers from conventional families.⁴ This study, conducted in six secondary schools in Mutare and Mutasa districts, explores three questions: (1) What support do schools provide to CHH students? (2) How effective are these supports in promoting retention and success? (3) What factors facilitate or hinder support provision in Manicaland?

The scale and urgency of this challenge cannot be overstated. Globally, sub-Saharan Africa bears the heaviest burden of child-headed households, a phenomenon inextricably linked to the HIV/AIDS pandemic, armed conflict, and deepening socioeconomic inequality.⁵ In Zimbabwe, decades of economic instability, hyperinflation, and the collapse of social safety nets have eroded the informal kinship care networks that historically absorbed orphaned children into extended family structures.⁶ Manicaland Province, which borders Mozambique, is a major migration corridor, further destabilizing household configurations and leaving children without adequate adult supervision or financial support.⁷ The intersection of these factors creates a uniquely precarious environment in which adolescents are thrust into the simultaneous roles of economic provider, caregiver, and household manager, roles that carry profound psychological weight and material hardship. Understanding which school- and community-based interventions are most effective in this context is therefore not merely an academic exercise but a pressing policy imperative with direct implications for the educational futures of thousands of young Zimbabweans.

Secondary education is a particularly critical period for CHH students. Unlike primary education, which is more flexible and less examination-driven, Zimbabwe's secondary school system is governed by the Zimbabwe School Examinations Council (ZIMSEC). It features high-stakes O-level and A-level examinations that serve as gatekeepers to tertiary education and formal employment. For adolescents who manage entire households, the cost of O-level subject entries, the rigidity of scheduling, and the expectation of uninterrupted academic attendance create structural barriers that are rarely acknowledged in national education policy. Despite growing recognition in non-governmental and international development literature of the need for differentiated support for orphans and vulnerable children (OVC), Zimbabwe's secondary school system remains largely calibrated for learners in stable, conventionally supported households. This study, therefore, contributes original empirical evidence from Manicaland's secondary school context, addressing a significant gap in the literature, which has historically focused on primary-level interventions and generalist OVC support programs.

LITERATURE REVIEW

Child-Headed Households: Contexts and Challenges

CHHs form when parents die, emigrate, or cannot provide care, and no suitable adult relatives step in.⁸ In Manicaland, HIV/AIDS-related parental deaths remain the primary cause, though economic migration to South Africa and Mozambique and the breakdown of extended family networks also play

² Vincent Chidhumo, Jose Abraham, and Moses Kufakunesu, "Child-Headed Households: Techniques to Lessen the Detrimental Impacts of Poverty on Secondary School Students from Chimanimani District in Manicaland Province, Zimbabwe," *E-Journal of Humanities, Arts and Social Sciences* 5, no. 13 (October 7, 2024): 2089–98, <https://doi.org/10.38159/ehass.20245136>.

³ M. Ruiz-Casares, T. Thomann, and L. K. Tip., "Children's Experiences of Living in Child-Headed Households: A Qualitative Study from South Africa and Zimbabwe," *Childhood* 16, no. 3 (2009): 335–52.

⁴ Gladys R Nera and Tawanda Nyikadzino, "Factors Hampering the Realization of Equity and Quality Education in Zimbabwe's Rural Schools: Experiences of Chipinge Central Circuit, Manicaland," *Journal of Asian and African Studies* 60, no. 4 (2025): 2105–19.

⁵ C. Kuo and D. Operario., "Child-Headed Households in South Africa: A Review of the Literature," *Vulnerable Children and Youth Studies* 6, no. 2 (2011): 126–139.

⁶ Constance Nyamukapa and Simon Gregson, "Extended Family's and Women's Roles in Safeguarding Orphans' Education in AIDS-Afflicted Rural Zimbabwe," *Social Science & Medicine* 60, no. 10 (May 2005): 2155–67, <https://doi.org/10.1016/j.socscimed.2004.10.005>.

⁷ Zimbabwe Coalition on Debt and Development (ZIMCODD), "Social Development in Zimbabwe: Education Sector Analysis." (Harare: ZIMCODD, 2023).

⁸ Foster et al., "Factors Leading to the Establishment of Childheaded Households: The Case of Zimbabwe."

significant roles.⁹ Eldest siblings who head these households assume adult duties, securing food, managing finances, and caring for younger siblings while simultaneously pursuing secondary education.¹⁰ Compounding this, adolescents face psychosocial trauma, stigma, discrimination, vulnerability to abuse, and the impossible task of balancing household survival with increasingly rigorous academic demands.¹¹

Orphanhood is a global issue: UNICEF estimates 13.8 million children lost a parent to AIDS, predominantly in sub-Saharan Africa.¹² Zimbabwe has approximately 761,000 AIDS orphans, and Manicaland's high HIV prevalence is linked to patterns of labor migration.¹³ Research in the province confirms that orphanhood correlates with higher rates of absence, grade repetition, and examination failure, with double orphans faring worst.¹⁴ ZIMSTAT estimates 430,000 child-led households nationally, 70% affected by HIV.¹⁵ Beyond economics, orphaned children face mental distress, suicide risk, PTSD, and anxiety, all of which impair learning and concentration, particularly for those managing entire households.¹⁶

