AN EXPLORATION OF THE ROOTS OF RESILIENCE AMONG HIV AND AIDS-ORPHANED CHILDREN

by

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submitted in accordance with the requirements for the degree of

MASTER IN PUBLIC HEALTH

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR MJ MALINDI

JUNE 2014
DECLARATION

I do hereby declare that An exploration of the roots of resilience among HIV and AIDS-orphaned children is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor any material which, to a substantial extent, has been accepted for the award of any degree or diploma at a university or any other institution of higher learning, except where due acknowledgement has been made in the text.

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14 February 2014
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AN EXPLORATION OF THE ROOTS OF RESILIENCE AMONG HIV AND AIDS-ORPHANED CHILDREN

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ABSTRACT

South Africa is grappling with the AIDS pandemic that increases the numbers of vulnerable orphans, whose resilience is threatened. Little is known about the processes that enable resilience among these orphans. This qualitative study explored the roots of resilience among 23 AIDS-orphans. The Draw-and-write technique was used to collect data. The participants were asked to make drawings of what enabled them to cope resiliently and to write short narratives explaining their drawings. The drawings were grouped according to the dominant themes. A content analysis of the drawings and narratives was done. Eight themes relating to the roots of resilience among the participants emerged, namely, the participants had active support systems, participants received religious and/or spiritual support, participants had access to social services, books and school attendance changed the participants’ lives, having access to safe a home enhanced resilience, receiving inspiration, having a positive self-image and personal dreams, and physical activity was used to achieve catharsis. These findings have implications for theory and practice.

KEY CONCEPTS

AIDS orphan; HIV and AIDS; orphan; protective resources; resilience; risk; vulnerability.
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- To my little daughter, Tayana, today as I work on this dissertation, its way after 12 midnight, and its only you and me who are awake. Thank you my girl for being a bundle of joy to fuel daddy forward. Glory be to God Almighty!
Dedication

This dissertation is dedicated to all the children who lost their parents due to HIV and AIDS but found strength from within and in their social and physical ecologies to soldier on.
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
</tr>
<tr>
<td>AP</td>
<td>Advisory Panel</td>
</tr>
<tr>
<td>FAMSA</td>
<td>Families South Africa</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>NPA</td>
<td>National Plan of Action</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>NGO</td>
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<tr>
<td>SANCA</td>
<td>South African National AIDS Council</td>
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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The study explored the phenomenon of resilience among children orphaned due to HIV and AIDS, with a specific focus on resilience enablers among them. This chapter will serve as an overview of the study and cover the following aspects: background to the research problem, statement of the research problem, aim of the study, research design, trustworthiness, the significance of the study, definition of key terms, the theoretical framework, ethical considerations, scope and limitations of the study, structure of the dissertation and conclusion.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

South Africa is yet to win the war against the unprecedented AIDS pandemic that disrupts households thereby increasing the numbers of orphans who require care and support (Dorrington, Bradshaw & Budlender 2002; Le Roux 2001). The sustained prevalence of the HIV pandemic causes parental mortality, thereby rendering multitudes of orphans vulnerable to poor developmental outcomes. Children normally depend on their parents for care and support; however, the AIDS-related deaths of parents leave children psychosocially vulnerable (Rochat & Hough 2007:9). However, due to AIDS-related deaths, many vulnerable orphans are forced to survive without parents and resilience-promoting resources that families can and should provide. Some do well despite adversity while some develop psychopathology. Children who do well in the context of risk are referred to as resilient children (Theron 2006:199).

Resilience is defined as positive outcomes despite the experience of adversity; continued positive or effective functioning in adverse circumstances; and/or recovery after a significant trauma (Masten 2001). Therefore, resilience is a common phenomenon among individuals that results from the effective operation of basic human adaptation systems. Human adaptation systems include families, schools and societies that are capable of presenting resilience resources in culturally meaningful ways (Ungar 2008). The HIV
pandemic disrupts families, schools and societies, rendering children vulnerable to risks that threaten their capacities to cope resiliently with their lives.

Risks are personal and ecological variables that interact in order to increase the individual’s likelihood of psychopathology or susceptibility to negative developmental outcomes. This means that risks should be understood as chains of events, or processes, rather than singular events or negative episodes that combine in complex ways and render children vulnerable (Ungar 2004a:39). Protective resources, such as personal (confidence, self-efficacy, easy temperament and others) and parental social support can combine in complex ways to buffer the potentially harmful effects of the threats to resilient functioning faced by children (Ungar 2004a:39).

While risks increase the chances of psychopathology, protective resources act to moderate the effects of risk factors and supplement or strengthen coping capability (Armstrong, Birnie-LEfcovitch & Ungar 2005:271). HIV and AIDS related deaths render children vulnerable; likewise, many other psycho-social risks such as domestic violence, poverty, terminal illness of parents, living in child-headed homes negatively affect many young people, exposing them to poor developmental outcomes. The capacity to cope resiliently can be enhanced through meaningful attachments, support programmes and interventions aimed at mobilising personal resilience resources (Armstrong, Birnie-LEfcovitch & Ungar 2005:271).

Over the years, there has been sustained interest in the capacities of vulnerable children that do well under conditions that would typically predict the development of psychopathology (Rutter 1999). The capacity to do well under conditions that would predict poor adjustment is referred to as resilience (Masten 2001). Orphans, in particular, are children who may suffer from resilience risks that may lead to depression, hopelessness and psychological trauma later in life (Coombe 2003).

While orphans are believed to be vulnerable children some of them demonstrate signs of buoyancy that is beyond expectations when the risks that characterise their lives are considered (Nyamukapa 2006:9; Ungar 2006). There is a need in all sectors of society to understand the processes that make some children resilient.
This is where the researcher positions his study. The study, therefore, seeks to explore and describe the roots of resilience onto which those who show resilience despite the difficult circumstances are exposed to. The study will do this through the use of the Draw-and-write technique that involves the use of symbolic drawings and narratives as data collection strategies.

1.3 STATEMENT OF THE RESEARCH PROBLEM

Orphans and vulnerable children, who lose their parents due to HIV and AIDS, are exposed to a wide range of risks (Family Health International 2001:2). These children are at an increased risk of losing opportunities for school due to school dropout and the concomitant emotional burden, poor access to health care, poor nutrition, stigma and shelter. Their rights to a decent and fulfilling human existence are threatened. The death of a parent or parents, children experience profound loss and a heavy burden falls on the surviving parent if there is any. If the second parent also dies, all aspects of that child’s development are threatened.

Other studies have shown that compared to non-orphans, orphaned children experience psychosocial distress (Nyamukapa 2006:9), which tends to weaken their inherent strengths to cope with adverse circumstances. This is coupled to the discrimination they face, fear, rejection, isolation, and trauma (Fredrickson & Losada 2005). People who provide care and support to such children need to utilise interventions that can help enhance their resilience.

There are other interventions that have also proved to be potent in enhancing resilience among orphaned and vulnerable children, such as school engagement (Malindi & Machenjedze 2012). Children who are infected or affected by HIV and AIDS fall in the category of vulnerable children due to the myriad of risks besetting their lives and the stigma associated with HIV and parental incapacity and mortality. Vulnerability is a context-specific term that is hard to define. However, Kelly (2001) cited in Eloff, Ebersöhn and Viljoen (2007:79) broadly defines vulnerable children as follows:

“… children who have been exposed to trauma (such as violence, abuse, death), children living in compromising and adverse socioeconomic circumstances, girls, children from rural
areas, street children, children with disabilities, children from urban slums or high-density areas, abandoned children, children in high-risk homes (especially those run by single parents), and social offenders”.

The above quote shows that children who are affected by HIV and AIDS fall in the category of vulnerable children and the stigma associated with HIV and parental incapacity and mortality make their situations even more complex and challenging (Strode & Grant 2001). The risks that render children vulnerable have the potential to adversely affect their capacities to function resiliently. Mental health care practitioners as well as researchers have noted psychosocial vulnerability among orphans and that some among them cope resiliently nevertheless. It is crucial for researchers to unearth the assets or strengths that enable resilience in them—be they personal or socio-ecological.

The central research question guiding this study is the following:

What are the roots of resilience among HIV and AIDS orphans?

1.4 AIM OF THE STUDY

The aim of this study was to explore the roots of resilience among children orphaned due to AIDS-related illnesses in the Eastern Cape.

1.4.1 Research Purpose

The purpose of this study was to document the roots of resilience among AIDS-orphaned children.

1.4.2 Research Objective

The objectives of this study were to:

- conduct a review of literature in order to define resilience;
- conduct an empirical study in order to explore and describe the roots of resilience among HIV and AIDS orphans.
1.5 RESEARCH DESIGN

Research design refers to the structured approach followed by researchers in answering a particular research question (Joubert & Ehrlich 2007:77). The study will follow a qualitative research design. Qualitative research is a naturalistic inquiry that focuses on how participants construct reality (Nieuwenhuis 2007; Polit & Beck 2009:489). The study was essentially be exploratory and descriptive. According to Babbie and Mouton (2007:80), one of the core fundamental principles of exploratory research is that it is conducted in order to satisfy the researcher’s curiosity and desire to better understand relatively new phenomena.

1.5.1 Data Collection Method

In exploring the roots of resilience among HIV and AIDS orphans, the study adopted a qualitative research approach, using the draw-and-write technique as a data collection method (Driessnack 2006). This technique is predominately used in order to give young people a chance to reflect on their lives and in so doing, provides rich data. This technique is child-friendly, and it has been effective in previous studies in enabling young people to express themselves (Malindi & Theron 2011; Pridmore & Bendelow 1995; Piko & Bak 2006).

Franck, Sheikh and Oulton (2008:431) further state that the draw-and-write technique gives children the opportunity to answer the research question themselves without any prompting or interference from an interviewer. The task involves children drawing pictures in response to a question or theme as well as writing their thoughts about the topic. In this study, each child participating was provided with a drawing brief composed of a blank page with boarders. The page had the following instruction:

“Think of the time when your life was hard. Think about the things or people that helped you cope with your life then. Draw this in the space provided below. How well you draw is not important. Thank you.”
This was followed by another page on which the participant would write. The page had an instruction:

“Write as much as you can in the space provided, explaining your drawing. In other words, tell us how the thing or people you have drawn made your life easier then. You can write in any language or languages you like. Use extra paper if you so wish. Thank you.”

The fact that participants are encouraged to write descriptive narratives enables them to kick-start the analysis process. The researcher does not infer or impose meaning on the drawing itself. These drawings are not to be confused with projective techniques.

1.5.2 Sampling Procedure

The purposive sampling procedure was used for selecting participants for the study through the use of an Advisory Panel. Participants were AIDS orphaned children, who were selected in broader terms of orphanhood which included all forms of orphanhood which are double orphans, paternal orphans and maternal orphans between the ages of 11 and 18 years. The sample aspired to have generally more or less equal number of boys and girls; however the actual participants had more girls than boys by a very small margin. Participants had been living at the Children’s home between the periods of 1 year to 9 years.

1.6 TRUSTWORTHINESS

According to Babbie and Mouton (in Malindi 2009:20) the trustworthiness of qualitative research is similar to the validity and reliability of quantitative research. Qualitative researchers focus on addressing alternative issues such as credibility confirmability, dependability, transferability respect, justice and beneficence when determining the trustworthiness of their qualitative investigations (Carcary 2009:11); a strategy proposed by several authors for establishing the trustworthiness of the qualitative inquiry. The constructs of trustworthiness for this study are outlined in Chapter three (section 3.4).
1.7 THE SIGNIFICANCE OF THE STUDY

The study contributed knowledge in the discipline of public health on processes and activities that can enhance HIV and AIDS-orphaned children’s resilience as outlined in (Polit & Beck 2009:3). The study also proposed to identify interventions that social practitioners such as social workers, public health workers, and other childcare professions can utilise to enhance the resilience of orphaned children. Drawings serve not only as an assessment tool but also as a therapeutic intervention (Rae 1991).

