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An Exploratory Study of the Relationship between Psychosocial Support and Resilience in Adolescent Orphans

Tondani Mudau

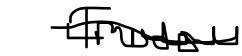
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This research report is submitted in partial fulfilment of the requirement for a Master's Degree in Research Psychology by Coursework and Research Report in the Department of Psychology Faculty of Humanities, School of Human and Community Development at the University of the Witwatersrand. Johannesburg.

2018

Declaration

I, Tondani Mudau declare that the work in this research report is my own original work and I am the sole author thereof. All parts of the report that do not reflect my own ideas have been acknowledged in form of references and citations. This report is being submitted for the first time in partial fulfilment for a degree at the University of the Witwatersrand, the report has not been submitted to any other university.

Signed 

February 2018

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There is no accomplishment without cooperative effort, for this reason, I would like to thank all the people who contributed to the completion of this research report.

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To my elder brothers Tshimangadzo and Fhumulani, you are exceptional siblings, thank you for everything you did during the planning process.

To my friends, too many to mention, thank you for all the support given and interest shown in the research.

To my participants:

I hope you never fear those mountains in the distance
never settle for the path of least resistance
Living might mean taking chances, but they're worth taking

Loving might be a mistake, but it's worth making
Don't let some Hell-bent heart leave you bitter
When you come close to selling out, reconsider
Give the heavens above more than just a passing glance
And when you get the choice to sit it out or dance

I hope you dance

Dedicated to: Lutendo, Ndivho & Vhutali

Abstract

The study aimed to explore the relationship between psychosocial support and resilience in adolescent orphans residing in a rural area of the Vhembe District, Limpopo province, South Africa. The study explored this relationship by adopting a qualitative research design and employed a hermeneutic method of phenomenology as an epistemology for understanding the participants' different subjective experiences and realities. The study utilised semi-structured interviews with open-ended questions written in both English and Tshivenda. The interview questions, participant information letter, assent and consent forms were all translated from English to Tshivenda to ensure comprehension and voluntary participation. To recruit participants purposive and convenience sampling procedures were utilised. The participants were selected on a single and double orphan criteria; the process entailed approaching the social worker to select participants who met the criteria. Thereafter, the sample consisted of 11 participants, male (n=4) and female (n=7) between the ages of 13 and 18. To understand the relationship between psychosocial support and resilience, this research draws upon the Social-Ecological Resilience Framework (Ungar, 2011). Social-Ecological Resilience Framework paves a way of understanding an individual in their own context, by focusing on their social relations, societal discourses and ideological positions. From Thematic Analysis the themes of support such as caregiver support, educational support, environmental safety, health support, spiritual support and peer relationships were themes associated with resilience. Thematic analysis has shown that psychosocial support plays an important role in the promotion of adolescent orphans' resilience.

Key Words: Psychosocial Support, Resilience, Adolescence, Orphans and Vulnerable Children (OVC), Social Ecological Framework.

Table of Contents

Operational Definition of Terms……..8

Chapter 1 .....
Introduction.....

1.1 Background..... 10
1.2 Problem Statement..... 11
1.3 Rationale and Aims..... 12
1.4 Objectives and Research Questions..... 12
1.5 Chapter Outlines…….....13

Chapter 2 .....
Literature Review .....

2.1 Introduction..... 14
2.2Adolescence..... 14
2.3 Orphans: South African Context..... 16
2.4 Orphans and Poverty..... 17
2.5 Orphans and Mental Health..... 18
2.6 Psychosocial Support..... 20
2.6.1 Caregiver Support..... 22
2.6.2 Community Support..... 24
2.6.3 Peer Relationship Support..... 24
2.6.4 Spiritual Support..... 26
2.7 Resilience.....28-29

Chapter 3 .....
Theoretical Framework.....

3.1 Introduction..... 30
3.2 Social-Ecological Resilience Framework..... 30

Chapter 4 .....
Research Design and Methodology .....

4.1 Overall Approach..... 32
4.1.1 Research Paradigm..... 34
4.2 Research Aims..... 34
4.3 Participants..... 34
4.3.1 Selection Criteria..... 34

4.3.2 Sampling Procedure 35
4.4 Setting 35
4.5 Instruments 36
4.6 Data Collection Procedure 36
4.7 Data Analysis 37
4.8 Ethical Considerations 38
4.9 Trustworthiness 38
4.10 Reflexivity 39
Chapter 5 .....
Thematic Analysis
5.1 Introduction 41
5.2 Phases in doing Thematic Analysis 42
5.2.1 Phase 1: Familiarisation with the Data 43
5.2.2 Phase 2: Generation of Initial codes 43
5.2.3 Phase 3: Searching for Themes 43
5.2.4 Phase 4: Reviewing themes 44
5.2.5 Phase 5: Defining and Redefining themes 44
5.2.6 Phase 6: Reporting Data 46
Chapter 6 .....
Findings
6.1 Introduction 47
6.2 Demographics of Participants 47
6.3 Defining Resilience 48
6.4. Psychosocial Support and the Ecosystems 50
6.4.1 Caregiver Support 50
6.4.2 Educational Support 52
6.4.3 Environmental Safety 54
6.4.4 Health 56
6.4.5 Spiritual Support 57
6.4.6 Peer Relationship Support 58
6.5 Resilience Factors 59

6.5.1 Positive Change 59
6.5.2 Bullying and Anger 62
6.6 Personal Growth 63
6.6.1 Making a Difference 63
6.6.2 Autonomy 64
6.7 Other Reflections 65
6.7.1 Reflection on General Youth Wellbeing 65
6.8 Concluding Remarks 67
Chapter 7 .....
Discussion and Concluding Remarks .....
7.1 Discussion 68
7.1.1 Resilience and Psychosocial Support 68
7.1.2 Strengths and Limitations 69
7.2 Suggestions for Possible Interventions 70
7.3 Recommendations for Future Research 71
7.4 Conclusion 71
References 72-83
Appendices .....
Appendix A: Permission to Conduct Research 84-86
Appendix B: Participant Information Letter 87-88
Appendix C: Consent Form 89-90
Appendix D: Assent Form 91-92
Appendix E: Interview Questions 93
Appendix F: Ethics Approval Letter from Faculty 94

Tables

Table 1. Example of Themes and Categories 45-46
Table 2. Participant Characteristics 48

Operational Definition of Terms

Adolescence: a transitional period of physical, emotional and cognitive development from childhood into adulthood typically between the ages of 13 and 24.

Double Orphan: A child under the age of 18 who has lost both parents through death.

Chronic poverty: Poverty transferred from one generation to the next.

Hermeneutic Phenomenology: A qualitative research tool which focuses on personal knowledge, subjectivity, and personal interpretation of lived experiences.

Psychosocial Support: Any form of support that promotes and protects the psychological and social well-being of an individual.

Resilience: The ability to show positive social, mental and physical functioning following adversity.

Research paradigm: Refers to a belief system that directs the understanding of and solutions to social issues.

Single Orphan: A child under the age of 18 who has lost a mother or a father to death, they are also referred to as maternal or paternal orphans.

The Social Ecological Resilience Framework: A framework stating that resilience is a product of the child's social ecology, namely their microsystem, mesosystem and macrosystem.

Vulnerable Children: Children that may have parents but are exposed to dire life situations including poverty, disability, lack of care and protection, exposure to sexual abuse and ill or unavailable primary caregiver.

CHAPTER 1

INTRODUCTION

1.1 Background

Death is an inevitable event that affects every living person. While most people accept death as an inevitable event, the death of parents has proven to be a difficult event to deal with, particularly for adolescents (Cluver, Gardner, & Operario, 2007). Cluver and Gardner (2016) state that there are over 2-million children orphaned by the HIV and AIDS epidemic and a large amount of these orphans are under the age of 18 (Collishaw, Gardner & Cluver, 2016). In the field of developmental psychology, Erikson (1968) argues that when children are between the ages of 13 and 18, they are at a critical stage of developing ego identity, and failure to overcome the crisis in this stage results in role confusion. The death of a primary caregiver in this age group can hinder the development of the ego identity. Ego identity is a form of identity that provides adolescents the ability to experience their actual self (Levesque, 2014). According to Erikson (1968) and Levesque (2014), the ego identity protects adolescents in the face of sudden environmental and personal changes and helps adolescents continue with their lives after sudden changes. Chi and Li (2013) concur with Erikson that the loss of a primary caregiver may expose adolescents to high risk of delinquency, low self-esteem, and hopelessness.

In a country such as South Africa, where there is great gender inequality, poverty and limited access to resources, adolescents may also be vulnerable to crime activities (Theron & Theron, 2010). Similarly, research in African countries such as Kenya and Zimbabwe have also shown that after the loss of parents, relatives take care of adolescent orphans (Foster, 2002; Freeman & Nkomo, 2006; Landry, Luginaah, Maticka-Tyndale & Elkins, 2007). In cases where there are multiple children in the family, the siblings are sometimes separated. The

separation of siblings is normally used as a strategy for relatives to share the financial and material responsibility of taking care of adolescent orphans (Landry *et al.,* 2007).

Freeman and Nkomo (2006), state that although relatives of the orphaned children are frequently prepared to include children into their homes, the integration usually increases stress in the household. Many adolescent orphans have reported that living with their relatives increased their sense of loss, particularly towards their immediate family, home and their sense of self (Landry *et al*., 2007). The physical separation from their siblings also prevents them from openly talking about their emotional pain; the adolescent orphans also become more vulnerable to mental health issues, such as depression and anxiety (Collishaw, Gardner & Cluver, 2016). In addition, some orphans claim that while living with their relatives, they experienced unequal treatment, physical abuse and verbal abuse from their relatives, which enhances negative self-perception low self-esteem, loss of trust and confidence in relatives (Collishaw, Gardner & Cluver, 2016; De Witt & Lessing, 2010, Landry *et al.,* 2007).