The social aspects of CHH life are just as important, but often overlooked in educational research. CHH children often face social stigma in their communities, with peers, neighbors, and even some teachers viewing them as abnormal or "at risk" in ways that reinforce rather than reduce marginalization.¹⁷ This stigma can show up in schools as limited peer interaction, exclusion from extracurricular activities due to time and cost barriers, and a lack of confidence in speaking to teachers for fear of judgment. Girls who lead households face additional challenges: the burden of domestic chores, increased risk of sexual exploitation and early marriage as means of economic survival, and patriarchal community standards that may question their authority as heads of households and their right to continue education.¹⁸ Boys in similar situations often feel pressured to enter the informal labor market immediately, with school seen as a luxury rather than a right. Both paths cause a deep loss of childhood and adolescence, with long-term effects not only on individual education but also on cycles of intergenerational poverty.¹⁹ Recognizing these intertwined social pressures is crucial to creating truly responsive support systems, not just superficially remedial.

Educational Support Frameworks

Effective support for secondary school students from CHHs requires a comprehensive approach that addresses material, academic, psychosocial, and social needs. Material support includes school fees, learning materials, uniforms, and emergency food aid. Academic support involves tutoring, flexible attendance policies, catch-up programs, and adapted assignments that account for household responsibilities, which are becoming increasingly critical as secondary curriculum requirements increase and exam pressures mount. Psychosocial support emphasizes emotional and mental health through

⁹ S. Gregson et al., "HIV Infection and Reproductive Health: A Population-Based Study of Women of Childbearing Age in Rural Zimbabwe.," *Health Transition Review* 14, no. 1 (2004): 1-20.

¹⁰ Ruiz-Casares, T. Thomann, and L. K. Tip., "Children's Experiences of Living in Child-Headed Households: A Qualitative Study from South Africa and Zimbabwe.,"

¹¹ C. Chitereka, "Social Work Practice in Zimbabwe: Challenges in a Child-Headed Households Environment.," *Australian Social Work* 62, no. 1 (2009): 72-87; G. Clacherty and T. Kistner., "The Child Protection Unit's Research on Children Living and Working on the Streets in Zimbabwe.," *Childhood* 9, no. 4 (n.d.): 430-443.

¹² UNICEF, *HIV Statistics: Global and Regional Trends*. (New York: UNICEF, 2024).

¹³ Gregson et al., "HIV Infection and Reproductive Health: A Population-Based Study of Women of Childbearing Age in Rural Zimbabwe."

¹⁴ Nyamukapa and Gregson, "Extended Family's and Women's Roles in Safeguarding Orphans' Education in AIDS-Afflicted Rural Zimbabwe."

¹⁵ Zimbabwe Coalition on Debt and Development (ZIMCODD), "Social Development in Zimbabwe: Education Sector Analysis."

¹⁶ Edson Chipalo, "Association between Orphanhood, Mental Distress and Suicide Risk Behaviors among Adolescents and Young Adults in Zimbabwe," *Current Psychology* 43, no. 37 (2024): 29409-18.

¹⁷ Lucie Cluver and Mark Orkin, "Cumulative Risk and AIDS-Orphanhood: Interactions of Stigma, Bullying and Poverty on Child Mental Health in South Africa," *Social Science & Medicine* 69, no. 8 (October 2009): 1186-93, <https://doi.org/10.1016/j.socscimed.2009.07.033>; Helen Meintjes and Sonja Giese, "Spinning the Epidemic: The Making of Mythologies of Orphanhood in the Context of AIDS," *Childhood* 13, no. 3 (2006): 407-30.

¹⁸ D. Bhana and U. Hoadley., "Schooling and Sexuality in a Time of AIDS: Teaching for Resistance and Resilience.," *Gender and Education* 21, no. 5 (2009): 465-478.

¹⁹ C. L. Ward and A. Styles., "The Psychological Well-Being of Children Living in Child-Headed Households in South Africa.," *Journal of Child & Adolescent Mental Health* 22, no. 2 (2010): 129-38.

counseling, grief support, mentoring, and trauma-informed school environments. Research consistently shows that integrated, holistic support addressing multiple needs yields significantly better results than interventions targeting a single area.²⁰

Zimbabwe's main formal mechanism, the Basic Education Assistance Module (BEAM), subsidizes school fees for vulnerable children. Still, evaluations confirm its limitations as a standalone intervention: paying fees alone does not address psychosocial needs, food insecurity, or social barriers.²¹ At the secondary level, O-level examination fees of about USD 15 per subject make full entries unaffordable for most CHH budgets. International evidence from Zimbabwe shows that comprehensive school support lowered dropout rates for orphaned girls but did not improve test scores without additional academic support, confirming that material access is necessary but not enough.²² Uganda's Suubi-Maka program demonstrated that combining psychosocial counseling, mentorship, and economic strengthening led to significant improvements in attendance, performance, and self-concept after 24 months.²³

