Henry Thomas Zulu

A Study to Explore Single Mother’s Experiences in Raising their Children in Chibolya, Zambia.

Oslo and Akershus University College of Applied Sciences,
Faculty of Social Sciences
2017
Abstract

The objective of this thesis is to explore the situations and experiences of single mothers in raising their children in Chibolya, Zambia. The breakdown of family structure in developed, and recently in developing countries, poses challenges on single mothers to take care of their children, in particular in Zambia. Three research questions were used to explore and analyse the material; i) what are the experiences of single mothers in raising their children in Chibolya, ii) which challenges do they meet when raising their children and iii) which coping strategies do single mothers use in raising their children in Chibolya?

The study used qualitative approach to recruit 16 single mothers and seven professionals using purposive and snowball sampling. A total of 21 participants were recruited and semi-structured interviews were used to explore the single mothers’ experiences and a focus group discussion for the professionals.

Thematic analysis was used to analyse data and the findings pointed to all the single mothers having poor educational backgrounds. They had challenges in raising their children due to their poor families, friends and neighbours surrounding them. Their main challenge was lack of work and financial capacity. They found it difficult to raise children in a risk community without facilities to take care of children in the absence of children’s fathers. They used different coping strategies to cope with their challenges and problems. Informal networks such as the family, relatives, friends, neighbours provided emotional as well as some limited material support to the single mothers and their children. They received at least some material, financial, health, clothing, and education support for their children from Children International Zambia. None received support from the government. The majority were street vendors, some were employed as cleaners in homes and in restaurants while others were involved in rotating saving groups and others were engaged in risk behaviours.

On a concluding note, the problems and challenges they faced in raising their children were personal while others were coming from the community due to lack of support from society. The findings are relevant to professionals from civil society organisations and public social service departments.

Keywords, support, children, single mother, single mother family, single motherhood, coping strategies, child care arrangements.

Oslo and Akershus University College
Dedication

I dedicate this work to the single mothers for sharing their experiences, and to my late parents (Annie Lwembe and William Msumba), Isabel Eneless Shamakamba Zulu, Alisha Mercy Zulu, Clive Shamakamba and Emmanuel Shamakamba.
I would like to extend my sincere appreciation to my supervisor Sissel Seim for her understanding, advice, care and material support. It wouldn’t have been easy without her feedback and encouragement during the stressing moments of the writing process. I learnt a lot form her skills. I thank the entire faculty of professors at the International Social Welfare and health policy and the Student Administration staff at HIOA for the academic support and shared learning experiences.

I would also like to thank the Norwegian State Education Loan Fund for making it possible for me to study in Norway through the quota scheme programme. To my fellow students in the MIS programme to mention but a few on the endless list; Amin, Line, Frida, Keine and Henriette I extend my thanks for your advice and encouragement which was invaluable.

I also give thanks to the single mothers for their time in sharing their lived experiences in raising their children and Children International Zambia Chibolya Centre professional’s perspectives of whom it became possible for me to carry out this study. I continue to extend my thanks to staff at CIZ; the agency director, manager for sponsor relations, secretary and Chibolya Service Area Coordinator for their support.

To my family, I thank my wife Isabel Eneless Shamakamba for her loving, understanding, encouragement, advice and support during all the stressful moments. To my children Clive and Emmanuel, many thanks for their love and understanding in my absence from home. To my little daughter Alisha who at the time I came to Norway was one year and one month old, I owe you for showing me how much you miss and love me. To my sisters Grace and Esther thanks for their understanding and encouragements.

My floor mates Ira, Eric, Quinn, Luka, Jenny, Rose and Jennifer I thank them for their academic advices, care and for sharing jokes.

Lastly, I give thanks to my cousin Betty Kandindima for her encouragement and help with editing my thesis, my aunt Monica Rampoka for her encouragement and emotional support. I also give thanks to friends and relatives who supported me directly or indirectly.
### Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CIZ</td>
<td>Children International Zambia</td>
</tr>
<tr>
<td>CTS</td>
<td>Cash Transfer Services</td>
</tr>
<tr>
<td>CSAC</td>
<td>Chibolya Service Area Coordinator</td>
</tr>
<tr>
<td>CSC</td>
<td>Chibolya Service Centre</td>
</tr>
<tr>
<td>CSO</td>
<td>Central Statistical Office of Zambia</td>
</tr>
<tr>
<td>CWACs</td>
<td>Community Welfare Assistance Committees</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>FOs</td>
<td>Field Officers</td>
</tr>
<tr>
<td>FSP</td>
<td>Food Security Programme</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HDR</td>
<td>Human Development Report</td>
</tr>
<tr>
<td>HIOA</td>
<td>Oslo and Akershus University Collage of Applied Sciences</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>JCTR</td>
<td>Jesuit Centre for Theological Reflections</td>
</tr>
<tr>
<td>MCDMCH</td>
<td>Ministry of Community Development Mother and Child Health</td>
</tr>
<tr>
<td>MESVTEE</td>
<td>Ministry of Education, Science, Vocational Training and Early Education</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>NSD</td>
<td>Norwegian Centre for Research Data</td>
</tr>
<tr>
<td>PTA</td>
<td>Parent Teacher Association</td>
</tr>
<tr>
<td>PWAS</td>
<td>Public Welfare Assistance Scheme</td>
</tr>
<tr>
<td>SHFA</td>
<td>Small Holder Farmers Association</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNHR</td>
<td>United Nations Human Rights</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNMDGs</td>
<td>United Nations Millennium Development Goals</td>
</tr>
<tr>
<td>WEP</td>
<td>Women Empowerment Programme</td>
</tr>
<tr>
<td>ZDHS</td>
<td>Zambia Demographic Health Survey</td>
</tr>
<tr>
<td>ZLMS</td>
<td>Zambia Living Condition Monitoring Survey</td>
</tr>
</tbody>
</table>
Table of contents

Abstract 2
Dedication 3
Acknowledgements.............................................................................................................. 4
Acronyms and abbreviations............................................................................................. 5
Table of contents7
CHAPTER 1:  INTRODUCTION.......................................................................................... 11
  1.1. Statement of the problem.......................................................................................... 11
  1.2 Purpose of the study .................................................................................................. 12
  1.3 Research Questions................................................................................................. 12
  1.4 Key concepts and definitions ................................................................................   13
  1.5 Importance of the study ........................................................................................... 13
  1.6 Limitations ............................................................................................................... 14
  1.7 Structure of the thesis.............................................................................................. 14
CHAPTER 2: CONTEXT:  THE SITUATION IN ZAMIBIA AND CHIBOLYA ..... 15
  2.1 Zambia- Geography .................................................................................................. 15
     Figure 1: Zambia and neighbours countries ................................................................. 15
     Population................................................................................................................... 15
  2.2. Economy and poverty ............................................................................................. 16
     Poverty situation in Zambia........................................................................................ 16
  2.3 The Education system in Zambia and current Situation .......................................... 17
  2.4 Social protection system in Zambia ........................................................................ 20
  2.5 The situation in Chibolya......................................................................................... 22
  2.6 Summary ................................................................................................................ 24
CHAPTER 3: THEORETICAL PERSPECTIVES .................................................................. 24
  3.1 Maslow’s Needs Hierarchy ...................................................................................... 24
  3.2 Theories of poverty .................................................................................................. 26
  3.3 The capability approach ........................................................................................... 29
  3.4 Social Network Theory ........................................................................................... 31
  3.5 Summing up theoretical perspective ....................................................................... 33
CHAPTER 4: LITERATURE REVIEW ............................................................................... 34
  4.1 Single mothers in slum areas ................................................................................... 34
  4.2 Financial challenges of single mothers in raising their children ......................... 34
CHAPTER 5: RESEARCH METHODOLOGY

5.1 Introduction ................................................................. 38
5.2 Phenomenological approach ......................................... 38
5.3 Methodological approach and research design .................. 39
5.4 Selection and sampling of informants .............................. 40
5.5 Negotiating access to informants .................................... 41

Participants ........................................................................ 41
Data collection ..................................................................... 42
Focus group discussion ....................................................... 42
Interviews ........................................................................... 43
Site for the interviews ......................................................... 44
5.6 Ethical concerns ............................................................ 44
5.7 Document review .......................................................... 46
5.8 Data Analysis .................................................................. 46

CHAPTER 6: PRESENTATION OF FINDINGS ......................... 47

6.1 Introduction .................................................................. 47
6.2 Descriptive information of the participants ....................... 48

Table 1. Summary of the descriptive information of the participants ........................................ 48
Children’s education .......................................................... 49
Daily Activities .................................................................... 49
House chore activities .......................................................... 49
6.3 Social networks ............................................................. 51
6.4 Challenges and problems. Single mothers’ experiences .... 52
Poverty .............................................................................. 52
Lack of Work ...................................................................... 52
Education .......................................................................... 53
Lack of social support .......................................................... 55
Raising a child alone in risk community ............................... 57
Health, Nutrition and Food .................................................. 58
Summing up challenges ........................................................ 60
6.5 Challenges: Views of the professionals at CIZ ................ 60
Poverty .............................................................................. 60
Education ................................................................. 61
Economy and work ................................................... 61
Raising children alone in a risky community ..................... 61
Informal social support ............................................... 62
Formal support, CIZ and Government support .................... 62
Health, nutrition and food ............................................. 63

6.6 Coping strategies for raising the children - single mothers’ experiences ....... 66
Odd jobs, small businesses and saving groups ..................... 66
Networks ........................................................................... 69

6.7 Coping strategies - Professional’s view point .......................... 72
Networks ........................................................................... 72
Odd jobs and small businesses .......................................... 73
Risk behaviours ................................................................. 73

6.8 Summary of the findings .................................................. 74

CHAPTER 7: DISCUSSION OF THE FINDINGS................................. 76

7.1 Introduction ..................................................................... 76

7.2 Challenges and problems ............................................... 76
Poverty and lack of work .................................................. 76
Lack of education .............................................................. 78
Lack of social support ....................................................... 79
Lack of child care arrangements ......................................... 81
Raising a child alone in a risk community ......................... 81

7.4 Coping strategies ............................................................. 82
Networks as coping strategies .......................................... 82
Odd jobs and small business ............................................. 84

7.4 Conclusion ..................................................................... 86

7.5 Recommendations ........................................................... 88

7.6 Policy Implications ............................................................ 90

REFERENCES 91

APPENDIX 1: FIELD WORK LETTER ........................................ 97

APPENDIX 2: SINGLE MOTHER’S INVITATION FOR PARTICIPATION IN .......
RESEARCH PROJECT ................................................................. 98

APPENDIX 3: PROFESSIONALS INVITATION FOR PARTICIPATION IN ......
RESEARCH PROJECT ................................................................. 100

APPENDIX 4: INTERVIEW TOPIC GUIDE FOR SINGLE MOTHERS .......... 102
CHAPTER 1: INTRODUCTION

1.1. Statement of the problem
The world has seen an increase in the number of single mothers taking care of their children alone as a result of changes in family patterns. The family is one of the most important institution for raising children and it is through the family that children first develop their cognitive abilities, emotions and morals. The family is also a source through which children meet their daily needs of life. However there has been some breakdown in the family structure in developed and of lately in developing countries posing some challenges on single mothers to take care of their children.

Zambia is one of the countries which has been going through a transition of rapid population growth of single mothers “single headed households” as a result of widowhood, divorce cases, separation, and fathers denying their responsibilities. In 2010, 23 percent was female headed household at national level. The highest province with female headed house hold was Western province with 35 percent and lowest in Lusaka and Luapala rural areas at 19 percent. The population distribution of the 12 and above marital status showed that 5 percent were separated or divorced, 5 percent widowed and 46 percent were for the never married (CSO 2006-2010, 15-27). The data shows that the percentage of female headed household is highest in urban areas than it is found in rural areas. This can be married to the high rates of death among males in urban areas.

Zambia’s fertility rate has continued to be on the rise. The recent data from the Zambia demographic and health survey (ZDHS) 2013-14 report showed a total fertility rate of 5.3 delivery for each woman at country level. With women in urban areas having 3.7 births for each woman compared to 6.6 births in rural regions for each woman (CSO 2013-2014, 68). According to the ZDHS (2007), it reported that, comparing Zambia with other Sub-Saharan Africa countries, its fertility rate is considered to be the highest in the zone (CSO 2007, 56). According to the International Labour Organisation (ILO), with 52.5 percent of population under the age 18 years, Zambia’s families face severe challenges in taking care of their family members and the challenge to provide for the family members is more severe in female headed households (UNICEF, 2013, 35; ILO, 2013-2016)

In my experience working as a social worker with families in Chibolya, a community in a slum area located approximately 300 meters in the west side of the capital city of Lusaka.
I came across a lot of cases where children lived with one parent, and in most cases they grew up with their mothers in a harsh environment. I observed that some single mothers were under pressure of taking care of their children, and the effects were alarming to some of the children. I considered research in this area as important because it could bring out the single mother’s situations and experiences, which could be different from my own conception of their situation. The problems of single motherhood and children are prominent in Chibolya community. The extended family and relatives to the spouse, have in the past traditionally played an important role in the bringing up of children in Zambia when the biological parents of the child could not take up their responsibilities. However in the recent years there has been some changes in terms of the extent to which the extended family and relatives to the spouse can provide help. All the pressure of taking care of the children is now seen to be loaded on single mothers as families are slowly moving from extended to nuclear families.

1.2 Purpose of the study

The purpose of the study is to explore the situation for single mothers in raising their children in Chibolya, Zambia. Their experiences will be explored through interviews with single mothers living in Chibolya, using in-depth, open ended questions. The research further aim to study single mothers situation as seen by professionals, health and social workers at the local service centre Children International Zambia (CIZ) who are in direct contact with the single mothers in the community.

1.3 Research Questions

In order to understand the extent of the problem, the original idea was to research on the prevalence of single motherhood in Chibolya. However, Central Statistical Office (CSO) Zambia does not have separate data on the number of single mothers living in Chibolya, and this question was excluded from the research.

The overarching research question in this study is: How is the situation for single mothers in raising their children in Chibolya? In order to study this several other questions will be studied:

What are the lived experiences of single mothers in raising their children in Chibolya?
Which challenges do they meet when raising their children?
Which coping strategies do single mothers use when raising their children in Chibolya?
1.4 Key concepts and definitions

**Single mother family:** Literature and official documents among African authors, use the concept *female headed household* interchangeably with *single mother family* (Mbanefo 2013, 3). However, there is a difference between the two terms. According to the Zambia Living Condition Monitoring Survey report, *female headed household*, refers to a family where a man is in the house, but the woman takes care of all the responsibilities of running the house (CSO 2006-2010, 12). A *single mother family* is a family where a mother lives alone with her children and takes care of all the responsibilities of the house. The two terms should be separated in order to have the true picture of the problem. But the current representation in literature and official documents poses a challenge (Mbanefo et al 2013, 3). In this thesis, *female headed household* is used interchangeably with *single mother family*.

**Support:** means the emotional, financial and material help coming from, family, neighbours, kinship relations, government and civil society organisations.

**Children:** dependents who are below 18 years

**Child care arrangement:** This means the structures which are responsible for the child’s, care, health, welfare, protection and education.

**Single mother:** Is a female who takes care of her children alone.

**Single motherhood:** A situation where the mother lives and takes care of the child ren alone

**Coping strategies:** Mechanisms or remedy used to a situation

1.5 Importance of the study

This research study is important as it will help researchers and other interested groups to understand the situation of single mothers and their children in Chibolya community. The poor situation of a single mother has negative consequences on their children and the future development of the country. To this point, there is lack of literature on the lived experiences of single mothers in raising their children in urban slum areas of Zambia like Chibolya. The study may be a starting point for other researchers interested in the area of single mother’s experiences in raising their children.

Secondly, this research is important as its results will add value to the body of knowledge on the life situation of single mother and their children in slum areas. This will enable scholars to learn and understand what it is like for a single mothers to take care of their children without the support coming from public services, in an environment where the poverty levels are high. Thirdly, the findings from the study are also important for policy makers.
Finally, the result of the study is important to practitioners from public social service departments and other civil society organisations providing support to vulnerable groups.

1.6 Limitations
This research was limited to data collection on the prevalence of single mothers in Chibolya community. Originally, in the initial stages of this research I had formulated a question on the prevalence of single mothers as my first departure point in understanding the extent of the problem in the community. As the community is unplanned, there were no statistics at CSO as well as in literature and at CIZ. Another limitation was that literature on this topic in the African context particularly on Zambia posed a challenge to find. This is because in African tradition, experiences are shared through stories hence there is not much studies done in Zambia but I was able to gather scattered information in North, East and Southern Africa which were similar and applicable to this study.

1.7 Structure of the thesis
The organisation of this thesis is done in seven chapters. Chapter one provides an introduction to the study, statement of the problem, research purpose, research questions, key concepts and definitions, importance of the study and limitations. Chapter two presents the background for the study, the study site, profile of Zambia. Chapter three present the theoretical perspectives and review of literature. Chapter four presents the research methodology and design, and the description of the informants. Then chapter five presents the main findings of the research. Chapter six presents the discussion of the research findings. Chapter seven provides a conclusion, recommendations based on the research findings and policy implications.
CHAPTER 2: CONTEXT: THE SITUATION IN ZAMBIA AND CHIBOLYA

2.1 Zambia- Geography
The Republic of Zambia got her independence from her former colony Britain on the 24th of October, 1964. The name Zambia comes from the ‘Zambesi River’ which is the famous river hosting the mighty Victoria falls. Zambia is a landlocked country bordering Tanzania, Democratic Republic of Congo, Angola, Namibia, Botswana, Zimbabwe, Mozambique and Malawi. It is situated in the Southern region of Africa with a total land scape of 752,614 square Kilometres. Its total capacity is similarly equal to that of the size of ‘Norway and Sweden’ put together (Simson 1985, 1; GRZ 2008, 5). Below is the figure of Zambia.

Figure 1: Zambia and neighbours countries

Source: google maps.

Population
In the Zambia Living Condition Monitoring Survey (2006-2010), the country’s population was estimated at 13 million (CSO 2006-2010, 15). The population has been changing since its independence, thirty years prior to this survey, Zambia had a total national population of 5.7 million (Simson 1985, 1).
2.2. Economy and poverty

Zambia’s Gross National Domestic Product (GDP) based on the 2011 United States of America currency stood at around US$ 19.21 billion. This made the World Bank to rate Zambia into a lower middle income country (World Bank 2011 cited by UNICEF 2013, 36). According to the Zambia Human Development Report (ZHDR) (UNDP 2016, 23), in 2014 Zambia’s economy had a net worth US$ 16.2 billion. The country’s economy was estimated to be growing at a rate of 7.5 percent in each year until 2017. Since its independence in 1964, Zambia’s economy has heavily relied on the revenue coming from its rich copper deposits coupled with the good prices for the mineral on the international market. However, this has in many times put the economy in risky positions for the country (UNDP 2016).

In the past years, the country has tried to diversify its economy, and agriculture has been another drive of its economy. However, “Zambia’s economy still remains largely undiversified and copper still remains to be its major export” (UNDP 2016, 24). However, the economic boom that the country has been receiving in the past years from the copper industry has not helped to bring any significant change to human development as poverty levels are still alarming in the country (UNICEF 2013; UNDP, 2016).

According to the ZLCMS for (2015), the average, household monthly income for all Zambians by rural and urban areas was at ZMW 1, 801.30 to its equivalent US$ 182.50. Female headed households were at the end of the ladder with low mean monthly income of ZMW 1, 377.6 (US$ 139.57) compared to male headed households with ZMW 1,928.00 which is equivalent to US$ 195. 34 (CSO 2015, 7). This inequality can be explained in part with what most females do for their livelihood. According to the United Nations Millennium Development Goal Report (UNMDGs), globally female’s income is twenty four percent less than that of males (UN 2015, 8). Most females in Zambia are in the informal sector where they are engaged in petty businesses where they sell in the streets, home, at the market and other places (Mulenga 2003 and my translation).

Poverty situation in Zambia

Zambia is struggling with absolute poverty where the majority of the people are unable to meet the very basic needs of life such as food, clothes and shelter. Poverty is severe with the population in rural areas and in urban places, mostly in unplanned settlements like in Lusaka to mention but a few Chibolya, Kanyama, Missis, Chawama and Snow white. Regards to the moderate poor, the 2010 survey recorded 18.2 percent while as with the 2015 survey it shows a reduction in this population where the percentage had fallen to 13. 6 percent (CSO 2006-
Female headed households are victims of poverty with 56.7 percent at national level compared to male headed household with 53.8 percent (CSO, 2015).

Zambia has continued to face huge inequality with high levels of poverty. The gap between the rich and poor in the country has remained wide, as the rich are getting richer but the majority of the population are still living in poverty. According to the LCM Survey 2010, Zambia has a problem to reduce poverty and close the gap of economic inequality among its citizens (CSO, 2006-2010).