Furthermore, in their school environment, adolescent orphans also face social challenges. Mwoma and Pillay (2015) observed that some orphans feel the need to protect themselves at school against maltreatment from other learners, even in unnecessary situations. This self-protection manifests in aggression and bullying of other learners and educators (Mwoma & Pillay, 2015; Ramirez & Andreu, 2006). Some of the orphans are reported to be withdrawn and antisocial (Mwoma & Pillay, 2015; Ramirez & Andreu, 2006). The internalising and externalising behaviours affect their academic performance and social life. They usually repeat classes and fail to create and maintain real friendships with peers (Mwoma & Pillay, 2015). Additionally, the loss of parents also results in financial hardship, which may prevent orphaned children from attending school (Mwoma & Pillay, 2015; Mwoma & Pillay, 2016). In a mixed methods study by Mwoma and Pillay (2016), some orphans reported that after the death of their parents, they discovered that their relatives had no financial income to support

them. Instead, these orphans were coerced to find jobs to sustain themselves (Mwoma & Pillay, 2015). As a result, some of the orphans disappear from their extended families to live as street children, while others engage in criminal activities (Mwoma & Pillay, 2015; Mwoma & Pillay, 2016).

1.2 Problem Statement

Foster (2002), explains that many of the challenges that orphans experience are embedded in the lack of support from their environments. The absence of support in an orphan's environment may be the cause for persistent distress after parental loss (Foster, 2002). Foster (2002), further explains that available psychosocial support helps orphans overcome various challenges they encounter. Psychosocial support refers to support given on an emotional, social, mental and spiritual level (Foster, 2002). Since several other research studies (Cluver, Gardner, & Operario, 2007; Freeman & Nkomo, 2006; Landry *et al*., 2007) have proven that parental loss is a risk factor contributing to numerous difficulties, comprehending the different psychosocial supports offered may help create an understanding of how South African adolescent orphans become resilient and cope with their disrupted lives. The research is undertaken to portray the challenges encountered by orphans and establish the type of psychosocial support that is available for adolescent orphans living in a rural environment and how this support contributes towards their resilience.

1.3 Rationale and Aims

It is reported that South Africa has the highest prevalence of HIV/AIDS compared to any other country in the world (UNAIDS, 2014). The HIV/AIDS pandemic has left many children and adolescents as orphans (UNAIDS, 2014). The challenge of being an orphan in South Africa includes poverty, unequal access to health care, sexual violence and depression (Skinner *et al.,* 2006). Despite these enormous challenges, some orphans in South Africa become successful and fully functioning adults (Heath, Theron & Lyon, 2014;

Wood, Theron & Mayaba, 2012). As a result, this study aims to investigate the forms of psychosocial support that promote resilience in South African orphans between the ages of 13-18 living in a rural area of the Vhembe District Limpopo Province. The focus of the study is on the social ecology of adolescent orphans, based on Bronfenbrenner's perspective showing that an individual's development is influenced by his/her social environment (Bronfenbrenner, 2009). This research explores whether there is a strong relationship between psychosocial support and resilience in adolescent orphans residing in a rural environment. In academic databases search such as Google Scholar, Jstor and other online journals, it was found that there are several studies on orphans and coping strategies after parental loss, including orphans and resilience factors. Different views have been expressed that research on resilience in orphans needs to move beyond resilience and coping strategies and start focusing on the aspects in the environment which contribute to the resilience of adolescent orphans. The purpose of the research is based on this observation and to establish what psychosocial support is available and how these contribute to the resilience of rural adolescent orphans.

1.4 Research Objectives and Research Questions

The objective of the study was to explore whether the possible relationship between psychosocial support and resilience in adolescent orphans. This exploration was implemented by employing a qualitative research design which encompassed semi-structured interviews with adolescent orphans between the ages of 13 and 18. These were the intended research questions of the study:

1. Is there a relationship between psychosocial support and resilience in adolescent orphans?
2. What forms of psychosocial support promote resilience in adolescent orphans?
3. Does the social ecology of adolescent orphans contribute to their resilience?
4. What are adolescent orphan's perspectives on psychosocial support and resilience?

1.5 Chapters Outline

Chapter 2 presents the literature review on themes including adolescents and their relation to parental loss, psychosocial support, and resilience by referring to global and local research. This chapter also introduces and discusses supports received by adolescent orphans residing in orphanages all over the world. *Chapter 3* introduces and engages with the theoretical framework of social-ecological resilience (Ungar, 2011). This chapter argues that the social-ecological resilience framework provides a critical theoretical and analytical lens in the exploration and critique of the relationship between psychosocial support and resilience in adolescent orphans.

Chapter 4 introduces and discusses the methodologies utilised in the study. The study adopts a qualitative research design which aims to explore subjective narratives of adolescent orphans regarding their conception of resilience and the psychosocial support they receive through individual interviews and application of the phenomenology paradigm. The chapter also presents information on the study setting, procedures, ethical considerations and processes of data collection and data analysis. *Chapter 5* presents an overview of the data derived through thematic analysis. The chapter highlights and discusses themes and subthemes that emerged within the data related to both resilience and psychosocial support in the lives of adolescent orphans. *Chapter 6* presents the findings of the study and also provides an interpretation for the data provided in relation to the research question.

Chapter 7 presents a conclusion and a general discussion of the research findings and discusses the overall implications of the study, possible limitations and future recommendations for future studies. The Appendices will showcase all the letters granted to the researcher and those sent to the participants to conduct the research including permission

letter from the orphanage, participant information letter, consent form, assent form, interview questions and ethics approval letter from faculty.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter gives an extensive literature review on the conceptions of psychosocial support and resilience. Firstly, it discusses the state of being an adolescent, particularly an adolescent orphan in South Africa. Secondly, it consults previous literature, which elucidate the possible relationship between psychosocial support and resilience. It further explains how these concepts manifest in adolescent orphans.

2.2 Adolescence

Adolescence is defined as a transitional period of physical, emotional and cognitive development from childhood into adulthood (Balk, 2014). It is also recognised as a critical developmental stage, occurring between the ages of 12 and 18 (Malone, 2016). Spano (2004) categorises adolescence into three stages which are early, middle and late adolescence (Balk, 2014). In these stages, adolescents experience development in all levels. The focus of this study will be on middle adolescents who may also be approaching the first stages of late adolescents. According to Erikson (1963), when adolescents are between the ages of 13 and 18, they are beginning to think about their future in terms of occupation and relationships. They are still discovering who they are and the roles they will need to fulfil as an adult and where they fit into society, Erikson calls this major stage "development identity versus role confusion" (Erikson, 1968). According to Malone (2016), this stage is critical in the formation of a sense of self, autonomy and goal-directed behaviours. In this stage, adolescents also acquire skills on managing life demands and thriving even under unexpected changes (Balk, 2014; Malone, 2016). Balk (2014) also adds that it is in this stage where some adolescent master survival skills within their own environments. The ability to master

how one can survive in an environment influences one's outlook on life, adolescents can either adopt a positive or negative outlook on their lives.

When adolescents lose their parents, loss, grief, and trauma may be experienced and this could affect their development process. In this case, Malone (2016) suggests that loss and grief of can be viewed from a developmental framework. A developmental framework focuses on the adolescent's social, emotional, cognitive and psychological domains, specifically how these domains are influenced by the adolescent's social environment (Malone, 2016; Steinberg, 2014). The developmental framework emphasises that the social environment determines the intensity of grief and loss. Wild, Fisher and Robertson (2013) argue that the social environment adolescents belong to equips them with coping skills for loss and grief. Therefore, adolescents' response to loss depends on the influence of their social environment.

Furthermore, Anfara and Mertens (2007) suggest that adolescents who receive emotional, psychological and social support reach self-actualisation (Rogers, 1951) while those who lack these support systems fail to reach self-actualisation. Self-actualisation is defined as the ability to reach one's potential and it is also defined as a sense of self-fulfilment (Anfara & Mertens, 2007). According to Anfara and Mertens (2007), adolescents who have reached self-actualisation create positive identities, are future-orientated and open to life challenges. The adolescents that receive the necessary supports to cope not only reach self-actualisation but they also become resilient (Alvord & Gardos, 2005; Greenberg, 2006). Maslow (1987) also highlights four levels of needs (physiological, safety, love and belonging & self-esteem) to be successfully fulfilled before reaching self-actualisation. If self-actualisation is related to these needs, some orphans who lack support in these spheres maybe at a great risk of not reaching self-actualisation and resilience (Poston, 2009).

African scholars state that an individual and their cultural identity cannot be separated from each other (Norris et al., 2008; Thom & Coetzee, 2004). Meaning that the development of adolescent identity is associated with their socio-cultural context. South African adolescents may develop differently compared to adolescents from western countries. South African adolescents for example are in contact with "various cultures, beliefs and have been exposed to unequal socio-political changes" (Norris et al., 2008; Thom & Coetzee, 2004 p.184). That is to say South African adolescents are more inclined to experience a dual identity crisis (cultural and personal) as opposed to Erikson's perspective of a single identity crisis, further they may not experience the same developmental stages as highlighted by Erikson (Thom & Coetzee, 2004). Therefore, it is alluded that during parental loss, South African adolescents suffer personal loss but still have a common cultural identity in their environment which may positively impact their well-being (Norris et al., 2008; Thom & Coetzee, 2004). It is therefore the perspective of both African and Western scholars that the environment adolescents belong to determine their ability to cope with loss. Given that the focus of this research is to understand the nature of resilience in adolescent orphans residing in a rural area in Limpopo, it is imperative to discuss the state of being an adolescent orphan in South Africa.