1.8 DEFINITIONS OF KEY TERMS

- Resilience:

Resilience research currently defines resilience as the capacity of individuals to navigate and negotiate their pathways towards the resources that sustain their well-being; the capacity of the individual’s physical and social ecologies to provide resilience resources; and the capacity of individuals, families and communities to negotiate culturally meaningful ways to share resilience resources (Ungar 2006:55). Therefore, in this study resilience will be measured in terms of the participants’ ability to access resources that sustains them, the resources provided by their environments, and the capacity of the participants, families and communities ways to share the resources.

- Orphan:

An orphan is defined as a child who has no surviving parent caring for him or her (Department of Social Development 2009). However, it is universally accepted that even a child who has lost one parent is an orphan. For example, maternal orphans (lost a mother), paternal orphans (lost a father), and double orphans (lost both parents) (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2008). The study identifies both double and single orphaned children as orphans guided by the definitions above.
• **Vulnerable child:**

A child whose survival, care, protection and/or development may be compromised due to a particular condition, situation or circumstance that prevents fulfilment of his or her rights (South Africa 2009:9). Children in this study based on their linkage to the effects of HIV/AIDS and institutional living are considered vulnerable.

• **Risk:**

Risks are personal and ecological variables that interact to increase the individual’s likelihood of psychopathology or susceptibility to negative developmental outcomes. This means that risks should be understood as chains of events, or processes, rather than singular events or negative episodes that combine in complex ways and render children vulnerable (Ungar 2004c:39). This definition is adopted by the study to guide any references to risk.

• **Protective resources:**

Protective resources such as personal (confidence, self-efficacy, easy temperament and others) and parental social support can combine in complex ways to buffer the potentially harmful effects of the threats to resilient functioning faced by children (Armstrong et al. 2005:271). Protective resources in this study therefore refers to any form of resources; personal, social, and or environmental that a child uses for resilience.

### 1.9 FOUNDATIONS OF THE STUDY

#### 1.9.1 Theoretical framework

The theoretical framework of the study is **positive psychology**, which focuses on strengths and the promotion of potential strengths that might buffer children against adversity (Seligman 2005). Literature indicates that the concept of resilience, which is central to this study, is closely linked to the assumptions of positive psychology. Researchers in this rapidly growing field are constantly investigating what makes human beings happy and how an individual can lead a fulfilling and satisfying life despite adversity,
and past or present trauma (Seligman & Csikszentmihalyi 2000). The framework is further explained in detail in Chapter 2.

1.10 ETHICAL CONSIDERATIONS

If social research is to remain a benefit to society, groups and individuals must conduct their work responsibly and according to the moral and legal standards of the society in which they practise (Roberts 2003:13). The South African Child Care Act emphasises a principle of for the best interest of the child, which strictly informed this study (South Africa 2005).

Researchers have a responsibility to maintain high scientific standards in the methods they employ in the collection, and analysis of data and the dissemination of findings (Roberts 2003:13). As far as the current study is concerned, empirical research only commenced after permission and approval to conduct the study had been received in writing from the UNISA research ethics committee (see appendix 6).

Permission to conduct this study at the participating children’s homes was requested in writing (see appendix 1) and was granted by the management of the children’s home in writing (see appendix 2). The researcher explained the nature of the study and all the activities that would take place. All the participants signed consent and assent forms (see appendix 4 & 5). Since the participants in this study were children under the care of caregivers and officials of the children’s home, were required to co-sign the consent forms. De Vos, Strydom, Fouche and Delport (2002:64) refer to this practice as ensuring informed consent. All the children (participants) were provided with an assent form to sign, which was written in as simple English as possible in order for them to understand, and this form was well explained to them before signing it.

Roberts (2003:13) argues that researchers must strive to protect subjects from undue harm. This requires that the subjects’ participation in the study (as in the current study) should be voluntary and that they be as fully informed as possible.

Other important ethical considerations that the researcher bore in mind included privacy, anonymity and confidentiality (De Vos et al 2002:67). Privacy implies the element of
personal privacy, while confidentiality indicates the handling of information in a protected manner. Polit and Beck (2009:163) explain that confidentiality means the expectation that the data (drawings and narratives) would be kept strictly confidential.

1.11 SCOPE AND LIMITATIONS OF THE STUDY

De Vos et al (2002:121) indicate that potential limitations are often numerous even in the most carefully planned research study, and it is essential that they are outlined in the study report.

The study had a limited scope, specifically to unearth the roots of resilience among HIV and AIDS orphans – those living under the care of the participating Children’s home. The scope was limited to the above two elements.

The time frame that the researcher had in mind to complete the study was shorter than the actual time that was planned for the study.

Another limitation inherent in this study was the budget requirements regarding the several needed visits to the children’s home in order for the children to participate in the study – transport funds were raised by the researcher himself as there was no funding for the study.

Some of the drawings are faint, which reduced their visibility in the study report.

1.12 STRUCTURE OF THE DISSERTATION

Chapter 1: Orientation of the study

Chapter 2: The resilience phenomenon

Chapter 3: Research design and methods

Chapter 4: Presentation, description and analysis of research findings

Chapter 5: Conclusions and recommendations
1.13 CONCLUSION

This chapter presented a detailed account of how the qualitative design study unfolded. It dealt with the background of the study, statement of the research problem, aim, research design and methods, trustworthiness, the significance of the study, definition of key terms, theoretical framework, ethical issues, scope and limitations and the structure of the study report. In the following chapter, chapter two the researcher will be focusing on the review of literature relevant to the research topic of this study.
CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 provided an overview of the study. Chapter 2 of the study provides a literature review on the resilience phenomenon. The Chapter will focus on the following aspects: resilience defined, risks to resilience, protective resources, resilience in the context of HIV and AIDS, the theoretical framework and the conclusion.

2.2 RESILIENCE DEFINED

Resilience is a relatively novel and decidedly complex concept that is defined as positive adaptation in the midst of risk and adversity (Theron & Theron 2010:3). This makes resilience a process of doing well in the context of risk and adversity. According to Ungar (2006:53), the ability or capacity that enables an individual to overcome adversity and cope adaptively goes by numerous names which range from resilience, hardiness and coping to beating the odds.

From the ecological perspective Masten (2001) called the resilience phenomenon “the magic of lives lived well” and she emphasised the ordinariness of the resilience phenomenon. In this regard, Masten (2001) saw the resilience phenomenon as positive outcomes despite the experience of adversity, continued positive or effective functioning in adverse circumstances; and/or recovery after a significant trauma. This view negates the view that resilience is a personal characteristic that people have in varying degrees. Resilience has instead been confirmed to be phenomenon that relies on personal and contextual resources.

Ungar (2011) defines resilience from the socio-ecological perspective. In this regard, resilience is seen as the individual’s capacity to navigate to health resources and a condition of the individual’s family, community and culture to provide these resources in culturally meaningful ways. In essence resilience refers to the phenomenon of someone doing well in contexts where the circumstances confronting this person would typically predict maladaptive outcomes (Malindi 2009:30).
In line with Ungar’s (2011) conceptualisation, the researcher consider resilience in this study as the AIDS-orphaned children’s capacities to navigate their pathways towards resilience resources that their families, communities and cultures must provide in culturally meaningful ways. In other words, resilience is conceptualised in this study as a process and an outcome that needs individuals to exercise agency within socio-ecological contexts that make resilience resources accessible.

It is not always possible for orphaned children to navigate their pathways towards resilience resources more especially if they subsist in circumstances beset with more risks that threaten their development.

2.3 RISKS TO RESILIENCE

Generally, risk refers to the variables that interact to increase the individual’s likelihood of psychopathology or susceptibility to negative developmental outcomes (Malindi 2009:40). It relates to any event, condition, or experience that increases the probability that a problem will be formed, maintained, or exacerbated. However, the presence of a risk factor does not ensure or guarantee that a specific outcome, such as school failure, will inevitably occur. Rather, the presence of a risk factor suggests an increased chance or probability that such a problem might develop (Jenson & Fraser 2005:11). Research has unearthed a number of resilience risks.

For example, violence has been noted as a resilience risk. Children who have been victims of violence or witnesses of its perpetration suffer heightened risk to resilience. This also applies to exposure to violence in situations of war, although studies suggest that exposure to war itself is less traumatic and debilitating for children than the separation they experience when sent away from their caregivers (Ungar 2011:3). A burgeoning literature on posttraumatic stress and posttraumatic growth has helped to explore which children are most likely to succeed following exposure to violence, whether from national strife or domestic violence and child abuse (Tedeschi & Calhoun in Ungar 2011:3).

Poverty has been identified in research as a risk to children’s resilience (Rutter, 1999:120). Poverty has been associated with significant clustering, and results in disproportionate
exposure to multiple risk factors such as inadequate health care and housing, family stress and the like (Garmezy & Masten in Rochat & Rough 2007; Rutter 1999).

Low-birth-weight in infants in low and high income families has been found to be a resilience risk (Richardson 2008; Ungar 2011).

While a high IQ can be seen to be a protective resource, low IQ has been identified as a risk to resilience (Ungar 2011). He also further points out that in a longitudinal study Tests at ages 3, 5, and 8 showed that the greater the human capital risks the child faces, the lower his or her IQ was likely to be.

Risks are regarded as individual and ecological processes that are antecedent to poor developmental outcomes in young people. In other words, risks can be described as those circumstances or processes that combine in complex ways and increase the likelihood of developmental difficulties in youth (Masten & Obradovic 2006). Risks typically originate from multiple stressors rather than from single individual or environmental processes (Tusaie & Dyer 2004). Personal and/or environmental risks may have a cumulative effect on an individual and this cumulative effect is typically associated with non-resilient outcomes (Masten 2001). Willms (2002: 26) notes that some risk factors seem to have relative weak effects when considered in isolation, but their combined effect can be strong. This is often true of some orphans as group of at-risk children.

2.4. PROTECTIVE RESOURCES

The negative effects of risk processes can be moderated by individual and ecological resilience resources that are combined uniquely. These protective resources operate at different levels and through different mechanisms (Ebersöhn & Eloff 2004; Ungar 2004b). It is important to note that protective processes modify the effects of risk, rather than eliminate the risk itself (Schoon 2006). These protective processes bring together different coping mechanisms that operate before, during and after the adverse encounter (Rutter 1999). Protective resources are regarded as mechanisms that are located in the individual, family and wider community that have the potential to mitigate risk (Boyden & Mann 2005).
Protective resources can be summarized by the seven protective resources (tensions) identified by Ungar, Brown, Liebenberg, Cheung, & Levine (2008:6) as seven tensions of resilience. These seven tensions appear in Table 2.1 below.