Despite Zambia’s efforts in fighting to reduce the rate of people living under extreme poverty as shown in the 2015 LCMS, poverty levels have been escalating in the country. According to an article by the Jesuit Centre for Theological Reflection (JCTR) 2016, the price of tangible goods and none tangible services has been going up. For example mealie meal (corn flour) which is Zambia’s staple food, its price has been increasing making it difficult for the common Zambian to get a 25kg bag where 60 percent of the country’s population live in absolute poverty. This situation is pushing people in the trap of poverty and creating poor health in many people as they are unable to have nutritious amount of food and other basic needs. This has made some adults to perform poorly at work as well as children at school (JCTR, 2016).

Zambia’s Human Development Index (HDI) has been changing over the past years from high to low as a result of the challenges which the country has been facing. In 2014, Zambia recorded HDI value of 0.586 which made the country to be ranked 139 among the 188 countries in the world and its life expectancy is now at 60 years. Which shows an improvement from the 1990s where the country had poor life expectancy as a result of poverty and the HIV/ AIDs pandemic which claimed a lot of people’s lives and brought life expectancy to 42 years (UNDP, 2015; UNDP, 2016: 32).

### 2.3 The Education system in Zambia and current Situation

Through the adoption of the universal declaration of the human rights in 1948 (UN 1948, 6) education is appreciated as a human right. Like any other country Zambia has signed the international treaties which protects the rights to education. The constitution of 1991 of the Republic of Zambia did not safeguard the right to education, but the education act of 2011 identified the right of each person to early childhood, basic and high school education. Access has been the main focus of the government education policies since 2006, however, the shift
now is on education quality improvement and accessibility (Right to Education Project 2012, 1).

Zambia is one of the countries that has followed the ‘Education for all’ goal. In the official documents it is indicated that the country recently implemented the early childhood education which is accessible by day care centres at three levels; Nursery, pre-school and reception. “Children who are 0-2 years are usually served by Day Care Centres. Then children who are between 2-4 are usually in the nursery class. (MESVTEE 2015, 11). However, what is reported in official documents is different from reality as the majority of the families have not benefited from this policy.

Formal education in Zambia is organised as follows. 9 years of basic education, 3 years of high school and 4-5 years of university. Getting into public schools is very competitive. Those who can afford find places in private schools however, private schools are expensive and mostly attract children coming from well to do families.

Education Policies in Zambia
The education system in Zambia is backed by policies. The right to education is achieved through the free basic education policy of 2012 which abolished all fees at primary school level including examination fees which used to make a lot of children not seat for their examination as a result of not paying the school fees. The policy also made the school uniform optional for the children who can’t afford one and provides free school requirements to pupils (Right to Education Project 2012, 7).

Types of schools in Zambia
Schools in Zambia can be categorised into; (i) public schools which are funded by the state and voluntary donors, (ii) private schools owned by individuals or shareholders, (iii) faith based schools organised by churches and finally community school which are funded by the well-wishers and the community. Among all, community schools request low school fees and the quality of education been provided in most cases is low as most teachers are not qualified but have the passion to save the community.

Most children are deprived of the right to education because their family is failing to send children to school because of poverty. In order to curb the situation of school dropout due to family’s financial difficulties, the government provides bursaries to some vulnerable children through the social welfare department. However, few children will get the scholarship because parents are not aware of the existence of such opportunities. There is also a separate scholarship
focused at vulnerable girls to allow them complete their education (Right to Education Project 2012, 7).

In addition to that, there is “A re-entry policy, supported by the Education Bill 2011, that requires schools to allow the readmission of pregnant girls and young mothers in order to increase retention and progression for girls in education” (Right of Education Project 2012, 7). With this policy in place there has been some improvements in terms of education completion among females who are now seen to be competing with males in terms of access to getting jobs.

Challenges in the education sector

Under staffing of teachers is a severe problem in the education sector in Zambia, because many schools lacks teachers. “Pupil teacher ratios still remained high at 56.1 in 2013 having dropped from 58 in 2004 at primary education level. For the 8-9 and 10 -12 levels the rates changed from 25.0 in 2004 to 24.1 and from 19.0 to 36.9 in 2013 respectively” (MESVTEE 2015, 33). The education system is affected by shortage of teachers especially in schools in rural areas, as opposed to schools in the urban areas where there is overcrowding of teachers. Teachers often quit as a result of poor facilities, and some classes stay for some time without teachers, and this in turn has an effect on the teaching of the pupils.

Another challenge is that the free education policy is not clear. The question is how free, is free education? With the policy of free education, even though most children have been enrolled in schools, there is still a big number of children who are left out during the grade one enrolment time due to lack of classrooms. Most of these children are coming from poor families who cannot afford to send their children to a private school in case the child was left out. Even when children are enrolled in government schools, free education is just on paper. In reality families have to pay for Parents Teachers Association (PTA), and buy school supplies, uniforms and food. This in turn prevents the most vulnerable children from education as their poor families cannot afford the amount involved.

Long distance from home to the schools is also a big challenge. Infrastructure development has been a challenge by the government due to lack of resources. Most schools in rural areas are wide apart from the communities where some children live, and therefore access to education has been limited. This has caused some children to drop out of school as they cannot manage to walk long distances to and from school. However some community schools have been established by the communities to fill up the gap, but these are just temporal because the infrastructure and learning conditions are not good, and some of the teachers in these communities are untrained, even though they have a heart for the education of the children. (MESVTEE 2015, 34).
2.4 Social protection system in Zambia

Support to poor and vulnerable groups in Zambia is found at two levels informally and formally organised.

Informally, the family, the extended family, neighbours and the community are the source of support to the vulnerable in society. Noyoo (2008, 80) indicates that: “For traditional social security, the extended family and semi-formal schemes such as reciprocal urban networks, the church, chilimba (informal banking system) and market associations are pivotal in providing social protection to Zambia”. However it is argued that the traditional informal social security have been faced with so many challenges in the past making it unable to cope with the problems that arise in communities for example poverty. According to the United Nations (2003, 2), “the HIV/AIDS epidemic has been threatening the social fabric of societies in the most affected countries and eroding the social and economic safety net”. This has affected communities and families to provide support to those in need.

Formally, official documents show that the government of Zambia has organised structures which implement services in collaboration with other stakeholders (Communities, churches, faith based organisations, Non-governmental organisations). In its strategy, the government of Zambia has seen social protection as an element which will help bring the reduction of poverty, encourage fairness, realise human rights, and provide economic growth (Beazley and Carraro, 2013, 17). The development of social protection in Zambia is still in its early development stages. Recently, in 2016, Zambia launched its first national social protection policy. Holzmann and Jorgensen (1999) have defined social protection as a “collection of measures that includes: (1) social assistance, (2) social investment and development funds, (3) labour market interventions, and (4) pensions and other insurance-type programs” (Holzmann & Jorgensen 1999, 4). Thus social protection is seen as a shield aimed at helping people to fight and prevent categories of risks found at individual, household as well as at community level.

In the official documents, the ministry of community development, mother and child health (MCDMCH) has the duty to provide welfare services through (i) Department of Community development and (ii) Department of Social welfare. The Department of Community development has programmes dealing with Women Empowerment Programme (WEP), Food Security Programme (FSP) and Community self-help initiative programme. The Department of social welfare is expected to implement programmes such as the Public welfare assistance services (PWAS) and Social cash transfers (CTS) to the poor people in communities where they have established structures (Beazley and Carraro 2013, 17; GRZ 2017). Official documents show that there are several social safety net schemes targeting different categories
of poor people in Zambia. This study will only focus on the schemes which that are relevant for their connection to single mothers.

*The Public Welfare Assistance Scheme* (PWAS) is Zambia’s main social assistance scheme found in 103 districts whose objective is to reduce extreme poverty in the country. The programme works with the established structures at community level called the Community Welfare Assistance Committees (CWACs) which help to identify the needy in communities. The programme targets those people who cannot help themselves or receive help from anyone (GRZ 2017). The scheme provides support to vulnerable families and individuals such as food, cost of drugs, clothing, blankets and children’s school requirements twice in a year (Beazley and Carraro 2013; GRZ 2017). PWAS only covers a small percentage of the poor in Zambia as a result of the budget constraints. Currently, the programme only targets “10 percent of the total population of the vulnerable persons” and its targets are vulnerable groups which include: feminine controlled families, the old persons, incapacitated persons, houses headed by children, constant ill persons, displaced persons and ‘female headed households’ (GRZ 2017).

The programme is mostly targeting vulnerable people in rural areas considered to be most impoverished, and in doing so, leaves out the most potential poor in urban areas. This exclude the majority of eligible poor who are supposed to be lifted from poverty in urban areas. The few that benefit from this programme are usually stigmatised by the society. The selection process of people in need of help in communities is always unfair and coupled with favouritism (Beazley and Carraro 2013). Official documents indicates some positive results with the programme which is not rooted in the reality.

*Social Cash Transfers* is also a scheme that is implemented in order to fight severe poverty among the affected most poor individuals and families in communities. The programme tries to prevent familial and community generation of poverty, because of the high poverty levels that are seen in some communities (GRZ 2017). The programme gets it’s funding from its cooperating partners (Irish Aid, DFID and UNICEF) and their funding is expected to reduce in the future (Beazley and Carraro 2013, 18). The arrangement started in 2003 as a small trial project in the district of Kalomo.

Social Cash transfers provides benefits in cash to the targeted individuals and families. The most vulnerable in communities are identified through the Welfare Assistance Committee structures found in each district. Those meeting the eligibility criteria are put on the programme where they get ZMW 70.00 in US$ 6.9 per month in two months arrears of ZMW 140.00 which is equivalent to US$ 13.9. The assistance differs depending on the target group. Those with disabilities gets twice the amount of ZMW 140.00 (GRZ 2017). There are no conditions
attached to the transfers and the beneficiaries do not pay anything towards the operation of the scheme. Petrauskis (2017, 5) indicates that the scheme targets the most poor in the community who are unable to support themselves. However the programme has mostly concentrated on the poor in rural areas with small support only to the disabled in urban areas leaving out other vulnerable categories of families and individuals in urban areas.

The programme has been affected with issues of unfairness and bias in the identification of the people in need of help in the community. Mostly people who are put on the programme are those who are well-known to the identifiers, such as their neighbours and friends. Sometimes help is given on the first come, first serve basis. Hence the needy are usually at disadvantage in the selection process (Beazley and Carraro 2013).

Food security pack is yet another scheme which is trying to end destitution among the vulnerable groups in communities. This programme targets small scale farmers in rural areas by providing them with farming inputs. This is in a bid to empower small scale farmers to have access to food security so as to reduce hunger among families. Its funding comes from the government (ILO 2017). According to the Government of the Republic of Zambia, (2017) the programme targets “female headed households, child headed household, the disabled, the aged, victims of natural disasters, unemployed youths, households headed by terminally ill-patients and Institutional looking after orphans”.

A women empowerment programme is aimed at lifting women in rural areas from poverty. The programme is divided into two, one that target groups. Women who are eligible are given the loans through their clubs and affiliations. The women are made to do some income generating projects such as piggery and goat farming, poultry and growing vegetables. The other programme targets vulnerable women where they are given loans to start up business. Just like the other schemes this one is also concentrated in villages (GRZ 2017)

2.5 The situation in Chibolya

Chibolya is one of the oldest slums and poorest communities in Zambia, it is a place where both immigrants and indigenous Zambians find shelter. As mentioned Chibolya is located close to the capital Lusaka with a total population of 1,747,152 (CSO 2010, 44). Davies (2006, 7-8) writes that, “A slum is defined by substandard housing with insecurity of tenure and the absence of one or more urban services and infrastructure - sewage treatment, plumbing, clean water, electricity, paved roads and so on”. Chibolya community is part of the Kanyama constituency with a total population of 364,655 of which 182,913 are females and 181,742
males (CSO 2010, 44). However, there are no separate statistics available on the inhabitants of Chibolya in the census documents of CSO conducted every ten years.

Chibolya is a high density area, an unplanned community, a place meant for ‘low-income African workers’ during the colonial periods (Mulenga 2003, 7). The community does not only shelter low income families, but also other people with different backgrounds. It is a transitory community where external migrants without documents come to live before establishing themselves to the main stream. Internal migrants from rural areas characterised by high poverty levels also come to seek shelter in Chibolya. My observation and knowledge from working with this community is that people come to live in this community for the following reasons; i) life is cheap, as most of the families are low-income families, ii) its proximity to town makes it easy for the people to do business and iii) immigrants feel safe as the authority is scared to enter the community due to its gang activities.

Chibolya has one public school and many community schools. The community lacks its own health services, but people go to Kanyama and Kamwala a neighbouring community for health services.

Chibolya is characterised by high levels of poverty compared to other places in Lusaka. The community faces a lot of challenges ranging from poverty, road networks, sanitation, unsafe clean drinking water and air pollution. Garbage collection is another problem, people throw plastics, animal dung, papers, waste food, anywhere due to lack of services from the Lusaka municipal council. The community lacks other necessities like children’s playparks, kindergartens or welfare services, health services and security. The community has high unemployment levels, ‘overcrowding’ and poor ‘standard houses’, drop out of school going children, teenage pregnancies and broken families (UN-Habitat 2003, 11; Mulenga 2003, 6-7 my own translation).

Chibolya is a closed community characterised by criminal activities such as drugs and high rates of violence. The sale of drugs is done in public on the streets, women, men, young people and children are engaged in this activity. People smoke marijuana in make shift shelters (small shelters made out of plastic or cardboards) and in open places visible to children. Apart from drugs, the community has a lot of illicit drinking places, and prostitution is one of the activities in the neighbourhood.

The residents are involved in different livelihood which are seasonal. Women are mostly found on the streets doing petty business like the sale of African food known as “Chikanda”, vegetables, small sachets of roasted dry groundnuts, fresh boiled maize and cassava, roasted dry cassava, nuts, and small prepacked sachets of mealie meal called “Pamela”, charcoal, water,
goat meat, pork, and chicken. Others have big business in the neighbourhood for example shops, restaurants, bars which are operated on 24 hours and guest houses (Mulenga 2003, 10 and my own translation).

2.6 Summary
Most single mothers and their children in Chibolya continue living in extreme poverty. The programmes to fight poverty in Zambia do not depict reality, as what is on the ground is different. In spite of all the programmes found in official documents of the government of the republic of Zambia targeting the vulnerable in society, little has been done to the challenges of single mothers and their children. In a nut shell, as mentioned there are some public programmes in Zambia that are supposed to target and support vulnerable groups such as single mothers in raising their children but the implementation is poor.

The rationale for choosing Chibolya community as a study area is found in its uniqueness as a community. There are other communities in Lusaka which have the characteristics of my target population, but Chibolya stand out as an area of concern for this study because of the high levels of poverty among women and children.

CHAPTER 3: THEORETICAL PERSPECTIVES

This chapter presents the theoretical perspectives intended to inform the analysis of this study. The theories discussed in the chapter are; Maslow’s Needs Hierarchy (Maslow 1970) Theories of Poverty, Capability Approach and Social Networks theory. I will first give the rationale for the selection of these theories, before focusing on their separate viewpoints. These theories provide a rich understanding and perspectives relevant for exploring the situation and the experiences of single mothers in raising their children. I use a holistic approach to understand the area of study.

3.1 Maslow’s Needs Hierarchy
Maslow’s Needs Hierarchy (Maslow 1970) is a theory that provides an explanation for human motivation towards needs. Maslow’s theory emphasise the importance of the basic needs as fundamental for human survival, thus, the implications of this theory seem applicable in area of study in this paper. When one fails to meet the basic needs as presented by Maslow, poverty is likely to occur. Abraham Maslow’s (1970) theory of Hierarchy of Needs provides a conceptual framework to the understanding of the current study of single mother’s experience in raising their children in Chibolya. “Maslow’s study (1970) outlined five levels’ of human
needs, the most fundamental being physiological needs, followed by safety needs, needs for belongingness and love, needs for esteem, and finally needs for self-actualisation” (Ife 2012, 133). Maslow (1970, xii), argues that talking about ‘human needs’ entails the quality of ‘their lives’. This theory is based on the assumption that the most basic needs should be meet first, before the higher ones; and on the assumption that some needs are more important in the ranking than others.

In his second edition book titled ‘Towards a Psychology of Being’, Maslow called this hierarchy referring to the first four levels as “deficiency or deficit needs” (Maslow 1968, 23). The first needs are the physiological needs, and the argument is that these are needs which are more important and should come before the other. Needs under this category include basic needs of water, food, health, education, clothing and shelter among others. If these needs are unmet, this creates a situation where the person will have no possibility on the higher or other level of needs. For instance, Maslow’s example of food and water shows that one can stay days hungry without food, but can die from thirst without water for some days, hence he is placing the urgency on water (Maslow 1970, 35-38). He also argues that “if hunger is satisfied, it becomes unimportant in the current dynamics of the individual’. This means that people can now focus on the other ‘wants’ in their lives (Maslow 1970, 38).

The second level of needs, after the first needs are meet, are safety needs including employment, a safe neighbourhood, insurance, business and so forth. These needs emerge after the desire for food and shelter is meet. It entails the need to have security, to be safe from other beings and from their environment (Maslow 1970, 39-41).

The third level of needs are love and belonging, including the need to have children, the need to be affiliated to a group and the need to love and be loved. These needs come after one has secured one’s livelihood, for example after the basic need of food, shelter, employment, good health, education and protection. Maslow (1970, 43), argues that once a person has the physiological and safety needs taken care of, he or she then realises the need to have relationships, and the person will work hard in order to achieve this need of love and belonging (Maslow 1970, 43). However, it can be criticised that these stages of needs can come simultaneously in real life scenario.

At the next level come the needs for esteem which demands ‘respect’, ‘recognition’, ‘attention’, ‘status’, ‘dignity’ from others and self (Maslow 1970, 45). According to Maslow, the needs of esteem can be grouped into two, one that is internal which demands self-respect, and second are the external needs which demands respect from others. The last on Maslow’s pyramid are the self-actualisation needs, which comes after the other needs have been realised.
According to Boeree (2006, 6), this level “….. involve the continuous desire to fulfil potentials, to be all that you can be.” However, it can also be argued that needs are not hierarchical, in that they can happen simultaneously.

In this study, the theoretical viewpoints of Maslow’s theory are used to help understand the situation of single mothers. The theory’s strengths and perspectives makes it a good framework for the understanding of human needs. Informed by the Maslow’s theory, the exploratory study on the lived experiences of single mothers in raising their children try to explore the extent on how children’s needs are meet. The theory raises questions such as; what level of the Maslow’s pyramid describe the situation for the single mothers and their children?

3.2 Theories of poverty.

Theories of poverty present appropriate perspectives for understanding the situation of the single mothers. The concept of absolute poverty, is particularly relevant as it looks at multiple deprivations as a reason for someone to be poor. Poverty is a multifaceted concept which has no one single meaning, and the concept has different meanings from one culture to the other. What might be considered as poverty in one place, cannot be considered as poverty in another place. Thus, it is highly debatable because its ‘context’, ‘meanings’, ‘perceptions’ are not the same from one society to the other, and the concepts of poverty are subject to change. For example, in the context of developing countries like Zambia, the meaning of poverty differs from that of developed countries like Norway. In developed countries poverty is understood in relative terms, where as in developing countries, where people are still fighting for basic needs like food, it is often understood in absolute terms (Fitzpatrick et al 2006, 1037). This make it difficult to come up with one general definition that accommodates the diversities experienced by a wide range of people from different areas with different life experiences (Fitzpatrick et al 2006, 1037). The conceptualisation of poverty is also difficult due to the difference in meanings between what is portrayed as poverty in literature by scholars, politicians and institutions, with the real composition of poverty experienced by those who are facing it (Fitzpatrick 2006, 1037).

This raises some questions like; what is poverty? What is the best way to understand poverty? What is the best way to measure it? How does one know the manifestation of poverty? To that effect, many scholars and institutions have attempted to define the concept of poverty in the long run ending up with different definitions. However, according to Fitzpatrick et al, (2006, 1038), “poverty is commonly conceived as those deprivations or unequal relations caused by lack of material resources.” It is argued that, people are not only considered to be
poor as a result of ‘material deprivation or social relationships’, adding that poverty can also be viewed in terms of ‘economic’ situations experienced (Spicker 2008).

In this case deprivation is theoretically understood at different levels, from the scale where from the left side is “no deprivation, through mild, moderate and severe deprivation to extreme deprivation” at the right side (Townsend and David 2002, 68). The level which is applicable to this current study is severe deprivation. According to Townsend and David (2002, 68), severe deprivation is ‘measured’ in terms of lack of access to services, “basic human needs for: food, safe drinking water, sanitation facilities, health, shelter, education and information”.

Poverty may also be defined as absolute poverty and relative poverty. In relative terms, “people are said to be in poverty, when they live below a standard which their society recognise as reasonable minimum” (Fitzpatrick et al 2006, 1037). For example, people are poor if they have income less than 50 percent of median income in the society they live in. In relative terms the definition can also be viewed as normative, this means that what might be considered a need in one society may not be considered as a need in another. For instance, a single mother without a heater in winter in a developing country which is cold, may not be considered poor while a single mother in a developed country will be considered poor in winter if she doesn’t have a heater in the house. Thus, it is the meaning and their importance attached to them that makes one seem to be poor failure to having them (Fitzpatrick et al 2006, 1037-42).