2.3 Orphans in the South African Context

The definition of orphans in the South African context has proven to be a challenge. South Africa has various risk factors that jeopardize the well-being of adolescents. These risk factors may also exacerbate the chances of adolescents becoming orphans and vulnerable children (Davids *et al*., 2006; Skinner *et al*., 2006). The factors include poverty, lack of shelter, malnutrition and lack of psychosocial support (Berry *et al*., 2013; Martin, 2010). Hall and Woolard (2013), state that most children in South Africa reside in under-resourced and under-serviced areas. These kinds of challenges make it difficult to categorise and define the concepts of orphan-hood and vulnerable children (Davids *et al*., 2006; Skinner *et al*.,

2006). Regardless of these challenges, the most acknowledged definition of orphans has two classifications, which are double and single orphans. A double orphan is a child under the age of 18 who has lost both parents through death, whereas a single orphan is a child under the age of 18 who has lost a mother or a father to death, they are also referred to as maternal or paternal orphans (Davids *et al*., 2006; Skinner *et al*., 2006; UNICEF *et al*., 2004). In the South African context, the concepts orphans and vulnerable children are used simultaneously because of the complexity in defining socioeconomic differences between the two groups (Davids *et al*., 2006). However, the term "vulnerable children" is an umbrella term referring to children that may have parents but are exposed to dire life situations including poverty, disability, lack of care and protection, exposure to sexual abuse and ill or unavailable primary caregiver (Davids *et al*., 2006). The focus of this study is on double and single orphans as they are perceived to face more vulnerability.

2.4 Orphans and Poverty

Literature on orphan-hood shows that apart from parental loss, poverty becomes an additional stressor to most orphans (Cluver, Gardner & Operiaro, 2009). Most orphans in South Africa experience chronic poverty (Aliber, 2003; Cluver, Gardner & Operiaro, 2009). Chronic poverty is conceptualised as poverty transferred from one generation to the next, in most instances children from poor household usually become poor adults (Aliber, 2003; Cluver, Gardner & Operiaro, 2009). Chronic poverty also refers to a state where people remain in poverty because of lack of external assistance (Aliber, 2003). In their research, Cluver, Gardner and Operiario (2009) found that some orphans in South Africa are faced with challenges, which are related to chronic poverty, they are found to stay with families that experience financial difficulties, increased lack in food security and household well-being. In their study of 120 orphans, Cluver and Gardner (2007) found that orphans indicated that they experience high levels of food insecurity, poor school attendance and lack of financial

support. Then the assumption is that the orphans find it difficult to break free from the grip of poverty even in their transition into adulthood (Aliber, 2003).

In their research of school enrolment in orphans and non-orphans, Case, Paxton and Ableidinger (2004) found that the enrolment of orphans was lower in sub-Saharan African countries. The rate of school enrolment declines with orphans for several reasons; these include decline in household living standards, poverty, credit constraints and discrimination of education based on gender (Case, Paxton & Ableidinger, 2004). They found that female double orphans above the age of 13 are usually encouraged to stay home and take care of the household; while male double orphans assume the provider role and are encouraged to find jobs to support the family (Case, Paxton & Ableidinger, 2004). From these difficulties, one can argue that most adolescent orphans are at risk of generational poverty, specifically in the absence of full access to education. Furthermore, this state of poverty affects their physical and mental well-being (Cluver, Gardner & Operario, 2009).

2.5 Orphans and Mental Health

Research on well-being shows that for optimal development, children and adolescents require the enhancement of their social, mental and physical development (Fotso, Holding & Ezeh, 2009). Fotso, Holding and Ezeh (2009), further show that orphans are more likely to receive deficient care, which places them at risk for poor development, abuse and exploitation (Fotso, Holding & Ezeh, 2009). The abuse and exploitation may lead to mental health problems such as depression and anxiety in some orphans (Cluver, Gardner & Operario, 2009). Several studies have also revealed that most orphans experience symptoms of depression, such as distress and worry more frequently than non-orphans (Makame, Ani & Grantham-Mcgregor, 2002). In addition, Nyamukapa *et al.*, (2010) and Cluver *et al.*, (2007) report that orphans, specifically HIV/AIDS orphans display symptoms of depression, difficulties in peer relationships, post-traumatic stress disorder (PTSD), delinquency and conduct problems. Similarly, research by Kumakech *et al.*, (2008), shows that most orphans showed symptoms

of anxiety, depression, and anger. Thus, from the extensive literature review mentioned above, orphans are susceptible to poor mental health, which stems from poor care in their immediate and external environment. When parents die, adolescents are expected to move in with caregivers and in most circumstances, children experience unfair treatment in these environments (Kumakech *et al*., 2008). Further, without parents to protect and affirm them, adolescents struggle with developing their self-concept, therefore, they are likely to have low self-esteem, negative self-worth and become less confident (Kumakech *et al*., 2008). In addition to these struggles, orphans normally harbour feelings of anger, hatred, self-blame and worry particularly associated with loss of control of their own lives (Cluver *et al.*, 2007).

In order to alleviate poverty and mental health distress, the Department of Health in South Africa (2011), created specific intervention programmes for orphans and vulnerable children. The intervention programmes include school feeding schemes and monthly grants for all orphans under the age of 18 (Martin, 2010). However, research on the accessibility of these programmes has shown that only a few orphans participate in these programmes (Statistics South Africa, 2012b). For example, in the Orphan and Vulnerable Children's Report, more than 40% of orphans were reported of not participating in the school feeding programmes. Martin (2010) assumes that the lack of participation in these interventions is associated with stigma towards orphans; most orphans are stigmatized, particularly when it is known that their parents were infected by HIV/AIDS. It is also assumed that orphans are reluctant to participate in these interventions because they do want other people to perceive them as needy and vulnerable (Martin, 2010).

However, some orphans in South Africa are part of non-stigmatizing intervention programmes created by the community and Non-government Organisations (NGOs) (Adato *et al*., 2005). Some community-based NGOs usually provide the orphans with shelter, food parcels and school fees (Adato *et al*., 2005). Community-based interventions include drop-in

centres offering after-school feeding schemes, homework assistance, recreational activities and counselling (Adato *et al*., 2005). These kinds of interventions also serve as psychosocial support as these play a vital role in contributing to the identity and self-development of adolescent orphans (Adato *et al*., 2005).

2.6 Psychosocial Support

It has been already established that parental loss makes a child vulnerable to psychological and emotional distress. This distress is influenced by the loss of psychosocial support from their primary caregivers. Psychosocial support provides individuals with care and support, which enhances emotional, psychological and social growth (Bojer, Lamont, Janitsch, Dlamini & Hassan, 2007). The term psychosocial refers to the inter-relationship between psychological and social processes, particularly how these processes continuously interact with each other (UNICEF, 2011). This means that the occurrences in the social environment such as family, friends, and the community will always influence the function of the psychological (Philips, 2015). Therefore, psychosocial support describes any form of support that promotes and protects the psychological and social well-being of an individual (UNICEF, 2011). According to Pillay and Mwoma (2015), psychosocial support includes the provision of care and support, which positively enhances children's personal, social and psychological well-being. Similarly, Schonfeld and Demaria (2015) reiterate that psychosocial support encompasses emotional, social, physiological and psychological support.

Psychological and Emotional Component

Psychological and emotional support refers to healthy patterns of thought, feelings and behaviours that lead to optimal functioning (Philips, 2015). For orphans, psychological support includes encouraging the children to express their emotions and cognitions (Philips, 2015). When children can express their emotions and cognitions, they are able to communicate their difficulties and this determines how they receive psychological support.

Schonfeld and Demaria (2015) also state the most important support for orphans is love and affirmation from caregivers, this also functions as a psycho-emotional response assisting the child to cope with difficult experiences. It seems that creating a space where adolescents can express themselves and have relationships with people in their environment is an important factor in defining psychological and emotional support (Philips, 2015). Levendosky, Huth-Bocks and Semel (2002), state that the creation of relationships between orphans and the people in their environment enhances positive attachments. Attachment theory by Bowlby states that "individuals develop an internal representational model of relationships based on experiences with significant others in childhood such as primary caregivers" (Bowlby, 1969; Levendosky, Huth-Bocks & Semel, 2002 p.207).

According to Bowlby (1969), when people have healthy relationships they develop a secure attachment with each other, while those in unhealthy or absence of relationships develop avoidant and ambivalent attachments. The latter forms of attachments are less adaptive while the former is integral for psychological well-being. Psychological support is thus a combination of healthy relationships and emotional support.

Social Component

Social support has been described, as support available to an individual through social ties to individuals, groups and the larger community (Ozbay, Johnson, Dimoulas, Morgan, Charney and Southwick, 2007). Therefore, for adolescent orphan's social support occurs through the harnessing of positive relationships with trusted adults and peer adolescents. Ozbay *et al.*, (2007) suggest that social support enhances psychological well-being in that when individuals participate in safe social spaces they can openly share and receive from others. Furthermore, these quality social relationships avert stress and are predictors of good mental health for individuals. Likewise, good social connection with others strengthens life-skills, social skills, self-confidence and a sociable temperament (Philips, 2015).