**Table 2.1: The seven tensions (Ungar 2008)**

<table>
<thead>
<tr>
<th>TENSION (PROTECTIVE RESOURCE)</th>
<th>CONTENTS OF THE PROTECTIVE RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access to material resources</td>
<td>Availability of financial resources, educational, medical, employment assistance and/or opportunities, and access to food, clothes and shelter</td>
</tr>
<tr>
<td>2. Access to supportive relationships</td>
<td>Relationships with significant others, peers, and adults within one’s family and community</td>
</tr>
<tr>
<td>3. Development of a desirable personal identity</td>
<td>Desirable sense of one’s self as having a personal and collective sense of purpose, ability for self-appraisal of strength and weaknesses, aspirations, beliefs and values including spiritual and religious identification</td>
</tr>
<tr>
<td>Experiences of power and control</td>
<td>Experiences of caring for one’s self and others, the ability to effect change in one’s social and physical environment in order to access health resources</td>
</tr>
<tr>
<td>5. Adherence to cultural traditions</td>
<td>Adherence to, or knowledge of, one’s local and/or global cultural practices, values and beliefs</td>
</tr>
<tr>
<td>6. Experience of Social Justice</td>
<td>Experiences related to finding a meaningful</td>
</tr>
</tbody>
</table>
Among other individual attributes in children, age, temperament, sense of humor, memory, reasoning, perceptual competencies, sense of purpose, belief in a bright future, and spirituality have all been found to have a significant impact on resilience (Boyden & Mann 2005:6). In other words these resources if present in a child orphaned due to the effects of HIV/AIDS would buffer the risk of maladaptation and serve as the roots of the child’s resilient outcome.

A cultural tradition that promotes interdependence, co-operation and mutual assistance as core values has been identified as very critical as a resource that buffers risk and promote resilience (The Bridge Child Care Development Service 2007:2).

Child Help (2011) summarised protective resources into different categories namely: parent/caregiver factors, individual child factors, concrete support, access to essential services, social connections, family factors, environment and opportunities for positive activities as shown in table 2.2 below:

**Table 2.2: Summary of protective resources for resilience**

<table>
<thead>
<tr>
<th>PARENT/CAREGIVER FACTORS</th>
<th>Concrete Supports-ability to meet basic needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing and attachment</td>
<td></td>
</tr>
<tr>
<td>• Love</td>
<td>• Food</td>
</tr>
<tr>
<td>• Acceptance</td>
<td>• Clothing</td>
</tr>
<tr>
<td>• Positive guidance</td>
<td>• Housing</td>
</tr>
</tbody>
</table>

role in one’s community that brings with it acceptance and social equality

Balancing one’s personal interests with a sense of responsibility to the greater good; feeling a part of something larger than one's self socially and spiritually
<table>
<thead>
<tr>
<th><strong>Protection</strong></th>
<th><strong>Transportation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge of Parenting Skills</strong></td>
<td></td>
</tr>
<tr>
<td>• Respectful communication</td>
<td></td>
</tr>
<tr>
<td>• Consistent rules and expectations</td>
<td></td>
</tr>
<tr>
<td>• Authoritative parenting</td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge of Child Development</strong></td>
<td></td>
</tr>
<tr>
<td>• Safe opportunities for independence</td>
<td></td>
</tr>
<tr>
<td>• Motivation</td>
<td></td>
</tr>
<tr>
<td>• Encouraging curiosity</td>
<td></td>
</tr>
<tr>
<td><strong>Parental Resilience</strong></td>
<td></td>
</tr>
<tr>
<td>• Parent or caregiver’s capacity to cope with stress</td>
<td></td>
</tr>
<tr>
<td><strong>Access to essential services</strong></td>
<td></td>
</tr>
<tr>
<td>• Child care</td>
<td></td>
</tr>
<tr>
<td>• Health care</td>
<td></td>
</tr>
<tr>
<td>• Mental health service</td>
<td></td>
</tr>
<tr>
<td><strong>Social Connections</strong></td>
<td></td>
</tr>
<tr>
<td>• Emotionally supportive friends, family, and neighbors</td>
<td></td>
</tr>
<tr>
<td><strong>Individual Child factors - Personal Values, Beliefs, and Behaviors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social Competence</strong></td>
<td></td>
</tr>
<tr>
<td>• Responsiveness</td>
<td></td>
</tr>
<tr>
<td>• Communication</td>
<td></td>
</tr>
<tr>
<td>• Empathy</td>
<td></td>
</tr>
<tr>
<td>• Caring</td>
<td></td>
</tr>
<tr>
<td><strong>Family factors</strong></td>
<td></td>
</tr>
<tr>
<td>• Warmth</td>
<td></td>
</tr>
<tr>
<td>• Cohesion as Family group</td>
<td></td>
</tr>
<tr>
<td>• Positive Relationship with Parent or Parent Figure</td>
<td></td>
</tr>
<tr>
<td>• Physical and Psychological Safety</td>
<td></td>
</tr>
<tr>
<td>• Structure</td>
<td></td>
</tr>
<tr>
<td>• Absence of Stress</td>
<td></td>
</tr>
<tr>
<td>Compassion</td>
<td>Environment</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Altruism</td>
<td>Caring Relationships</td>
</tr>
<tr>
<td>Forgiveness</td>
<td>High Expectations</td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td>Opportunities for Participation</td>
</tr>
<tr>
<td>Planning</td>
<td>Positive Peer Influence</td>
</tr>
<tr>
<td>Flexibility</td>
<td>Available Mentors</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>Sense of Place/Culture/Identify</td>
</tr>
<tr>
<td>Critical thinking</td>
<td>Sense of Community</td>
</tr>
<tr>
<td>Insight</td>
<td>Safe</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Opportunities for Positive Activities</td>
</tr>
<tr>
<td>Positive identity</td>
<td>Religious community</td>
</tr>
<tr>
<td>Internal locus of control</td>
<td>After school programs</td>
</tr>
<tr>
<td>Initiative</td>
<td>Safe, enjoyable activities</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td></td>
</tr>
<tr>
<td>Resistance</td>
<td></td>
</tr>
<tr>
<td>Self-awareness</td>
<td></td>
</tr>
<tr>
<td>Mindfulness – self-aware, present in the moment</td>
<td></td>
</tr>
<tr>
<td>Humor</td>
<td></td>
</tr>
<tr>
<td>Sense of Purpose</td>
<td></td>
</tr>
<tr>
<td>Goal direction</td>
<td></td>
</tr>
<tr>
<td>Achievement motivation</td>
<td></td>
</tr>
<tr>
<td>Educational aspirations</td>
<td></td>
</tr>
<tr>
<td>Special interest</td>
<td></td>
</tr>
<tr>
<td>Creativity</td>
<td></td>
</tr>
<tr>
<td>Imagination</td>
<td></td>
</tr>
<tr>
<td>Optimism</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td></td>
</tr>
<tr>
<td>Faith</td>
<td></td>
</tr>
</tbody>
</table>
2.5 RESILIENCE IN THE CONTEXT OF HIV AND AIDS

The understanding of risk and resources to resilience has enabled social scientists to understand which factors place children’s adaptive development in jeopardy and which processes increase the chances of them becoming happy, well-adjusted adults. Research within resilience field of investigation is useful in providing both an insight into the understanding the phenomenon of resilience within the context of HIV and AIDS as to, what the impact of the HIV/AIDS epidemic on children could be and in guiding policy makers and practitioners on how best to assist children affected by the pandemic (Killian 2004).

2.5.1 Risk to resilience among AIDS-orphans

Increasing numbers of children in South Africa are becoming orphans because of the HIV and AIDS pandemic (Anderson & Phillips 2006). The HIV and AIDS pandemic therefore compounds existing, difficult situations since they usually come from families that are labouring under poor socio-economic circumstances that are considered to be risk processes (Dass-Brailsford 2005). Children do not necessarily have to be ill themselves in order to feel the impact of the HIV and AIDS pandemic (Mallman 2003). Children are confronted by the illness and death of their parents while they are still young and in need of care and protection aimed at aiding growth and emotional, spiritual, physical and intellectual maturity (Mallman 2003).

Children orphaned by HIV and AIDS face risks such as exploitation, abuse, poverty, discrimination, dropping out of school, stigma, uncertainty regarding future prospects, living  

• Spirituality  
• Sense of meaning

(Adopted from Child Help 2011)
on their own, insecurity, inadequate access to services such as health-care, crime and desertion (Bletzer 2007; Edström & Khan 2009; Hoogeveen 2003; Lachman, Poblete, Ebigbo, Nyandiya-Bundy, Bundy, Killian & Doek 2002; Mallman 2003; Oluoko-Odingo 2011; Richter & Rama 2006; Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Chandiwana, Nkomo, Tlou & Chitiyo 2004; Smart 2003). These risks can combine in complex ways and blight positive development in children. This means that HIV and AIDS can render resilient coping less possible and ineffective, thereby reducing psychological adaptation (de Waal & Whiteside 2003; Farber, Schwartz, Schaper, Moonen & McDaniel 2000).

Many psychosocial issues such as HIV/AIDS go beyond economic, political and other macrosystemic boundaries, since children made vulnerable by the epidemic become crowded in a downward spiral of distress and difficulties that affect multiple aspects of their lives (Killian 2004).

**Table 2.3: Summary of risks to resilience generally among children and among AIDS-orphans**

<table>
<thead>
<tr>
<th>Risks to resilience in children generally</th>
<th>Risks in AIDS-orphaned children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual risks</strong></td>
<td><strong>Individual risks</strong></td>
</tr>
<tr>
<td>• school failure,</td>
<td>• they may be infected with the virus</td>
</tr>
<tr>
<td>• drug use,</td>
<td>• suffer risk of the opportunistic infections which largely lead to premature death</td>
</tr>
<tr>
<td>• delinquency</td>
<td>• major impairments to their cognitive, social, and behavioural functioning</td>
</tr>
<tr>
<td>• low self esteem</td>
<td>• increasing insecurity</td>
</tr>
<tr>
<td>• external locus of control (i.e., belief</td>
<td>• Children are forced to live with uncertainty</td>
</tr>
<tr>
<td>that events result primary from factors outside of individual actions – fate, bad luck)</td>
<td>• extremely anxious and worry about possible illness and death</td>
</tr>
<tr>
<td>• depression</td>
<td></td>
</tr>
<tr>
<td>• anxiety</td>
<td></td>
</tr>
</tbody>
</table>
2.5.2 Resilience Resources among AIDS-orphans

In summary children who are able to overcome adversities are described as being resilient (Van Breda 2001:9). Research has clearly identified that not all children who suffer resilience risks end up in a maladaptive state hence the view that resiliency in children is
the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid negative outcomes such as delinquency and behavioural problems, psychological maladjustment, academic difficulties, and physical complications (Rak & Patterson 1996:368).

Researchers have also followed some at-risk children such as Aids-orphans into their adulthood (and even into later adulthood) and have documented the consistent and yet amazing finding that most children and young people, including those from highly stressed families or resource-deprived communities, do somehow manage to develop competence, confidence, and caring traits (Bernard 2004:198; Saleebey 2006:199). They even become not only successful by societal indicators but also with well developed social, emotional, intellectual, moral, and spiritual strengths as well, as being able to love well, work well, play well and expect well (Werner & Smith in Bernard 2004:198; Saleebey 2006:199; Dahlin, Cederblad, Antonovsky & Hagnell 1990:231).

Caring relationships have also been identified as a resilient resource by Bernard (2004:200) as he points out that resilience in children if expected without the buffer of caring relationships and support to help the person meet such a high expectation, it is a cruel shape-up or ship-out approach associated with negative outcomes.