Poverty is also defined in terms of income inequality. This means that people are poor because they have inadequate income to enable them to buy goods and services. But it is also argued that, income is not a good measure of poverty as it only captures few experiences of the population, and fail to explain the manifestation of poverty experienced by the populace due to socioeconomic changes. In other words income as a measure has limitation of explaining the other situations experienced by the people apart from monetary terms (Fitzpatrick et al 2006, 1037-42).

Absolute poverty according to the United Nations World Summit held in 1995 on Social Development representing 177 governments of member states was agreed to be defined as, “…a condition characterised by severe deprivation of basic human needs including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services” (UN 1995 cited by Townsend and David 2002, 59). Poverty in absolute terms is viewed when people , “lack resources to meet basic human needs-vital food articles, cooking equipment, drinking water and a minimum of non-food items necessary for survival” (Fitzpatrick et al 2006, 1042). In the context of developing countries, in the case of Zambia, an absolute definition embraces the situation where people are still
lacking the basic needs needed for their survival. The poverty found in Chibolya may be described as absolute poverty if people lack the necessary resources needed for their survival.

Causes of Poverty

The manifestation of poverty comes in many different forms with different reasons. From the theoretical view point of poverty, education is seen as key which can remove poor people from poverty. Poor education background prevents people from acquiring the skills needed in the labour market relevant for them to earn income that will satisfy the family with the needs. It is strongly argued that, poverty is as a result of ‘inadequate education and training, lack of economic participation and minority group status’. Most female headed households and their children experience high ‘incidence’ of poverty as a result of their poor education backgrounds which forces them to end up in temporal works that usually pay low income for long working hours (Fitzpatrick et al 2016, 1045-1048). It can further be argued that poverty levels becomes more prominent in households where most of the family members are out of employment. According to Fitzpatrick et al (2006, 1049), “A family where no-one has a job is more likely to be poor than a family where one or more person are working”.

The concept of poverty also views poor health as the cause to why some people cannot be productive to provide the needs of their family members. For example, if the single mother has poor health, it means she will not be able to go into the streets, hence the family will lack some income to get the basic needs, which will also in the end prevent children from attending school (Fitzpatrick et al 2006, 1048). The demise of a husband in the house can also cause poverty in the family as it means that all the responsibilities of taking care of the family are left to the single mother.

The theoretical perspective of poverty view poverty as something arising as a result of the rise in the prices of food items and services. The ‘increase in the price of food’ prevents those with low incomes to buy food items. For example, the increase in the staple food of Zambia called Mealie Meal (Corn flower) prevents some low income single families to buy the 25kg bag, hence they resort to rationing where they can only afford to buy the small sachets of Mealie meal commonly known as “Pamela” meant for just one meal. Apart from that, an increase in the price for rentals prevents low income families from accessing a decent shelter which forces them to seek shelter in poor areas where the rentals are relatively cheap, but not affordable by some. Houses are likely not to have proper ventilation systems, which becomes a trap for some diseases in the end. The neighbourhoods of the poor are also often characterised by high crime rates such as drugs, and violence (Fitzpatrick et al 2006, 1045 my translation).
According to Fitzpatrick poverty is also viewed as a result of failure by people to have access to enough ‘working capital’ needed for them to be productive (Fitzpatrick et al 2016, 1046). In the context of working capital For example, in Zambia, most of the single mothers have little capital and what usually happens is that the money they get is only hand to mouth. Thus, preventing them to fully satisfy their children’s needs.

Poverty may also be seen as something that arises from the lack of ‘stable family relationships’ in urban dwellers. This lack in family relationships pushes people into poverty as they do not have someone to help or support them. This happens when poor people move from rural areas considered to be a place where most poor people live in developing countries and come to urban set ups. They enter the urban communities with little or no contacts in the competitive economy and as a result they have no access to information, resources and services. However it can be argued that not everyone that live in slum areas in urban set ups come from rural areas or have no family members. Some are born there, while others are international migrants that come to live in these poor places without family members in most cases (Fitzpatrick et al 2016, 1048 my translation). These issues on family relationships will be dealt with more detailed in the theory on social network, which will be discussed right after the capability approach. One important observation made is that, these theories are building on each other’s ideas, thus making it a holistic approach where different perspectives builds to the whole understanding of the current research study.

The rationale for the choice of the theory of poverty is that it provide s a framework for the understanding of the experiences of single mothers. The theory raises some questions to my study like; could they be considered poor in anyway? Why are they poor? Is it possible to say that they are poor? Informed by the theory of poverty, I explored the lived experiences of single mothers in raising their children. The findings and theories applicability will be outlined later in the study.

3.3 The capability approach
The capability approach is included because it sheds more light on why single mothers are poor. The capability approach focuses on lack of the capabilities or freedoms seen as important to function in order to live the life one values. The capability approach provides a framework to the understanding of the study. The capability approach can be understood as a normative framework, used to evaluate among other issues social and economic poverty. Its richness as a framework makes it useful in many fields which includes: welfare economics, social policy, policy making, development studies, social and political philosophy (Robeyns 2005). It places
much emphasis on well-being, and conceptualise how this well-being in turn can be realised and enjoyed by people. The main focus of the capability approach is on people’s ability to function and their free-will to do so in order to be able to lead the life one ‘values’ (Robeyns 2005). The capability approach is mostly used in the domain of human wellbeing and justice. Different philosophers have contributed to the development of the idea of the capability approach among others; Aristotle, Adam Smith, and Karl Marx (Nussbaum 1988, 1992; Sen 1993, 1999: 14, 24; Walsh 2000 quoted in Robeyns 2016). However, credit is given to Amartya Sen, Martha Nussbaum and other scholars who advanced it. Martha Nussbaum’s contribution to the capability approach can be seen in her principles which are “treating each person as an end and pluralism about values” (Robeyns 2016).

The idea of the capability approach according to Deneulin and MacGregor, (2010, 505) emerged out of the divergent views of utilitarianism whose approach to wellbeing mostly concentrated on poverty and inequality arising out of income or commodities which families possess. However, “the capability approach has focused largely on objective manifestations of human wellbeing (for example, health, education, nutrition and political participation), in contrast to assessments of how well people are living based on subjective evaluations” (Deneulin and McGregor 2010, 505). This means, understanding wellbeing should take a holistic approach involving people’s perspectives about their own life or subjective views. According to Chimpampwe Mwila (2012, 18), it is argued by Sen, “that in social evaluations and policy design, the focus should be on what people are able to do and be, on the quality of their life, and on removing obstacles in their lives so that they have more freedom to live the kind of life which, upon reflection, they find valuable.” Thus the focus in this thesis will be on Sens capability approach.

The capability approach is built on two notions, which are functioning and capabilities. Capabilities entails people’s ability to function, which includes their freedoms or opportunities needed in order for people to realise their functioning. Functioning on one hand refers to the “doings” and “beings” of a person. The doings are what the person does, such as a mother caring for a child, consuming food, working to earn income. The beings are the actualities of a person, such as being sheltered in a warm place, being literate, ‘depressed’, uneducated, healthy, being part of a community or group (Robeyns 2016).

The capability approach provides a good framework for understanding the single mothers lived experiences, as it conceptualises their experiences with its richness as a perspective. According to Fitzpatrick (2006, 1037), “Amartya Sen’s conceptualisation used the term ‘capability’ to focus on the activities needed for participation rather than the passive
resources alone.” The freedoms and opportunities, or rather capabilities, are what is lacking for one not to achieve their functioning of full potential. The capability in this case looks for social constraints to human potential well-being. Lack of opportunities or freedoms entail the inability of mothers to take care of their children and themselves.

The theoretical framework of the capability approach provides important knowledge to explore the experiences of single mothers in raising their children in Chibolya more openly. Thus, I was informed with this approach with an understanding of things which are needed by people in order for to function. The capability approach raises questions to my material like; what challenges do they meet as single mothers? What are their obstacles in their daily lives? How is their quality of life? What opportunities lay ahead of them?

3.4 Social Network Theory

Social network theory is important as it provides an insight with special focus on the relationships that people have with their acquaintances, friends, family, neighbours, community and society. The relationships are viewed as a link to accessing information, resources and services that may help to prevent people from the trap of poverty.

A social network is a collection of connections. Social network theory looks at the ‘nodes’ and (‘ties’ or edges”) and the mappings of connections. The ‘nodes’ are people, ‘organisations’, societies or groups. Ties symbolises the relationships found between actors (Denny 2014, 2). This theory looks at the relationships that individuals have with their environment as well as the people around them which includes friends, neighbours, extended family, groups, organisations, community and society at large. This theory looks at actors as individuals who are not sharing only one relationship, but many. This has made researchers of networks to categorise relationships into six groups “these include communication ties (such as who talks to whom, or who gives information or advice to whom), formal ties (such as who reports to whom), affective ties (such as who likes whom, or who trusts whom), material or work flow ties (such as who gives money or other resources to whom), proximity ties (who is spatially or electronically close to whom), and cognitive ties (such as who knows who knows whom)” (Katz et al 2004, 308). The assumption here is that, the relationships that people have with individuals, family, neighbours, community, organisation, groups and societal are a basis for accessing social support in form of information, resources and services.

According to Cobb (1976) “Social support is defined as ‘information leading the subject to believe that he is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligation” (Malmberg-Heimonen and Johansen 2014, 557). Paul
Spiker (2008) views ‘social networks’ as vital source for ‘social provision’. In the context of single mothers, for example, they are connected to their family, church, organisation, neighbours and community. However, the relationships between the single mother and the father of the children or his relatives which is a source of support is less or not there. Two types of relationships are found in network theory presented in the section below.

The relationships in networks range from ‘strong’ to ‘weak’. Weak relationships are found in ‘acquaintances’ or ‘friends of friends’ while ‘family, friends and relatives’ are the centre for strong relationships (Granovetter 1973, 1368). Family or friends relationships, known as ‘strong ties’, are based on the principles of reciprocity, mutual understanding and that members provide social emotional or financial support to each other, and mostly involve high degree of trust. For example, a family member or friend can provide help to the single mother in need, which can be in the form of financial or socioemotional support. It is argued that strong ties are not only used to obtain employment, but that they are used to solve many daily social problems (Granovetter 1983, 212). This means that when someone faces some challenges, families, friends, relatives, community and neighbours play a big role in ensuring that the person get back to live a life that is considered normal. It is argued that, a lot of research which has been done shows that “poor people rely more on strong ties than others” (Granovetter 1983, 212).

In the context of single mothers, the strong links can be associated to the relationships they have with their families, friends, neighbours which acts as a source of support sometimes. In contrast, weak relationships are a source of vital advice and information, which cannot be attained from those they interact to on a regular basis. For example, the advice or information can be in form of a job or opportunities from a friend of friends. Further it is argued that, “weak ties play a role in effecting social cohesion” (1973, 1373). In the context of single mothers in Zambia, for example weak ties will be associated to the connections that single mothers have with organisations, public institutions, victim support unit and churches which are a source of knowledge and opportunities. It is argued that in both relationships, the quality of support can either be good or poor, positive or negative (Katz et al 2004, 309). Granovetter (1973, 1370), argues that, “…one’s strong ties form a dense network, one’s weak ties a less dense one”. It is also argued that the disadvantage of not having enough weak links is that it will lead to ‘deprivation’ of knowledge or ‘information’ by an individual. In the context of single mothers, less weak links means that the mothers will not have contacts to information needed that can offer them opportunities such as employment and skills training, which will enable them to earn some income in order to take care of their children (Granovetter 1983, 202).
Social network theory with its rich perspectives on networks and the relationships, provides a good framework for the understanding of the experiences of single mothers. Informed by the social network theory, I have analysed the experiences of single mothers in raising their children in Chibolya. The theory raises questions to my material like; what kind of relationships are there at their disposal? Which relationships do they have? What kind of social support do they get? What kind of networks are they in? Are there any resources in the community?

3.5 Summing up theoretical perspective
The theories of Maslow’s needs hierarchy, poverty, capability approach and social network has been used to inform the design of this study. Drawing from their different conceptualisation of on how best we can understand social issues, these theoretical perspectives have been used as a lens for asking questions and when analysing the subjective situations of single mothers in raising their children in Chibolya.

I thus used the four theories as they worked in harmony and complimented each other.
CHAPTER 4: LITERATURE REVIEW

This chapter presents studies relevant for discussing findings of single mother’s situations and experiences in raising their children in Chibolya. The relevant studies include; single mothers in slum areas, financial challenges of single mothers in raising their children, women’s economic activities in slum areas, women education and coping strategies (informal and formal) networks.

4.1 Single mothers in slum areas
The global report by United Nations Habitat for Humanity indicates that with 71.9 percent in 2001, sub-Saharan Africa had the highest number of people that lived in poor areas (2003, XXV). Studies also show that in Africa, above 30 percent of the single mothers live in poor slum areas of urban set ups (UN-Habitat 2003, 29). In Zambia, women and children make up 40 percent of the total 70 percent of the urban residents who live in poor areas as a result of the housing problem (Lusaka Times, 2017). There was no available information on the percentage or number of single mothers living in urban slums of Zambia. Globally, residents of low income urban poor communities have inadequate access to learning, public amenities, poor incomes, employment and are faced with many health challenges. It is also reported that in Africa single mothers are prone to have ‘lower income earning prospects’, and worse nutrition than men (UN-Habitat 2003, XXXi-29). These obstacles confirm the poor standards of living among homes spearhead by single mothers (UNDP 2011, 48; 2016, 39). According to the Zambia Living Condition Monitoring Survey Report (2010) based on self-assessed poverty, single mother headed households are attributed to poor living standards of lower income, lack of jobs and choices of employment (CSO 2006-2010-206).

4.2 Financial challenges of single mothers in raising their children
Single mothers face many challenges in taking care of their children and themselves. According to Nyoni, some respondents in his study indicated that they had financial difficulties paying for their children’s school fees, food, money for transporting children to school, paying rentals as well as taking care of their own school needs (2011, 66). Respondents also mentioned that, they had difficulties in concentrating at work and school while taking care of their sick children (Nyoni 2011, 66). Just to take care of their children, such situations made some single mothers to resign their work just to take care of the children as there was no one to look after them (2011, 66).
Similar results were found by Raniga (2014) when he explored single mother’s experiences based on their individual livelihoods. One of his findings was that single women found it hard to maintain their income generating activities and taking care of their children. The study also shows that, some single mothers responded that taking care of the children and the absence of someone to help them was an obstacle to their productivity (2014, 524).

4.3 Women’s work and economic activities in slum areas
Global report by UN-Habitat indicates that, most of the residents of poor urban areas in developing countries are found in the informal sector where they are engaged in different livelihoods activities (UN-Habitat 2003, XXVI). In Zambia, the slum dwellers of Lusaka are mostly found in the unplanned areas of the city characterised by poor public services and in others not at all (Mulenga 2003, 9). Some women in slum areas of Lusaka are ‘semi-skilled’ but the majority do not have the necessary skills needed in the formal market. As a result, most of the women find themselves in the informal sector, as they cannot enter into the formal job market. Thus, in order to take care of their needs and that of their family, women living in slums are engaged in different income generating activities (Raniga and Ngcobo 2014, 525; Mulenga 2003, 10). Lack of skills among women in urban slums makes them prone to get involved in petty business and selling in the market premises, outside the markets, streets and in the neighbourhood outside their homes. Other women are involved in ‘anti-social activities’ for example ‘prostitution’, drugs and stealing (Mulenga 2003, 10).

4.4 Women and Education
Before 1997, Zambia had a poor education policy which prevented many pregnant students from continuing their education (Wedekind and Milingo 2015, 1). This trend coupled with other reasons left many women, some now mothers, uneducated. There was also stigma from fellow students, the community and from teachers towards students who become pregnant while at school. This forced pregnant female students to drop out of school due to the shame of becoming a mother. The introduction of the re-entry policy meant that pregnant females were allowed to continue with school during and after pregnancy. This policy now explains the minimal difference found in official statistics on education levels between males and females.

But what is represented in official documents is different from reality as many female, especially single mothers are uneducated. This is evident in the Zambia Human Development Report 2016, which indicates that 44 percent of ‘adult males’ attained high school level, whereas for adult females, the percentage remained at 25.8 percent (UNDP 2016, 36). Studies
done by the ZDHS shows that of the six years and older populace of Zambian, the percentage of female households without education for 2013-2014 stood at 16 percent, compared to 13 percent male households (CSO 2013-2014). These differences indicate that more females are uneducated, and the older the female is the more chances of being uneducated (CSO 2013-14, 27). Thus, it is acknowledged that poor women are more likely to be uneducated than well off females from rich backgrounds (CSO 2013-14, 28).

At a Global level, literature shows that, the levels of education attainment for females are mostly lower (Tacoli 1999 cited by UN-Habitat 2003, 29). This is also evident in the ZLCMS Report which attributes the lower levels of women education to lack of sponsorship and self-motivation, pregnancy at school, early marriages, distance to school, ‘illness’, responsibilities at home, one attaching no value to education and other (2010, 75-76). Human development report (2013) indicates that in countries where females have poor education backgrounds, the levels of fertility are always high. It is also acknowledged that education makes women to be well informed about their reproductive choices (UNDP 2013, 22).

4.5 Coping strategies -formal and informal networks

There is limited literature in Zambia about the systems that support single mothers in raising their children. But studies have been done in other parts of Africa. Weldegabreal (2014) carried out a study on the experiences of single mothers in raising their children in Ethiopia. He interviewed 11 single mothers and 11 children from different single mothers in one of the poorest urban areas in Ethiopia. His study is based on qualitative semi-structured interviews (Weldegabreal 2014, 7). The sources of support for single mothers and children was one of his concerns. His findings showed that the majority of respondents reported that they received little monetary assistance from friends in the same situation, ‘relatives’ and community members. This was associated to the high poverty levels in the area (Weldegabreal 2014, 42-46). This study also shows that there was no contact between the respondents, and the fathers of the children (Weldegabreal 2014, 42-46). Neighbours were a major source of psychological assistance for many respondents, and they received emotional assistance in instances where a single mother had lost her partner (Weldegabreal 2014, 46). Respondents in his study also reported that, they had poor relationships with their relatives and neighbours, which made it difficult for them to receive psychological and emotional support (Weldegabreal 2014, 46). The majority of the respondents reported that civil society organisations, like nongovernmental organisations and church programs, provided cash and in kind assistance to them. The assistance that respondents received were categorised into food for the family, children’s school
fees, uniforms, health and expenses, skills empowerment and feeding programmes (Weldegabreal 2014, 45-46).

In 2014, Raniga and Ngcobo conducted a study with 25 South African women in a ‘low income-community’. They explored single mother’s experiences concerning their individual livelihoods activities. Their findings were that family (‘aunties, grandmothers, and older siblings’), played a big role as they assisted single mothers to care for their children while they were away from home. The other finding was the women that were interviewed emphasised on the importance of ‘informal safety networks’ as a source of support for ‘social and economic’ suffering (Raniga and Ngcobo 2014, 524).

Mthimunye conducted a similar study on single mother’s experiences with special focus on raising a child with autism in a ‘low-income community’ in South Africa. Her findings revealed that in raising an autistic child, respondents obtained assistance from their networks such as the family, community members and civil society organisations (Mthimunye 2014, 32-33). Findings from her study also show that there was lack of support coming from the child’s father and his relatives (Mthimunye 2014, 34).

Similar results were also found in Zambia in a study done by Nyoni (2011) on the impact of parents discovering that a child had autism in Zambia. The results showed that the lack of a father to support the children poses a challenge to single mothers, as all of the burdens are left on them. The study also reveals that in such instances, friends, family (mother), relatives (auntie) where seen to support the single mother to take up her family responsibilities (Nyoni 2011, 67).
CHAPTER 5: RESEARCH METHODOLOGY

5.1 Introduction
This section describes the methodological and research design guiding the study. I first describe the philosophical stance that informed my data collection and analysis as I explored into the lived experiences of single mothers in raising their children in Chibolya, Zambia. Next I provide the reasoning behind the selection of methodology, research design and philosophical stance as a way to facilitate a clear understanding of the phenomena under study. The section will also present sample, criteria of selection, methods of sampling, negotiating access to sources of data, data collection, ethical concerns, analysis, and the methodological challenges encountered during the process of the research study.

5.2 Phenomenological approach
The philosophical viewpoint of phenomenology has been used as an approach to guide the choice of research design and analysis. The principles and assumptions embedded in the philosophy of phenomenology gave me an insight on how to go about researching on single mothers personal situations. The phenomenological method aims at exploring phenomena from the first person’s experience of their situation and recommends researchers to ‘bracket’ their personal conceptions about the social phenomena under study (Lester 1999, 1). Husserl first used the concept of bracketing and the emphasis is on researchers to, as far as possible avoid, mixing his/her own opinions or ideas with that of the subjects, which have the potential to ‘taint’ the information (Crotty 1998, 83). The main concern of phenomenology is to study personal lived experiences of the participants in the ‘social world’ (Bryman 2012, 30). In order to explore ‘deep’ into participants views of their lived experiences, qualitative techniques; observations, focus group discussions, semi-structured interviews, are used to collect data about participants own opinions of their situations (Lester 1999, 1).