These forms of support can occur both in the immediate and external environment. In the immediate environment, psychosocial support manifests in the provision of shelter, safety, food, communication, supervision and reunification of orphans with relatives (Schonfeld & Demaria, 2015). Researchers such as Smart (2003), Pillay and Mwoma (2015) contend that school systems and educators play a significant role in offering psychosocial support for orphans. They claim that psychosocial support in schools designed for orphans can help enhance nutritional and material support (Mwoma & Pillay, 2015; Smart, 2003). In addition, Thurman, Snider, Boris, Kalisa, Nyirazinyoye and Brown (2008) state that community-based support is also significant in the well-being and resilience of orphans. In the research conducted years after the genocide in Rwanda (Thurman *et al.,* 2008), found that community-based care and support helped orphans to expel feelings of isolation and perceived rejection from the community. Further, the availability of community-based support also helped them to be conscious of all the possible forms of support available to them (Thurman *et al.,* 2008). Then the assumption is that when children receive psychosocial support from their immediate and external environment a positive change occurs in their self-knowledge, life skills emotional development and resilience (Mwoma & Pillay, 2015; Smart, 2003).

2.6.1 Caregiver Support in Orphanages

Most orphans in South Africa reside either with their extended family or in institutions such as orphanages and homes. It is within these contexts that orphans receive psychosocial support (Cluver & Gardner, 2007). Findings in countries such as Malawi, Eritrea, USA and South Africa demonstrate that orphans residing in orphanages are usually more successful compared to orphans residing with extended families (McKenzie 1997; Wolff & Fasseha 1998; Zimmerman, 2005). A research conducted in Burkina Faso shows that caregivers, particularly within extended families, are often very young or too old to sufficiently care for orphaned children (Sanou, Turgeon-O'Brien, Ouedraogo & Desrosiers 2008). As a result,

many orphans leave their foster families to orphanages or become street children (Sanou *et al*., 2008). Despite this pessimistic view, Sanou *et al*. (2008) add that institutional care has proven to provide suitable care for orphans in the absence of kinship care. Zimmerman (2005), states that orphanages are usually more practical, feasible and effective support system for orphans and vulnerable children. She further states that orphanages play an important role in alleviating challenges that adolescent orphans and communities of orphans may face (Zimmerman, 2005). In addition, Abebe (2009) argues that orphanages provide excellent educational, health support and early childhood development services as these are usually provided in partnership with the community. That is orphanages facilitate the integration of orphans into communities, which gives allowance for psychosocial support systems to be in place so that the orphaned children become useful assets to the communities (Abebe, 2009). Thus, most researchers agree that orphanages located both in the urban and rural area provide a healthy environment for adolescent orphans.

However, Wolff and Fasseha (1998) argue that orphanages also have negative propensities. First, orphanages fail in issues of developing individuality as children are seen as a group instead of as individuals (Wolff & Fasseha, 1998). Second, they argue that children residing in orphanages become institutionalised (Wolff & Fasseha, 1998). Research on institutionalisation asserts that institutional care has negative detriments to the developmental domains of children (Browne *et al*., 2009). Characteristics of institutional care such as few caregivers compared to the number of children, strict routines, lack of learning equipment and lack of personal possession expose children to social, behavioural and intellectual challenges later in their life (Mulheir & Browne, 2007; Smyke *et al*., 2002). They may even struggle to connect with people outside their orphanages (Wolff & Fasseha, 1998). Regardless of the negative propensities presented, overall research shows that children in

orphanages thrive through extensive and intensive caregiver support (Abebe, 2009; Cluver & Gardner, 2007; Sanou *et al*., 2008; Zimmerman, 2005).

2.6.2 Community Support

Community-based support plays an important role in providing care for orphans. Community-based care refers to the participation of community members providing care to those in need and works on the principle that care must be participatory and should fulfil the basic needs of those in need (Abebe, 2009). There are three types of community-based care for orphans. These are: 'care within the community, care organised at the community, which includes provision of food, healthcare, and education through institutions available in the community and care by the community, which refers to the mobilisation of resources such as labour, time, and money by community to support orphans (Ansell & Young, 2004). Most community-based care organisations focus on empowerment of the vulnerable through participation (Abebe, 2009). When orphans participate in their community, they stand a greater chance of receiving immense support through the provision of food, health and educational support (Sanou *et al*., 2008). According to Sanou *et al*., (2008) when orphans interact with their communities, they are exposed to structures and systems of care that positively influence them and their extended families. Furthermore, Sigal (2003) shows that when orphans participate in community orientated activities, such as spiritualism, religion and local cultural practices their mental health is strengthened and they are shielded from behavioural disorders. Sanou *et al*., (2008) concur that participation in community activities and attendance of school reduces feelings of isolation and negative behaviour in orphans and that when orphans are exposed to positive changes in their communities, they desire to become better.

2.6.3 Peer Relationships Support

The World Health Organisation (WHO) asserts that positive social relationships are an excellent form of well-being promotion strategy (Dennis, 2003). During hard times, individuals often rely on social relationships for emotional, financial and material support (Dennis, 2003; Shin, Daly & Vera, 2007). In agreement, Shin *et al*., (2007), state that positive adolescent peer relationships have a strong protective factor against risky behaviours, such as substance abuse and delinquency. When adolescents are connected to supportive peers, they tend to experience a sense of belonging and demonstrate exceptional levels of functioning in all levels of function (Shin *et al*., 2007). A study on peer relationship has shown that good peer relationships are highly associated with well-being, academic achievement, good behaviour in adolescents (Crosnoe, Cavanagh & Elder, 2003). These findings indicate that good peer relationships can become a great source of support for adolescents, even with adolescent orphans. Kumakech, Cantor-Graee, Maling and Banjunirwe (2009) concur with this finding in their study of peer intervention in HIV/AIDS adolescent orphans. They found that the presence of peers positively transformed the negative perceptions orphans had about themselves and their parent's death. The presence of peer intervention also decreased psychological distress, specifically anger and depression associated with HIV/AIDS orphans (Kumakech, *et al*., 2009). Other studies also showed that a positive peer relationship in the life of adolescents enhanced their self-esteem and predicted outstanding social adjustment (Bolger, Patterson & Kupersmidt, 1998; Valkenburg, Alexander & Schouten, 2006). In a research study of children with a history of abuse and maltreatment, Bolger, Patterson and Kupersmidt (1999) explain that good peer relationships endorsed emotional security and encouraged adolescents to explore their environment. Furthermore, it was found that good peer relationships offered adolescents with an opportunity to exercise and improve their mental health and social skills (Bolger, Patterson & Kupersmidt, 1998; Valkenburg,

Alexander & Schouten, 2006). This literature review shows that peer friendships can also be a great source of psychosocial support for adolescent orphans. On the contrary, developmental theorists such as Kerr, Stattin, Biesecker and Ferrer-Wreder (2003), criticise the perception that peer relationships unilaterally provide support for adolescents. Kerr *et al*., (2003) argue that adolescents are dynamic, self-reflexive agents, entrenched in different social systems (e.g. peer groups, parent-child, local communities) and that these relationships are interconnected and reciprocal. In their study, they demonstrate all relationships are bi-directional, that adolescents as peers influence each other (Kerr *et al*., 2003). Thus, they state that the vulnerable adolescents are independent and are able to make a choice on who they allow to influence them. Secondly, they argue that "peer relations do not just produce adjustment; they are also indicators and results of adjustment". This implies that adolescents themselves are "capable of adjustment even before the presence of peer relationship" (Kerr, *et al*., 2003 p.395). According to Henry and Kloep (2012), "peer influence is a wildly over-estimated factor in young people's behaviour; they assert that most young people remain relatively well-behaved and mentally healthy across teenage years, even in the absence of peer relationships" (p.64). These theorists argue that adolescents are reflexive agents who can determine their own well-being even under challenging circumstances. Therefore, adolescent orphans are capable of resilience even in the absence of peer relationships.

2.6.4 Spiritual Support

Recent research on resilience has identified religion and spiritual support as contributing factors to adolescent resilience (Crawford Wright, & Masten, 2006; Van Dyke & Elias, 2007; Kim & Esquivel, 2011). "Spirituality refers primarily to an individual's or group's sense of connection to sacred, transcendent, or ultimate reality. Religion, by contrast, carries a primarily institutional or organizational meaning; religions have a more or less identifiable community of believers who share rituals, practices, and beliefs" (Fallot, 2008 p.592). These

definitions show that religion stands to be a pathway for spiritual experience for other people and for others it may not be important for spirituality (Fallot, 2008). Spirituality and religion are acknowledged as critical factors of support on the same level as family and community support (Crawford Wright, & Masten, 2006). In the South African context, spirituality and religion may include the attendance of church, connecting with a higher power, which for some is God and others the ancestors (Dass-Brailsford, 2005). Crawford *et al*., (2011) suggest that both these factors function as a support, in that they help build attachment relationships, opens access to social support, provide guidance on morals and values, and grant opportunity for personal growth and development. In their research, Kim and Esquivel (2011) found that spirituality and religion help children deal with anger, depression, anxiety and academic challenges. In their study on children of war in a Sri Lankan orphanage, Ferrari and Fernando (2011) also found that children who engaged in religious practices were able to self-reflect and accept their past negative experiences. Another study in a Ghanaian orphanage showed that spirituality and religion fostered hope, resilience, and optimism, which helped them, make existential meaning of their challenges (Koenig & Larson, 2001; Salifu-Yendork & Somhlaba, 2016). Salifu-Yendork and Somhala (2016) further explain that being part of a religious or spiritual group provides a platform where one can share grief with others and it diffuses feelings of loneliness. These findings are consistent with other past research, which confirm that spirituality can help individuals to cognitively restructure past traumatic experiences and help foster a healthy psychological adaptation that is they able to tune their psyche to function in a healthy manner (Docekett, Dudley & Bankart, 2003). On the contrary, Roehlkepartain, Benson, King and Wagener (2006), state that religion and spirituality may be a risk factor for adolescents, their dedication to their religion could set them up for misdirection and unhealthy pressure. Certain religious practices performed to fit into the religion could be unhealthy for their emotional and psychological development

(Roehlkepartain *et al.*, 2006). However, a great portion of the literature suggests that when vulnerable individuals, including orphans, participate in spiritual activities their state of resilience increases.