Several studies have attempted to examine resilience in vulnerable children and youth based on their behavioural and psychosocial characteristics (Ungar 2005). In spite of these studies, it is yet to be fully understood how orphans manage to achieve favourable outcomes despite the multilayered adversities that threaten their development or adaptation (Masten 2001). While a number of studies focus on psychosocial vulnerabilities of orphans, the researcher chose to focus on how orphans negotiated their pathways towards resilience in spite of adversity.
2.6 THEORETICAL FRAMEWORK

2.6.1 Positive psychology

Literature indicates that the concept of resilience can be seen within the context of positive psychology, which focuses on strengths that might buffer children against adversity (Donald et al 2007; Seligman 2005).

Positive psychology is a branch of psychology that focuses on improving the mental functioning of human beings (Proctor 2011). It is a science of positive subjective experience, positive individual traits, and positive institutions that promise to improve the quality of life and prevent the pathologies that arise when life is barren and meaningless (Seligman & Csikszentmihalyi 2000:1). In other words the major focus in positive psychology is on promotion of strengths rather than fixing weakness, as is the strength based perspective (Saleebey 2008).

Researchers in this field investigate what makes human beings happy and how an individual can lead a fulfilling and satisfying life despite adversity, and past or present trauma (Seligman & Csikszentmihalyi 2000). This field of psychology provides a firm basis for understanding the roots of resilience among Aids-orphans. The study was aimed at exploring the strengths that enabled the participants to resil in the context of adversity. The study considered strengths to reside in the individual and also in the social context.

Strengths-based approaches follow a set of ideas, assumptions, and techniques that promote self-determination, social justice, resiliency, recovery, and the ability to thrive in one's community and personal life (Jamieson 2010:3). The strengths based perspective emphasises the resources; assets; potentials; and capabilities of individuals, groups, families, and communities (Saleebey in Thomas & Reifel 2010:19) which are intertwined with the assets or the socio-ecological assets that promote resilience. This approach also marks a paradigmatic shift from the focus that was on pathology and deficits to a strengths-based perspective that asks what is right. The strengths-based perspective promotes empowerment, dialogue, and collaboration (Thomas & Reifel 2010:19).
According to Jamieson (2010:3), the following are key examples of some values in the strengths-based philosophy:

- People experiencing challenges are active participants in the helping process.
- All people have strengths, sometimes untapped or unrecognised.
- Strengths foster motivation for growth through the ability to experience competency, self-determinism, and social connectivity.

The strengths based approach attempts to understand people in terms of their strengths (Aarti & Sekar 2006:127) that involve systematically examining survival skills, abilities, knowledge, resources, and desires that can be used in some way to help meet client goals (Saleebey in Aarti & Sekar 2006:127).

Bernard (2004:197) acknowledges that the last 15 years have been pivotal for all strengths-based movements in education, prevention, and other human services. There is now considerable research and practitioner interest in resilience, specifically in how people have overcome adversity to lead healthy and successful lives, as well as in youth development, positive psychology, wellness, health promotion, restorative justice, strengths-based social work, health realisation and social capital.

The strengths perspective believes that human beings are resilient (Garmezy in Aarti & Sekar 2006:128). Bernard views the strengths based perspective as a new way of thinking about and working with human beings across the lifespan that focuses on assets instead of deficits. The major focus in practice from the strengths approach is collaboration and partnership between social workers and clients (Aarti & Sekar 2006:128).

The strength based perspective emphasises that individuals are experts of their lives, their strengths, resources, and capacities. The social worker or the public health practitioner (Saleebey in Aarti & Sekar 2006:128) helps to create a dialogue of strength. Interventions based on the strengths based approach gives the perspective that the individual is already doing something to better their situation, and it is the social worker’s job to help the individual identify the strengths and continue working in relation to goals and visions.
2.7 HIV/AIDS STATISTICS IN SOUTH AFRICAN

According to preliminary data from the 2012 National HIV Prevalence and Behavioural Risks Household Survey, the country had 6.4 million people living with HIV by 2012. HIV prevalence in 2012 was estimated at 12.3%, up from 10.6% in 2008. The above findings indicate that the estimated number of adults and children living with HIV in South Africa rose from 5,200,000 in 2005 to 6,400,000 in 2012 (South Africa 2013:12). Statistics South Africa indicates that the total number of persons living with HIV in South Africa increased from an estimated 4 million in 2002 to 5,26 million in 2013. It further estimates that in 2013 10% of the total population was HIV positive (Statistics South Africa 2013:4). It is further estimated that approximately seventeen percent of South African women in their reproductive ages are HIV positive (South Africa 2013:12; Statistics South Africa 2013:4). It was estimated that in 2012 South Africa had 2.5 million AIDS-orphans and 63 percent of all orphans in South Africa were orphaned due to AIDS (UNCEF 2013; Avert 2014). The Department of Social Development (2009:3) adds that children orphaned due to AIDS are estimated to be more than half of all orphans nationwide.

2.8 CONCLUSION

In Chapter Two, the researcher explored the phenomenon of resilience, by defining the concept of resilience and demonstrated the conceptualisation of resilience in the study. The researcher explored the risks to resilience both to children in general and to Aids-orphaned children specifically. The researcher also explored protective resources to resilience among both children in general and among Aids-orphaned children. Support strategies and programs aimed at promoting roots of resilience were reviewed. The researcher further explored the concept of resilience in children. The study explored two theoretical foundations of the study namely positive psychology and strength based perspective. Lastly, the researcher discussed the statistical condition of HIV and AIDS in the South African context.

Chapter three will discuss the research design and methodology adopted for this study.
CHAPTER 3: RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

The preceding chapter considered literature that was relevant to this study. In this chapter, the research design and methodology employed throughout the process of research was outlined. This included the research design, research methods and within it the researcher explained the study population, sample selection, data collection and the data analysis process. Lastly trustworthiness of the study was discussed.

3.2 RESEARCH DESIGN

Mouton (1996:55) defines research design as a plan or blueprint of how one intends to conduct the research. In research, a design is the plan of the entire process of research, from conceptualising to writing the narrative (Creswell 1998:62). The main function of the research design is to enable researchers to anticipate what appropriate research decisions should be made so as to maximise the validity and reliability of the eventual outcome.

There are two principal aspects of research design. First, the researcher should specify as clearly as possible what the research envisages to find out. Secondly, the researcher must determine the best way to do it (Babbie 1995).

Qualitative research is based on methodological traditions of inquiry that explore a social and human phenomenon (Creswell 1998:2). In this study, the researcher explored the roots of resilience among AIDS-orphans. The researcher adopted a qualitative research design. Creswell (1998) further posits that qualitative research design provides a rich source of information leading to theories, patterns and/or policies that help to explain and inform the phenomenon under study. In this study, the research sought to find the underlying factors or processes promoting resilience among AIDS orphans. The results will help to inform service providers, childcare workers and many other child-related professionals who seek to ensure the well-being of children. Another reason for selecting the use of a qualitative design for this study was that the topic needed to be explored
flexibly with the main aim of accessing specific information rather than a mere generalisation of the findings.

Qualitative research is flexible, capable of adjusting to new information during the course of the study (Polit & Beck 2009:487). In addition, the other strengths of the design are among others:

- Its ability to provide complex textual descriptions of how people experience a given research issue, and in this study, it will help the researcher to explore the personal and contextual bases upon which the participants’ resilience is rooted (Family Health International 2001:1).

- It provides information about the “human” side of the phenomenon under study; that is how each individual child would provide his or her own views and experiences through the ‘draw-and-explain’ technique. Family Health International (2001:1) indicates that it is often the contradictory behaviours, opinions, emotions, and relationships of the individual child in the study that makes it rich.

- Qualitative methods are also effective in identifying intangible factors of the study, such as the feelings of the children (AIDS-orphans).

- Qualitative research also allows the children being studied to give much ‘richer’ answers to questions put to them by the researcher and may give valuable insights, which might have been missed by the use of a quantitative design (Holliday et al 2009:259).

In addition, qualitative research draws its principles from the interpretivist/phenomenologist and critical traditions. In these approaches, the researcher strives to understand the meaning people (orphans due to AIDS) have constructed about their world and their experiences. The researcher wished to understand what enabled their resilience despite obvious risks. This would enable the researcher to understand their behaviour and what fuels it (Rembe 2007); hence the motivation for utilising the explorative and descriptive nature of qualitative study.
3.3 RESEARCH METHODS

In order to explore the phenomenon of resilience among AIDS-orphaned children the researcher used the methods outlined below.

3.3.1 Study population

A research population refers to individuals who possess specific characteristics under study (Arkava in Machenjedze 2007:55). Joan (2009) adds that a research population is generally a large collection of individuals or objects that are the main focus of a scientific inquiry. It is for the benefit of the population that research is conducted. Research population in this study refers to all AIDS-orphans who are living in the Eastern Cape province of South Africa. The researcher is therefore going to purposively select and focus on children who live in the child and youth care facilities. Child and youth care centres in South Africa offer the closest alternative residential care for children who have lost parents and have no family to care for them.

AIDS-orphans living in children’s homes in Eastern Cape have been identified as the target population from which a sample was purposefully selected for the study.

3.3.2 Sample selection

The sample included in this study was identified and selected purposively following the outlined eligibility criteria. The selected children together comprised the subjects of the study (De Vos et al 2002:334).

3.3.2.1 Purposive sampling

The researcher sought to access children who are specifically orphaned due to the effects of HIV and AIDS from the participating children’s home in the Eastern Cape. The participants were purposively recruited. The participants selected were AIDS-orphans between the ages of 11 and 18. In order to identify the potential participants, the researcher formed and worked with a local Advisory Panel (AP). The AP consisted of three to five or more community members (e.g. educators, service providers,
knowledgeable elders, NGO and CBO members, and peers). In this study, the AP consisted of practitioners working in the participating children's home.

The involvement of the AP in this study enhanced the study sample's trustworthiness (De Vos et al. 2002:208) as it helped eliminate the selection bias by the researcher as an outsider to a more informed selection of participants informed by the AP. The researcher's motivation for utilising purposive sampling was nested in the argument in Steinberg (2004:111) that purposive samples are drawn from an available population without first stratifying. Like all other non-probability sampling methods, purposive sampling does not limit generalisation; hence, the outcome of this research shall be interpreted in terms of the specific context under study.

The main motivating factors for selection of the two participating children's home sites were as follows:

• Both centre sites are predominantly funded for the residential care of children orphaned and made vulnerable by HIV/AIDS and other effects. This made them the most appropriate study sites for this study.

• The sites were located in the Xhosa-speaking area, and all the children housed share the Xhosa culture and use Xhosa as the medium of communication, which makes the process easier as this creates a common denominator for the study.

• The two child and youth care centre sites contained enough numbers of targeted participants to allow data saturation.

• The centres were also selected for the fact that they are the most convenient for the researcher in terms of proximity and financial cost. The selected children's home is located close to the researcher; this would allow the researcher easy access to the home in terms of frequent visits. The entire process was done at a very low and affordable financial cost that is bearable to the researcher.
3.3.2.2 Sample size

The researcher’s decision on sample size was informed by the nature and design of the study, namely qualitative research. As argued in Creswell (2006:112), generally qualitative researchers do not constrain their research by giving definitive sizes of samples, but the numbers may range from one or two people, as in a narrative study, to 50 or 60 in a grounded theory project. The researcher purposively selected a minimal sample size of \( n=23 \) in order to focus more on that manageable group and dig deeper into the search of all necessary information and continue until data saturation was reached.