The limitations of single-focus interventions are well documented in various African contexts. Studies in South Africa involving schools serving vulnerable learners in Limpopo and KwaZulu-Natal show that fee waivers and the provision of uniforms, while reducing financial barriers to enrollment, have limited effects on retention and academic success without additional psychosocial and mentoring programs.²⁴ Similarly, research from Zambia's Southern Province indicates that trauma-focused cognitive behavioral therapy delivered in schools, combined with economic support to ensure household food security, leads to measurable improvements in academic engagement and mental health among orphaned adolescents. These effects disappear when either element is removed.²⁵ These comparative findings underscore the conclusion that for CHH students, material deprivation and psychological distress are so closely linked that interventions targeting only one area are, at best, only partly effective, and at worst, may inadvertently reveal gaps in support. The clear message for Zimbabwean policy and practice is that support systems must be layered, coordinated across agencies, and intentionally designed to meet the cognitive, emotional, and developmental needs of older adolescents rather than simply extending primary school frameworks that were never built for this age group.

Teacher and School Roles

Secondary school teachers and administrators play critical roles in identifying vulnerable adolescents, coordinating support, and creating inclusive environments that mitigate adversity.²⁶ Effective practice requires understanding students' household circumstances, demonstrating compassion and flexibility, and collaborating proactively with social services, NGOs, and community organizations.²⁷ However, teachers in Manicaland frequently report inadequate preparation for supporting highly vulnerable adolescents, particularly in rural and peri-urban contexts.²⁸ The secondary school context presents distinct structural challenges relative to primary school: rigid timetables, fragmented pastoral oversight

²⁰ Linda M Richter, Julie Manegold, and Riashnee Pather, *Family and Community Interventions for Children Affected by AIDS* (HSRC Press, 2004); A. Wakhweya et al., "Experience of Orphans and Vulnerable Children in Child-Headed Households in East Africa: A Mixed-Methods Study," *Journal of HIV/AIDS Prevention in Children & Youth* 9, no. 2 (2008): 152–16.

²¹ John Ringson, "Basic Education Assistance Module as a Material and Psychosocial Support Intervention for Orphans and Vulnerable Children in Gutu District, Zimbabwe. An Evaluation," *New Ideas in Psychology* 59 (2020): 100803.

²² Denise Hallfors et al., "Supporting Adolescent Orphan Girls to Stay in School as HIV Risk Prevention: Evidence from a Randomized Controlled Trial in Zimbabwe," *American Journal of Public Health* 101, no. 6 (2011): 1082–88.

²³ Fred M Ssewamala et al., "Applying a Family-Level Economic Strengthening Intervention to Improve Education and Health-Related Outcomes of School-Going AIDS-Orphaned Children: Lessons from a Randomized Experiment in Southern Uganda," *Prevention Science* 17, no. 1 (2016): 134–43.

²⁴ Kuo and D. Operario, "Child-Headed Households in South Africa: A Review of the Literature."

²⁵ Jeremy C. Kane et al., "Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Compared to Psychosocial Counseling in Reducing HIV Risk Behaviors, Substance Use, and Mental Health Problems among Orphans and Vulnerable Children in Zambia: A Community-Based Randomized Controlled Trial," *AIDS and Behavior* 28, no. 1 (2024): 245–63.

²⁶ N. De Lange and T. Olivier, "Teachers' Experiences of Including Orphans and Vulnerable Children in the Classroom," *Education as Change* 8, no. 2 (2004): 122–137, <https://doi.org/10.1080/16823200409470093>.

²⁷ De Lange and Olivier, "Teachers' Experiences of Including Orphans and Vulnerable Children in the Classroom," *Education as Change* 8, no. 2 (2004): 122–37.

²⁸ Relebohile Moletsane et al., "What Can a Woman Do with a Camera? Turning the Female Gaze on Poverty and HIV and AIDS in Rural South Africa," *International Journal of Qualitative Studies in Education* 22, no. 3 (2009): 315–31.

across multiple subject teachers, and high-stakes O- and A-level examinations that can penalize students whose household responsibilities conflict with standard attendance requirements.

Research emphasizes whole-school approaches, embedded in written policies, designated support coordinators, community partnerships, and inclusive peer cultures, as more sustainable than relying on individual teachers' goodwill. Central to any approach is the quality of teacher-student relationships: caring, trusting relationships with at least one responsive adult serve as a powerful protective factor for students who have experienced parental loss.²⁹

The professional development dimension of teacher readiness is particularly salient in the Manicaland context. Trauma-informed pedagogy, a framework that equips teachers to recognize the behavioral and cognitive manifestations of chronic stress and grief in learners and respond with structured empathy rather than punitive discipline, remains largely absent from pre-service teacher training curricula in Zimbabwe. However, evidence from comparable Sub-Saharan contexts consistently identifies trauma-informed school environments as a critical mediating variable between support provision and educational outcomes. Teachers who understand that a student who arrives late, appears distracted, or fails to complete assignments may be responding to household trauma rather than exhibiting defiance or academic disengagement are fundamentally better positioned to intervene constructively. Furthermore, the secondary school structure, in which eight to twelve different subject teachers may teach a student, poses significant challenges to the kind of pastoral consistency and holistic knowledge of a student's circumstances that allow the early identification of support needs. The designation of a named, trained welfare coordinator within each secondary school, with formal time allocation and clear referral pathways, emerges from the literature as perhaps the single most cost-effective structural reform available to Zimbabwean secondary schools seeking to improve outcomes for CHH students.