2.7 Resilience

The concept of resilience has different connotations for different social contexts. This has resulted in several explanations and usages of the term resilience. The concept of resilience was first initiated by a group of early researchers, who focused on disordered patients, particularly their ability to develop adaptive behaviours amid psychological challenges (Carvalho, 2010; Luthar *et al*., 2000). The researchers utilised the medical model perspective to understand resilience in children that had maladaptive behaviours (Carvalho, 2010). However, as research on resilience expanded, an enormous paradigm shift occurred in the 1990's where resilience research shifted towards a developmental-systems approach (Carvalho, 2010; Yellin, 2007). This approach introduced and acknowledged three intertwined factors that play a critical role in the development of resilience namely individuality, family and social environment (Werner & Smith, 1992). Currently, most research on resilience adopts the developmental systems approach to explain resilience as a concept.

Despite remarkable progress in explaining resilience, researchers still offer different conceptions and definitions of resilience. Ungar (2006) offers three possible definitions of resilience. First, resilience is described as the "inherent features that enhance success despite disadvantaged circumstances" (Ungar, 2006, p.6). Second, resilience refers to positive social, mental and physical functioning following adversity; last, resilience occurs when a person shows competence when under stress (Ungar, 2006). Greenberg (2006) defines resilience as protective processes that reduce maladaptive behaviour and outcomes under risky conditions. Additionally, Wathen *et al.,* (2012) explain resilience as an interaction amongst

psychological, social environmental and biological factors to enable individuals to regain and maintain their mental health despite exposure to adversity. Finally, Sabina and Baynard (2015) describe resilience as successfully overcoming adversity of any kind may it be the death of a loved one, natural disasters or persistent poverty. Despite differences in the connotations attached to resilience, all the above definitions of resilience share the notion that resilience occurs in the presence of adversity, and a person is regarded to be resilient when they function properly on a social, mental and physical level following exposure to adversity.

According to several researchers, resilience is indeed a process that involves interaction between a person and their social environment (Alvord & Gardos, 2005; Sabina & Baynard, 2015). As such, for resilience to occur, individuals must be in possession of protective and promotive factors in their environment that protects them from adversity and promote successful adaptation (Alvord & Gardos, 2005). These protective and promotive factors occur on an individual, familial and community level (Sabina & Baynard, 2015). Individual characteristics include self-esteem, future goals and emotional intelligence (Sabina & Baynard, 2015; Sousa *et al.*, 2013). Family factors include relationships that enhance social and emotional support; community factors include extracurricular activities, participation intervention projects and positive peers (Sabina & Baynard, 2015; Sousa *et al.*, 2013).

In a South African study, Theron and Theron (2010) conducted a study of resilience with youth from four racial groups (Black, Coloured, Indian and White) and their findings also show that interpersonal protective resources entrenched in families, communities and cultural support cultivate resilience. Luthar, Cicchetti and Becker (2000), highlight that resilience is related to the vulnerability and protective factors at play in a child's environment. Gilligan (2004) expresses that resilience originates from a process of frequent interaction between a person and positive aspects of their environment. Meaning that the amount of resilience shown is related to the extent of support or protective factors received from the environment

(Ungar, 2006). The expanding body of literature continues to concur that resilience is an interaction between individuals and their environment. This research adopted this perspective by investigating whether the psychosocial support received from social environments play a critical role in cultivating resilience in adolescent orphans.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 Introduction

This chapter will discuss the theoretical framework which guided the study. This study was guided by the Social Ecological Resilience Framework (Ungar, 2011). This framework focuses on the social contexts of orphans to fully understand the relationship between the psychosocial support they receive and development of their resilience.

3.2 Social-Ecological Resilience Framework

To understand the relationship between psychosocial support and resilience, this research draws from the Social-Ecological Resilience Framework (Ungar, 2011). The Social Ecological Resilience Framework states that resilience is a product of the child's social ecology (Ungar, 2011). When studying the interactional process between children and their environments, it was found that the sustainability of environmental resources such as educational support influences development and resilience in children (Brofenbrenner, 1992; Elliot *et al*., 2006; Ungar, 2011). The Social-Ecological Resilience Framework refers to three ecological systems, which enhance resilience in children. The first system is the 'microsystem' which depicts the interaction with family members and peers as a source of support (Brofenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). The second system is the 'mesosystem' where the interactions between the microsystem such as schools and churches provide the supportive resources (Brofenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). Lastly, the 'macrosystem' refers to institutional environments, such as the South African Department of Social Development, which provides policies and services to help children become resilient (Brofenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). A system refers to a set of interconnected characteristics working together as part of a whole, whereby one part influences the other part (Brofenbrenner, 1992). This framework thus suggests that resilience

is determined by successful interaction amongst these three systems. The framework is appropriate for this study because it focuses on the environment of the participant to fully understand their state of resilience. Furthermore, it offers guidance on how the interaction of environments can influence resilience in participants. The theoretical framework shows that a person does not live in complete isolation, but rather under continuous interaction with the different environmental systems such as family and social institutions. It could be correct to deduce that lack of such of psychosocial support in the environmental systems could prevent resilience.

Focusing on the social ecology of the participants further opens a platform for a collaborative relationship, where the research procedure is informed by the needs [perspectives] of the participants (Burr, 2015; Ungar, 2011). Social-Ecological Resilience model paves way for understanding the individual's social relations, societal discourses and ideological positions (Bottrell, 2009; Elliot *et al.,* 2006; Ungar, 2011). Focusing on the influence of the social context of participants permits an analysis and understanding of the individual's social identity, interrelations, cultural and institutional practices which may uncover possible ways to support the individual (Bottrell, 2009). In this instance, understanding the social contexts of adolescent orphans from their perspective may provide new ways to offer psycho-social support in ways that are relevant to them.

CHAPTER 4
RESEARCH DESIGN AND METHODOLOGY

4.1 Overall Approach

This research adopts a qualitative research design using a interpretivist research paradigm. Resilience and psychosocial support are positioned and engaged with within this paradigm by understanding the lived experiences of adolescent orphans through a social ecological resilience framework. Qualitative research upholds subjective human lived experiences and values a social reality that is context-dependent and multiple (Bryman, 2012; Kiguwa, 2014; Kvale & Brinkmann, 2009). It is then imperative to acknowledge diversity and multiplicity in subjective life experiences and in the interpretation of reality. Krauss (2005) explains that people receive meaning from and give meaning to their lived experiences. Different meanings given to experiences and realities highly influence one's interpretation of their social reality (Krauss, 2005). A qualitative research design permits the researcher to comprehend and explore these various forms of meaning and interpretations of their lived experiences. A qualitative research is exploratory in nature, and seeks to employ an open, flexible and inductive approach to finding insights into the psychosocial support that may enhance resilience in adolescent orphans (Bryman, 2012). A qualitative approach is appropriate for this study because it permits the researcher to explore and make sense of participants' views and experiences in an open-ended way (Bryman, 2012). To solidify this stance, the research incorporates frameworks of the social-ecological resilience framework to thoroughly understand the experiences of adolescent orphans. The Phenomenological approach emphasises on the importance of social and historical contexts, this research framework shows that individuals are always in active relation with their social world, individuals are always attributing meaning to their social and lived experiences (Kiguwa, 2014). It is within these aspects of qualitative research, a researcher can investigate the ways

in which the social world is empowering and constraining, it is these aspects of qualitative research that helped the researcher understand how psychosocial support empowers or constrains resilience in adolescent orphans (Kiguwa, 2014).

4.1.1 Research Paradigm

A research paradigm refers to a belief system that directs the understanding of and solutions to social issues (Babbie, 2016). This research adopts an interpretivist approach from a social constructionism research paradigm. A social constructionism research paradigm maintains that individuals create their own reality and there are multiple and diverse interpretations to reality, this perspective falls within interpretivist (Babbie, 2016). To understand and interpret the realities of the participants, the research uses the hermeneutic method of phenomenology. Phenomenology as an epistemological method is concerned with the study of experience from the perspective of the individual (Smith, 2015; Van Manen, 2016). Phenomenology focuses on personal knowledge, subjectivity, and emphasizes personal interpretation of lived experiences (Kruger, 1981; Smith, 2015; Van Manen, 2016). This method plays a critical role in understanding people's motivations and actions (Smith, 2015; Van Manen, 2016). Another fundamental principle of hermeneutics phenomenology is that people's experience of the world is full of meaning (Van Manen, 2016). Phenomenology argues that people are active participants in the world and the experience of their world is meaningful. The purpose of hermeneutics phenomenological is to uncover and reflect how people make meaning of their experiences (Van Manen, 2016). Phenomenology helped the researcher understand that orphans have different experiences and make different meanings of their experiences (Van Manen, 2016). For example, by understanding that adolescent orphans have different perceptions, it leads to what it means to receive support and what it means to be resilient. This interpretive approach is imperative because it does not dictate what is right for participants instead it allows the participants to identify supports that from their own

experiences which have or will make them resilient. The participant's interpretation of their own experience takes precedence in knowledge production (Van Manen, 2016).