According to Lester (1999, 2), “Epistemologically, phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasise the importance of personal perspective and interpretation”. Thus the concern of phenomenological approach is on the subjective experiences of the participants lived experiences, and in doing so, the main point is to search for a ‘common understanding and the meaning of common practices’ (Crotty 1998, 83). In its approach to find meaning, the phenomenological stance emphasizes on organizing data into themes emerging from the data itself, and hence in the end it does not allow researchers to make generalization from the research findings (Lester 1999, 2).
Inspired by the phenomenological approach, I went in search for the subjective personal lived experiences of single mothers in raising their children in Chibolya. Having worked in the community as a social worker with vulnerable children and families for CIZ, I tried to reduce my influence on data by ‘bracketing’ my knowledge about the challenges faced by single mothers in raising their children.

5.3 Methodological approach and research design
The phenomenological approach, inspired me to gather information from single mothers’ narratives of their lived experiences in raising their children in Chibolya.

I employed a qualitative approach to the data collection based on the nature of the research study in question. Qualitative methods emphasis gathering of in-depth information in a bid to understand the ‘meaning’ people attach to a social phenomenon (Creswell 2014, 4). Silverman argued that, “one main strength of qualitative research is that it can use naturally occurring data to find the sequences (“how”) in which participants’ meaning (“what”) are deployed” (2011, 17). I used personal interviews with the single mothers and focus group discussion with the professional social workers and health workers (professionals).

The rationale behind the choice of this approach is that it allows the exploration of people’s experiences and perceptions (Bricki and Green 2007, 2-4). Thus, the intention is to understand the lived experiences of single mothers in raising their children in Chibolya community from their narratives. Another reason for choosing a qualitative approach was that it involves the collection of detailed information from the target group, which cannot be done using quantitative strategy. Qualitative method is thus relevant as it created a point of departure for the formulation of open ended questions, which were used in both interviews and focus group discussion. The qualitative approach allowed me to gather information from a small sample of single mothers, and my results from the study will not be generalised to the all single mothers in the community (Bricki and Green 2007, 2-9).

In the study I utilised an explorative design to collection and analysis of data. In my ‘curiosity’ to venture into the unknown, I used open ended techniques to help me explore the lived experiences of the mothers raising their children in Chibolya (Tracy 2012, 81). The rationale for using explorative research design, is that it allowed the collection of detailed information gathered from interviews with single mothers and focus group discussion with professionals, using open ended questions.
5.4 Selection and sampling of informants

Eligibility to take part in this study for single mother was based on the following criterion; i) a single mother in Chibolya actively taking care of a child or children alone; ii) single mother living outside the catchment area of Chibolya community, were not recruited in the project; iii) and a professional (health and social workers) having worked with the community and was in direct contact with single mothers for two or more years.

I used purposive and snowball sampling during the selection process of the sample from the population. Purposive “is a non-probability form of sampling where the researcher does not seek to sample research participants on a random basis. The goal of purposive sampling is to sample cases/ participants in a strategic way, so that those sampled are relevant to the research questions that are being posed” (Bryman 2012, 418). Snowball is an approach of sampling where the researcher makes initial contact with a small group of people, who are relevant to the research topic, and then uses these to establish contacts with others (Bryman 2012, 202).

I first used purposive sampling to recruit eight single mothers. This was done through the aid of the key informants (professionals at CIZ) as they had access to the single mothers in the community. Snowball sampling was necessary, because the professionals could not manage to identify enough single mothers to the study due to the busy nature of their work. Thus, I relied on the single mothers that were purposely selected to reach out to other informants in the community with similar characteristics, as they knew each other well when it came to who was a single mother raising their children alone. I found this approach interesting, because the single mothers were identified through their established networks in the community. The assumption is that in a qualitative research, concerns about external validity and the ability to generalise do not emerge as large as they are in quantitative research (Bryman 2012, 203). As earlier mentioned, I am careful to make generalisations of all single mothers living in Chibolya from the results of this study. However, the results apply to some single mothers in the community from those studied.

Invitations were sent and appointments were made with the single mothers by the professionals. 18 single mothers were contacted and received information, and 16 single mothers were recruited using these two methods. Two single mothers said no because they thought that the interviews were conducted in English.

Professionals from the local CIZ were purposively recruited as they had long experience working with vulnerable children and families in the area.
5.5 Negotiating access to informants

To negotiate access to my target group, I used the introductory letter from the programme coordinator of International Social Welfare and Health Policy (MIS) at Oslo and Akershus University College of Applied Sciences (HiOA) (Tracy 2012, 81; appendix 1). Whilst in Norway, I sent the field work introductory letter to CIZ through an email in June, 2016 but there was no response from the organisation up to the day I left Norway on June 28, 2016. Once in Zambia, prior to starting my fieldwork, I visited the office of CIZ and resubmitted my copy of the letter from HiOA. During the same day, I sent an application for field work placement through email where I elaborated the aim of the project, the research design, and attached the copy from school. I realised that accessing the gatekeepers was going to be a challenge, and one that needed patience. I followed up my case to the manager, who later assured me to hear from them soon. Thus, as soon as the director was back in his office, I was granted permission to be attached to the organisation during my research process.

Getting access to potential participants was not as easy as I thought. I talked to many ‘gatekeepers’ before getting into contact with potential participants, as I believed that getting ‘consent’ from the higher authority was not an admission for me to meet the people eligible for my study (Tracy 2012, 71-78). After the approval was done from the higher hierarchy at CIZ main office, I arranged for an appointment to meet the Area Coordinator for the Chibolya Service Centre. Later, I had a meeting with the coordinator and in that meeting, I explained my study and informed the coordinator of my permission from the agency. Then, I was directed to meet five field officers (FOs) or social workers who had direct access to mothers in the community on a daily basis.

Participants

It is important to mention that the informants are both poor single mothers whose children were recipients of help from CIZ, and mothers of children that did not receive help from CIZ. In the study, 16 single mother were interviewed individually and the participants were in the age range between 24 years and 60 years. The rationale for choosing to interview single mothers was that they provided concrete information about how they understood their challenges in raising their children, and how they coped with their problems and challenges.

16 single mothers were interviewed and I stopped recruiting after data was saturated, a point where new information stopped coming from the participants. I recruited seven professionals (four social workers and three health workers) employees of local centre for CIZ. The justification for the inclusion of the professionals was to get their perspectives regarding single mothers. Health and social workers from CIZ are valuable sources of information, as
they are in direct contact with the single mothers in Chibolya community who come to the centre for children’s services, and as they are experienced with solving families and community problems. Both groups provided insights on the lived experiences of single mothers in raising their children in Chibolya.

Data collection
During primary data gathering, I used focus group discussion with professionals and semi-structured interviews with single mothers. A focus group discussion is defined as “a small group discussion focused on a particular topic and facilitated by a researcher” (Byrne 2004, 194). The emphasis is to have a small number of participants in a group which in turn brings out a productive discussion and the maximum is ten members. Then secondary data collection involved looking at already published documents.

Advantages and disadvantages of focus group discussion
Focus group can be said to be a good source for collecting in-depth group and individual feelings. This is because those who end up in a focus group seem to share similar life experiences. “Focus groups can in a practical sense supplement observation methods, allowing researchers to elicit information or explore attitudes that are not easily accessible through observation alone” (Byrne 2004, 197). I chose focus group instead of observation methods because of its richness in the collection of data. Using focus group discussion, allowed me to probe more, where I asked for clarity in some instances in order to understand what was been said. Thus focus group discussion helped me to answer the topics in my interview guide (Appendix 5). It helped me to interview health and social workers on how they perceive the challenges as faced by single mothers in raising their children in Chibolya community.

Focus group discussion
The focus group consisted of seven professional practitioners, four social workers and three health workers. They are key informants recruited purposively. The research aims and purpose was made known to them prior to the discussion and consent was approved (Appendix 3). I consulted with the professionals on the time and place prior to the discussion due to their different busy working schedules and departments. Initially, I had recruited eight professionals, but in the end one pulled out as she had a vital departmental meeting the same time the meeting was scheduled to take place.

The focus group was held in the office at the CIZ service centre. During the meeting, at different points two professionals went out of the room. But, I respected that right to freedom of movement, and once I realised that, I continued facilitating the focus group. Topics that were discussed are; health, education, poverty, work, economy, support system in the community
and challenges of single mothers among others (see Appendix 5). My impression during the focus group was that the professionals discussed openly and freely, as they agreed and disagreed on the topics in the interview guide and on important issues that emerged during the interview process. The participants provided a great number of responses concerning their perspectives on single mothers in raising their children. The focus group discussion not only answered the topics in my interview guide, but also provided insight about the challenges faced by single mothers in raising their children in Chibolya Community and their coping strategies. At the end of the meeting, I compensated each professional with ZMW 30.00 (US$3.00).

**Interviews**

The interviews with single mothers of Chibolya Community were conducted during August and September 2016 and they lasted between 45 to 60 minutes. I employed a semi-structured interview guide during the data collection. This strategy allows for a more open conversation between the researcher and the participant due to the open-ended questions (Chambliss and Schutt 2013, 141). This strategy also makes it possible to utilise the ‘life-mode interviewing’ tool as a point of departure in the interviews to explore the single mothers daily life experiences (Hedegaard 2012, 7). The ‘life-mode interviewing’ tool allowed me to ask open-ended questions to my informants.

Another reason for using open-ended questions in the interviews was that it helped me to dig more deep into the topics, and that it allowed me to probe more on the issues emerging from the informants. The criticism of open-ended questions is that the informant are left out in the interpretation stage (Bernard 2001, 32). A third reason for the choice of this method was that it has flexibility as a method of data collection.

The first question to my informants involved asking what had happened to them the previous day, from the time they woke in the morning until the time they went to sleep in the evening (Hedegaard et al 2012, 7). I saw that this tool was helpful as I was overwhelmed with the number of issues which the question brought out of the stories, regarding informants daily life activities. The activities can be grouped into relationships, networks, occupation status, eating patterns, hygiene, all topics that were interesting to my study (Hedegaard et al 2012, 7). This first question was placed in the interview guide (Appendix 4).

During the interviews, I used English and two of the commonly spoken Zambian languages (Nyanja and Bemba) out of the 73 plus dialects Zambian local languages, because I speak them and the informants were comfortable using their own dialect. In order to capture
the whole process of the interviews, I recorded all the interviews on a recording device. The recordings have been deleted after I was done with transcribing the recordings.

Site for the interviews.
As mentioned the choice for the site of the interviews was chosen by the informants (Appendix 2; 3). Eight interviews with single mothers were held in the office at the Chibolya Service Center (CSC) and the other eight where held in the field. Three where held in the informant’s house and five at the back yard of the house. For the interviews held outside, I received a lot of challenges as neighbours were curious to know what was going on and I had to explain. The focus group discussion with the professionals was held in the Office at CSC.

5.6. Ethical concerns
In order to avoid harm to the participants in my research, I ensured that ethical standards were followed during the whole process of the study as I realised that my research involved human beings. “Harm entail a number of facets: physical, harm to participants’ development; loss of self-esteem; stress; and inducing subjects to perform reprehensible acts” (Bryman 2012, 135).

Before contacting my potential participants in the field, I first contacted the Norwegian Centre for Research Data (NSD) concerning clearance of the project in June, 2016. I was informed from NSD that it was not necessary for me to submit the notification form, but that I could carry out my project and observe to conduct my interviews anonymously. This implied no registering of names and other identification information on data or transcripts from the interviews, which might have led to disclosure of the participants. Further, I was advised to write participants names on a separate piece of paper if they accepted to be interviewed, but not in the interview. I was also informed of the dangers of scanning participant’s names and recordings made from the interviews on the computer.

Informed consent
During the research process, I made sure that the participants were fully informed before they made a decision of been studied. I was aware that the nature of my research needed direct conversations with single mothers, rather than observing them. Thus, informed consent was at the heart of my research study (Bryman 2012, 139). Prior, to recruiting informants, I informed them about the topic, its benefits and how their involvement mattered before interviewing them, their rights to disengage themselves at any time they felt like not continuing and the duration of the project (Appendix 2; 3). I made known to them the importance of having an informed consent prior to recruiting and starting the interview. Some of the single mothers insisted to be studied without signing the consent form, and they told me that the consent form did not matter
to them. However, my first step was to ask the participants if they know how to read or not. Informed consent was done verbally and in writing, as I realised focusing on written consent would prevent potential participants from taking part (Bricki and Green 2017, 5). Those who could read were given out the informed consent and I advised them to ask me questions if they didn’t understand and needed clarity. The biggest challenge was that most of the single mothers were unable to read or write on their own. Therefore, I had to read and translate the information in the Zambian local languages for them to understand. In this case, I followed Cohen’s advice, that after informing and making sure that they understood the research study, those who were interested to take part in the research were asked to sign an informed consent voluntarily prior to the interviews (2011, 80). Two copies were signed and one remained with the participants and the other one with me. Then I wrote names of those who signed the consent forms on a separate paper. Some single mothers showed interest about the results of the study and were eager to know. I asked them to email me or my supervisor if they had any enquiry during the research project (Appendix 2).

The participants’ self-determination to take part in the project was observed during the recruitment process. After informing them, I also mentioned to them that it was their right to consider whether they wanted to get involved in the study or not. All the single mothers that were recruited were eager to be participants and were not forced. Participation was a matter of choice as they volunteered to participate in the project. On different occasions the participants phones rung, and my reaction was positive, as I respected their freedom. Thus, I excused them and halted the interviews and resumed after they were done talking.

Confidentiality
Confidentiality was of prime concern to the research. I assured my participants before recruiting them about preserving their confidentiality and that the final report was going to be anonymous (Appendix 2; 3). Thus, during the process I have made sure that confidentiality of informant’s information and participation in the study was protected. I took several steps: First, I made sure that the data I collected was kept safe in my locker where no one would get access to it, and I kept the consent forms which had a potential for one to identify my informants, safe. Secondly, once the data was transcribed, there were no names of the participants on the transcripts, but I used the titles A-P for single mothers and Respondents 1-7 for professionals. In my question guide I avoided any question asking for participants names (Appendix 4; 5). Since my interviews were recorded, I made sure that they were not transferred on the computer.
5.7 Document review

In the build up of my thesis, I have used data from different documents. This included data from reports, journals, and articles. I also visited and utilised academic sites to search for data from other research. This includes HiOA online library, Google scholar, Google. Official documents from Zambia were also used as a means of data collection concerning what was on the ground. Statistics from official documents were used as they informed the background of my research study.

5.8 Data Analysis

The analysis of the lived experiences of single mothers in raising their children, was done using thematic analysis (Bryman 2012, 13). Thematic analysis is defined as a method of analysis which is concerned with:

“Identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic” (Braun and Clarke 2006, 6).

Thematic analysis was used as a method because it is flexible, and of its ability to be applied through a range of epistemological and theoretical approaches (Braun and Clarke 2006, 5). Thus, it will enable me to apply the theories that are relevant to my research topic as aforementioned in the theoretical chapter.

“Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society” (Braun and Clarke 2006, 9).

Thematic analysis was vital to the study as it enabled me to analyse data from the single mothers’ stories about the experiences in raising their children in Chibolya, and from the professionals’ perspectives.

During the analysis I was also theoretically informed with the theoretical perspective described in chapter 3: Maslow’s needs hierarchy, theories of poverty, social networks theory and capability approach. I did not only relay on the data I collected from the interviews with the participants, but also from the theories. “This form of thematic analysis tends to provide less a rich description of the data overall, and more a detailed analysis of some aspect of the data”
(Braun and Clarke 2006, 12). I followed the following process when analysing my data using thematic analysis:

1. **Data familiarization**: At this stage, I organised data from field note and recordings of interviews from single mothers and focus group discussion into transcripts and reread the transcripts several times. (On the single mother’s transcripts, I used letters A-P and respondents 1-7 for the professionals).

2. **Code formation**: After I transcribed my data, I organised it and came up with codes which imaged in the transcripts.

3. **Identifying Theme**: At this stage, I transformed my codes into specific themes or categories. Two main categories were identified: the challenges and problems for the single mothers and the strategies for coping with their challenges.

4. **Refining the themes**: At this stage, I sorted out my themes. I checked for repetitions, similarities and differences that emerged so as to refine my data.

5. **Defining and naming themes**: During this stage, I finally refined and defined the themes for my analysis.

6. **Reporting**: At this final stage, I went through the defined and named themes which were used in this thesis in the findings and discussion section.

**CHAPTER 6: PRESENTATION OF FINDINGS.**

**6.1 Introduction**

This chapter presents the findings of the study on single mothers living experiences in Chibolya Community of Zambia. In the analysis the two main categories that emerged were the challenges or problems for the single mothers and the strategies for coping with the challenges that were used by single mothers. Under challenges and problems the following subthemes emerged: Poverty, economy (financial situation), work, education, health and nutrition, social support (social network), lack of father role and coping strategies had odd jobs, small business, saving groups, informal and formal networks as subthemes.

The chapter starts with describing information of the participants and presenting the mothers narratives of their daily activities. Next, I present the single mothers’ experiences of their situation, the challenges of raising children alone in Chibolya, followed by the views of the professionals working at the Centre for Children International Zambia (CIZ) in Chibolya. The mother’s strategies for coping with their difficulties, again followed by the view of the professionals are presented at the end of the chapter.
6.2 Descriptive information of the participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Age</th>
<th>Type of single motherhood</th>
<th>Level of Education (1-12 years)</th>
<th>Tertiary Education</th>
<th>Number of children</th>
<th>Number of children with disability</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>32</td>
<td>Separation</td>
<td>8</td>
<td></td>
<td>2</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>B</td>
<td>27</td>
<td>Divorced</td>
<td>9</td>
<td></td>
<td>1</td>
<td>None</td>
<td>Nothing</td>
</tr>
<tr>
<td>C</td>
<td>40</td>
<td>Widow</td>
<td>12</td>
<td>Secretary/psychosocial counselling</td>
<td>2</td>
<td>None</td>
<td>Part time worker</td>
</tr>
<tr>
<td>D</td>
<td>37</td>
<td>Widow</td>
<td>12</td>
<td>Computer Course</td>
<td>3</td>
<td>1/learning disability</td>
<td>Part time worker</td>
</tr>
<tr>
<td>E</td>
<td>32</td>
<td>Widow</td>
<td>3</td>
<td></td>
<td>4</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>F</td>
<td>41</td>
<td>Separation</td>
<td>5</td>
<td></td>
<td>6</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>G</td>
<td>60</td>
<td>Widow</td>
<td>4</td>
<td></td>
<td>4</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>H</td>
<td>34</td>
<td>Divorced</td>
<td>2</td>
<td></td>
<td>4</td>
<td>None</td>
<td>Part time job</td>
</tr>
<tr>
<td>I</td>
<td>40</td>
<td>Widow</td>
<td>Never been in school</td>
<td></td>
<td>7</td>
<td>None</td>
<td>Nothing</td>
</tr>
<tr>
<td>J</td>
<td>24</td>
<td>Divorced</td>
<td>10</td>
<td></td>
<td>1</td>
<td>None</td>
<td>Nothing</td>
</tr>
<tr>
<td>K</td>
<td>24</td>
<td>Widow</td>
<td>7</td>
<td></td>
<td>2</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>L</td>
<td>32</td>
<td>Divorced</td>
<td>6</td>
<td></td>
<td>4</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>M</td>
<td>37</td>
<td>Widow</td>
<td>7</td>
<td></td>
<td>3</td>
<td>1/physical</td>
<td>Street vendor</td>
</tr>
<tr>
<td>N</td>
<td>30</td>
<td>Divorced</td>
<td>7</td>
<td></td>
<td>3</td>
<td>None</td>
<td>Nothing</td>
</tr>
<tr>
<td>O</td>
<td>29</td>
<td>Widow</td>
<td>7</td>
<td></td>
<td>4</td>
<td>None</td>
<td>Street vendor</td>
</tr>
<tr>
<td>P</td>
<td>36</td>
<td>Widow</td>
<td>5</td>
<td></td>
<td>5</td>
<td>None</td>
<td>Street vendor</td>
</tr>
</tbody>
</table>

All of the participants had been married before becoming single mothers. The majority, nine participants were widowed, five were divorced and two were separated at the time. I realized that each ‘single mother’ despite their common situation, had different lived experiences of being a single mother. Each one of them had her own story to tell, but as I continued in the
search, I started seeing some common meanings to their narrations. Ten mothers had attained primary education as their highest level of education (grade 1-7). Five had attained secondary education (grade 8-12), and out of these only two had completed their (grade 12) and had gone further to do a short course. One had never been in school at all. 14 reported that they were living and taking care of their children alone. One single mother was living with her mother and another one with her siblings at the time of the interviews. The total number of children for all participants in the study was 55. Most of them had four to five children as shown in the above table. The children were in the age range between 3 months - 24 years.