3.3.2.3 Eligibility criteria

The eligibility criteria were as follows:

- Children who were selected to participate in this study were identified by the AP as having been orphaned as a result of HIV and AIDS.
- Participants had to be children living under the care of the participating children’s home.
- Only children between the ages of 11 and 18 who were under the care of the children’s home mentioned above were selected.

3.3.2.4 Ethical issues related to sampling

HIV and AIDS has a generally high levels of stigmatisation and identifying children as having been orphaned due to HIV and AIDS could result in secondary stigmatisation of the children. In this study, the children affected by HIV and AIDS were involved. The advisory committee advised on how to handle the participants in the context of their children’s home and Xhosa cultural context. As a trained and qualified registered social worker, the researcher ensured that the participants were not treated in ways that dehumanised them.

Their rights were remained paramount in anything that the researcher said or did. Any emotional reactions, which could have erupted, were to be handled by a professional therapist in collaboration with fellow social workers from Families South Africa (FAMSA).
The HIV and AIDS link to the participants was highlighted only at an administrative level, this means that it was only used by the AP for sampling and selection purposes; other than that, children participate in the study as children. Further, more information about HIV and AIDS shall remain confidential and private throughout the study.

3.3.3 Data collection

3.3.3.1 Data collection approach and method

Children have largely been studied indirectly through adult observations, proxies, and accounts, since they were not considered as people who could provide rich data. This research practice is slowly being abandoned. The focus in researching children shifted from seeking information about children to seeking information from them (Van Manen 2002:11).

This study represents the move further away from ‘adultist’ approaches to research. The researcher decided to study the participants directly by using symbolic drawings as data collection strategies.

The decision to utilise drawings in this study as a data collection method was informed by the understanding that although children’s drawings rarely demonstrate the skill found in mature artists, they often give form and meaning to both familiar and unfamiliar experiences encountered at home, in school, on the street, through the media, in books, and during play (Engel 1995). Deeply emotional content, untold family problems, forceful messages, and heart-wrenching stories can be poignantly depicted and narrated by children by means of drawings. As also pointed by Holliday et al (2009:251), drawings can provide insight into the emotional quality of a child’s relationship with another human being. The opportunity to draw might actually help children organise their narratives before they share them on the drawing narratives (Driessnack 2006:1415).

Symbolic drawings were utilised in this study, especially since they are a recommended qualitative data collection method that transcend cultural and linguistic barriers to data generation and this is more so for children with limited vocabulary or literacy level (Holliday, Harrison & McLeod 2009).
Visual data constitute images or data that people can perceive; this includes photographs, art, pictures, video images, and non-verbal expressions (Flewitt 2005). For this study, visual data was limited to drawings that the participants will be required to draw and interpret. The collection of visual data, in this study comprising drawing and describing things or people that helped the participant to cope with his or her life will be used (Klepsch & Logie 1988).

The other reason why the research adopted the use of a direct child-focused data collection method was so as to pursue what Denscombe (2003:120) refers to as privileged information. This is the value of contact with the direct key players in the field who can give privileged information. Gathering information from the children themselves would give a strong complement to the enhancement of the study’s trustworthiness.

### 3.3.3.2 Characteristics of the data collection instrument

The participants were provided with a drawing brief that contained two simple instructions. The drawing brief was an A4 paper with instructions printed on each side of it. The instructions were in English; however the researcher read them and explained them in isiXhosa for better understanding.

The instructions were as follows:

"Think about the things or people that helped you cope with your life when it is hard. Draw this in the space provided below. How well you draw is not important. Thank you."

The instruction for the narrative was the following:

"Write as much as you can in the space provided, explaining your drawing. In other words, tell us how the thing or people you have drawn made your life easier. You can write in any language or languages you like. Use extra paper if you so wish. Thank you."

The opportunity to draw might actually help children organise their narratives before they share them (Driessnack 2006:1415). The participants had opportunities to ask questions for more clarity.
3.3.3.3 **Data collection process**

The researcher met the participants at the centre where they resided. The meeting was in a room that had desks since it is used by the participants when they do homework. The room was free of distractions and was well-lit and sufficiently ventilated. The researcher introduced himself and explained the purpose of the study again indicating what was expected from the potential participants. They received the drawing brief as well as pencils and erasers. Sufficient time was allowed for the children to ask questions and to make a decision on whether to continue with the participation or not. The children worked individually while sitting at their usual seating area where they normally do their homework on. The children were observed closely by their caregivers and researcher in order to pick up on any overt signs of worry or distress. The participants were allowed to keep the drawing material after handing the drawings to me.

3.3.3.4 **Ethical considerations related to data collection**

It is required that research be conducted responsibly according to the moral and legal order of the society in which it is done (Roberts 2003:13). The researcher was bound by the ethics of my profession as a Social Worker as well as those of the University of South Africa. The researcher chose a research method that would not compromise the rights of the participants. In this case, a child-friendly data collection strategy namely, symbolic drawings and narratives were chosen. Drawing and writing are familiar activities for children of school-going age.

This means that they were not expected to perform any acts that are out of the ordinary. The researcher wrote a letter to the organisation’s authorities who are managing the childcare facility explaining the intention to conduct a study in their institution with their children as participants; the letter also outlined the nature and purpose of the study. The letter requested permission to involve children residing in this shelter in the study (see Appendix 1). The caregivers were also informed that participation was strictly voluntary and that the participants had opportunities to withdraw at any time with no consequences.
The caregivers serving as gatekeepers were required to co-sign the assent forms, *in loco parentis*. All the children (participants) were provided with an assent form to sign, which was written in easy-to-understand English (see Appendix 5).

In case of emotional distress during the data collection process, registered therapists in the form of registered social workers were available from FAMSA to provide counselling and psycho-social support. The participants were not required to pay for these services.

This study did not cost the participants financially in any way; the only resource the study required from the participants was their time. The study was conducted on a voluntary basis with no form of financial remuneration or any other form of remuneration or gifts being given to the participants. No participant was be coerced into participating, neither will any participant be paid to participate (see Appendix 4). However, should a participant incur any direct cost outside their usual costs due to their direct involvement in the study, such costs shall be reimbursed by the researcher.

### 3.3.4 Data analysis

Steinberg (2004:120) states, that qualitative analysis or analysis of words is referred to as content analysis and its basic task is to understand, interpret, and represent the meaning of what has been said or expressed by the respondents. In this research it meant the analysis of drawings and their narratives.

Qualitative research produces large volumes of data in a non-standard format. The first thing the researcher would do is to decide on the units or categories that the data needs to be categorised into, and these may be identified as themes. This process is known as coding (Denscombe 2003:52). The fact that the participants wrote descriptive narratives enabled them to kick-start the analysis process (De Vos *et al* 2007b). The researcher did not infer or impose meaning on the drawings themselves but rather relied on the explanation given in the narrative. These drawings are not to be confused with projective techniques.
The researcher began the analysis process of this data by reading it several times and becoming immersed in the data, looking at the drawings and reading the narratives many times and identified the emerging categories and arranging the drawings and narratives according to common themes (Maree 2007).

It is through these identified recurring concepts that themes were constructed around the identified factors and processes which buffer risks and acted as roots which promoted resilience among the participants. Tentative linkages were identified among the emerging roots of resilience. This early phase of the analysis was very open and allowed for the researcher's creative thinking. Further on, the researcher became more engaged in the verification and summarisation of the identified central themes in the data.

In order to further heighten the credibility of the finding the researcher invited peer debriefing through a reviewing of the themes perceptions, insights, analyses and conclusions which were identified by other colleagues outside the research context (Malindi 2009:110); these included fellow social workers, and a psychologist. This effort was very constructive in edifying the analysis process as their critics and advice brought a further re-organisation of the themes according to their views and advice.

Finally, the researcher developed a meaningful story. This process led to the identification of eight distinctive themes as outlined below in ascending order of frequency, namely having social support, receiving religious/spiritual support, receiving care and support, having access to education, having access to housing, receiving inspiration, having a positive self-image, having future dreams, having alternatives to manage anger.

The effort evolved toward one core category that was central, which in this case was the roots of resilience in other words the resilience-promoting factors, processes or events among Aids-orphans and vulnerable children through their life experiences.

3.3.4.1 Data presentation

The visual data (drawings and interpretation) was presented in their original form as was made by the participants. The data or drawings and narratives will be incorporated into the discussion and interpreted.
3.4 TRUSTWORTHINESS OF THE STUDY

3.4.1 Credibility

Credibility relates to how believable or how convincing data is. The design of the study greatly contributes towards demonstrating how the study ensured that the data and its interpretation were strong and credible (Marshall & Rossman 2011:41). With that said, the researcher provided rich enough descriptions of the setting, participants, procedures, and interactions so that the findings were credible and believable (De Vos 2007b:346). In this study, the researcher described the participants in some detail and by adding rich, detailed verbatim narratives to support discussions on emerging themes in the presentation of findings and analysis chapter of the study.

3.4.2 Dependability

Dependability relates to how reliable the collected data is. For this reason, the researcher should describe the contexts and circumstances of the research in detail, reflect previous research findings that were similar, or explain differences (De Vos 2007a:346). As shown with a detailed explanation of the data collection process and circumstances in section 3.3.3 to 3.3.3.4 of this chapter above. The researcher also utilised previous findings as found in literature in order to validate and contrast the current study's findings with the available literature.

3.4.3 Confirmability

Confirmability refers to the degree to which other independent parties can confirm or corroborate the findings. Confirmed data minimises the possibility of researcher bias in the conclusions, interpretations and recommendations made. One way to do this is to search for examples that conflict with the emerging findings. The researcher vigilantly explored literature available on the phenomena of resilience in order to contrast and align the study findings within a framework of reliable literature. Another way relates to honesty with professional colleagues, which required that the research results be reported honestly and not be distorted or misrepresented to suit the researcher's option (Babbie & Mouton in
Malindi 2009:112-113). The researcher searched for every possible opportunity to present his research finding on platforms of possible criticisms and confirmability of the research findings.

### 3.4.4 Transferability

Transferability refers to the degree to which findings can be transferred or generalised to other settings and contexts or similar groups of participants. To help readers decide whether the findings can be applied to other groups of participants or to other contexts, the researcher provided enough details about the setting so that some generalisation might be possible, always bearing in mind that generalisation is not the aim of qualitative research (Gilgun 2005).

Gilgun (2005) further indicates that transferability depends on the similarity between the original and subsequent contexts; therefore, the researcher collects sufficiently detailed descriptions of data in context and reports them in great detail. In order to heighten the transferability of the this study findings, the researcher gave a detailed description of the context and setting of the study, including a detailed description of the participants’ ages (11-18 years) and circumstances ( orphaned due to HIV and AIDS, and living under institutionalised care for at least 12 months and above, to a maximum of ten years). The above was fulfilled by the utilisation of a purposive sampling technique, which further heightens the transferability of the study findings.

### 3.4.5 Establishment of rigor

De Vos et al (2002:349) state that consistency of data refers to whether the findings would be produced in the same manner if applied to the same subjects or in a similar context, determining the trustworthiness and dependability of a qualitative study. Data was checked for consistency by the researcher as he identifies the emerging themes and I also invited colleagues in the form of fellow Social Workers and a Psychologist was also employed to enhance the trustworthiness of the research findings. After the entire data gathering was complete, the researcher discussed the findings with the supervisor.
The use of an AP in this study also helped to ensure trustworthiness of the study in that the panel provided expert knowledge on the research participants and research site and in most cases, even on the research matter.

Trustworthiness was further enhanced by verifying raw data using member checking (Nieuwenhuis 2007; Merriam 2007).