4. 2 Research Aims

The purpose of this qualitative study was to explore the relationship between psychosocial support and resilience in adolescent orphans residing in rural Limpopo. The aim was to understand how psychosocial support enhances resilience. Additionally, it aimed to identify the kinds of psychosocial support orphan adolescents receive and how this support promotes their resilience.

4.3 Participants

The participants for this research were male and female adolescent orphans between the ages of 13-18 residing in an orphanage located in Limpopo. The number of participants was 11, consisting of 4 males and 7 females. After interviewing all 11 participants, the responses reached saturation, which is the adequacy of data to support the study. The researcher determined saturation when the participants started giving similar responses to the questions (Terre Blanche, Durrheim & Painter, 2006).

4.3.1 Selection Criteria

The research included both single and double adolescent orphans between the ages of 13-18 residing in the orphanage. The study included all adolescents residing in the orphanage, regardless of how long they have stayed in the orphanage. The research excluded vulnerable children and orphans under the age of 13 and participants over the age of 18. The study included all adolescent orphans including HIV/AIDS orphans, the researcher did not categorise the orphans.

4.3.2 Sampling Procedure

Given the precise criteria for participation, purposive and convenience sampling procedures were utilised (Babbie, 2016; Bryman, 2012)**.** Purposive sampling was used to select a sample

that was specific to the study. To adhere to this, the researcher approached the social worker to select participants who met the double and single orphan criteria (Babbie, 2016; Bryman, 2012). Then convenience sampling was used to select participants who were available for the study, although most participants met the criteria, the researcher could only interview participants who were willing and available for the interview (Babbie, 2016; Bryman, 2012). All participants who met the criteria were given a participant information letter. The participant information letter (See Appendix A) explained and described the nature and purpose of the research. All participants interested in the research were briefed and given consent and assent forms to sign (See Appendix B and C).

4.4 Setting

The orphanage is located in a village in the Vhembe District Limpopo province. The Vhembe District was selected because it was identified as one of the areas in South Africa with a high prevalence of orphan-hood and vulnerable children (Statistics South Africa, 2012b). The researcher is also familiar with the area and became aware of the high orphan-hood prevalence and psychosocial challenges orphans encountered in the area. Given the time constraints of this research and delays in obtaining permission from The Department of Social Development, the researcher approached this orphanage as it is run independently and did not require permission from The Department of Social Development. The researcher only worked with this orphanage as it was the only one willing to participate in this type of research. The exact location and name of the orphanage will not be disclosed to protect the children. The orphanage is independently run by a religious denomination. The orphanage accommodates 70 children under the age of 18 and is staffed with three caregivers, two of which are overnight caregivers, one social worker and three admin staff. The researcher did not know any of the staff members including the social worker before requesting permission

to conduct research. The orphanage has recreational facilities, such as a library, vegetable garden, soccer and netball fields used after school.

4.5 Instruments

In collecting data, the researcher utilised semi-structured interviews with open-ended questions in both Tshivenda and English. The open-ended questions encouraged the participants to answer the questions based on their own understanding, knowledge and feelings (Bryman, 2012). A semi-structured interview is a verbal interchange guided by flexible pre-planned questions between the interviewer and the participant (Smith, 2015; Whiting, 2008). Using a semi-structured interview allowed for a relaxed conversational space, where participants expressed issues they felt were important to them. Semi-structured interviews also created a space where the participants talk while the researcher (interviewer) listens. Longhurst (2000, p.119) states that "interviews are about paying attention, being open to hear what people have to say; it is about being careful and systematic about what people tell the researcher". To adhere to the peculiarity of responses and to ensure clarity for analysing the interviews, the researcher used an audio recorder to record the responses in the interview and transcription processes. The researcher informed the participants about the use of an audio recorder and requested verbal consent to use the audio recorder during the interview session. There were six pre-scheduled interview questions translated from English to Tshivenda (See Appendix D,) the interview questions were developed by the researcher informed by theory and literature

4.6 Data Collection Procedure

Before conducting the research, ethical clearance was obtained from the Ethics Committee of the University of Witwatersrand (Protocol number: H17/06/35). Once the ethical clearance was obtained (See Appendix E), letter of permission to conduct research in the orphanage was sent to the head of the orphanage (See Appendix F). The head of the orphanage signed an

approval letter for research to be conducted in the orphanage. Upon approval, participant information letters consent and assent forms were sent to the participants and their caregivers.

Once social workers employed in the orphanage identified the sample for the research, the researcher sent invitation letters to those who were available and willing to do the interview. Since most of the participants were under the age of 18, their legal caregivers from the orphanage were asked to sign consent forms granting permission for their participation. Similarly, participants were asked to sign assent forms granting their acceptance to participate in the study. Before conducting the research, participants were briefed in Tshivenda regarding the aims and purpose of the research. Participants were told the data collection process would take between 45-60 minutes and that if they decided to take part, they are free to withdraw from the study at any time, without any negative consequences. The interview questions, assent and consent forms were also translated from English to Tshivenda to ensure comprehension and voluntary participation. The translation of the letters and transcriptions were verified by Tshivenda-speaking people who are known to the researcher personally, including an information technology (IT) specialist and a civil servant. The letters and transcriptions were back translated by these two people who are fluent in both English and Tshivenda and they were selected on the basis of convenience. All the interviews were conducted in Tshivenda, which afforded participants an opportunity to openly express the types of psychosocial supports they receive and how these help/ed them become resilient. Participants were told the data collection process would take between 45-60 minutes and that if they decided to take part. They were also informed that there are free to withdraw from the study at any time, without giving a reason. The interviews were conducted in a quiet room in the orphanage and the adolescents were interviewed individually with the social worker on standby in case of emotional distress.

4.7 Data Analysis

To analyse data the researcher used thematic analysis. Thematic analysis is a qualitative research method used "to identify, analyse and report themes within data" (Braun & Clarke, 2006 p. 79). This research used inductive thematic analysis, which focuses primarily on the data over pre-existing literature (Smith, 2015). Although literature is not pertinent in inductive thematic analysis, some of the theories presented in the literature review were considered in identifying themes (Braun & Clarke, 2006; Smith, 2015). The researcher adopted this form of analysis to endorse a multifaceted interaction and engagement with both the data and the research question. This involved a thorough reading of the interview transcripts and selecting themes in the transcription that strongly related to the research question. This research follows Braun and Clarke's (2006) six phases of identifying significant and recurring themes. These phases are: 'familiarization with data', 'coding', 'finding themes', 'reviewing themes', 'naming and defining themes' and 'producing report' (Braun & Clarke, 2006). Thematic analysis is appropriate for this study because it allowed the researcher to identify recurring themes in the data that are interrelated to psychosocial support and resilience.

4.8 Ethical Considerations

Participants were informed that they have the right not to answer some of the questions in the interview. In a case of discomfort, the plan was to alert the orphanage's social worker to ascertain the well-being of the participant. The researcher also organised a voluntary counselling session with the social worker after data collection, to cater for those who may have expressed any discomfort. None of the participants showed emotional distress during the process of data collection. Since the research was based on confidentiality, the information participants shared was treated as private. The participants were not anonymous as the researcher interviewed the participants face-to-face. However, participants remained anonymous in the reporting and interpretation of data. To ensure confidentiality, the

researcher kept data in a password-protected computer that only the researcher and supervisor have access to, the physical copies of the transcriptions were kept inside a secured cabinet inside the supervisor's office. The results of this study will be reported to the supervisor in charge of marking the research report, possible conference presentations, and journal articles if published. If requested the participants will also be given access to a summarised version of the final report. The researcher is aware that the data collection process could have had potential emotional risk for the participants; however, the researcher observes that the benefit of self-awareness and counselling outweighed this risk. The participants did not receive any form of incentive for participation.

4.9 Trustworthiness of the Research

In qualitative research, it is imperative that the research is trustworthy. Trustworthiness in this research was obtained through credibility and transferability (Marshall & Rossman, 2014). To ensure credibility, which includes ensuring that the information in the research report is accurate, the researcher had a discussion with one of the older (18) participants in the orphanage to ascertain that participants were comfortable and agreed with the information obtained during data collection. The researcher is aware that discussing with only one participant about the verification of data, however it was a challenge to find other participants to talk to without interfering with their daily routines. To further ensure credibility of information researcher emphasised voluntary participation by debriefing participants in their first language (Tshivenda) and by allowing them to speak in their first language during the interviews.

The researcher used research methods that are transferrable, that is if another researcher used the same methods at that the same location, they would highly obtain similar findings. However, the researcher is aware of possible subjective biases which could have hindered transferability; the researcher had predefined perspectives on psychosocial support informed by the literature. To address this challenge, the researcher used a reflexive journal before and

after data collection, there were also frequent debriefing sessions between the researcher and the supervisor (Marshall & Rossman, 2014; Shenton, 2004). Finally, during the analysis, the researcher interacted with the data in a self-reflexive manner to eliminate the possibility of subjective interpretation of data, the researcher had a journal to reflect and was critical of her own subjectivities, particularly the ideas of psychosocial support she had before starting the data collection process.