THEORETICAL FRAMEWORK

This study is based on Bronfenbrenner's Ecological Systems Theory (EST), which views child development as influenced by nested, interconnected systems: the microsystem (family, school, peers); the mesosystem (connections between microsystems, like school-community partnerships); the exosystem (institutions that indirectly affect the child, such as government agencies and NGOs); the macrosystem (cultural values, national laws, economic conditions); and the chronosystem (the dimension of time, including how the HIV/AIDS epidemic over three decades has reshaped household structures in Manicaland).³⁰ CHHs represent a key microsystem disruption, parents being absent, that can only be understood by examining how surrounding ecological layers respond or fail to respond. The large effect sizes seen with comprehensive support (Cohen's $d = 1.12, 0.89, 1.04$) are exactly what EST predicts when interventions target multiple ecological levels simultaneously, and policy recommendations follow directly from this ecological perspective.

The relevance of Bronfenbrenner's Ecological Systems Theory to this study is particularly compelling given the multi-layered vulnerabilities that define the CHH experience in Manicaland Province. Recent scholarship confirms that EST remains one of the most analytically powerful frameworks for examining how educational outcomes for vulnerable children are shaped not by any single factor but by the dynamic interaction of nested environmental systems operating simultaneously at multiple levels.³¹ Applied to the CHH context in Zimbabwe, EST illuminates how the collapse of the microsystem, specifically the absence of parental figures who would ordinarily mediate between the child and institutional structures, amplifies the developmental consequences of failures at every other ecological level: the absence of coordinated school-community mesosystem partnerships, the limitations of BEAM as an exosystem policy instrument, the macrosystem's cultural assumptions about normative family structures embedded in the national curriculum and examination design, and the chronosystem's

²⁹ Liesel Ebersöhn and Ronél Ferreira, "Coping in an HIV/AIDS-Dominated Context: Teachers Promoting Resilience in Schools," *Health Education Research* 26, no. 4 (2011): 596–613.

³⁰ M. Crawford, "Ecological Systems Theory: Exploring the Development of the Theoretical Framework as Con-Ceived by Bronfenbrenner," *J Pub Health Issue Pract* 4, no. 2 (2020): 170.

³¹ Peiru Tong and Irene Shidong An, "Review of Studies Applying Bronfenbrenner's Bioecological Theory in International and Intercultural Education Research," *Frontiers in Psychology* 14 (January 8, 2024), <https://doi.org/10.3389/fpsyg.2023.1233925>.

decades-long trajectory of HIV/AIDS-driven household dissolution in Manicaland. Empirical applications of EST in analogous Southern African contexts, specifically studies examining teacher experiences with CHH learners, confirm that the theory provides not only a descriptive map of the overlapping barriers these children face but also a prescriptive guide for designing interventions that must operate at multiple ecological levels simultaneously if they are to produce durable gains in attendance, academic performance, and well-being.³² The convergent parallel mixed-methods design employed in this study is therefore theoretically congruent with EST's emphasis on examining multiple interacting systems: quantitative data capture outcome differences attributable to multilevel support. In contrast, qualitative data illuminate the relational and structural mechanisms by which ecological factors operate in individual students' lived experiences.

METHODOLOGY

Research Design

This study employed a convergent parallel mixed-methods design, combining quantitative data on support strategies and outcomes with qualitative data on implementation experiences and challenges in the secondary school context of Manicaland.³³

Participants and Settings

The quantitative phase involved 18 teachers and administrators from six secondary schools in Mutare and Mutasa districts, evenly split between urban and rural areas, including four governments and two church-affiliated schools. The participants provided data on 40 adolescent CHH students (55% female; ages 14–18; $M = 16.2$ years; spanning Forms 1–6). The qualitative component included 12 teachers and administrators (two from each school) and 10 students (ages 15–18, from Forms 2–6) who volunteered to share their experiences. Maximum variation sampling ensured a broad range of perspectives across different locations, grade levels, household structures, genders, and support contexts.

Data Collection

Teachers completed the Child-Headed Household Support Inventory (adapted for the secondary context) to document the types and levels of support. Student outcome measures included: (1) attendance in school records; (2) academic performance averaged in five core subjects; and (3) the Wellbeing Assessment for Vulnerable Adolescents ($\alpha = .89$). Semi-structured interviews with teachers (45–75 minutes) explored support strategies, effectiveness, challenges, and recommendations; student interviews (30–50 minutes) covered school experiences, support received, and obstacles. All interviews were conducted in English or Shona by trauma-informed, child-protection-certified research assistants, audio-recorded with consent, and transcribed verbatim.