3.4.6 Respect

A good study is possible only if there is mutual respect between the investigator and participants. Respect for human dignity is, a cardinal ethical principle underlying research and it is intended to protect the interests and the physical, psychological or cultural integrity of each participating individual. This principle underpins all research involving human beings. Vulnerable person such as the children participating in this study are entitled to special protection (Canterbury Christ Church University 2006:4). To ensure respect in this study, the researcher, outlined in writing the guiding principles of volunteering participation and explained that he would respect the decision should any of them feel they did not want to continue with the study at any point of the study. The research also respected the participants' choice of language when asking any questions during the study. The participants' identity was also concealed in order to respect their identity; hence each participant was assigned a number to identify them in the study.

3.4.7 Justice

In the context of research, justice connotes fairness and equity for all participants in research. In procedural terms, justice requires that processes involve methods that are fair and transparent. Established procedures for participation are in place, and that the process be effectively independent (Canterbury Christ Church University 2006:4). The researcher established an Advisory Panel which was composed of the authorities and care-givers of the participating institution, which then selected the participants based on the principle of “purposive sampling”. All participants who were involved although differing in gender and age there were all treated equally. Each and every one of them received exactly the same
paper to draw and write on, the same kind of parcel and eraser. This was aimed at ensuring equality.

3.4.8 Beneficence

The principle of beneficence imposes a duty to benefit others and, in research, a duty to maximise net benefits. Care must be taken to ensure that the intention of research is to generate new knowledge that will produce benefits for participants themselves, for other individuals or for society as a whole, or for the advancement of knowledge (Canterbury Christ Church University 2006:4). To the best of the researcher’s knowledge findings of the study clearly presents new knowledge on the resilience of AIDS-orphaned children specifically in the institutionalised context of South Africa (cf.4.4). It unequivocally showed that resilience resources identified in the study can buffer the impact of risk in AIDS-orphans (cf.4.4)

3.5 CONCLUSION

This chapter provided details regarding the research design, research method, ethical issues as well as the trustworthiness of the study. The following chapter will report on the empirical data collected in the course of this study and also provide an analysis, interpretation and description of the research findings.
CHAPTER 4: ANALYSIS AND, PRESENTATION OF DATA

4.1 INTRODUCTION

The aim of this research was to explore and describe the roots of resilience among children orphaned due to HIV and AIDS in the Eastern Cape Province. The study included a total of 23 children who were living under institutionalised care at a children’s home representing HIV and AIDS-orphaned children of South Africa.

The foregoing chapter discussed the research design and methodology used in this study. This section of the dissertation documents the actual findings, analysis and interpretation of the empirical study. The data presented in this section of the research report was gathered using a ‘draw-and-write’ qualitative technique. The first section presents the outline of data analysis and a description of the research participants, while the subsequent sections give a narrative of the findings of the roots of resilience among AIDS-orphans.
4.2 OUTLAY, ANALYSIS AND PRESENTATION OF DATA

Figure 4.1: Outlay of data presentation, analysis and interpretation

Introduction, to analysis and presentation of data

Description of the biological details of research participants

Thematic analysis and presentation of findings

Analysis of research findings - literature verification

Conclusions drawn from the data
4.3 BIOGRAPHICAL DETAILS OF THE PARTICIPANTS

4.3.1 Number of participants

The study involved 23 participants (n=23). The participants had been selected purposefully. Only the children who volunteered to participate in the study were involved in the study.

4.3.2 Participants’ gender

The sample involved both girls and boys. The majority of the participants in this study were girls. Out of all the participants (n=23) involved in the study, 61% were girls, while 39% were boys.

Figure 4.2 indicates the number of boys compared to girls.

![Bar chart showing the number of boys and girls with 14 girls and 8 boys](image)

Figure 4.2: The number of boys compared to girls
4.3.3 Participants’ ages

The study targeted participants (AIDS-orphans) who were between the ages of 11 and 18. The youngest participant in the study was a 13-year old boy, and the oldest was 17 years old.

4.3.4 Participants’ highest school grades completed

The participants who took part in the study were in grades ranging from six to ten. Based on the idea that children in South Africa generally starts school at seven years, 19 of the total participants (n=23) could be regarded as being over-age; for the grade in which they were. Five participants, three boys and two girls, were one grade below their age, while eight participants, six girls and two boys were two grades below their age’s expected grade. Five participants, three boys and two girls, were three grades below their expected grade. One 17-year old girl who was expected to be in grade 11 was still in grade 6; she was five grades below her expected grade. Out of the 14 girls who participated, 11 were over-age, while out of the nine boys who participated, eight were over-age.
Figure 4.4: Number of participants per highest completed grade
### 4.3.5 Summary of participant demographics

**Table 4.1: Summary of participant demographics**

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<th>PARTICIPANT</th>
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4.4 FINDINGS

The researcher grouped the drawings according to the themes as contained in the narratives. The drawings were grouped according to the following themes: the participants had active support systems, participants received religious and/or spiritual support, participants had access to social services, books and school attendance changed the participants' lives, having access to a safe home enhances resilience, receiving inspiration, having a positive self-image and personal dreams, physical activity was used to achieve catharsis.

4.4.1 The Participants had active support systems

In this category eleven drawings depicted the existence of active support systems that enabled resilience in the participants. Research has consistently indicated that children who show resilience are those who have active support systems (Bernard 2004; Richter & Rama 2006; Eccles & Gootman 2002; Ungar, Brown, Liebenberg, Cheung & Levine 2008) and the findings of this study through these eleven respondents reflects the same notion.

For example, participant 6 made the drawing of a house surrounded by four female human figures. The house has the following words on the roof: “FAMILY”.

![Figure 4.5: Drawing by participant 6](image)
In explaining her drawing, participant 6 wrote the following narrative:

“My family made my life easier because they supported me all the time and also they made me feel positive about myself, the things that they do. I got motivational speeches, and they also gave me opinions that I should for so that helped me and made me strong” (Participant 6). (I think the child meant to say ........also gave me options that I should use and that helped me and made me strong” in the last part of her narrative).

The narrative shows that the participant’s family made life easier for him and that he felt positive. The family was the source of motivation for him. Feeling positive, a personal resilience resource combined with extrinsic motivation and made the participant cope resiliently. Preceding studies have noted these resilience resources as pivotal in enabling at-risk young people cope resiliently (Ungar 2004c; Yates & Masten 2004; Zolkoski & Bullock 2012) and being encouraged.

Participant 12 drew a picture of a female person representing her aunt who helped her cope with risks such as abuse. She made a book containing the words: “… God will be with you all the time”,

Figure 4.6: Drawing by participant 12
In the narrative, Participant 12 said: “When I had problems, I was helped by my Auntie. She would tell me that God will always be with me. I was not well cared for at home; I was abused at home. My mother died and my grandmother too. My mother was diabetic, and someone helped her to get treatment. I miss my mother, and my brother tells me that it will be well on earth” (Participant 12).

The narrative highlights risks, namely abuse, the deaths of her mother and grandmother, longing for her mother. It is also evident that religion provided the encouragement that the participant needed in order to resile. It is noteworthy that the participant appeared to resile due to religiosity that is evidenced by the words she wrote in her drawing. This finding concurs with (Ungar, Brown, Liebenberg, Cheung & Levine 2008:6) who also identified that beliefs and values including spiritual and religious identification are resources of resilience.

Participant 2 made a drawing of two female people who represent her Aunt.

![Figure 4.7: Drawing by participant 2](image)

This drawing by participant 2 was accompanied by the narrative that says:
“My life was difficult; I was abused by my own mother; then my Aunt helped me by talking to my mother; really, my Aunt helped me. I did not even want to go to school and she asked me why, and I told her I did not have school uniform. She helped me took me back to school and said she will buy me the uniform; I was overjoyed to go back to school” (Participant 2).

The narrative evidences risk such as abuse by her mother. Her Aunt argued with her mother and thereby mediated resilience. She regained her joy and motivation for school. Participant 8 made a drawing of a young female figure labelled “My cousin sister”.

![Figure 4.8: Drawing by participant 8](image)

In her narrative she said the following:

“Sometimes when my life goes up and down, I wish I could die, asking myself questions and family why I was born but my Cousin Sister talk about me (to me) giving me some ideas…” (Participant 8).

The narrative highlights the risk of hopelessness and suicidality. However, it is noteworthy that resilient coping was mediated by her cousin who willingly provided valuable advice. The extended family members were not the only sources of social support. In this regard, participant four wrote the following narrative:
"I was brought up by my father; he would encourage me. I am grateful. I was very small, but I am this big now" (Participant 4).

It is evident that the participant was raised by his father who ostensibly provided the needed encouragement for coping.

Furthermore, participant 7 benefitted from the encouragement that her mother provided. The narrative shows that her mother had difficulties growing up. Her mother gained valuable insight into life and she was passing it on to the participant, as the narrative shows:

“I used to ask for help from my mother; she would encourage me. She would tell me about her experiences because she also grew up like me. She would tell me that life is not easy, it is difficult. She would say if you fail first, you will succeed in your life. You must endure because life is not easy; you must pray so that you can succeed. Always look your enemies in the eyes; you must love people even if they did bad things to you; pray all the time" (Participant 7).

The narrative shows that the mother encouraged the participant to pray. A combination of encouragement and prayer provided by the mother buoyed the participant. The mother of participant 22 provided the participant with hope and added that the Lord was watching over the participant. These resources, (hope and religiosity) encouraged the participant towards resilience.

In her narrative, a similar trend as with participant 7 is noticed, “when it is painful in my life, the person who encourage me is my mother; she gives me hope that it shall be well. She says life on this earth is difficult. It is not easy on earth; nothing will happen over a single day. And losing hope… God is watching over you and I also love you. No matter what happened, God will be with you…” (Participant 22).

The uncle of Participant 11 encouraged resilience in him. In his narrative, he wrote:

“Uncle: He told me not to give up, and He is very supportive, and he is the one” (Participant 11).
Peers provided support to the participants, as the following narrative shows:

“Thoko helped me to know about God and my life become easy for me, and Londiwe makes me strong with her words so my life become smooth and cool, and when they say no, I understand because they want me to know that I must not do wrong things, I must do right things, and they said to me I must know my rights and responsibilities, and they said I must know that they love me, and they said I must know that God loves me and I love him and Thoko and Londiwe…” (Participant 10).

The narrative refers to friends who let the participant know about the Lord, thereby made life easier to cope with. The peers also encouraged social competence in the participants by encouraging her not to do wrong things.

It is evident that the participants benefitted from social support from extended family members, biological parents such as participants, and from peers. Several studies have noted the extended family, parents and peers as sources of social support that enhanced resilience in at-risk young people (Armstrong, Birnie-Lefcovitch & Ungar 2005; Ungar 2003; Ungar 2006; Kruger & Prinsloo 2008). As is outlined also in Ungar, Brown, Liebenberg, Cheung, and Levine (2008:6) that access to supportive relationships is protective.

4.4.2 The participants received religious and/or spiritual support

It is noteworthy that hope, perseverance and religiosity were resilience resources that enabled resilience in participants. These resources have been noted in preceding studies of at-risk young people (Fox 2007; Germann 2005; Kruger & Prinsloo 2008; Mampane & Bouwer 2006; Ungar 2006).

For example nine participants made drawings that contained religiosity as a theme. As in the following drawing:
Here the participants made the drawing of a church. The accompanying narrative says:

"…the Bible is the most important cause while turning to the word of Lord or go to Church, I feel more much better energetic and happy, that’s why I have drawn these pictures" (Participant 8).