4.10 Reflexivity

In qualitative studies, reflexivity plays a critical role in obtaining findings that are accurate and not influenced by the researcher. To maintain reflexivity, the researcher kept a journal to enhance self-awareness and to situate herself in the research process (Patnaik, 2013). In this process, the researcher recognised possible power dynamics between herself and the adolescents. As a Psychology Masters student, the researcher became aware of the academic and social standing power she possessed which could have potentially pressure adolescents to withhold or overstate some information (Kim, Pinkley & Fragale, 2005). Kim, Pinkley and Fragale (2005) state that in negotiations such as research interviews there are power dynamics that may prevent people from sharing information. In this instance, the researcher assumes there were 'perceived power' struggles from the participants concerning the researcher. Kim, Pinkley and Fragale (2005) further define 'perceived power' as the imagined potential power of one's counterparts. It is possible that participants withheld unpleasant information in fear of the researcher using her "perceived power" to negatively assess the information given about themselves or the orphanage.

The researcher also became aware of participants who confused the interview for a therapy session. However, the researcher assured the participants that she is not a qualified psychologist nor was therapy the purpose of the interview. The researcher also assured participants that the information provided is not to psychologically assess them. All these

encounters made the researcher aware of her privileges, as a young adult, who still has both parents, has all the necessary support, stays with family and has unrestricted access to her community. To contain such privileges and to avoid insensitivity, the researcher decided during the interview process not to ask questions regarding how and why the participants came to the orphanage; as the main aim of the research was to identify the psychosocial support available.

CHAPTER 5

THEMATIC ANALYSIS

5.1 Introduction

This chapter on thematic analysis is presented as a stand-alone chapter to ensure the process of trustworthiness of data obtained this research report. It identities all the steps the researcher completed in thematic analysis to obtain the findings. Thematic analysis is a "method for identifying, analysing, and reporting patterns (themes, stories) within data" which are necessary for the reporting data (Braun & Clarke, 2006 p.6). Thematic analysis is significantly commended for flexibility, unlike other analysis relies less on detailed theoretical and technical approaches such as discourse analysis and grounded theory (Braun & Clarke, 2006). It efficiently organises and describes data in rich detail by "theorising language as a part of meaning and meaning as social" (Braun & Clarke, 2006 p.8). Hence, it allows the incorporation of all epistemological methods, including essentialism, realism, constructionism it enables the reporting of participant's experiences, meanings, realities and how these contribute to their societal standing (Braun & Clarke, 2006). Therefore, thematic analysis is an analytic method that reflects participant's reality and uncovers unseen realities. Thematic analysis also allows the researcher to "give a rich description of the data set, or a detailed account of one particular theme, group of themes with data" (Braun & Clarke, 2006 p.11).

Another flexibility of thematic analysis relates to the levels of theme identification, Braun and Clarke (2006) suggest two levels, a 'semantic' (explicit) and 'latent' (interpretative) levels. A 'semantic' level seeks to highlight what the participant said or written without looking for deeper meaning behind it. In contrast, the latent level seeks for deeper meanings in the data, it explores, analyses the underlying ideas, conceptualisations, ideologies and assumptions used to inform the data (Braun & Clarke, 2006). Since the latent level explores

ideological and conceptual theories that inform the data, it is usually adopted by researchers utilizing constructionist epistemology (Braun & Clarke, 2006; Burr, 2015). "The advantage of using the latent level as analysis is that it moves from description to interpretation of data in relation to the existing literature" (Braun & Clarke, 2006; Patton, 1990). In congruence with the research topic and theoretical framework of this study, the researcher adopted the latent level of identification to actively engage with any possible underlying assumptions in the data. This approach affords the researcher an opportunity to acknowledge the participant's subjective experiences and engage with the available literature regarding their experiences. This level of analysis does not aim to undermine the participant's subjective experience, but it intends to broadly understand and explain their subjective experiences (Braun & Clarke, 2006).

5.2 Phases in doing Thematic Analysis

Thematic analysis begins with looking for a pattern of topics that could be potential themes, this may occur during data collection. Then it ends with reporting themes and meaning of these themes. This analysis involves a back and forth iterative process with six phases.

5.2.1 Phase 1: Familiarisation with the Data

The first phase is familiarisation with the data, this process occurs through immersing intensively oneself with the data through re-reading the data to a point where one is acquainted with the depth and breadth of the content (Braun & Clarke, 2006). The researcher asked open-ended questions therefore, it was important that the researcher understood the data before theme searching and transcription of the data (Braun & Clarke, 2006). The transcription process was a significant phase in familiarisation with data; the researcher could actively examine the meanings and interpretations that were already forming in the data (Braun & Clarke, 2006). Familiarisation of data also includes an analysis of non-verbal actions such as laughter, silence and facial expression. The researcher transcribed the entire

data set, including all non-verbal actions and these were partially included the analysis and interpretation of the data. However, in the interpretation, the researcher only included non-verbal actions that strongly supported the uttered or unuttered statements. Ensuing familiarisation with the data, the researcher generated initial codes for further analysis.

5.2.2 Phase 2: Generation of Initial codes

The second phase focuses on the generation of initial codes from the data. Coding organises the data into meaningful categories (Braun & Clarke, 2006). The coding of data all depends on whether the data is theory-driven or data-driven, in this research, the coding was both theory and data-driven (Braun & Clarke, 2006). The researcher noted both the latent and semantic aspects of the data highlighting properties relevant to the topic and research question. Thus, the researcher generated the codes based on four categories related to support and resilience. Different colours were used to highlight patterns of themes in each category. When coding the available data, the researcher used the scheduled open-ended questions to assist in identifying particular themes. The researcher then highlighted excerpts from the data and grouped them under one of the specified codes.

5.2.3 Phase 3: Searching for Themes

The third phase involves searching for the themes. Braun and Clarke (2006) highlight the difficulty in defining a theme, for this research themes were aspects that captured important elements in answering the research question. These elements were not only based on frequency, that is how many times they surfaced, but rather on their importance on answering or challenging the research question. However, the frequency was also taken into consideration, to measure frequency the researcher counted the times each participant expressed a certain theme. The researcher looked at all the different codes and the connection between them in order to divide all the codes into categories (Braun & Clarke, 2006). The researcher analysed the relationship between codes, which were similar or had similar data

excerpts and then combined connected codes into one category (Braun & Clarke, 2006). The related codes were grouped into sub-themes that contextualise the broader theme. In this phase, the researcher also discovered miscellaneous themes, those not particularly related to the research question (Braun & Clarke, 2006). Miscellaneous themes were categorised as "Other Reflections".

5.2.4 Phase 4: Reviewing themes

In this phase, the researcher reviewed and polished the identified themes. This phase assesses whether the themes are in harmony with the data. As prescribed by Braun and Clarke (2006) researcher divided this phase into two forms of analyses. Firstly, the researcher reviewed all the excerpts for each theme to ascertain that it is relevant and coherent. This was done by removing excerpts that were misplaced in a category, by refining thematic categories and re-creating new themes (Braun & Clarke, 2006). Secondly, the researcher evaluated whether each theme "accurately reflects the meanings evident in the data set as a whole" (Braun & Clarke, 2006, p. 91). In this level, the focus was on whether the thematic category coherently relates to the overall data set. This level of refinement provided a clear picture of the main themes that were relevant to the topic and research question. This paved way to the next phase wherein themes were defined and labelled.

5.2.5 Phase 5: Defining and Redefining themes

This phase required defining and naming of themes (Braun & Clarke, 2006). In this phase the researcher reassessed each of the identified defined and redefined themes coherently, this was done by structuring themes as themes and sub-themes. According to Braun and Clarke (2006), this is necessary because it helps capture the overall essence of each theme in relation to the study. Then the researcher ascribed names to the themes to highlight the content in the theme. According to Braun and Clarke (2006), the names to themes should not be too extensive, complex or narrow. The researcher highlighted six themes related to support

offered to adolescent orphans, these themes are illustrated in *Table 1*. There were also six highlighted themes related to resilience, personal growth and other reflections on resilience and psychosocial support, these themes are also illustrated in *Table 1*.

Table 1.

Themes and Categories for Psychosocial Support, Resilience Factors, Personal Growth and Other Reflections.

Categories	*Themes*	*Sub-Themes*	*Excerpts*
Support	Caregiver Support (Micro-System)		*"the love the caregivers show to us is really big, it even better than the one we were receiving before we came here"*
	Peer Relationship Micro-System		*"I have a friend I can talk to"*
	Environmental Safety Micro-System)	Food Security & Shelter Safety	*"I feel we are protected here and we get food the right way"*
	Spiritual Support (Micro and Mesosystem)		*"They teach us the bible that we should love each and take each other as siblings. We exchange reading the Bible, we pray for each other".*
	Health (Micro-system)	Mental & Emotional Health Physical Health	*"This place gives me so much happiness, because we respect each other as children"*
	Educational Support (Micro and Mesosystem)	Academics Sport Practical Skills	*"it's being taken to school, and having some appointed to helps where we struggle with school work"*
Resilience Factors	Positive Change Compensation	Intrinsic Change Comparison between now and before Comparison between self and other	"*I see my life has changed, before there were a lot of thing I couldn't see, but now I've reached a point where I can see things, hear and be taught a lot of things"* *"I do these things so that the past can*

	Bullying	Comparison between inside and outside Anger	*pass, so I cannot remember what happened"* *"When I came there was no bullying, but now there is a lot of bullying I'm even thinking of living this place"*
Personal Growth	Making A Difference Autonomy	 Independence Boundaries Sense of Privacy	*"What I saw is that in the whole of Limpopo there aren't many Doctors. I saw that it is important to increase the number of Doctors"* *"Yaa… it is becoming independent, being able to do things for myself without relying on other people with other people relying on me instead"*
Other Reflections	General Youth Wellbeing	Teenage Pregnancy, Substance Abuse and Sicknesses Personal Reflection	*"It would be removing themselves from substances such as smoking and drinking. Removing oneself from things that are not for youths"*

Continued….