**Children’s education**

Eight children were attending early child education, 20 children were attending primary education (grade 1-7) whilst three were attending secondary education (grade 9-10). Three had dropped out of school in (grade 6), one in (grade 5) and one child had dropped out of school in (grade 9). Eight school aged children were not in school. Only two children had completed (grade 12), three children were in school but the participants did not say what grade the children were doing, and one child was too young to be in school.

**Daily Activities**

The single mothers in the study performed many different activities. Many of them were engaged as part time vendors to make money, this is described under coping strategy section 6.6 see page 66. Other activities they were engaged in include: house chore activities (cleaning the house, washing clothes, cooking, fetching water), socialising (chatting and visiting), drinking alcohol and work part time jobs. Below are the house chores activities of single mothers.

**House chore activities**

Cleaning the house and other ways of maintaining hygiene was identified as the most important activities of the day. Most of them said that they cleaned their houses before they were engaged in other activities. One said that she first cleaned the house before going to look for food to feed her family:

> “When I woke up yesterday in the morning I just cleaned the house and there was no food in the house (...) Then I went to sell things and from the sales I managed to buy only rape-vegetables and then I came to prepare nshima” (E, 2016).

The reason for cleaning the house was not given by many single mothers. Four of them were not engaged in any paid work, one of them said that what they do in the morning is to clean the
house, do other activities and then relax: “Like for us who are not working, the only thing we do after waking up in the morning is to (...) clean the house and sit that's all” (B, 2016).

Washing family clothes and dishes is another way of maintaining hygiene. However it takes a long time as they have to run several errands to the community tap to fetch water for laundry and rinse the clothes which is done manually. Most of them had to multi task washing clothes with other duties such as house chores, taking care of the children and looking for food for the family. Two respondents indicated that it took them the whole day just to finish washing the family clothes, one said, “Yesterday I woke up and then did some house chores. I washed, in fact the day ended with me washing” (A, 2016) and another said, “When I woke up yesterday, I gathered clothes for laundry (...) started washing and then I finished washing around 20 hours” (F, 2016).

Bathing the children was another way of maintaining hygiene. It was also one way that they showed care for their children. One said that she first washed dishes in the morning, swept her house, bathed the child and gave her food after she had bathed her. “When I work up yesterday, I washed my plates, cleaned my room, I bathed and bathed the child then we had breakfast, (...)” (J, 2016). Another said that she bathed the child after they had eaten breakfast, lunch and in the end she bathed herself: “We had breakfast, lunch and then I bathed the children. After that I bathed (...)” (K, 2016).

Taking care of the children and preparing food for their children also took long time, and involved for some participants to wake up early in the morning to prepare fire using charcoal as a source of energy. Most of the houses did not have electricity, and thus they relied on charcoal for cooking. Some prepared the food for the family after cleaning and washing the dishes was done, or was done simultaneously. One prepared the food for her children after she had finished all the house chores: “I just cleaned the house, washed dishes and cooked food for the children” (G, 2016).

In taking care of the children, some said that they received support from family members who helped them prepare food for their children. One participant showed care towards her children as she made sure that the food which was been prepared by her siblings was given to her children: “I woke up at 8:00 hrs in the morning and by then I found my siblings had already prepared fire and were preparing tea, and I told them to give the children some tea (...)” (M, 2016)
Some identified fetching water as one of the most important thing they did during the day. They reported that they fetched water once the house was clean and the dishes were washed. Water was fetched at the community tap, because most of the houses in Chibolya did not have piped water. The women had to wake up early in the morning to line up for the water. The community tap is not free, participants paid for the service at the community tap. One said that sometimes she had no money to pay so that she could have water: “(...) sometimes I don’t have 5ngwee for fetching water from the community” (G, 2016).

6.3 Social networks
Some of the single mothers reported that they visited friends or relatives in the neighbouring community, they had connections with the people around them and in the community. The interactions that took place can be understood from the perspective of social networks (Reference?). One told that she had gone to visit her in law after washing her face and eaten breakfast: “When I woke up yesterday, (...) I went to visit my in-law at the saloon and then after sometime I come back home again” (I, 2016). Two said they visited their relatives. “When I woke up yesterday, (...) my sister come (...) and we went to visit a sister of ours who was not feeling well” (F, 2016), and another said, “(...) after waking up I went to visit my nephew who is sick” (C, 2016). One visited her friend. “Yesterday I woke up did some house chores (sweeping and washing dishes) (...) went to see a friend of mine” (D, 2016).

A few participants told that they had a chat with their friends and family: “We had breakfast, lunch and then (...) then I started chatting with my friends outside” (K, 2016). “(...) in the evening we started chatting and (...) finally we had super and I went to bed” (M, 2016).

Two single mothers told that they had gone to drink beer in the morning after they wake up. One single mother said that after waking up, she ate breakfast and took a nap, woke up and then went to drink alcohol: “No…I woke up and just ate breakfast and then went to bed again. After that I woke up and went to drink alcohol” (N, 2016).

A few of the single mothers told that because of lack of work, they were engaged in drinking alcohol in bars. One said that in order to get money to raise her children, she hustled in bars and once she had the money, she was able to buy food for her children. Here was the response of the single mother: “I just hustle from the bars and from there I am able to get food for the children.” (N, 2016). One participant told that she had first finished with all the house chores before going to the bar to go and drink beer in the morning: “When I woke up in the morning I
cleaned the house, washed the dishes, fetched water. Then after fetching water, I went to the bar to drink some beer” (H, 2016)

Summing up, most of the single mothers’ daily activities can be seen as a way to provide the basic requirements for living for the children and themselves, and a way of maintaining good health of their family.

6.4 Challenges and problems. Single mothers’ experiences

The single mothers told about grave problems and challenges to survive and raise their children alone in Chibolya, poverty, lack of work, and education, lack of support, health problems and trouble maintaining authority with children dropping out of school and being at large in a dangerous environment.

Poverty

Lack of Work

None of the single mothers had full time jobs, three had part time jobs, nine worked as street vendors to make money, and four had no job or work related activities. All the participants told that they were unable to fulfil the children’s needs because of lack of work. One said that she was in pain because she didn’t have a job to support her child who was in school: “(...) I don’t have a job, and only receive help. It becomes difficult to support her when she wants food for lunch when she is at school, she will only be crying. I am in pain (...)” (B, 2016). Another said that life would have been easier for her if she had a full time work. “(...) the way I feel if I had a permanent job, all these challenges were not going to be there” (C, 2016).

All participants had insecure lower income than necessary for them to meet their and children’s needs. They said that their monthly income was too low for them to take care of the basic needs of the children and family. One said that their monthly income was limited to few needs: “(...) the income I have is always very small, so for me to make a budget to meet all the needs is difficult” (E, 2016).

All except for one single mother had a challenge in providing shelter for their family. They said that they found it hard to pay their monthly rentals when they were due, with their low incomes. One single mother said that she was unable to meet other needs and rentals: “(...) I don’t manage fully even paying for rentals is a challenge for me” (L, 2016)

Almost all also had a challenge in providing food for their children. They said that it was hard for them to provide enough food to sustain the family. One said that she could not manage to
provide food for the children constantly, and that some days they went on without food: “(...) The other challenge is that food, where today we can eat, but tomorrow there will be nothing just like that” (I, 2016).

All the single mothers had a challenge in providing for children’s school requirements. They told that it was difficult to send their children to school, because they were unable to pay for children’s school fees, buy uniforms, shoes and books. All meant that education of the children was important, as one of them said, “The challenge I face is that sometimes I don’t have money and the children are chased from school. So this is a problem because I don’t want my children to be on the streets without going to school. (...)” (O, 2016).

Another single mother responded that it was difficult for her to support her child to continue with school because of her financial constraints. She told that her child went to live with the church member because she failed to send her to school, “(...) He saw the child was just staying at home so he asked me why the child was not in school and then I said I didn’t have money to take her to school (...) the last born is not in school” (P, 2016).

The participants mentioned that raising children was a challenge along with taking care of their own needs. It was challenging for them to provide the basic necessities for living: clothing, washing paste and bath soap for their children, to provide her needs and that of the children. One said, “challenges are a lot, the children needs clothes and me alone I don’t manage I fail you know. (...) One person I need to look for food, clothes and it’s hard” (P, 2016).

The majority of the single mothers had many children and taking care of them was a challenge. Most of the single mothers indicated said that they had many children which put them under pressure to take care of them, the income was not enough to provide for all the children’s needs: “Me I was born in 1976, I have been married and I have 7 children” (I, 2016). Another said, “The challenges are many and the challenges that are there are for instance money is not always enough to satisfy all the children’s needs. You will find that each child has their own different needs. (...)” (D, 2016).

**Education**

The education situation for the single mothers was generally poor as presented above in table one where I summarized the descriptive information of the participants. This made it difficult for single mothers to get jobs and earn money to take care of their children and themselves. Two had completed high school and had managed to complete some courses and had managed to earn some little skills, but it was hard for them to complete their education. One said, “I
completed grade 12 and later did a computer course for 9 months” (D, 2016), and another one had started college education:

“Mmmm...I did secretariat at a certain college but I didn’t complete because I did not sit for an exam because that’s the year my father died.” So there was no money for me to pay exam fees. Then in 2004 that’s when I did psychosocial counselling” (C, 2016).

One said that she had never attained any education, “I have never been in School” (I, 2016). And another one said that she dropped out of school early.

Most of the participants were school drop-outs and they had different circumstances and several reasons for dropping out of school. One reason is that almost all come from poor family backgrounds, and that their families could not manage to continue supporting them with their education. They told that their parents had challenges in paying for their school and exam fees. One said, “About my school I can’t lie, the life we were living was hard so even school, I can say that I dropped out in grade one or two if I can remember” (H, 2016).

Three mothers told that their poor education came as result of the death of their parents when they were young. This situation forced them to drop out of school as a result of their discontinued sponsorship. They said that because of the death of their parents their education was disturbed as they had to stop school. One said that, “I ended school in grade 5 after my parents died.” (P, 2016). Another told:

“Mmmm...I did secretariat at a certain college but I didn’t complete because I did not sit for an exam because that’s the year my father died.” So there was no money for me to pay exam fees. (...)” (C, 2016).

One said that she ended in fourth grade after her father had died and her mother could not manage to take her to school every day due to the distance from home to school: “With me, I stopped school when I was in grade 4 after my father died. My mother could not continue to send me to school as the school was very far from home so I needed transport” (G, 2016).

Some single mothers failed to continue with their education due to early marriage:

‘Uh’...I reached up to grade 12 at a secondary school in Eastern province, (...). In 1993 I got married. After getting married, uh...we stayed... death is what separated us and it was after having may last child” (C, 2016).
Some dropped out of school because of pregnancy. Two participants said that they could not continue with their education as they become pregnant while in school:

“When it comes to my education, I dropped in grade 7 and then I did a tailoring training in designing and I didn’t even go any further as I got pregnant and later stopped school. (...)” (M, 2016).

“When my school, way back I was at a community school and after that I went to a public school (...) but I didn’t complete school I dropped out in the ninth grade. (...) I was found pregnant which made me stop school” (B, 2016).

Other participants indicated that they stopped school due to lack of personal motivation. One said that she had to stop school because she failed to cope with education. Another admitted that it was her own fault that she didn’t continue with her education as she was too playful:

“I dropped school when I was in grade 10. I wanted to continue to grade 11 but I failed on my own because I was too playful. You know us young ladies, (...)” (J, 2016).

“With me, I stopped school when I was in grade 4 after my father died. My mother could not continue to send me to school as the school was very far from home so I needed transport” (G, 2016).

They understood the need for education only after the death of their husbands, when they experienced how difficult to raise their children alone. One said she had to stop school after she got married.

One participant told that she could not continue with her education because she had a duty to take care of her grandmother, which meant that she could not continue with her education:

“I have never done much in school. The time I was supposed to be in school my mother and father were working in another town. And I was in another town in the village where I was taking care of my grandmother. So I didn’t have any one to take me to school (...)” (E, 2016).

**Lack of social support**

*Support from the fathers or father’s family*

The majority of the participants said that they received no support from the father, or the relatives of their children’s father. Most of them said that once the ties ended between them and the children fathers, either through divorce, separation or death, the fathers relatives abandoned
them and stopped communicating with them. They were not receiving support in raising their children from the father’s relatives. Typical answers when asked if they received support from the father or the father’s family are:

- “The last time I saw them was during my late husband’s funeral and it has been long since we communicated” (M, 2016).
- “There isn’t any, and not even one whose contact number I know or even one to call me” (E, 2016).
- “They don’t give me any help, it’s just me alone” (H, 2016).

Most of the single mothers said that they had to take care of their children alone without any help from the children’s father or the father’s family. One said that it was difficult for her to take care of a child alone without support from the child’s father who was running from his responsibilities:

“So... it is difficult to raise a child alone as a single mother without a man by your side. At least if you raise the child together it becomes easy. (...) since I left my marriage, there has never been any support from him until now but he is there” (B, 2016).

Informal support from family, relatives, friends neighbours
Two participants had no relatives in Chibolya community, and they said that the lack of a relative in the community made their lives more difficult. One said that all of her family had died and she was living alone with her children: “I stay with my children only and I don’t have a family, they are all dead, I am the only one surviving” (G, 2016).

Four participants said that they were not receiving financial support from their family because their family also was poor. Two others said that their families were not there to support them and to take care of their children, because their families also had their own problems which hindered them to receive support:

“For the family, when you approach them and share your challenges in order to seek for help, in the end they won’t help but they will also share their difficulties.” (A, 2016).

“No my family don’t help me. We were born eight, seven are males and am the only female. So of all my brothers even if I called to ask for children’s school fees they will tell me I don’t have money, I also have problems. So I let go of them and I always count that am alone. Because my mother also doesn’t have money and she is also suffering in the village where she lives” (E, 2016).
Most were not receiving help from friends and neighbours. One mentioned that no one could help her and the children, because of the cost of living in Lusaka was high. “No you know the living situation in Lusaka. Each one for himself” (M, 2016). Another said that she couldn’t receive help from friends and neighbours because they were also poor: “No I don’t have any friend or neighbour who assists me (…)” (J, 2016). “No help because all of us we are poor” (P, 2016).

**Formal support CIZ and government**

As mentioned in the literature review, there is supposed to be public structures in the community where single mothers can get social and financial support. The single mothers interviewed had no knowledge of structures where they could get assistance in raising their children. “There are groups that provide help but I haven’t heard of any in Chibolya” (F, 2016).

Some of them knew about Children International Zambia (CIZ) in Chibolya, two were not sure about what kind of help they could provide:

“Maybe CIZ but CIZ only gives children things like birthday gifts” (F, 2016).

“No like here in Chibolya I haven’t heard of anything like that but only Children International is the only one which has helped me a lot a lot when it comes to my child” (J, 2016).

Two other participants said that they were not satisfied because CIZ was not doing enough to their children. One said CIZ did not support her children with school fees: “No I am not satisfied. I would have been satisfied if they were paying school fees or half of my children’s school fees so that I can also top up” (N, 2016).

**Raising a child alone in risk community**

Controlling and raising children was experienced as a challenge for the single mothers. One told that is was a challenge to raise and control the children as a single mother: “(...) There are times when you talk to your daughter but she won’t listen just there and then. There, the voice of a man is needed. (...)(C, 2016).

Another said that she was concerned with the people around her children because young people in the community were likely to be engaged in drugs and other bad activities. One participant said that a voice of a man was needed to discipline children, and that it was a challenge to keep the children in school and control them to stay out of trouble:
“(…). The other challenge is that keeping and controlling children as a single mother is difficult, that is controlling them to grow in a way that is accepted by society. This is because each time you need to see which people are found with your children, what type of people they play with, what kind of things they do. (…) in our community we live in, there are a lot of challenges faced by youths such as drugs and so forth, so (…) this is so difficult to do to many children. But I try to tell the children about the good things in life which can help the child’s future. This is to prevent the child from bad deeds” (D, 2016).

Health, Nutrition and Food
The mothers described that they and their children had health problems. Several had experienced long periods with headache during the period January 2015 to the day of interview in the summer 2016. Five said that their headache was as a result of their daily life situations. They mentioned several reasons for headaches: end of marriage, financial challenges and stress about the future of the children, the mothers told:

“Like the time our marriage ended I had headache from thinking and I was sick. This is because I was not expecting it like when my ex-husband told me it was over” (B, 2016).

“Yesterday yes it was because the units of electricity got finished in the meter and I don’t have money because they haven’t given us the money that we worked for. So I was depressed and I thought a lot and from there I developed headache” (C, 2016).

“No sometimes when I have bad headache I just tell myself maybe I was stressing myself thinking too much (…)” (G, 2016).

“I always think about my children’s, how I will take care of my children. I always think of how I will educate my children so that they can be educated and live the kind of life of the people that I see. This is what I always think about” (E, 2016).

Some of the mothers and their children were sick of malaria during the in the last year. Two mentioned that they had malaria at least once together with their children: “. Last year I had malaria and one of my child was sick” (G, 2016). “Me and my children we all had malaria” (L, 2016).
One was diagnosed with high blood pressure at the clinic, and she was told by the doctor that the blood pressure was as a result of her thinking too much and that her situation could turn into depression:

“No even me I don’t understand my sickness so at clinic they told me that I had high blood pressure because I think too much. They later told me that if I continue thinking too much my situation will graduate into depression. So I reduce on thinking.” (E, 2016).

Five participants just told that they or their children had been ill, but didn’t say what kind of illness. Four participants indicated that their illness was not “in line with” their situation of being single mothers, as one said, “No it’s not in line of because I am thinking that there is no man in the house” (F, 2016)

Children’s health

One participant told that one of her children was disabled and had learning disability. “Hmmm…I have 3 children and one is disabled.” Another told that one of her children had learning problems: (M, 2016) “The second born I can’t really say he is physically disabled but he is slow. He is a slow learner and he doesn’t know how to talk much. He also has a hearing problem” (D, 2016).

Both said that it was difficult to raise able bodied children together with a disabled child. To take care of the special child made it difficult for them to work or look for means to sustain the family. Two other participants indicated that their children had chronic diseases. One had chronic bronchitis: “the child has [chronic disease] because she has bronchitis and so when she is sick we take her to children international for free treatment.” (J, 2016). The other had sickle cell anaemia:

“(…) my first born child he is most of the times sick because he has sickle cell anaemia. So you know sickle cell the joints all the time he feels the pain, sometimes the eyes changes to yellow, sometimes, and he cries of stomach pains.” (J, 2016)

As mentioned some of the children had malaria. Three participants told that their children had experienced headache, fever and colds during the past year. One said that she had to run from the market to the house to give her child some medication each time she received a call: “(…) my last born was sick. She had fever, so they used to call me when the temperature goes up and I would come from selling to give her some pain killers” (P, 2016)
**Nutrition and Food**

The majority of the single mothers could not afford the family three meals in a day. A few mentioned that they had a diet of protein, carbohydrates, and vegetables. For breakfast lunch and supper they mostly had bread, soft porridge, or nshima “a hard porridge made out of maize flour” with relish like; small dry fish (kapenta), chicken, beans, pumpkin leaves, dried okra, cabbage, rape and other vegetables.

Only seven mothers were able to have all three meals in a day with their children. They said that they had all the three meals, but three of them mentioned that they could only manage three meals sometimes when the resources and food was available. One said, “We always eat all the three meals when there is money” (D, 2016).

Some could only manage to provide two meals a day to their family. One participant said that she could have only lunch and supper: “Sometimes we eat in the morning, no lunch and we will have supper again in the evening” (H, 2016). Another said that they only had one meal in a day (supper). “We eat once in a day only supper” (I, 2016).

**Summing up challenges**

The participants had many challenges in providing for their children’s school requirements, school fees, food and providing shelter. The challenges were as a result of their poor economic and financial status, low education levels, lack of work, raising children in a risky community and lack of social support from the networks.

### 6.5 Challenges: Views of the professionals at CIZ

The professionals that took part in the focus group discussion were working for CIZ in Chibolya service centre. Their opinions were not necessarily of the single mothers that were interviewed but their general experiences with single mothers in the community and those they were in contact with whose children were on their programme.

**Poverty**

The professionals told that in their opinion the single mothers in Chibolya community were lacking the necessary resources needed to take care of their children: “(...) so their poverty and economic situation is really bad” (Respondent 4, 2016). They agreed that single mothers in Chibolya had great difficulties in providing shelter and food for their family, and that the financial situation made it difficult for them to send their children to school.

The professionals told that the majority of CIZ’s clients in Chibolya were single mothers. They told that the single mothers in the community often had many children, and that taking care of
them was a challenge. They also agreed that it was difficult for single mothers to support their family with basic needs, and among others things pay for the children’s education from their small businesses: “Just uhh... like as it has been indicated by the earlier speakers, I think the situation of single mothers in Chibolya is bad, the extent is large. The majority of people that we have are single mothers. One professional gave an example of the challenges for single mothers raising their children alone:

....and for me, I have encountered two families where, single mothers are keeping a lot of children. For example, I have one woman who is keeping twenty, yes! Twenty family members, including herself they are twenty one. (....), just selling same vegetables...... and is expected to support the family in terms of basic needs, education and other necessities. So it is really bad” (Respondent 3, 2016)

Education
The professionals told that most of the single mothers whose children were on their program had poor education backgrounds. They mentioned that for some, the mother’s poor education levels were result of early marriages and pregnancies, and that some of the single mothers could barely write:

“I think like it was said earlier on by the previous speaker. like the ones I have encountered like those who come to my table, most of them they, like I don’t know if what level they have gone up to school, they are not even educated, some can’t even write, meaning they haven’t even reached far with their education (...) they are illiterate and all those things” (Respondent 4, 2016).