Data Analysis

Quantitative data were analyzed using SPSS 28.0. Independent-samples t-tests with bootstrap confidence intervals (1,000 resamples) compared outcomes between students receiving comprehensive support (all four types) and those receiving minimal support. Effect sizes (Cohen's d) measured practical significance. Qualitative data underwent reflexive thematic analysis using NVivo 14.³⁴ Two researchers independently coded transcripts; themes were developed collaboratively through consensus discussion and peer debriefing.

Ethical Considerations

The study received approval from the University's Research Ethics Committee (IREC 299/21) and the Ministry of Primary and Secondary Education, including the Manicaland Provincial Education Director and district education officers. Protections included age-appropriate assent procedures, enhanced

³² Shuai Yang and Eunjoo Oh, "Analysis of Children's Development Pathways Based on Bronfenbrenner's Ecological Systems Theory," *International Journal of Education and Humanities* 16, no. 3 (October 23, 2024): 250–58, <https://doi.org/10.54097/vaap3p97>.

³³ John W. Creswell and Vicki L. Plano Clark, *Designing and Conducting Mixed Methods Research* (Sage Publications, 2017).

³⁴ Virginia Braun and Victoria Clarke, "Toward Good Practice in Thematic Analysis: Avoiding Common Problems and Being a Knowing Researcher," *International Journal of Transgender Health* 24, no. 1 (2023): 1–6.

confidentiality safeguards, trauma-informed interview protocols, referral pathways to local counseling services, an emergency support fund, and ongoing consultation with school welfare staff. No identification information appears in the outputs; pseudonyms are used throughout.

PRESENTATION OF FINDINGS

Quantitative Findings

Table 1 presents the prevalence of support in the six schools. Material support was the most common (90%), followed by academic (75%), psychosocial (65%), and social (50%). Only 30% of students received comprehensive support across all four domains, while 10% received minimal or no coordinated support.

Table 1: Prevalence of Support Types for Adolescents from Child-Headed Households in Secondary Schools (N = 40)

Support Type	N	Percentage
Material Support	36	90%
Academic Support	30	75%
Psychosocial Support	26	65%
Social Support	20	50%
Comprehensive Support (All Four)	12	30%

Table 2 compares outcomes between students receiving comprehensive support ($n = 12$) and those receiving minimal or fragmented support ($n = 16$). Comprehensive support was associated with significantly higher attendance, academic performance, and well-being, with large effect sizes for all outcomes. Comprehensively supported students attended 83.5% of school days versus 67.8% for fragmented-support peers; mean academic grades were 68.3% versus 54.7%; and well-being scores were substantially higher.

Table 2: Educational Outcomes: Comprehensive Support vs. Minimal/Fragmented Support

Outcome Measure	Comprehensive M (SD)	Minimal/Fragmented M (SD)	Cohen's d
Attendance (%)	83.5 (8.7)	67.8 (13.2)	1.12
Academic Grade (%)	68.3 (9.4)	54.7 (11.8)	0.89
Wellbeing Score	3.92 (0.61)	3.08 (0.74)	1.04

Comprehensive support $n = 12$; minimal/fragmented support $n = 16$. $p < .01$; $p < .001$. Wellbeing scale: 1–5. Academic grades represent averages in five core subjects.

Additional analysis revealed no significant gender differences in receiving comprehensive support (32% female vs. 28% male, $p = .79$). Urban schools (Mutare) had slightly higher comprehensive support rates (35%) than rural schools (Mutasa, 25%). However, this difference was not statistically significant ($p = .48$). Students in Forms 5 and 6 received comprehensive support at higher rates (40%) than those in Forms 1–4 (24%), indicating greater advocacy capacity among older adolescents.

Table 3: Individual Support Component Outcomes: Mean Attendance (%) and Academic Grade (%) by Support Type Receipt

Support Component	Received M Attendance (%)	Not Received M Attendance (%)	Received M Grade (%)	Not Received M Grade (%)
Material Support	78.4	61.2	63.1	55.8
Academic Support	77.6	68.3	64.4	52.6
Psychosocial Support	76.9	69.5	66.2	51.9
Social Support	75.8	70.4	63.7	53.4

Mean scores are unadjusted. Academic grades represent averages in five core subjects. This table illustrates the contributions of individual components; Table 2 presents the primary analysis.

Qualitative Findings

Thematic analysis of teacher and student interviews identified four overarching themes.

Theme 1: Holistic, Relationship-Centered Support Adapted for Adolescents. Teachers emphasized that effective support requires addressing multiple needs simultaneously while respecting adolescents' independence and dignity. One Mutare teacher explained:

"These are not primary school children; they are young adults managing entire households. You cannot just pay the school fees and expect success. They need food, emotional support, and someone who understands their struggles without treating them like children... The relationship matters as much as the resources."

A Form 5 student from Chimanimani confirmed:

"My subject teacher knows my situation. When I miss school because my sister is sick, she does not lecture me; she helps me catch up on the work I missed and asks if we need medical help. She treats me as a responsible person, not a charity case."