The participant benefitted from the bible and church that provided her with joy and strength. It is worth noting that having a religion has been noted as a powerful resource that enabled resilient coping in young and at-risk people (Smukler 1990; Edwards, Sakasa & Van Wyk 2005). As outlined also in Boyden & Mann (2005:6) that spirituality have been found to have a significant impact on resilience.

4.4.3 The participants had access to social services

The drawings made by 8 participants showed that the participants resiled due to the access they had to social services. In this regard, non-governmental organisations provided social services that promoted buoyancy in the participants. It is common knowledge that non-governmental organisations rely on Social Workers and Volunteer Care-Workers to be able to provide social services in a country that is yet to win the war against poverty and underdevelopment.
The narrative that was written by Participant 9 bears evidence of the assertion above. Participant 9 drew a woman and labelled her as a “Social Worker” and then wrote the name of the social worker on it. This drawing has been withheld so as to conceal the identity of the mentioned professional for ethical reasons.

The narrative is as follows:

“Social Workers really helps me by expressing my feeling and helps me to speak out so that I can be strong” (Participant 9).

The narrative shows that the Social Worker enabled resilience in the participant by enabling her to verbally express her feelings to her. The participant indicated that she felt strong because of the conversations she had with the Social Worker. Child Help (2001) highlighted that social connectedness acts as a buffer for resilience among children.

 Participant 11 made a drawing of a female human figure and labelled her as a Social Worker. The role of Social Workers in facilitating resilient coping in at-risk youths is evident in narrative that was written by participant 11. In it she wrote:

**Figure 4.10: Drawing by participant 9**
“Social Workers make me strong: -They advise me on how to live in life and what to do when life is hard”.

The narrative shows that Social Workers enabled resilience in the participants by providing the advice they needed when adversity prevails. Social Workers seem to be the first line of service-rendering. They encourage youth at risk to choose the children’s home for care and support. In this regard, one of the participants wrote the following narrative:

“In my first drawing, I drew a person; this person is my Social Worker who brought me to the Children’s Home; my Social Worker used to strengthen me because he was a person who would always say it will be fine” (Participant 13).

Child-Care Workers provided social services that enabled the participants to resile. One of the participants made a drawing of a female human figure and the following words are inscribed on it: “Child Care Worker”.

![Figure 4.11: Drawing by participant 11](image)

In her attempt to explain the drawing the participant wrote the following narrative:

“Child Care Workers: They come in and close the gap that is in my heart and become my mother” (Participant 11).
The narrative suggests that Child-Care Workers were instrumental in enabling coping ability in the participants by making them feel well. The narratives further show that the Child Care Workers had meaningful attachments to the participants and acted as mothers to them. Research shows that at-risk youth resile when there are meaningfully connected warm and caring adults (Killian 2004; Martin & Marsh 2006; Ungar 2006:54; Yates & Masten 2004).

The Care-givers at the children’s home provided care and promoted pro-social behaviour in the participants. The Care-givers promoted pro-social behaviour by letting the children know what to do and what not to do. The following narratives bear evidence of the assertion above:

“Mama Lee: I stay at the children’s home; I am cared for by mother Lee; I came to the children’s home when I was 7 years old but now I am 15 years old; it has been mother Lee together with other woman. She would say no when I am wrong, and she would say yes when I am right” (Participant 20).

The narrative shows that the participant related to the Care-giver in a meaningful way.

Participant 6 made a drawing of a group of children who formed a circle. The words, “cycle of hope” are written in the centre of the drawing. At the top of the drawing are the letters “ADP”.

![Figure 4.12: Drawing by participant 6](image)
In explaining her drawing, the participant wrote the following narrative:

“*I also attend a ADP group that helped me a lot with self-development and how to face the challenges in my communities; it helped even when I am out here at the children’s home; I know how to deal with the other people. They also helped me to forgive myself about what has happened in my life and so that I can forgive others too. So I am this strong girl because of them; I appreciate the work in my life*” (Participant 6).

The narrative indicates that the participant had access to life skills programs such as the “ADP”. Life skills are competences that enable people to cope with or face life’s challenges in the ever-changing world of today. Studies by Mampane and Bouwer (2006), Theron (2007), Theron and Theron (2010) and Ebersöhn (2008) emphasised the need for Life Skills Education and Life Orientation in enabling resilience in at-risk youth. The participant had learned of the value of forgiveness and the narrative shows how strong she was.

### 4.4.4 Books and school attendance changed the participants’ lives

The drawings made by 4 participants showed that the 4 participants resiled due to the access they had to formal education. In this regard, teachers, books and other significant people provided the support that promoted resilience in the participants. Some of the drawings and narratives that fall into this category will be presented.

Participant 17 made a drawing of a book and a human figure.
In explaining the drawing, participant 17 said:

“This book makes my life helped and this guy said to me, go to school, and I go to school and I get this book, and I read this book and my life goes on because of this book and this guy. When I go to school, I read this book. This book and this guy make my life helped” (Participant 17).

The narrative shows that the book improved the life of the participant. It is also important to note that the participant was encouraged to attend school. The reading of books and the person that encouraged the participant to attend school made life easier for the participant. The importance of education and caring strangers in encouraging resilience in at-risk youth is well documented (Barbarin, Richter & De Wet 2000; Bogar & Hulse-Killacky 2006; Govender & Kilian 2001; Theron 2007; Ward, Martin, Theron & Distiller 2007; Ebersöhn 2007).

Participant 18 also made a drawing of a male human figure wearing glasses and a tie. The participant does not explain who the person might be.
In explaining the drawing, the participant said: “He strengthened me a lot because he greatly helped me in my life because in many things he assisted me, for example, with schooling because I was not going to school and he encouraged me to go to school; I was so stubborn, if so, he encouraged me to go to school” (Participant 18).

The narrative showed that the man who is represented by the drawing made the participant strong. The participant indicates that he was stubborn; however he agreed to attend school due to the influence of the male person.

School engagement is an antecedent that enhances at-risk children’s coping with or face life’s challenges as the study by Malindi and Machenjedze (2012) showed.

Participant 20 made a drawing of a school and wrote the name of the school. For ethical reasons, the drawing is withheld, however the narrative is used. The narrative said:

“…at school, I have recently found friends, and it has become so nice in my life. Regardless of how my life was in the past, now it is good, regardless of how my background is”.

Figure 4.14: Drawing by participant 18
The narrative above provides evidence that friends made the participant’s life better. This finding corroborates the findings of other at-risk youth by (Le Roux 2001; Pillay & Nesengani 2006; Rochat & Hough 2007; Ungar, Brown, Liebenberg, Cheung & Levine 2008; Zhao, Li, Fang, Zhao, Hong, Lin & Stanton 2011).

4.4.5 Having access to a safe home enhances resilience

Several authors have pointed out the importance of safe spaces in enabling children at risk to cope with their lives (Ungar, Brown, Liebenberg, Cheung & Levine 2008; Yates & Mastern 2004). The findings of my study demonstrate that the participants thrived due to safe spaces created around them by the children’s home. For example, participants 5 made the drawing of a house.

![Figure 4.15: Drawing by participant 5](image)

In explaining the drawing, participant 5 said:

“I used to be homeless, and then I was helped so that I could stay in a house, so that I can live a longer life. A house has made me strong because I know a human being cannot live without a house because he will get exposed to bad things and end up getting lots of diseases such as fever, which result in him not living a longer life on earth. I realised that when you have a home, you are able to do all thing you wish to do at your home. When
you have a home, you are able to keep safe all things that you need in your life” (Participant 5).

The narrative by participant 5 highlights the risk of being homeless. However, it is noteworthy that resilient coping in the participant was mediated by having access to safety provided by the children’s home. Access to housing served as a resilient resource that further enabled the participant to have secure spaces for belongings.

4.4.6 Receiving inspiration

Participant 3 drew an ice cream and gave her narrative on it as shown below.

It is noteworthy that one participant was inspired by imagining a better life in future. In this regard participant 3 drew ice cream, which is a luxury item, on a cone.

![Figure 4.16: Drawing by participant 3](image)

In explaining the drawing, the participant said:

“the thing [reason] that makes me draw the ice cream is that ice cream… when I see it, ..it makes me strong, very powerful because when I see it I see a very successfully life over that problem. I see that one day I would be like that ice cream. I would be in a higher level it
makes me to be an Angel one day… it would be a successful life. It makes me to be a strong person in life God loves me” (Participant 3).

It is evident that the inspiration the participant gets from the object (ice cream) strengthened her. The participant was inspired and she wished to reach greater heights in her life. Several studies have demonstrated that focusing on the future and dreaming makes children at risk cope with prevalent adversity (Fox 2007; Johnson & Lazarus 2008; Schoon & Bynner 2003; Theron & Theron 2010; & Ungar 2004a). Focusing on the future gives children at risk hope that enables them to persevere in the midst of adversity (Dass-Brailsford 2005; Rak & Patterson 1996; Ungar 2004a).

4.4.7 Positive self-image and personal dreams

One participant focused on personal resilience resources and produced a drawing of a boy representing himself.

![Figure 4.17: Drawing by participant 23](image)

In explaining the drawing, the participant said:

“This drawing shows myself, and when I draw myself, it makes me feel good because I love myself so much more than you. And this car is my dream car. I draw this car because it’s my dream car and I will get this car no matter what I am going through” (Participant 23).
The narrative shows that the participant loved himself, had a positive self-image, was confident and good self-esteem or self-worth, which are personal resources that enhance resilience (Ebersöhn & Maree 2006; Theron 2004; Theron & Theron 2010; Kruger & Prinsloo 2008). Participant 23 also had dreams of getting the car of his dreams in the future. Having dreams is a resilient resource which is anchored in positive thinking despite adversity.

4.4.8 Physical activity was used to achieve catharsis

It is important to note that one participant gave us insight into how physical activity can be useful in attaining a feeling of wellbeing. In this regard, the participant made a drawing of a male person working out. A punching bag can be seen in the drawing and the human figure drawn is wearing boxing gloves.

![Figure 4.18: Drawing by participant 9](image)

In explaining the drawing, the participant said:

“I have learnt to keep stress out boxing, a punching bag not a person. That’s what makes me strong when I am angry. Boxing keeps me fit and strong so that I cannot keep my anger into other person that is how boxing works on me” (Participant 9).
This indicates that he used boxing as an anger management tool, and boxing helped to keep him calm. The use of boxing was instrumental in improving relations between the participant and other children. In this regard, boxing served as a resilience resource for the participant (Theron 2007; Kruger & Prinsloo 2008; Govender & Kilian 2001).

4.5 CONCLUSION

This chapter presented the data collected through the draw-and-write technique. The concluding chapter will focus on the conclusions and recommendations emanating from the study.
5.1 INTRODUCTION

In Chapter 4, the researcher presented the visual data that was collected through symbolic drawings and narratives. The researcher followed this with an analysis and interpretation of the data, thereby making sense of it. In Chapter 5, the researcher re-visit the aim and research design of my study, summaries the research findings, provide main conclusions, make recommendations for further study and practice, outline the contributions of the study, outline the limitations of the study and make concluding remarks.

5.2 AIMS REVISITED

The table below illustrates the aims that guided my study and whether or not they were achieved.