“And like she said, most of them they are not educated. (...). When they become pregnant when they are young, they are...uh... taken into marriage, and education ends there. So hence their education levels are not that good. They can’t write not even copy a letter that for...which was written by someone (Respondent 5, 2016).

Economy and work
The professionals told that the majority of the single mothers were unemployed, mainly because of lack of education and skills. They meant that lack of employment was the main reason that the single mothers were unable to provide food, shelter, education requirements for the children and other family needs. They knew about the mothers’ small businesses of selling vegetables, but meant that this would not be necessary to satisfy the family’s needs:
“(Some) even have just enough capacity to do some works, because certain companies maybe they need somebody for you to clean in the toilet, you should show us that you can write. So that can also be a difficulty component that they experience” (Respondent 6, 2016).

**Raising children alone in a risky community**

The professionals told that children in the community usually were left alone without anyone to control them. They said that some single mothers were engaged in businesses where they went out of town for many days, and that in these situations children were forced to drop out of school, and they would get involved in drugs, prostitution, alcohol and other activities. After the discussion one said:

“I just want to add on they have said. Like earlier on she said mmm... most women they do businesses and these single mothers do businesses where they travel maybe for a week, two weeks or a month and they leave those children alone at home. (...). As a result you will find that as the mother is away for a month or three weeks that child won’t be going to school and there will be no one to control them. That child will be engaging in different vices, as a result they become drug addicts, they engage themselves in prostitution and they abuse alcohol (...) and the end result is that, they won’t be educated, they drop out from school (...)” (Respondent 5, 2016).

Another commented that it was difficult for a single mother to maintain authority:

“Usually I don’t know whether this is an inborn, children are supposed to be brought up by a man, where there is no man they become unruly. And they cannot listen to their mother and these are the children you find that as they grow up they end up to become you know drug addicts just like that (...)” (Respondent 1, 2016).

**Informal social support**

The professionals were well aware that many single mothers had difficulties because of no support from the children’s father or the father’s family. It was a common experience that if the father died, the father’s relatives were not there for the children or the mother. One professional gave as an example a case of a single mother in their program who in her opinion had faced injustice when fighting in court for the children’s support:

“Just to add on what has been said, I will give an example, just last week there was this mother who brought a child to the clinic. She is working for a security company but
for three months she hasn’t been paid. She is a single mother and she was widowed about five years ago. The parents and relatives to the deceased man, they have completely abandoned her with the kids. So it’s like she has been devastated, she has tried to go to court and those people have got money. They can’t it’s like they go to pay the lawyers there and she ends up losing. So she says there is nothing I can do. (…). And the time she come, the children were crying, we want something, we want to eat, and she said I have nothing, completely nothing and not even relatives are willing to help (…)” (Respondent 1, 2016).

**Formal support, CIZ and Government support**

The professionals commented that the government lacked awareness of the single mother’s difficulties, and did not provide relevant programmes. The ministry of community development, mother and child health, has two departments, one for social welfare and another for community development. The last department has the responsibility for giving provisions to single mothers. The professionals knew that few of the single mothers were aware of these government institutions. The professionals also reported that there were lack of structures in Chibolya were single mothers could reach out for their support:

“Some provisions to help the single mothers is under the government, through the ministry of community development. Some, mmm... they go to register their cases but some other parents feel like why should I go there? (...). Otherwise there is nothing at community level where they can be going except those government institutions like ministry of community through Social welfare. But how many people know? Because even to know that government has such there are very few also who knows.” (Respondent 6, 2016).

The professionals also said that the single mothers received limited assistance from other members of the community, and also that they sometimes were stigmatised in the neighbourhood just because of raising children without a father in the house:

“(…) sometimes these single mothers are being stigmatised for being single parents, because most people think that single parenting is as a result of ...uh...ways which are not right yes so these single parents are mostly stigmatised in the community.” (Respondent 7, 2016).
The professionals told that there is a lack of social amenities in Chibolya. Services such as play parks are not available in the community. Children roam around in the community because there are no places where they can go and play. They also told that there are no child care arrangements, welfare centres or kindergartens where mothers can send their children during the day when they are busy working:

“I think they also lack some social amenities, where children can go and play, play parks, welfare centres. Long time ago these things used to be there, but we don’t have them now. So children are just left to be in the communities” (Respondent 2, 2016).

There is also no child care facilities at CIZ:

“On the child care arrangements here in Chibolya we don’t have except the only facility that they have is children International Zambia (C.I.Z). Now here we don’t do child care, (...). Because in child care we are supposed to keep them in here, look after them and then they go maybe to their homes maybe after 16 when their parents are home isn’t it?... but here we don’t do that, we only see them then they go back to their communities” (Respondent 2, 2016).

Health, nutrition and food

The professional also told that the nutrition was poor for many single mothers. In many cases they and their children were likely to have only one meal in a day:

“(…) you will find that it is really difficulty for them and when you try to find out from them, you will only find that maybe they eat only one meal a day and a main meal once a day that is” (Respondent 1, 2016).

The professionals meant that many single mothers had high blood pressure because of the duty of taking care of their children, because of lack of support from people in raising their children or other problems:

“According to my observation and what I have heard from the community, a lot of single mothers right now are suffering from high blood pressure (BP). And in my area I have such mothers who have contacted me and indicated that they are suffering from BP. After inquiring about the problem they would say I have so many problems because... there is no one to help me. And others you can even tell when they come and start explaining their problems at home. Some are very flexible such that they even share to
us, the challenges they are going through and the need that they want from us as Social workers from C.I.Z” (Respondent 3, 2016).

The professionals told that the general health of single mother household was poor. They meant that their poor economic status situation had an effect on the health of the children. They did not have enough money to buy food, and many children suffered from malnutrition. Poor shelter, water and enough resources to fulfil a decent living for the family also posed a challenge to the family which resulted in diseases such as cholera, respiratory infections and other:

“As we said earlier on because of the economic status of these single mothers you will find that they are unable to provide enough food for their children and you find that those children mainly they suffer from malnutrition, the mothers are unable to provide good shelter... in the sense that you will find that they are just maybe renting one room house which has no window but only the door. Meaning that respiratory attraction infection will be the order of the day in that house because there is no ventilation because they cannot afford to rent a bigger house. So actually the health status of that family is bad, you find that a lot of diseases will come in, the diarrhoeal diseases they will come in because of the little resources. Even water this time they are buying we need to buy but without money then it means you are not able to have quality and safe water. Hence you find that there is a lot of diarrhoeal in that household and you find that these are the people who manly come to the clinic. Every week you are able to see them there they are coming. I think health is a challenge to the mothers.” (Respondent 1, 2016).

It was also agreed by the professionals in the discussion that the general health status of the children in single mother’s household was poor. The professionals said that the children were mostly left alone at home when their mothers had gone out on their daily business routines for their economic survival, and the children usually have to take care of themselves. Among other things this exposes them to diseases as hygiene is not observed by the children. In a community where sanitation is poor, children are likely to get cholera and other diseases when there is an outbreak:

“I think just to add on that, most of them you find in order for them to survive economically, maybe early in the morning the mother would leave and go to the market to sell and the children will remain at home maybe the oldest will be maybe 10 or 9 or even less, that one has to take care of maybe two three siblings who are younger than
that person. The children are basically neglected and... uh...they get to be prone to a lot of diseases. For instance if it is time for cholera because there will be no one to look after those children, they will just play around and they will suffer from cholera and these other diseases.” (Respondent 4, 2016).

6.6 Coping strategies for raising the children - single mothers’ experiences

The participants had different strategies for raising the children. They utilised: Odd jobs, small businesses, informal and formal networks as a source of support. I will start with work in this section which will be followed by informal and then formal networks.

Odd jobs, small businesses and saving groups

Work is at the core centre of everything as it facilitates one to meet the daily needs in life. In a society where the state does not provide support to the vulnerable groups, work becomes vital. Most of the participants told that they had odd jobs, small businesses or were engaged in different income generating activities in order to be able to meet the endless family needs. Most of them reported that they worked in the informal sector as it is the only way which provided them with some opportunities to earn some income. Some participants were not engaged in anything as they lacked capital. They were caught in a web where they had no other means of survival than to be involved in occupations to earn some income which could enable them take care of the children’s needs. Most of the single mothers businesses were hand to mouth, they were involved in the following economic activities: Part time work, washing clothes for others, buying and selling things on the street or on the market.

Part time jobs

Two participants were involved in part time jobs from different organisations. They said that, they were not in full time paid work, but only worked part time when jobs where available. One said, “(...) No I don’t work but I do some piece works when they are available like last year I was engaged with a fertiliser company where I was distributing fertilisers in rural areas to farmers” (...) (D, 2016). Another told: “(...) I do part time jobs, not permanent, it’s just part time because we normally go in the field under an Organisation.” (C, 2016).

Washing other people’s clothes was another way to earn a living, though the income was only hand to mouth. One responded that she didn’t have a full time paid work so she survived through washing people’s clothes: “No I don’t work, I just do some piece works where I wash people’s clothes.” (H, 2016).
Buying and selling

The majority of the participants were engaged in small business selling vegetables, rape-vegetable, cabbages, tomatoes, onions and other kinds of food. Two of them mentioned that it was hard doing business on the street: “No it hard just trying with business of selling tomatoes and onions.” (L, 2016). Another told that it was difficult to make money this way:

“We sell every day because sometimes you will find that I go to search for tomatoes to buy which I can later sell but you will find sometimes the price has been hiked and the money you have is little and not enough.” (E, 2016)

Another said that they did the business every day and that sometimes selling would take them the whole day on the streets. One also said that she spend long hours trying to sell in order to buy food for her children instead of her being involved in dubious means of earning income:

“Sometimes it is the whole day, because even if you bought tomatoes for sell, the customers won’t be there. So the only thing I do is to make sure that I make a sell so that I can buy food for the children instead of involving myself in bad deeds or stealing so that I can take care of my children. So sometimes I stay on the street from morning to 21:00hrs.” (E, 2016)

Selling traditional herbs was another way to make a living. One participant said that she started selling herbs when she lost her job to take care of the needs of her children. She said that as a single mother she could not manage to survive with her children without a job: “I started selling after I stopped teaching in 2014 (...). So as a single mother I thought I could not stay without a job. (...). This is when I started selling herbs (...)” (A, 2016).

Others were involved in different seasonal small businesses where they sold roasted maize, cassava and ground nuts on the streets, as one said: “No I do a lot of things sometimes I sell roasted cassava, maize and groundnuts. Right now I am selling roasted maize and cassava on the streets.” (A, 2016). Others said: “No I don’t work but I sell roasted cassava and peanuts” (F, 2016), No I sell small sachets of dry roasted groundnuts.” (P, 2016). One was engaged in selling samosa and flitters “I do some business of selling samusas” (D, 2016).

Selling goats and chicken was one way to earn money in order to take care of their children. One mother said that it was usual to buy second hand clothes, blankets, pots and others which they went to with in the villages to exchange with goats and village chickens:
“We buy second hand clothes, pots, blankets. That is a variety of things which we take with us to go and sell in the villages. When coming from the village we come with goats and village chickens which we sell here just like that. This is what helps us to take care of the children.” (K, 2016).

Once back from the field, they sold their goats and chickens at the market for farmers called “Kabesha”: “Yes I go to the market where I sell goats” (O, 2016). Kabesha is a Small Holder Farmers Association (SHFA) which looks into the plight of farmers as they bring their products for sell from different districts of Zambia. It provides shelter for the farmers live stock at a cost.

Selling refilled bottles of water was another source of income. They went round picking up empty used water bottles from the streets or in communities. One said that she was engaged in a business where she was selling bottles of water on the streets, and that this helped her to take care of the children. However she also said that sometimes it was not possible to go on the streets when she was sick: “No I only do business. I sell bottles of water in the street…. when I am sick I don’t go to sell water. So this time my leg is in pain so I don’t even go to sell.” (G, 2016)

One single mother had once owned a restaurant as a source of income. She said that the restaurant helped her take care of her children’s needs, food and paying house rentals. She told that the restaurant was closed in the end because there were too many restaurants in the area:

“In the beginning I had a restaurant it’s the one I relied on with regards to towards my children, buying food and paying for house rentals. Now because there was mushrooming of restaurants in the area I was situated then I had to stop. (...)” (M, 2016)

Chilimba – a saving group

Two participants said that they were engaged in a rotation saving group named “Chilimba”. A Chilimba group consists of two or more people. The group practice pooling resources together to meet the needs of the family, and the group has to give contribution first to one member in the group, then to the next until the last member in the group. The period of rotation and contributions depends on the members’ agreement. One said: “(...) I am also in a Chilimba “pooling resources group” were we put money together through this I am able to meet other needs” (D, 2016).
Networks

Formal networks
As earlier mentioned in the section under lack of social support, the single mothers were not aware of any public structure in the community were they could go for social support as they expressed lack of knowledge with regards to structures assisting single mothers in raising their children.

All the participants mentioned that they received financial and material support from CIZ. They said that, they received education support for their children such as school fees, books, school bags and uniforms. They also received material items such as food, clothes, soap, birthday gifts and others. Their children were receiving free medical services and referral refunds from CIZ. The participants also said that the support which their children received was inconsistence:

“Yes they help us just like paying children’s fees and other gifts they receive. Since they have a clinic it becomes easy to single mothers because when the child is sick they are able to bring the children and its free, but for the government health Institutions they will tell you to buy some drugs” (D, 2016).

“Yes sometimes we are given soap which helps me to wash their uniforms, sometimes the children are given books just like that” (E, 2016).

“There are a lot because my child is going at a school for children international because I can’t manage to take my child to a private school. But children international sponsors my child with almost everything in terms of school fees which I don’t pay, food, uniforms, shoes, bags among many others” (J, 2016).

“Yes I receive help from children international in taking care of my children where they sometimes pay school fees, they also give our children bags, books, shoes. They also help my first born who is disabled where they take him to hospital for therapy on his hand so that he can be using it at school” (M, 2016).

"Different things like clothes, like when money comes they manage to buy us food, cooking oil and different kinds of food. But these things don’t come monthly but occasionally” (O, 2016).

Informal networks
The majority of the participants had relatives who were living in Chibolya community. They said that their families (mothers, fathers, brothers, sisters, aunties or grandmother) were very
important to them in raising their children despite their poor economic statuses. They reported that, they were receiving children’s education support from their relatives and community members: One said: “(…) sometimes my relatives are the ones who helps me. (…)” (I, 2016). And another told: “(…) my mother and sister usually help me (…)” (J, 2016).

Only one told that she received support from the father’s relatives. She had been married to an immigrant from the neighbouring country. She said that she visited the relatives to her late husband who were living in another country once in a while, and that the connection between them was maintained. She also said she still received support from the father’s family when she had her business visit trips to the country: “I communicate with them but they are not in Zambia because my husband was from Tanzania and his family is there so sometimes I usually go there to buy things which I sell here in Zambia” (K, 2016).

Few of the other participants received sufficient support from the children’s fathers. Two mothers who were in contact with the children’s father said that they sometimes received support for the children from them. One said: “Yes we are but he doesn’t call it’s me who calls him when I need something for the baby and if he has money he brings but if not he doesn’t just like that” (J, 2016). Another told that the support that come from the children’s father was inconsistence and insufficient to cover children’s daily needs:

“No only when he dreams, that’s when he will brings money for a bag of mealie meal that’s all. And he brings the money once in a month when he feels like sending something to the children and that will be only ZMW 200.00 (US$ 20.3)” (P, 2016).

Some single mothers said that family, siblings, mothers, nieces, sons, daughters, supported them and their children to meet some of their pressing basic needs though the support was limited. The participants said most support came in monetary terms towards food and children’s school requirements. Some single mothers also received emotional support from their family. One single mother was satisfied with the assistance which her sister provided to her child and herself.

“Ok there is one sister of mine who usually helps me. She works so she is the one who gives support to me and my child. She is the one who I trust for me to continue living the way I am living” (J, 2016).

“Yes my family always help me” (B, 2016).
“Yes they do help and I know that this issue is very pressing then I go to my brother to ask for help and if it is money he will give me. And normally he gives me money.” (C, 2016).

“My niece usually sends me money when I am in need” (G, 2016).

“Among my brothers there is only one brother of mine who usually help me. Even when I call him and tell him that I don’t have mealie meal, he will just tell me to go and collect the money.” (O, 2016)

Friends and neighbours were an important source of assistance. Some said that in raising their children they received emotional, financial and material support from friends and neighbours. The assistance was based on mutual arrangements. Some respondents said that they received assistance in form of food from their neighbours, as one said,

“Yes they do because the child does eat from many doors. Like we are staying in flats ‘Mudadada’ when the child sees the neighbour is cooking she will go and eat from that house. So it means that even the neighbours helps me and the child” (B, 2016).

Most told that they were on good terms with their neighbours, and that they helped each other, one said,

“Mm of course my tenant. There is one tenant that we are in good terms with. She is the one who sometimes gives me strength and hope that things one day will be ok” (C, 2016), “Yes my neighbours who are friends gives me help and it is mutual” (O, 2016).

Another single mother told that she was not receiving support, but that she was the one who was providing assistance to her friends and neighbours: “They are the ones in fact who comes to ask for help from me” (C, 2016).

The church was another way through which single mothers received support in raising their children, one told: “Only the people from church are the ones who gives me support many times” (A, 2016). One said that people in the church had supported her financially to set up a business in order to take care of her children: “No it’s when you share and that’s when someone from the church can come out and give you maybe ZMW 50.00 (US$ 5.1) for business” (A, 2016). Another mother said that she was receiving support from her church in raising her child, and that the pastor had offered her child to live with his family to be able to attend school: “My first born child is in school in another community and staying with our pastor. (…)” (P, 2016).
One participant mentioned that *A victim support group* tried to assist single mothers in bringing fathers of the children to take up their responsibilities. Even with that effort, fathers still did not fulfil their responsibilities, because the authority did not follow up these cases. This in the end results in that the single mothers did not bother the fathers of their children:

“*Uh there is nothing (...) maybe that of taking a man to human rights and when you take him to human rights they will charge him with what to be giving you per month but he still won’t give you. So in the end you just forget about it and leave him alone*” (B, 2016).

Coping strategies of odd jobs, small business, informal and formal networks were used by the single mothers in raising their children. The support they received from networks was a cushion to the challenges they were facing in taking care of children’s needs.

6.7 Coping strategies - Professional’s view point

As mentioned the professionals based their views on contact with many single mothers in the community, not only the participants in the study. They reported many of the same coping strategies that the mothers told about: networks of family and neighbours, odd jobs, but they also mentioned that the single mothers were involved in more risky activities, prostitution and drugs.

**Networks**

The professionals said that single mothers relied for support from relatives and from other community members: “*(...) But the only where they depend is, do I have a relative or do I have anyone who can or where they can beg from*” (Respondent 6, 2016).

On the other hand, they thought that single mothers were receiving limited assistance from the community members in raising their children. One professional said that there was little support that was coming from the community: “*I just wanted to say that there isn’t much support from the community members (...)”* (Respondent 7, 2016).

The professionals also mentioned that single mothers were receiving some support from CIZ in raising their children, such as education, health, material and financial support: “*(...) we only look after their needs and school and when they are sick at the clinic (...)”* (Respondent 2, 2016).
Odd jobs and small businesses

The professionals agreed that most single mothers were found in the informal job-sector where they were involved in small businesses such as selling vegetables. They said that these small businesses made it difficult for them to meet all the needs of their children, such as education needs, food, and paying for housing:

“And then if you ask them what they do they will tell you I just sell tomatoes, and then they have maybe three or four children. Meaning that it can’t sustain their families, like take their children to school, get a decent meal for their children. And uh...Maybe buy all the needs for the children, (...)” (Respondent 4, 2016).

“Most of them actually their situation is pathetic (...) as a single mother they are unable to provide fully for the children. You will find that she is not working, maybe she is just selling vegetables at home. From that same money she is supposed to pay mmm... rentals. She is supposed to buy mmm...food stuffs for the children and then she is supposed to buy uniforms to those school going children (...)” (Respondent 1, 2016).

The professionals also were aware that some single mothers worked as cleaners in people’s houses or cleaners in restaurants in order to take care of their children. They meant that most of the single mothers were stuck in the low ladder of employment:

“I think uh...like for the employment issue, most of the single mothers here they just end, if they are working they end up being maids, that’s just how far they can go. Or maybe they would be working for a restaurant maybe in town or in a market where maybe they could be only washing plates there, those are the responses that they give us most of them.(...)” (Respondent 5, 2016).