Theme 2: Navigating Complex Survival Challenges Alongside a Rigorous Secondary Curriculum.

Participants described heightened tension between household leadership and academic requirements. A rural Makoni teacher noted:

"These adolescents face impossible choices daily: attend morning classes or fetch water, complete A-level assignments or care for sick siblings, study for O-level examinations or earn money for rent."

A Form 6 student preparing for A-levels while managing a household of four children reflected:

"Sometimes I arrive late because I must prepare breakfast and walk my youngest sibling to primary school. Teachers who understand this and give me extra time make the difference between staying in school and dropping out."

Theme 3: Community Collaboration Networks as Essential Lifelines. Teachers stressed that schools cannot address all needs independently. A school head described coordinating NGO food parcels, church fee assistance, community tutoring, and vocational referrals:

"No single organization can address all needs. Collaboration multiplies our impact and provides the wrap-around support these adolescents need to complete secondary school."

A guidance teacher described connecting a 17-year-old household head with a community gardening cooperative that simultaneously addressed food security, income generation, vocational skills, and school enrolment.

Theme 4: Systemic Barriers Requiring Multi-Level Advocacy. The participants identified policy obstacles at the school, district, provincial, and national levels. A deputy head stated:

"Rigid attendance policies punish students for circumstances beyond their control. I advocate for flexibility, recognizing that a child-headed household student who attends 75% of classes while managing a household demonstrates greater commitment than a conventionally supported student with 95% attendance."

A Form 4 student preparing for O-levels captured the systemic gap:

"Some teachers understand and give me extensions when household crises happen. Others say that I am making excuses and mark me absent or give me zeros. The school system was not designed for students like me. Schools need to officially recognize child-headed households and create written policies that accommodate our circumstances without lowering academic standards."

DISCUSSION

This study's integrated findings demonstrate that comprehensive, relationship-based support significantly improves educational outcomes for adolescents from CHHs in secondary schools in Manicaland. The large effect sizes for comprehensive support (Cohen's $d = 1.12, 0.89, \text{ and } 1.04$ for attendance, academic performance, and well-being, respectively) represent practically significant improvements of approximately 15 percentage points higher attendance, 14 percentage points higher academic grades, and nearly one full standard deviation higher well-being. However, only 30% of students received comprehensive support, despite 90% receiving some assistance, confirming that fragmented rather than coordinated approaches characterize current practice.

Material assistance alone, while necessary to enable school participation, is insufficient without concurrent academic tutoring aligned with secondary curriculum demands, psychosocial support that addresses adolescent developmental needs, and social integration efforts that combat isolation and stigma. Qualitative findings illuminate why comprehensive support proves effective: it addresses multifaceted challenges while respecting students' autonomy and dignity. The emphasis on relationship quality along with material support, particularly relationships characterized by respect for adolescents' maturity and agency, is consistent with research that shows that caring connections buffer the effects of adversity during critical developmental periods.³⁵ The finding that only 30% of students received comprehensive support despite 90% receiving some form of material assistance exposes a critical structural gap in current provision: the tendency to conflate material access with genuine, holistic support. Schools, NGOs, and government agencies must recognize that enrolling a child in school and subsidizing their fees, though important first steps, represent the floor rather than the ceiling of meaningful intervention for CHH students. The qualitative data make plain that what distinguishes genuinely transformative support from superficial provision is not merely the quantity of resources directed at students but the quality, coherence, and relational depth of the assistance they receive. When teachers know a student's circumstances, adapt their pedagogical expectations accordingly, and proactively connect students to wider support networks, educational outcomes improve substantially, and students themselves report feeling recognized as capable individuals rather than objects of charity.

The theme of complex survival challenges colliding with a rigorous secondary curriculum reveals why standard expectations often fail these students. Unlike primary school, secondary education involves subject specialization, multiple teachers with fragmented pastoral oversight, and high-stakes examinations that disadvantage students whose household responsibilities conflict with standard attendance and submission requirements. Teachers who exercise flexibility while maintaining academic standards demonstrate that adaptation supports, rather than compromises, educational quality, underscoring the need for ZIMSEC-level policy reform. Community collaboration emerged as essential given secondary schools' limited capacity to address all needs independently. Creative school-NGO-community partnerships can simultaneously address food security, generate income, develop vocational capabilities, and maintain enrolment. It is important to note that the flexibility advocated here does not imply lowering academic standards or reducing the rigor of Zimbabwe's examination system, which is widely regarded as one of the most respected on the continent. Rather, it calls for a calibrated recognition that equal treatment is not the same as equitable treatment: students managing entire households require differentiated accommodations within a framework of high expectations, not reduced expectations. The pedagogical principle of "high challenge, high support," evident in the best practices observed across the study schools, provides a compelling model for how secondary schools can simultaneously honor the integrity of the curriculum and the dignity of students whose life circumstances fall outside the conventional norm.