Table 5.1: Aims of the study

<table>
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| To conduct a literature study that would:  
  • define resilience | This objective was achieved after I reviewed relevant literature that discusses and addresses the concept of resilience. After considering a wide range of schools of thought on the phenomenon of resilience the socio-ecological tradition was adopted for the study because it is more relevant. Furthermore, risks and protective resources to resilience were explored. |
| To explore the roots of resilience among Aids-orphaned children through empirical research | This aim of the study was achieved through the use of the Draw-and-write technique of collecting qualitative data from 23 AIDS-orphaned children in institutionalised care. |
Empirical research unearthed the following resilience resources: the participants had active support system; participants received religious and/or spiritual support; participants had access to social services; books and school attendance changed the participants' lives; having access to safe home enhances resilience; receiving inspiration; having a positive self-image and personal dreams; physical activity was used to achieve catharsis.

5.3 RESEARCH DESIGN AND METHODS

The study was a qualitative, exploratory and descriptive study that sought to unearth the processes that fed the resilience of children orphaned by HIV and Aids, who resided in a children’s home (cf. 1.5; 1.5.1, 3.2).

The study used the Draw-and-write technique to collect data (cf. 3.3.3.1; 3.3.3.2). The use of this methodology is still fairly new in South Africa although it has been widely used in research settings elsewhere. The method is effective in that it is considered non-threatening and friendly to children as virtually all school-age children are familiar with producing drawings and writing about themselves (cf. 3.3.3.4). The drawings were grouped according to broad themes supported by the narratives that the participants compiled in explaining the drawings (cf. 4.4). Issues of trustworthiness (cf. 3.4) and ethics (cf. 1.10; 3.3.2.4; 3.3.3.4) were discussed. The following section will provide a summary of the findings from the study.

5.4 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS

Eight themes relating to the roots of resilience among the participants emerged, namely the participants had active support system, participants received religious and/or spiritual
support, participants had access to social services, books and school attendance changed the participants’ lives, having access to safe home enhances resilience, receiving inspiration, having a positive self-image and personal dreams, physical activity was used to achieve catharsis. A brief summary of each theme follows.

5.4.1 The participants had active support systems

It is clear from the findings that the participants were able to resile due to socio-ecological resilience resources that their families provided in culturally meaningful ways (cf. 4.4.1). In other words, the participants benefited from active support systems that included significant people such as mothers, fathers, uncles, aunties, and friends (cf. 4.4.1). Supportive families make children feel positive about themselves despite difficult circumstances and it can be said that this finding confirms previous findings on the usefulness of active support systems in enhancing resilience (cf. 2.4; 2.5.1.3; 2.6).

5.4.2 The participants received religious and/or spiritual support

My study highlighted the role of religiosity in promoting buoyancy in and among vulnerable children. In this regard, religiosity provided meaningful connections that benefitted the at-risk participants. This finding corroborated previous findings involving other groups of vulnerable children. These studies included Malindi and Theron (2010), Theron and Malindi (2010), Malindi and Theron (2012) and Malindi and Machenjedze (2012).

5.4.3 The participants had access to social services

It was evident that access to social services was a root to resilience for the participants as is detailed above (cf. 4.4.1). Social Workers, Child and Youth Care workers, were mentioned probably because of the parental role they had assumed in the lives of orphaned children. It should be noted that the aforementioned social service providers were more prominent in the lives of the participants. Other welfare resources were identified in the study as the roots of resilience, these included support groups, alternative care facilities, and community resources (cf. 4.4.3).
5.4.4 Books and school attendance changed the participant's lives

It was evident that reading books and access to schooling were crucial roots of resilience. Particularly, teachers, friends at school, reading books, and people encouraging the child to go to school against all odds received special mention (cf. 4.4.4).

5.4.5 Having access to a safe home enhances resilience

Secure housing was identified as an antecedent of resilience among the participants in my study. These findings corroborate the findings of an earlier study conducted on children living on the streets (Malindi & Theron 2010:112), that found that resilient coping is robust when youths have access to safe spaces. Access to housing ensured security for belongings; prevented sicknesses or getting infected by diseases; promoted long life; provided protection; and promoted school attendance (cf. 4.4.5).

5.4.6 Receiving inspiration

Inspiration was identified as a root of resilience in AIDS-orphaned children who participated in this study. The finding shows that the participant derived inspiration and that made her aspire for a better life in future (cf. 4.4.6).

5.4.7 Having a positive self-image and personal dreams

Several studies involving children at risk showed that they were buoyed by personal protective resources such as self confidence that stems from having a positive self-image. The study adds to theory through the finding that some of the participants in this study had a positive self image (cf. 4.4.7). This is remarkable considering that the participants had lost parents through a dreaded syndrome that carried the risk of stigmatization.

5.4.8 Physical activity was used to achieve catharsis

One of the participants indicated that he used boxing to effect a feeling of wellness or catharsis (cf. 4.4.8). This is remarkable since it shows that the participant deliberately dealt
with negative emotions in alternative and less harmful ways. To the best of my knowledge, this finding has not been made among orphans due to HIV and AIDS.

### 5.5 CONCLUSIONS

The findings of this study are significant. They emphasise the important role of meaningful attachments to competent adults in enhancing resilience in at-risk youth. The findings call for the recognition of ordinary coping mechanisms that reside inside individuals as personal strengths as well as those that reside in the individual’s social and physical ecology. The findings point to need to recognise that resilience is ordinary and relies on the functioning of ordinary adaptation systems for one to cope resiliently (Masten 2001). The findings make a link between individual and ecological resilience resources. This means that the while risks combine in complex ways in order to blight a child’s developmental trajectory, protective resources (individual and ecological) similarly combine in complex ways to assist a child to cope resiliently. This was true of the participants in this study too.

The findings confirm resilience as a phenomenon that relies on what is built inside the child and around the child (Ungar 2005). This is consistent with the view that resilience is the ability of a child at risk to navigate towards resilience resources that a community must be able to make available in ways that are culturally compliant (Ungar 2011). This indicates unequivocally that resilience is only noted in the context of risk. In this regard, the participants in the study had and were experiencing risks to resilience. The findings show that they were able to rise above risks due to personal and ecological protective resources. This further call for the resilience phenomenon to cease to be seen as a characteristic of children shielded from risks but rather as the capacity and process that involves adaptation in the context of risk.

### 5.6 RECOMMENDATIONS FOR FURTHER STUDIES

- The findings of this study could serve as a springboard for future studies for the following reasons:
• This was a qualitative study that employed the Draw-and-write technique. It would be prudent to combine the Draw-and-write technique with other data collection strategies such as interviews. This combination of methods would ensure that richer data is collected and that narratives and drawings can be even further explicated.

• The findings of my study beg a comparative study of the roots of resilience among AIDS-orphans in institutionalised care and those in the community and family-based care. This will broaden our understanding of the roots of resilience in orphans in institutional care and in home-based care.

• The need for a study involving the roots of resilience among AIDS-orphans and other children orphaned due to other reasons other than HIV and AIDS. A mixed methods study combining quantitative and qualitative date exploring roots of resilience in AIDS-orphans is called for. The quantitative part of the mixed methods study will document the factors that promote resilience in orphans while the qualitative part which could involve the use of interviews or symbolic drawings and narratives will unearth the processes that enhance resilience in these children.

5.7 RECOMMENDATIONS FOR PRACTICE

It is worth noting, that this study singled out a number of processes that was promoted resilience among the participants. This constellation of resources indicates that intervention programs aimed at ameliorating the plight of orphans should incorporate resources. Practitioners in the field of mental health-care should be aware of the need for resilience programs that incorporate personal and ecological resilience resources. In view of positive psychology (cf. 2.7.1) resilience programs for at-risk children will do well to recognise the strengths that children have and those that their social and physical ecologies can provide. Parental guidance programs will do well to alert parents of the need for meaningful connections between parents and children to be promoted. The role of the peer group and the extended family is highlighted by the findings. This shows that peer support systems can be useful in enabling resilience in at-risk young people.
5.8 CONTRIBUTIONS OF THE STUDY

The study made the following contributions:

- In the literature accessed and utilised for the study, it appears as if this study is contributing a significant component of resilience data gathered specifically from institutionalised AIDS-orphaned children, within the South African context.

- Eight broad themes of roots of resilience, which promoted resilience among institutionalised AIDS-orphaned children, were identified in this study. This augments and fills a gap in the broader existing knowledge on resilience and the phenomena of HIV and AIDS among children in institutionalised care within South Africa (cf. 4.4).

- This study contributed to the broadening of our knowledge of resilience, and resilience processes such as risks and resilience processed. It unequivocally showed that resilience resources can buffer the impact of risk in orphans.

- The study adds to the store of resilience resources and the unique ways in which young children’s resilience can be promoted through a strength-based approach.

These factors are:

- Family support: This includes even the extended family.
- Religiosity: this includes spirituality.
- Social services: provided by government and Non-profit organisations.
- Support groups: this includes circles of hope, and structured peer support groups.
- Education: school creating a platform for AIDS-orphans living in institutions of care to meet and make friends who are important in promoting resilience.
- Safety and housing: this offers protection.
- Receiving inspiration: this is linked to hope and future focus.
- Physical activity was used to achieve catharsis: use of the sport of boxing as a way of coping with negative emotions.
5.9 LIMITATIONS OF THE STUDY

The study contributes meaningful insights into the resilience phenomenon, risks and protective resources among orphans due to HIV and Aids. The study is however limited by the following:

- The study involved only Xhosa-speaking children;

- The findings of the study apply to African orphans; a very small percentage of the participants were not double orphans as they still had one parent who was alive. Their circumstances could differ from those who had lost both parents.

- Some of the drawings are faint, which reduced their visibility in the study report.

5.10 CONCLUDING REMARKS

The Contesa Charity Organisation that provides support to AIDS-orphans in Zambia published a testimony by one of their orphaned children that is a beautiful expression of the roots of resilience (Phiri 2011). The testimony that follows was adapted from the Contesa website.

This chapter presented the conclusions and recommendations that emanating from the study. It revisited the aims of the study and indicates how they have been achieved in the study. The chapter also gave a summative overview of the entire study achievements or limitations.
TESTIMONY

My name is Given Phiri and am doing my tenth (10th) grade at Parklands High School. I am a single orphan, my father died a long-time ago when I was young. We are four (4) in our family, three (3) girls and one boy. None of my sisters reached the secondary level of education due to financial problem. I live with my mother, who has been sick for a long-time and she was once paralysis. Seeing my mother’s sickness makes me feel bad at times, because she cannot walk on her own.

I started school with the help of my aunt who also died when I was in Grade seven (7). Since then I struggled with my education and faced many challenges. I stayed in the compound for about three years without going to school. Seeing my friends going to school made me to think that I was nobody because I tried to look for help from my relatives and nobody was able to help. Until when I heard of Messiah Ministries I went there and explained my situation to Pastor and Mrs Gutingyu and I was given help.

By your help CONTESA through Messiah Ministries, I started Grade eight (8) at Messiah Community School on 9th February, 2009 and I was given all the requirements to support my education. I thank you CONTESA for the building (class block) you built for us at Messiah Community School. The only challenge I had was when I reached Grade nine (9) because I did not have money to pay for my examination fee which was K92,500. I tried to look for this money but I failed until my classmates contributed and raised K40,000 also the Director (Mrs Gutingyu) gave me the shortage amount. Then I paid, wrote my examination and qualified to go to Grade ten (10).

Finally I render my thanks to all donors for this tremendous (very large) support you have been giving us. I did not know that there are people who has a heart for the orphans, may the good Lord continue to shower His blessings upon you and grant you eternal life. I am praying hard for God to help you find more ways of helping the orphans thank you!
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