Risk behaviours

The professionals had a view that some single mothers in the community were engaged in some risk businesses like selling drugs and prostitution. They meant that selling drugs and prostitution helped single mothers take care of their needs and that of their children, for example sending children to school. One said,

“These same mothers what I have seen, for them to sustain their uh...livelihood, they end up getting different devices. like here in Chibolya, they end up going into drugs, (...) prostitution, as just to mmm...make end meats to be able to send their children to school and to be able to even look after themselves (...)” (Respondent 2, 2016).
Another said that some single mothers moved from one bar to the other selling Chikanda “Zambian African Polony” (Chikanda is a mixture of groundnut powder, salt, tubers and soda, it colour is coffee dark), and that some were engaged in prostitution during the time they were out selling Chikanda in the bars:

“From my observation, I have noticed that some of these single mothers (...) engage themselves into risk behaviours. (...) single mothers that sell especially in bars in the evening, (...) they cook uh…what we call chikanda (Zambian African polony), they pass around and they are selling. (...) most of them don’t only sell chikanda but they sell two things. At the beginning they would have sold chikanda and at the end they would have sold their bodies as well. (...). So they do that so that they can earn more money, feed the children and take care of their children as well” (Respondent 7, 2016)

The professionals also agreed that some mothers were encouraging their young daughters to go out with men in order to bring some income at home. One said that because of the difficult economic situation in the family, young girls also could be forced into early marriages with big men so that they could help the family financially:

“I think also to just add on, you find that these children will be forced into early marriages because they can’t go to school. So they end up getting married to just help sustain that family. Some mothers they will force their young girls to just go out with men so that they are just given something, child abuse, they are sexually abused and whilst the mother is fully aware. (...). So it’s like she is selling the daughter for money” (Respondent 1, 2016).

6.8 Summary of the findings
This chapter presented the findings of the situations and experiences of single mothers in raising their children in Chibolya. What emerged was that the majority of the single mothers were windowed, some were divorced and a few were on separation. The participants had many children, most of them had four to five children.

All of the participants told about severe challenges in raising their children and the different strategies they used to cope with their situations. In the focus group interview the professionals agreed to the mothers’ views about the critical financial situation and the mother’s challenges and difficulties in raising their children.

The single mothers were poor, as were also their families, neighbours and friends. Their education backgrounds were poor, and they lacked the necessary skills needed for them to enter
into the workforce. Their incomes were also too low to enable them to take care of the needs of their children. They had great challenge in sending their children to school, pay the children’s school fees, buy uniforms, school shoes, books and paying for shelter. Most of the participants were unable to provide enough food for their children. In many cases they feed their children on only one or two meals per day. Generally the health of the children was poor, but most of the single mothers reported that they did not get sick during the period 2015-2016.

Raising the children and maintaining authority was also said to be a challenge, due to absence of children’s father in the house. The mothers told that children became unruly in a house where the mother is in control. Most of the children drop out of school. They are living in Chibolya, a dangerous neighbourhood, and with no facilities for looking after children, when the mothers are away to do their small businesses. The children therefore risk getting involved in drugs, alcohol drinking, early marriages, prostitution and other risky behaviour.

Almost none of the single mothers were receiving support from the fathers and relatives to the children’s fathers. Only two said that they received little support from the children’s fathers, and that the support was insufficient.

The single mothers were not aware of any government structures present in the community, and they were not receiving any support from the government.

The participants were involved in different daily activities to help them earn some money and take care of their children. They used different coping strategies when raising their children. Informal networks in Chibolya played an important role in helping them raise their children. The family, relatives, friends, neighbours provided emotional, and also some limited material support to the single mothers. Apart from that, the majority were engaged in small business on the streets where they were selling vegetables, roasted dried groundnuts, maize, cassava and other things. Some were employed as cleaners in homes and in restaurants while others were involved in rotating saving groups like ‘Chilimba’. Others were engaged in risk behaviours such as prostitution and selling drugs. CIZ was mentioned as one of the organisations which helped single mother’s at least material, financial, health, and education support to their children.

In the next chapter I will discuss my findings……
CHAPTER 7: DISCUSSION OF THE FINDINGS

7.1 Introduction
This chapter discusses the findings of the study in connection with the theoretical perspectives and the literature review presented in chapter three and four. Other studies which are relevant to this discussion will also be included to discuss my findings. I have chosen the same themes and categories as used in the findings to discuss the situation for single mothers and their experiences in raising their children. This include i) the challenges and problems; poverty and work, lack of education, lack of support, raising a child alone in a risk community, lack of child care arrangements, and ii) the coping strategies; networks, odd jobs and small businesses.

7.2 Challenges and problems
Poverty and lack of work
The perspectives of poverty views poverty as a multidimensional concept. Poverty takes many faces in different places, and its meanings varies from one culture to the other. For example someone who is poor in Norway might be considered to be rich in the Zambian context. As mentioned in chapter three, the manifestation of poverty comes in many forms, to mention just a few: lack of education, poor health, high costs of living, the absence of a husband, lack of capital, and lack of stable family relationships (Fitzpatrick et al 2016, 1045-1049). Two concepts which tries to explain poverty are ‘absolute’ and ‘relative’. In absolute terms it is explained that poverty exist when one, “lack resources to meet basic human needs-vital food articles, cooking equipment, drinking water and a minimum of non-food items necessary for survival” (Fitzpatrick et al 2006, 1042). In relative terms, “people are said to be in poverty when they live below a standard which their society recognise as reasonable minimum” (Fitzpatrick et al 2006, 1037).

Both from the single mothers told experiences, and from what was agreed by the professionals, it is reasonable to conclude that the single mothers were suffering from absolute poverty. Both the single mothers and the professionals agreed that the mothers did not have enough financial resources to support their children. The professionals agreed that the single mother’s economic and financial situation was bad. Taking care of children in a community where the majority were poor posed a challenge to single mothers as it had effects on the support they would receive. The single mothers lacked the necessary resources needed for their survival such as skills and financial strength. This situation made it difficult for them to meet the basic needs thus preventing them to provide a quality life to their children.
The major challenge faced by single mothers was the lack of a full time paid job. The lack of a job prevented them from supporting their children. As one mother said, “(…) I don’t have a job, and only receive help. It becomes difficult to support her when she wants food for lunch when she is at school, she will only be crying. I am in pain (…)” (B, 2016).

Other studies indicate that single mother families are victims of poverty (CSO 2015; UNDP 2011; UNDP 2016, 39). It is explained by Fitzpatrick et al (2006, 1049) that, “A family where no-one has a job is more likely to be poor than a family where one or more person are working”. Studies about Zambia indicates that Zambian families that are headed by females faces many challenges in providing and taking care of its members than any other family type (UNICEF 2013, 35; ILO 2013-2016). In the absence of work, the majority of the mothers had challenges in raising their many children. One mother said, “(…) the way I feel if I had a permanent job, all these challenges were not going to be there” (C, 2016).

The ZLCMS report (2010), indicate that single mother headed families are attributed to poor living standards of lower income, lack of jobs, and choices of employment (CSO 2006-2010, 206). Global studies also shows that in Africa, single mothers are prone to have ‘low income earning prospects’, and worse nutrition than men (UN-Habitat 2003, xxxi-29). In my findings, the lack of a stable job, restricted single mothers to obtain income which was needed to sustain the family’s needs. This was also supported by the professionals. As one mother said, “(…) the income I have is always very small, so for me to make a budget to meet all the needs is difficult” (E, 2016).

The theoretical perspective of Maslow’s hierarchy of human needs is based on the assumption that the most basic needs should be meet before meeting the ones higher. “Maslow’s (1970) outlined five levels’ of human needs, the most fundamental being physiological needs, followed by safety needs, needs for belongingness and love, needs for esteem, and finally needs for self-actualisation” (Ife 2012:133). The most first important needs are the physiological needs, and under this level there are needs which are more important and should come first before the other.

Their income was mainly hand to mouth, inadequate to meet their personal needs and that of their children, making them to be at the bottom level of (Maslow’s) pyramid. Maslow (1970, 35-38) theory indicates that if lower needs are unmet, this creates a situation where the person will have no possibility to attain higher or other level of needs. For the single mothers, the physiological needs due to their low incomes were pressing as they failed to satisfy the children’s needs for food, clothing, health, water and school requirements such as; school fees,
books, shoes, uniforms, bags. This makes it difficult for them to take care of their children and pay for decent shelter. As one mother said, “(...) I don’t manage fully, even paying for rentals is a challenge for me” (L, 2016). Their responsibility to take care of their children’s needs was challenged by the lack for food. Hence what they earned was just used to get food which was also not fully meet.

My findings are consistent with findings in Weldegabreal study (2014, 48). Weldegabreal carried out a similar research with focus on the experiences of single mothers in raising their children in a slum area in Ethiopia. He also found that, financial, insufficient resources, lack of a work, lack of a well-paid work, were the challenges that single mothers experienced in taking care of their children’s basic needs of school requirements, clothes, food and that of shelter.

Similarly, Meda (2013, 301-303) carried out a study in Kenya, in one of the slum areas of Nairobi. Her focus was on ‘single mother rural-urban migration and the transformation of gender roles and family relations’. She also found that, poor single mothers had a challenge in taking care of themselves and providing their children with physiological needs such as food and school requirements.

Nyoni (2011, 66) in his study done in Zambia on the impact of parents of discovering that a child had autism also found out that, single mothers experienced financial challenges in paying for children’s school fees, food, rentals, children school transport and taking care of themselves.

Lack of education
As earlier mentioned in the capability approach perspective, lack of freedoms and opportunities or rather capabilities hinders people to achieve their functioning to their full potential (Robeyn 2016). The capability approach uses the “beings” to refer to the actualities of a person such as being sheltered in a warm place, being literate, ‘depressed’, uneducated, healthy, being part of a community or group. The capability approach looks for social constraints to human potential of well-being (Robeyn 2016).

Seen in light of the capability approach the mothers lacked capabilities to be able to function. Lack of education was experienced as a great challenge that hindered them in getting jobs. Single mothers mentioned that the lack of education was a challenge. This was also supported by the professionals. The majority of the single mothers mentioned of low education levels. The survey done by the ZLCMS attributes these lower levels of education among women to lack of self-motivation, early pregnancies and marriages well at school, lack of sponsorship,
illness, distance to school, responsibility at home and other. Some single mothers mentioned that they had never attended any formal education due to their poor family backgrounds. These findings are consistent with global studies done in slum areas that shows poor education attainment among females (Tacoli 1999 cited by UN-Habitat 2003, 29). The Zambia Demographic Health Survey (CSO 2013-14, 28) indicates that females coming from low income families are more likely to be uneducated than those coming from well to do families. Interesting in the findings was that, even though single mothers had low education levels, as told, they wanted their children to be educated because of their experiences with hard life. As one mother said, “I always think about my children, how I will take care of my children. I always think of how I will educate my children so that they can be educated and live the kind of life of the people that I see. This is what I always think about” (E, 2016). The single mothers mentioned that their potential for better standard of living was lowered by their low own education levels which made it difficult for them to compete in the competitive labour market for opportunities which were available (Fitzpatrick et al 2006, 1037). They lacked the capability to get their desired work that could provide them with good work to assist them raise their children and live the lives they so valued. Studies show that, most single mothers and their children experience high ‘incidence’ of poverty as a result of their poor education backgrounds which forces them to end up in temporal paying low jobs for long working hours (Fitzpatrick et al 2006, 1045-1048) The lack of education puts the single mothers on the edge of poverty.

As earlier mentioned, many of the single mothers were not in full time paid work. This means dwindling of income in the house needed to support the children.

**Lack of social support**

The single mothers in this thesis had different causes for being single. However, regardless of the type of single motherhood, they all had the similar challenges with regards to lack of support from the fathers of the children. As one mother said, “So… it is difficult to raise a child alone as a single mother without a man by your side. At least if you raise the child together it becomes easy. (...) since I left my marriage, there has never been any support from him until now, but he is there” (B, 2016). In another study, (Madhavan et al 2014, 459) explained that “fathers may not feel obligated to provide support once they move out of the house” The situation for the single mothers who were widowed was worse, as the fathers were not there at all. Only two single mothers told that they received a little support from the fathers of the children but that the support was insufficient for their children. Meda (2013) in her study explains that, “single mothers are prone to hardships as a result of lack of a man” (Meda 2013, 303). In Zambia, a
male-controlled society, fathers have an important part to play in the life of their children, which entails making sure that the children and family needs are satisfied. Fathers are also supposed to protect the family from economic turbulences by providing financial needs of children’s school requirements, food, and shelter and other family needs (Madhavan et al 2014, 453). However, for the single mothers, the fathers were not there to provide support for their family and the single mothers with their poverty levels had to take care of their children alone. These results are consistent with the other studies. Nyoni (2011), Weldegabreal (2014) and Mthimunye (2014) also found that fathers of the children were not there to assist the single mothers with financial support needed to cover for children’s needs.

Interestingly, the findings indicate that most of the father’s relatives were also not there to provide support to the mothers. Only a couple of the single mothers told that they received a little support from the relatives of their ex-husbands. Most of them experienced that they were abandoned by the networks of the children’s fathers once the couple were no longer together, as a result of widowhood, divorce or separation. This in its sense is the weakening of the strong ties which used to exist in the extended families. From the perspective of social network theory, relatives and family are viewed as a source of financial, material and emotional support (Granovetter 1973, 1368). Drawing from single mother’s responses, the economic hardships faced by families in Chibolya, has caused change in people’s perception about relationships, love and the care for one another. However, family, friends and neighbours are still one source of support. This has left the single mothers with a burden to take care of their children alone. This was worse for the single mothers who had no family of their own in the community. These results are consistent with a study done by Mthimunye (2014) in South Africa with special focus on the experiences of single mothers in raising a child with autism. Her findings were that the mothers lack assistance from the fathers and their relatives in taking care of their children.

The single mothers had also experienced lack of public structures in the community where they could access assistance. Granovetter (1973) indicates that, weak ties are a source of knowledge and opportunities. Lack of sensitisation was vital to single mothers for receiving the required support they needed in raising their children. Documents from the MCDMCH, indicate that there are community committees mandated to investigate on the vulnerable people, but this is not the case in urban areas (GRZ 2017). The Ministry has concentrated much on the single mothers in rural areas, meanwhile leaving the challenges of single mothers in urban slum areas. The policy implication is that, the lack of public structures to support single mothers with their challenges will increase and lead to more suffering on the already stressed single mothers.
Similar to my findings, Weldegaabreal (2014) in his study found that single mothers were receiving limited support from the government.

**Lack of child care arrangements**
The professionals told that the community lack social amenities such as child care arrangements and welfare centres or kindergarten, and this posed a challenge to single mothers. Thus, they had nowhere to leave their children during the day while they were busy working. The professionals also told that the community lack play parks where children can go to play. Thus, children roam on the streets where they see adults smoke drugs, drink beer, sell drugs among other. One professional said, “I think they also lack some social amenities, where children can go and play, play parks, welfare centres. Long time ago these things used to be there, but we don’t have them now. So children are just left to be in the communities” (Respondent 2, 2016). In some cases, relatives, friends, neighbours or immediate family members looked after the children when the mothers were busy working at the market. My findings are similar with the study done by Raniga and Ngcobo in a low income community of South Africa (2014, 524). They found that single mothers relied on the support of the family to take of their children while they were away from home.

**Raising a child alone in a risk community**
Raising children in a slum area like Chibolya was difficult and needed more efforts from the single mothers, as the community is a hub of criminal activities, such as drugs, violent behaviours and stealing. Fitzpatrick et al (2006, 1045) indicates that communities of poor people are characterised by high crime rates. The mothers found it challenging to maintain authority to their children due to their gender. One professional said, “(…) children are supposed to be brought up by a man, where there is no man they become unruly .And they cannot listen to their mothers and these are the children you find that as they grow up, they end up to become (…) drug addicts just like that” (Respondent 1, 2016). The voice of mothers is often not heard by the children. One single mother expressed her experiences where she said, “(…). There are times when you talk to your daughter but she won’t listen just there and then. There, the voice of a man is needed (…)” (C, 2016). The lack of a man in the house also means that there is no one to discipline the children while the mothers were away to look for means to support their children. Children roam on the streets and copy from the people in their surrounding when their mother are not around. The end result is that, they drop out of school, involve in prostitution, early marriages, abuse drugs and alcohol, or engage in other criminal activities. The professionals were of the view that the challenges that single mothers
encountered forced them to encourage early marriages for their daughters in order to receive financial support from their husbands which could help sustain the family. Steinberg (1986) indicates that ‘weak parental monitoring’ exposes children to ‘social deviant behaviour’ (Bronfenbrenner 1986, 727).

My findings are consistent with Dornbusch et al (1983) where they explain that, “with effects of socioeconomic status held constant, adolescents from mother-only households are more likely than their age-mates from two-parent families to engage in adult disapproved activities (such as smoking, school misbehaviour and delinquency)” (Bronfenbrenner 1986, 727).

7.4 Coping strategies

Networks as coping strategies

Social network theory is concerned with the relationships that people have with the people around them and in their environment. The relationships that people have are a basis for support and the opposite is that the lack of networks is critical for one’s support. The source of support can be obtained through different forms, for example through friends, neighbours, family, relatives, groups, church, organisations, community and society. Relationships can be grouped into strong and weak ties (Granovetter 1973; 1983). Strong relationships are found among people that one is close with, which include; family, relatives, friends, neighbours and community. They are a source of employment, financial, economic, and emotional and materials support. Weak ties are a source of information, services and resources and they are found in ‘acquaintances’ i.e. the people that one is not close with for instance, public services, organisations and friends of friends. Strong ties are based on mutual, reciprocity, love, respect, and trust (Granovetter 1973; 1983; Denny 2014; Ira 2014 and Katz et al 2004). Both weak and strong relationships help individuals to solve challenges and problems that people encounter in their daily lives. Financial and social support was cardinal for single mothers in raising their children. Single mothers used different ways to cope with the challenges they were experiencing in raising their children. In chapter five this was grouped into two categories; networks and odd jobs and small businesses.

The theoretical perspective of social network have been fruitful to discuss the challenges and coping strategies for the single mothers in my study. From the experiences told, the single mother’s networks played an important role in helping them raise their children. The relationships that single mothers’ had with their networks had mixed results. The majority of the single mothers had strong ties with their networks living in the community which includes family, friends, neighbours, relatives and community. Studies also indicates that, “poor people
rely more on strong ties than others (Granovetter 1983, 212). Single mothers experienced that even though their families were poor, they were able to receive some financial and material support towards the children and their welfare. One mother said, “Ok there is one sister of mine who usually helps me. She works so she is the one who gives support to me and my child. She is the one who I trust for me to continue living the way I am living” (J, 2016). The single mothers also received emotional support from friends, family and neighbours which gave them strength to move on with life. Support is usually based on mutual arrangements and it was interesting to find that even if single mothers were poor, some of them supported their fellow single mothers. Nyoni (2011), Raniga (2014) and Mthimunye (2014) also found that strong networks; family, relatives, friends and neighbours provided support to single mothers in raising their children.

Single mother’s relationships with their friends, neighbours and family had positive and negative outcomes. Mostly neighbours and friends provided material and emotional support. Financial support from friends and neighbours was only given in rare cases and if it was given, then the single mother was expected to pay back. In some instances, a few single mothers received a little financial support from children’s fathers’ and their relatives. However, their support was inadequate to meet the needs of the children for food, school fees clothing and a place to live in. as one mother said, “No only when he dreams, that’s when he will bring money for a bag of mealie meal that’s all. And he brings the money once in a month when he feels like sending something to the children and that will be only ZMW 200.00 (US$ 20.3)” (P, 2016).

A few single mothers received some financial assistance from the church members. One single mother explained her situation where the church leader was assisting her to take care of her child and with school support. The community provided inadequate support to single mothers and their children such as food, and children’s educational needs and this was supported by the professionals. “I just wanted to say that there isn’t much support from the community members (...)” (Respondent 7, 2016). However the professionals were of the view that the single mothers were facing stigma from the community because of their marital status which was seen as a result of their mischievous deeds. Meda (2013) indicates that taking care of the children alone without a man is considered ‘unthinkable’ in an African ‘traditional’ society. This is because in Africa men are considered to be the head of the house. Thus the lack of a man may make women loose respect from the community.

Weak ties played an important role in single mother’s lives and that of their children. As told from the experiences of single mothers which was also supported by the professionals,
most of the assistance for single mother’s children came from CIZ. Even though the support was not consistent, the single mothers received material items such as food, children school requirements, soap, cloths; financial and free medical services and referrals. One single mother said, “Yes I receive help from children international in taking care of my children where they sometimes pay school fees, they also give our children bags, books, shoes. They also help my first born who is disabled they take him to hospital for therapy on his hand so that he can be using it at school” (M, 2016). Victim support unit (child protection services) supported single mothers in trying to get fathers of the children paid child support, same could comply, but the majority of the men shun their responsibilities even after been summoned and charged with a case. Weldagabreal (2014) also found out that civil society organisations such as, the church and non-governmental organisations assisted single mothers with financial, health and material, support for their children and skills empowerment and feeding programme.