Contextualized within Bronfenbrenner's EST, these findings confirm that the most powerful determinants of outcomes operate simultaneously across multiple ecological levels. Comprehensive support activates protective mechanisms at the microsystem level (responsive teacher-student relationships, academic assistance, peer integration), the mesosystem level (school-NGO partnerships, coordinated service delivery), and the macrosystem level (advocacy for policy reform). Fragmented support that addresses only one or two levels is theoretically predicted and empirically confirmed to

³⁵ Ward and Styles., "The Psychological Well-Being of Children Living in Child-Headed Households in South Africa."

produce substantially weaker outcomes. This multi-level finding aligns with Uganda's Suubi-Maka program, in which economic, psychosocial, and educational components produced synergistic effects not achievable with any single component.³⁶

Findings generally align with evidence from South Africa, Zambia, Uganda, and Tanzania, which similarly highlight caring adult relationships, multi-dimensional support, and school-community collaboration as effective strategies.³⁷ Zimbabwe's unique context, including a rigorous O- and A-level examination system, the legacy of HIV/AIDS in high-prevalence Manicaland, and ongoing economic instability, creates a specific mix of educational opportunities and structural vulnerabilities not fully reflected in comparison settings. The effect sizes reported here (Cohen's $d = 0.89\text{--}1.12$) far exceed typical educational intervention benchmarks ($d = 0.20\text{--}0.40$), indicating that investing in this group yields disproportionately large equity benefits aligned with Sustainable Development Goal 4's aim of inclusive and equitable quality education. These unusually large effect sizes warrant careful interpretation. They do not suggest that CHH students possess extraordinary resilience that merely requires unlocking; rather, they indicate that these students have been operating in conditions of such profound deprivation of appropriate support that even moderate improvements in the coherence and comprehensiveness of assistance produce dramatic gains in measurable outcomes. In other words, the very magnitude of these effect sizes is itself an indictment of the inadequacy of existing provision. For policymakers and school administrators, this finding carries a direct and actionable implication: The return on investment from improving support for CHH students is significantly higher than that of most other educational equity interventions, making it a priority for both moral and economic reasons. For researchers, these effect sizes highlight the importance of moving beyond enrolment and retention metrics to examine the quality of educational experience and the comprehensiveness of support structures, variables that remain under-measured in national education monitoring systems across Sub-Saharan Africa.

RECOMMENDATIONS

Policy

The Ministry of Primary and Secondary Education (MoPSE) should establish national policy guidelines that recognize CHHs and prescribe flexible protocols for attendance, assessment, and participation. ZIMSEC should develop formal accommodation procedures for O- and A-level candidates, including flexible scheduling in the event of household crises. The Manicaland Provincial Education Office should appoint a Coordinator for Vulnerable Learners and convene quarterly stakeholder meetings. Provincial and national education budgets should include dedicated funds for vulnerable learners, with allocation formulas weighted by CHH prevalence.

Practice

Each secondary school should adopt written policies, approved by school development committees, that formally recognize CHHs, establish flexible attendance and assignment protocols, and define clear referral pathways to ensure consistency, rather than relying on individual teachers' discretion. Schools should appoint a Student Support Coordinator with protected time to identify vulnerable students and coordinate multi-agency support. Peer mentoring programs connecting CHH students with older mentors, formal Memoranda of Understanding with NGOs, faith organizations, and vocational training centers, and mandatory teacher professional development in trauma-informed pedagogy should all be institutionalized. Dedicated academic support after-school tutoring, catch-up sessions, and textbook lending should be scheduled to accommodate household responsibilities.

CONCLUSION

This study demonstrates that adolescents from child-headed households in secondary schools in Manicaland Province can achieve academic success when they receive comprehensive, relationship-

³⁶ Ssewamala et al., "Applying a Family-Level Economic Strengthening Intervention to Improve Education and Health-Related Outcomes of School-Going AIDS-Orphaned Children: Lessons from a Randomized Experiment in Southern Uganda."

³⁷ Kuo and D. Operario., "Child-Headed Households in South Africa: A Review of the Literature."

based support that addresses their complex needs. The large effect sizes ($d = 0.89\text{--}1.12$) contrasting comprehensively supported and fragmented-support students highlight the transformative potential of holistic approaches. Effective support encompasses not only material resources but also an understanding of adolescent development, flexibility that respects students' agency and dignity, emotional connection, and cross-sector collaboration across educational and community networks in Manicaland Province.

The significance of this study extends far beyond the six schools and two districts that made up its empirical base. Zimbabwe stands at a pivotal moment in its educational development, having rebuilt much of its school infrastructure after the economic crises of the 2000s and having recommitted, through its National Development Strategy, to achieving universal completion of secondary education. However, achieving that goal in provinces like Manicaland will remain elusive without a frank acknowledgment that a substantial proportion of secondary school learners are managing adult-level responsibilities and hardships that the current educational architecture was never designed to accommodate. The present study provides the most granular, secondary-school-specific evidence yet available from Manicaland on what works, for whom, and under what conditions, filling a critical empirical gap in the national evidence base. Its findings challenge the assumption, embedded in the current design of the BEAM policy and in school operational practice, that financial assistance is the primary lever for improving CHH students' outcomes. The data unambiguously demonstrate that academic mentoring, psychosocial support, flexible assessment accommodations, and the cultivation of trusting teacher-student relationships are equally, and in some cases more, determinative of results than material provision alone.

These adolescents demonstrate impressive resilience and maturity while managing households, caring for siblings, ensuring family survival, and navigating a demanding curriculum and high-stakes examinations. Teachers and administrators who recognize this resilience, create tailored, supportive conditions, and advocate for systemic change make a decisive difference in these young people's futures. As one Form 6 student reflected: "We are not asking for pity or for lower standards; we are asking for the chance to prove ourselves despite circumstances we did not choose." Supporting CHHs in secondary education is both an ethical duty and a practical investment in educational equity. When schools build comprehensive support systems, policies accommodate special circumstances, teachers forge respectful relationships that highlight adolescents' strengths, and communities offer integrated services, students from CHHs can complete secondary school, succeed in examinations, and pursue their aspirations. This study provides evidence-based guidance for designing and implementing the support systems necessary to achieve these goals. The voices of the young people who participated in this research, speaking of determination, resourcefulness, and a fierce desire to be treated as capable rather than pitied, should serve as both a moral compass and a practical mandate for every stakeholder in Zimbabwe's secondary education system. The evidence is clear, the need is urgent, and the cost of continued inaction is measured not in statistics but in the foreclosed futures of thousands of young Zimbabweans who possess both the will and the potential to succeed, if only the systems around them are designed to let them.

Study Limitations

Several limitations should be noted. The small sample ($n = 40$ from six schools) limits statistical power and generalizability; purposive school selection may not represent all CHH contexts in Manicaland. The cross-sectional design precludes causal inference; longitudinal research is needed. The coverage of only two of Manicaland's seven districts' limits applicability to other areas, such as Chipinge and Buhera. Teacher-reported results may reflect perceptions rather than objective achievement, although triangulation with school registers increases confidence. Form 1 students are underrepresented, and students who had already dropped out are absent, a critical gap. Data collection over one term does not capture seasonal variation in household pressures in this agrarian province.

Two further methodological caveats merit acknowledgment. First, the study's convergent parallel mixed-methods design, while powerful for triangulating findings across quantitative and qualitative data streams, introduces interpretive complexity when results diverge or nuance one another in ways that resist simple synthesis. In the present study, the quantitative effect sizes and the qualitative thematic findings proved largely convergent, strengthening confidence in the conclusions drawn; however, researchers employing similar designs should build formal convergence assessment protocols

to guard against overreliance on a single data strand. Second, the sample composition, which includes only students currently enrolled in secondary school, introduces survivorship bias: the students who agreed to participate are, by definition, those who have not yet dropped out. The perspectives and experiences of CHH students who attempted secondary school but were unable to maintain enrollment, arguably the population most in need of improved support, are completely absent from the dataset. This absence represents one of the most significant gaps in the existing literature on CHH education in Zimbabwe. It underscores the importance of community-based recruitment strategies in future research designs aimed at reaching out-of-school youth.

Recommendations for Future Research

Future research should use longitudinal designs that follow CHH students from Form 1 through Form 6 and beyond to establish causality and identify key intervention points. Province-wide prevalence studies across all seven Manicaland districts would inform resource allocation and policy development. Cost-effectiveness analyses comparing school-based, community-based, and integrated support models, along with studies examining O- and A-level examination results, would strengthen the evidence base. Importantly, future research must include the perspectives of students who have already left school, a group currently absent from the literature.

Several additional research directions are warranted. Randomized or quasi-experimental studies comparing matched cohorts of CHH students in schools with comprehensive support programs to those in schools with fragmented or minimal provision would provide stronger causal evidence than the cross-sectional comparisons possible in the current study. Research examining the long-term trajectories of CHH students who completed secondary school, including their participation in higher education, employment outcomes, and household formation patterns, would provide crucial evidence for the intergenerational equity arguments that underpin advocacy for investment in this population. Qualitative studies that focus specifically on teachers' professional identity and the perceived role conflicts that arise when educators are asked to perform quasi-social-work functions without adequate training or institutional support would complement the predominantly student-centered findings in the current literature. Finally, participatory action research designs that position CHH students as co-researchers and co-designers of support interventions offer significant methodological promise, not only for generating ecologically valid insights but also for enacting respect for adolescent agency and dignity, which the present findings identify as central to effective support. Such approaches would honor the voices, such as those that emerge so powerfully in this study's qualitative data, of young people who know exactly what they need, if only the systems around them are designed to listen.

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DECLARATION ON ARTIFICIAL INTELLIGENCE USAGE

We declare that during the writing process, we used artificial intelligence tools (Grammarly, Claude, and Writeful) to paraphrase and structure sentences using academic vocabulary. These tools were used for brainstorming, generating ideas, checking grammar, and structuring content. All final writing, analysis, and critical thinking are our own work.

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