Odd jobs and small-business
The capability approach tries to explain how people’s capacities to function and their freedom to participate in activities enable them to live the lives they so value (Robeyns 2016). It puts emphasis on wellbeing and conceptualise how this well-being can be achieved and enjoyed. The two main core pillars of the capability approach are the functioning and capabilities. Capabilities refers to people’s ability to function that is their freedoms or opportunities needed for people in order for them to realise their functioning. Functioning on one hand refers to the “beings” and “doings” of a person. The doings are what the person does such as a mother caring for a child, consuming food, working to earn income. (Robeyns 2016).

Both the mothers and the professionals agreed that the challenges that single mothers were facing in raising their children such as lack of a full paid job, low education attainment forced them to participate in many different activities. In order to take care of their children. In light of the capability approach perspective, as told from the experiences of single mothers, most of them were street vendors selling goats, chickens, water, vegetables, samosas, herbs and roasted foods. My results are similar with Meda’s (2013, 303) findings. In her study, she found out that single mothers were engaged in ‘low paid jobs such as washing, selling vegetables, beautician, or even prostitutes’. Engaging in activities on the street was one way which offered them an opportunity to earn some income needed for them to take care of their children. They spent long hours selling commodities. However, some single mothers had no means to engage themselves in income generating activities. Fitzpatrick et al (2006) explains that people are poor
because they lack capital needed to participate actively in order for them to earn more income which can satisfy their families and save. The professionals told that some single mothers were working as cleaners in houses or restaurants were they were washing dishes. A couple of the single mothers who had an opportunity to do part time jobs, felt they worked long hours for little pay. It was interesting that even though the single mothers had low income, some were involved in some informal saving groups Known as ‘Chilimba’ which assisted them to take care of their children. One said, “(...) I am also in a Chilimba “pooling resources group” were we put money together through this I am able to meet other needs” (D, 2016). The UN-Habitat report (2003) found similar results from the experiences of women living in slum areas. Some single mothers made a living through laundry work where they went door to door in places such as high, medium and low density areas to wash people’s clothes.

The professionals told that some single mothers were engaged in anti-social activities such as prostitution and selling of drugs in order to provide education support to their children, take care of themselves and sustain a livelihood. One professional said, “These same mothers what I have seen, for them to sustain their uh…livelihood, they end up getting different devices. like here in Chibolya, they end up going into drugs, (...) prostitution, as just to mmm…make end meats to be able to send their children to school and to be able to even look after themselves (...)” (Respondent 2, 2016). Mulenga (2003, 10) also indicates that, women in slum areas are engaged in ‘anti-social activities’ for example ‘prostitution’, drugs and stealing. They were also of the view that some single mothers went in drinking places selling Zambian African polony (African Sausage) and in the end same were engaged in prostitution so that they could have extra income to take home and buy children food and pay for housing.

**Summing up the discussion**

From what have been discussed, single mothers experienced many challenges in raising their children in Chibolya community. Their challenges arose from personal inability, community and society. They lacked a full time job, education and social support from the fathers of the children and their relatives. Raising children alone in a risk community was a serious challenge as there were no play parks and kindergarten or welfare services in the community were children could go during the time the mothers were busy working on the streets. Children roam on the streets and imitate the activities of that of the people in the community. They faced challenges in paying for children’s school fees and other school requirements, rentals, clothing and obtaining enough food. They used different strategies to
copy with the challenges and problems. The informal networks; the family, friends, neighbours, extended family provided limited support to them and their children. From the informal networks, no one had received assistance from government programmes. Most support come from CIZ and partially from the church. They were also involved in small businesses and odd jobs.

7.4 Conclusion

Zambia has been going through a transition of rapid population of single mother families in recent years due to divorce, separation, widowhood and fathers denying their responsibilities. The family is an arena for support and child development. The breakdown in the family structure leaves the mother with all the burden of taking care of the children. This problem has not been given much attention by the Zambian society. Thus the aim of this study was to explore single mother’s situations and experiences in raising their children in Chibolya community of Zambia.

Challenges

Irrespective of the type of single motherhood, all had similar challenges and problems in taking care and raising their children. The study found that one reason for their failure to provide for their children was the lack of education. Almost all the single mothers had poor education attainment levels except for the two who had attained tertiary skills. They lacked the capability to help them function in a competitive labour market and earn income that could sustain their families.

Poverty and lack of work was the major challenge they were experiencing. They lacked the necessary resources needed for them to sustain a living in a community with limited resources. Their poor economic and financial situation made it difficult for them to provide for their children with basic needs such as paying for school fees and other school requirements as well as buy food, clothing and pay for rentals. It can be argued that, income is just one ‘factor’ for instance why a mother can fail to send her child or children to school arising from lack of money to pay for school fees and buy other school requirements (Townsend 2002, 68). But income has the ability to enable people reach out to resources and services needed in their ‘economic positions’ (Spicker 2008).
The study revealed the lack of support from the children’s fathers and their relatives. The single mothers were abandoned from the children fathers and their relatives. Fathers and their relatives have a role to play in the upbringing of children in an African society. All the responsibilities were left on the single mother, and this created stress as they were taking care of the children’s and their own needs alone. This indicate the weakening of the role of the extended family in Zambia that used to exist.

The study found out that single mothers found it challenging to raise their children in a risk community alone. In the Zambian culture their gender made it difficult to discipline their children in the absence of a man. They mentioned that children could not listen to them and the professionals agreed. It was also mentioned that children become ‘unruly’ when the man was not in the house. But not all children brought up in single motherhood homes tend to have bad behaviours.

The study revealed that there were lack of child care arrangements in the community such as welfare services or kindergarten and play parks. This was a challenge to single mothers as there was no one to take care of their children when they were away busy with their work. The children were mostly left alone to roam in the community. This can be attributed to the fact that most of the mothers were street vendors and did not spend much of their time with their children. As a result, where parents cannot provide guidance, children have no role model hence they copy the values, knowledge, skills and behaviours of other people around them. And single mothers are at constant pressure to look after the children alone. In a community full of criminal activities, children were at risk of engaging in antisocial activities such as abusing drugs, alcohol, selling drugs, prostitution, early marriages, and becoming street kids. In some rare cases the social networks of the family, neighbours and friends helped to take care of their children. The single mothers received limited support from the community.

The general health of the children was poor, most of the children had suffered from malaria during the period 2015-2016, but the mother’s health was generally good. They reported eating one to two meals in a day. Their poor situation made them to live in shelter with poor ventilation system, this posed health challenges to them and their children.

Coping strategies

The single mothers utilised different coping strategies to remedy the challenges and problems they were experiencing in raising their children. The family, friends and neighbours assisted them with education, financial, emotional and material support. The local CIZ was mentioned
as one of the informal networks that assisted single mothers and their children with educational support to their children as well as financial, health and material. The church provided limited educational support, small capital for businesses, and assisted in raising children. None of the single mothers had received any support from the government. The government through MCDMCH have programmes that are supposed to support vulnerable groups. But there is poor implementation of policies. For example, there is lack of awareness of the programmes provided by the ministry. There is lack of public structures in the community where people can run to for help. The local CIZ is trying to assist, but it has its limit in terms of the number of children.

To cope with their poverty and economic problems the single mothers were engaged in odd jobs and small businesses, such as part time work, street vending, prostitution and selling drugs just to sustain a living and provide the needs of the children. Their capital were hand to mouth and they spent long hours on the street trying to earn some income. A few single mothers were involved in saving groups like ‘Chilimba’, were they saved little money which helped them to raise their children.

All in all my argument is that they were in difficult situations in raising their children alone but they managed to live day by day. Many of the children dropped out of school due to the situation and due to lack of support. The single mothers were in dire straits, wanting their children to be in school and have a better life. They hoped for a better future for their children but with little hope. They lacked the capability to ensure that children get an education, and to provide for the children’s basic needs and for their own.

Due to lack of documented literature in Zambia, This study has opened a platform for researchers and groups interested in this area. Future researchers should explore more on the experiences of single mothers in other communities. Then, to explore what can be done to the challenges and problems that mothers and children face?

7.5 Recommendations
During the interviews, both single mothers and professionals proposed the following suggestions which will help to mitigate the challenges that they are facing in raising their children and taking care of themselves.

I. Single mothers should be empowered with capital in form of grants to start businesses.
II. Education support should be given to children of single mothers failing to support their children.

III. Single mothers willing to go back to school should be empowered with financial support to help them continue with their education.

IV. The government should come up with targeted programs for single mothers.

V. There should be formation of groups for single mothers in the community where single mothers can came together and share ideas on various issues. For example business ideas.

VI. The professionals suggested that the MCDMCH should come up with a sensitization programme. The Ministry should fully use media to ensure single mothers know where to go for their support.

VII. The professionals suggested that NGOs should come up with deliberate social economic approaches/ activities for example (Women for Change in southern province of Zambia) to help the single mothers also in Chibolya.

VIII. The professional suggested that women (single mothers) who lacked education advancements from high school to colleges and universities should be attached to organisations for example (women for change).

IX. Both the professionals and single mothers suggested that single mothers should be empowered according to their talents, for example some women are good at plaing hair.

X. Corroborated efforts should be developed between the MCDMCH and the court to ensure that living fathers of the children support their children every month.

XI. Follow ups must be made by the court to ensure that child support is maintained to the children.

From my experience and the thesis’ results of single mothers situations and experiences in raising their children in chibolya., I agree with the proposed suggestions provided by both the single mothers and the professionals. I also recommend that;

I. The government and other stake holders should establish a health post in Chibolya community.

II. The MCDMCH should establish a platform for counselling single mothers and children from single motherhood homes and provide them with life skills.

III. Civil society organisations and government wings such as the MCDMCH should mobilise single mothers
IV. The MCDMCH should extend its programme found in rural areas to urban single mothers in Chibolya, for example cash transfers

V. The government should reintroduce day care welfare services or Kindergartens in Chibolya to assist single mothers during the time they are away to look for means of survival. For example in Norway children are sent to kindergartens in the morning so that parents can be productive with their daily work.

VI. The government should revise the policy of free education to avoid the indirect cost associated, for example that families have to buy school requirements, which disadvantage children from poor families.

7.6 Policy Implications
The results from the study has serious implication on the implementation of government policies. The results might influence policy makers to come up with new interventions that will specifically target single mothers and their children. Policy makers might see the problem from single mother’s own perspectives. This will help them to check and review the policies that tries to target vulnerable groups like single mothers and their children in low income areas. This in the end might help to come up with specific programmes that are aimed at reducing the challenges faced by single mothers raising their children alone. If policies and programmes are not checked, and measures are not put in place to target the issues concerning single mothers in raising their children, they will continue living with their burdens in raising their children. This will also have a negative effect on the children’s development and the country at large. This will force children to be on the streets without education.

Both professionals from public social services and civil society organisations providing support might learn about the strategies that single mothers use in taking care of their children. Practitioners might learn to critically evaluate the situation and challenges of single mothers and their children. Both public and civil society organisations might come up with new interventions, and strengthen the already existing systems intended to support single mothers and their children, for example, the informal network system. If practitioners from both public and civil society organisation don’t learn from the experiences and situations of single mothers in raising their children, it will lead to poor achievements of programmes and projects.
REFERENCES


Right to Education Project. 2012. Right to Education Country Factsheet-Zambia


UNDP. 2013. The Rise of the South: *Human Progress in a Diverse World*.


UNICEF. 2013. ‘Update of the Situation analysis of children and Women in Zambia’.


APPENDIX 1: FIELD WORK LETTER

Children International Zambia
P.O. Box 33211,
Lusaka, Zambia

REGARDING HENRY THOMAS ZULU FIELD WORK IN CONNECTION WITH HIS MASTER’S THESIS AT THE OSLO AND AKERSHUS UNIVERSITY COLLEGE OF APPLIED SCIENCES, NORWAY

This is to confirm that Henry Thomas Zulu (born 18.1.1983) is a fulltime student enrolled in the Master’s Programme in International Health Policy and Social Welfare at the Faculty of Social Sciences at the Oslo and Akershus University College of Social Sciences in Oslo, Norway. Henry is now working towards completing all of the course subjects in this degree and will now start on collecting data for completion of his master’s thesis, which is due on in May 2017. This master’s thesis is 50ects credits where students write around 80 to 90 pages. The theme of Henry’s thesis is “A study to explore single mother’s experiences in raising their children in Chibolya, Zambia.”

We wish Henry the very best with his fieldwork and thank you and your organization for help in assisting him.

Please take contact with me if you need additional information or clarification.

Kind regards,

Stuart Deakin
Executive officer, Master’s Programme in International Social Welfare and Health Policy
Faculty of Social Sciences
Oslo University College
Oslo, Norway
Telephone: 0047 22453659
Email: Stuart.Deakin@hioa.no
APPENDIX 2: SINGLE MOTHER’S INVITATION FOR PARTICIPATION IN RESEARCH PROJECT

A study to explore single mother’s experience in raising their

Children in Chibolya, Zambia

To whom it may concern,

My name is Henry Thomas Zulu. I am a Zambian studying in Norway at Oslo and Akershus University College of Applied Sciences. This project is in partial fulfilment of my master’s degree programme in International Social Welfare and Healthy Policy.

As such this is an invitation for you to take part in a research study that aims to unveil and understand the experiences of single mothers in raising their children in Chibolya. The study intends to cover areas concerning the extent of single motherhood in Chibolya, single mother’s experiences in raising their children, the challenges they go through if any, the child care arrangements. The intention of the results of this study is to influence policy makers to come up with new interventions and to strengthen the already existing systems which support single mothers and children from single motherhood homes.

Children International Zambia (C.I.Z) is asking you as a single mother living in Chibolya community to participate in this study.

The research will involve face to face in depth-interviews with the participants (you) and the interviewer (I) and the interview will be for approximately 1 hour. The interview will take place at a place of your choice. I will ask you questions concerning your experiences, challenges and the child care arrangements. During our interviews, I will take down notes while talking to you and I will also record our conversation if that is ok with you. Apart from our interview, information about this topic will also be collected from central statistical office official documents, health and social workers.

The information that will be collected from you will be treated with maximum confidentiality and it will be used only for this research aim. Thus the data will only be viewed by me and my supervisor during the process of the research. Children International will know who took part in the study but they will not know your answers thus they will only read the anonymous report when it is finished. I will therefore use codes instead of real names or personal identity numbers when writing. Further, the information will be kept in a voice recorder and after the project all the information will be deleted from the recorder.

During the process of this project, your participation will be for academic purposes. However this research might also be of relevant to policy makers and others. Hence your taking part in
this project won’t be known by anyone during the publication of the results. Your personal information will not be possible for others to identify.

This project will continue from now and is scheduled to end in May 2017 at the time when I will be required to submit a full publication of the results in form of a report to my school. During the whole process your data will be kept secretly and anonymous.

Taking part in this research is voluntary. Therefore you are free to discontinue your consent to the interview if you are not comfortable at any time and your personal data will be made anonymous. As an agreement of acceptance to the project, you may show your consent by signing this document below.

If you feel like taking part in the study or you have any inquiries regarding the research study. Feel free to contact me on email (henmsu@yahoo.co.uk) or you can contact my thesis supervisor Sissel Seim on email (Sissel.Seim@hioa.no)
The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data and University of Zambia Research Ethics Committee. I read or have been informed about the information concerning the research study. I therefore agree to participate in the interview and also for the results to be published.

Tick the following box before signing the consent. Agree [   ] disagree [   ]

Participant’s signature…………………………………………………………date   /   /

Student’s signature…………………………………………………………date   /   /
APPENDIX 3: PROFESSIONALS INVITATION FOR PARTICIPATION IN RESEARCH PROJECT

A study to explore single mother’s experience in raising their

Children in Chibolya, Zambia

To whom it may concern,

My name is Henry Thomas Zulu. I am a Zambian studying in Norway at Oslo and Akershus University College of Applied Sciences. This project is in partial fulfilment of my master’s degree programme in International Social Welfare and Healthy Policy.

As such this is an invitation for you to take part in a research study that aims to unveil and understand the experiences of single mothers in raising their children in Chibolya. The study intends to cover areas concerning the extent of single motherhood in Chibolya, single mother’s experiences in raising their children, the challenges they go through if any, the child care arrangements as well as children’s experiences and challenges. The intention of the results of this study is to influence policy makers to come up with new interventions and to strengthen the already existing systems which support single mothers and children from single motherhood homes.

As a professional working with families and children in Chibolya community, I would like to invite you to participate in this research study.

The research will involve focus group discussions with the participants (you) and the interviewer (I) and the interview will be for approximately 90 minutes. I will ask you with other group members’ questions concerning single mother experiences, challenges and the child care arrangements. During our interviews, I will take down notes while talking to you and I will also record our conversation if that is ok with you. Apart from our interview, information about this topic will also be collected from Central Statistical Office official documents and other documents.

The information that will be collected from you will be treated with maximum confidentiality and it will be used only for this research aim. Thus the data will only be viewed by me and my supervisor during the process of the research. Children International will know who took part in the study but they will not know your answers thus they will only read the anonymous report when it is finished. I will therefore use codes instead of real names or personal identity numbers when writing. Further, the information will be kept in a voice recorder and after the project all the information will be deleted from the recorder.

During the process of this project, your participation will be for academic purposes. However this research might also be of relevant to policy makers and others. Hence your taking part in this project won’t be known by anyone during the publication of the results. Your personal information will not be possible for others to identify.
This project will continue from now and is scheduled to end in May 2017 at the time when I will be required to submit a full publication of the results in form of a report to my school. During the whole process your data will be kept secretly and anonymous.

Taking part in this research is voluntary. Therefore you are free to discontinue your consent to the interview if you are not comfortable at any time and your personal data will be made anonymous. As an agreement of acceptance to the project, you may show your consent by signing this document below.

If you feel like taking part in the study or you have any inquiries regarding the research study. Feel free to contact me on email (henmsu@yahoo.co.uk) or you can contact my project supervisor Sissel Seim on email (Sissel.Seim@hioa.no)

The study has been notified to the Data Protection Official for Research, NSD - Norwegian Centre for Research Data and University of Zambia Research Ethics Committee.

I read or have been informed about the information concerning the research study. I therefore agree to participate in the interview and also for the results to be published.

Tick the following box before signing the consent. Agree [ ] disagree [ ]
Participant’s signature…………………………………………………………………………………..date / /

Student’s signature…………………………………………………………………. date / /
APPENDIX 4: INTERVIEW TOPIC GUIDE FOR SINGLE MOTHERS

1. Firstly in order to know about your situation, I want to know about your yesterday- what happened to your yesterday from the time you woke up until the time you went to bed? Possible follow up questions. Did you have breakfast? Then what did you do after that? Is that what you do every day? …Then

Family situation:

2. Tell me about yourself and your family? Possible Follow up questions: How old are you? Have you been married before? How many children do you have including those with disabilities? (What’s their age and gender?), Are you in contact with the children’s father or relative? Do you receive any help from them? Do you have relatives in chibolya?

Education and work:

3. So can you tell me about your education situation? Possible follow up questions: So how many years have you been in school? What kind of education did you acquire? Your occupation? Tell me about your Children’s education situation.
4. Do you work? Possible follow up questions: What kind of work? Every day? How long hours? For how long have you been working?

Financial

5. How much is your monthly income? Possible follow up questions: how do you manage to meet family needs with your income? So are there any needs you don’t meet with your income?

Challenges

6. What challenges do you face in raising children? Possible follow up questions: do you think the situation you are in would have been different if you were not a single mother? Have you shared your challenges with anyone?

Networks / care

7. So would you tell me of the structures that you know that provide help to single mothers in raising their children in Chibolya? Possible follow up questions: do you receive any help? What kind of help do you receive? Have you been satisfied with the help? Is the family, friends or neighbours helping you and your children?

Experiences

8. What’s your experience raising children as a single mother?
9. Would you remember the times when you or the children were sick since January 2015? Possible follow up questions. Do you think it’s because of your situation? Tell me about your nutrition and children’s
**Personal recommendation**

10. We talked about the child care arrangement earlier, so if you were given an opportunity to comment on, do you have any suggestions on what should be improved or initiated?

    **Thank you for your participation**
APPENDIX 5: FOCUS GROUP DISCUSSION INTERVIEW GUIDE FOR PROFESSIONALS (SOCIAL AND HEALTH WORKERS)

1. Do you think could be the solutions to solve the situation of single mothers in Can you tell me about single mothers of Chibolya who come here every day?

2. What is their situation in terms of:
   - Economy
   - Work
   - Poverty
   - education,
   - and family?

3. What do you think are their challenges in raising children in Chibolya?

4. What are the child care arrangements available which provide support to single mothers in raising their children in Chibolya?

5. What are the gaps in the systems providing support to single mothers and their children in Chibolya?

6. How is the situation in general in terms of health in a single motherhood home?

7. How is the nutrition situation in single motherhood homes?

8. How does single motherhood affect the children in Chibolya?

9. How does single motherhood affect the single mother?

   Closing remarks

10. So what raising their children in Chibolya?

    Thank you for your participation!

    ***