5.2.6 Phase 6: Reporting Data

In this final phase of thematic analysis, the researcher produced a report. According to Braun and Clarke (2006 p. 23), the report should be "concise, coherent, logical and non-repetitive and accounts for the story shown in the data set both within and across themes". This phase provides an overall description of the data and it gives sufficient evidence of the themes in the data related to the research questions (Braun & Clarke, 2006). To do this, the researcher provided excerpts from the data as examples of interpretation and as arguments for the data provided in relation to the research question of the study. The researcher further gave a narrative analysis by referring to previous theoretical standpoints illustrate and elucidate the story regarding the data. The interpretation also engages with the manner in which the participants constructed their social and psychological realities (Braun & Clarke, 2006).

CHAPTER 6

FINDINGS

6.1 Introduction

The findings section will report on the key findings of the relationship between resilience and psychosocial support in adolescent orphans as per participant's responses. This section will start by discussing the characteristics of participants, the concept of resilience, particularly how participants defined resilience and their own accounts of the relationship between resilience and psychosocial support, that is if the received psychosocial influences their resilience. The section will further discuss key findings on the participants' subjective perceptions of received psychosocial support from their three ecological systems and how these influence/d their resilience. Themes are presented in Table 1. in the previous chapter.

6.2 Demographics of Participants

The participants of this study were all orphan adolescents between the ages of 13 and 18 residing in an orphanage at the Vhembe District Limpopo Province. All participants responded to all the interview questions, most of the participants were female between the ages 14 and 18. In the process of the interview, the researcher discovered one of the participants had a mental disability. The researcher made this discovery during the interview process and this discovery did not affect the findings in any way, the participant was able to articulate all the available psychosocial supports and her state of resilience. The participant characteristic table below also reveals that participants are both in primary and high school, most of the participants are a few grades behind as compared to their age. To identify peculiarities of bullying and emotional distress the researcher looked at the participants' responses and found that only a few participants in the study reported on any mental illness, emotional problem or bullying.

Table 2. Characteristics of Participants

Participant Pseudonym	Age	Gender	Grade	Mentioned of Mental Illness/ Emotional Problem/Bullying
Participant 1	16	Male	8	N/A
Participant 2	17	Male	9	Emotional Problem
Participant 3	14	Female	6	Emotional Problem & Bullying
Participant 4	14	Female	7	N/A
Participant 5	15	Female	8	N/A
Participant 6	18	Female	10	N/A
Participant 7	18	Male	11	N/A
Participant 8	17	Female	11	N/A
Participant 9	13	Female	5	Bullying
Participant 10	15	Male	6	N/A
Participant 11	15	Female	8	Mental illness

6.3 Defining Resilience

As discussed in the literature review the definition of resilience is subjective, complex and multifaceted (Ungar 2006). During the interview process participants were asked to express personal definitions of resilience, most of the participant's definition of resilience coincided with Sabina and Baynard's (2015) definition of resilience as overcoming adversity successfully. Although overcoming adversity successfully was the most frequently given response, some of the participants expressed resilience as the ability to move on from the past and focusing on future aspirations. These future aspirations included becoming a better person for oneself, family and community, completing high school and becoming a professional. The excerpts below illustrate the participant's response of their conceptions of resilience.

"To be resilient means to be able to uplift my family or helping other people" (Participant 2, Male).

"It is continuing with school, without looking at what has happened in the past, it is focusing on the future" (Participant 3, Female).

"For me it would mean passing Grade 10, being resilient for me means being able to pass grade 12… When I finish school, I want to become a social worker…. I want to help orphans that do not have caregivers. So that I can bring them to a place like this" (Participant 6, Female).

"When I look at myself, I want to see a successful person, a changed person, someone who can become a role model to those coming after me" (Participant 8, Female).

"I want to become a medical Doctor, so that I can help others as I've also been helped as a child" (Participant 4, Female).

From these excerpts, it appears that the adolescents perceive their resilience as something yet to happen (future orientated) in that they mostly overlooked their current state of resilience. The excerpts also show that their perception and understanding of resilience is also tied to positive thinking and ambition. This kind of understanding of resilience aligns with a finding by Carvalho (2010) stating that adolescent orphans' resilience is influenced by their personal aspirations. According to Carvalho (2010), aspiration refers to the belief in one's ability to achieve one's own goals. The participants have displayed high levels of future aspirations; however, it is also important to note that most of the participant's future aspirations are motivated by their past and their desire to prevent their own experiences from happening to other people.

Interestingly, Participant 2 also shows that resilience manifests itself when one does something positive for other people. Although this perception is unique to the definition of resilience, it slightly aligns with Gilligan's (2004) perspective on resilience, stating that resilience builds upon frequent interaction between a person and positive aspects about their environment. When an individual engages with the positive aspects in their environment, they

tend to become a positive influence in their environment Gilligan (2004) this insight could be related to Participant 2's desire to help those that are disadvantaged in his environment. It is evident from these excerpts that resilience for adolescent orphans is not only the ability to function properly after adversity, but it is also the ability to pursue current goals, to have future aspirations and become a positive influence one's community. It is evident that despite the differences in how they explained it, the participants perceive resilience in a positive manner and a precursor for good things materially and educationally. This can be attributed to experiences encountered by orphans based on what they have observed on a daily in their social environments. These participants have shown that resilience thrives in the presence of aspirations and belief in oneself

6.4 Psychosocial Support and the Ecosystems

As discussed in the literature review, the three interrelated ecosystems play a critical role in providing psychosocial support, which may build resilience in individuals. During the process of data analysis, the researcher highlighted the forms of support provided in each ecosystem. Below are the themes that most participants pointed out the forms of support they received in terms of their different ecosystems.

6.4.1 Caregiver Support

One of the key themes in the microsystem relates to 'caregiver support'. The findings show that caregiver support plays a critical role in the well-being and formation of resilience in orphan adolescents. Aspects of caregiving such as equal treatment, love, concern, reprimand and counsel were highlighted by most participants as factors that made them feel cared for, which thereafter fostered a spirit of resilience within them. This finding relates with Sanou's *et al*., (2008) proposition that the nurturance and psycho-emotional support offered by caregivers can create harmony within people and a family orientated spirit. This means that

the caregiver's support does not only build resilience but can also create an environment filled with harmony within and around those who receive it.

*"I love that the caregivers here [orphanage] do not dislike or discriminate any child" (*Participant 3, Female).

*"This is a good place because the love the caregivers show us is really big, its even better than the one we were receiving before we came here, actually we were not receiving this kind of love" (*Participant 5, Female*).*

Another interesting finding is that the participants viewed the caregiver not only as their nurturer but also as someone they could confide in when facing challenges. Some participants highlighted that when there are disagreements amongst children in the orphanage, the caregivers always take the role of resolving the disagreements fairly and amicably. Zimmerman (2005) argues that caregivers in orphanages play different roles for the children to ensure the comfortability of all children. One can argue that when children consider the caregiver as flexible, approachable and fair. They feel safe, valued and comfortable.

"*Whenever we argue, we tell the caregiver and she always provides a solution" (*Participant 3, Female).

*"…Firstly, if there is something bothering me, I am able to reach out to a caregiver or the social worker here. I am able to tell them what's bothering me" (*Participant 6, Female*).*

On their caregiver-orphan relationship, the participants show that they share their concerns and desires with the caregiver. The responses gave the researcher the impression that a healthy relationship or interaction between caregivers and adolescents created a sense of belonging. Several resilience studies have shown that a sense of belonging contributes to adolescent identity (Cowen & Garcia, 2008). When adolescents feel that they belong, they place value on positive characteristics of their identity. They strive for academic excellence and have positive expectations for the future (Anderman, 2003; Cowen & Garcia, 2008). Further, a sense of belonging is argued to meet psychosocial needs and enhance the well-

being of adolescents (Cowen & Garcia, 2008). These positive characteristics ultimately lead to resilience, particularly mental and emotional resilience.

6.4.2 Educational Support

The second theme that was dominant in the interviews related to the support the adolescents received in terms of their education. Since some of the orphans come from disadvantaged backgrounds, Case *et al*., (2004) suggest that education may be the key to their success as individuals and as members of a community. The participants highlighted that they received educational support from their caregivers and that there are structures in the orphanage designed to help them thrive educationally. The participants showed that there are physical structures like the library that are of immense help when they have homework and take-home projects. Some also highlighted that these structures assist them in developing their proficiency in the English language, which currently has significant cultural and economic capital in South Africa. Others also explained that they received external help from tutors who are knowledgeable in subjects they struggle to understand, as a result, they have immense time allocated to studying. These aspects of support were highlighted as pertinent in the building of their resilience. Consistent with the findings, Cahill's *et al.,* 2014) argues that when children experience support in their learning from their immediate environment, they develop a sense of connectedness with their schoolwork and a belief in their own abilities to complete school successfully. The participants also highlighted that education support occurs both in the microsystem and mesosystems, therefore the responsibility to support orphans educationally lies within both the immediate and external environment.

> "*The biggest support I receive here is that of education, they give us time to study and when the reports come back we find ourselves having passed" (Participant 5, Female).*

> *"Here we have times allocated to studying and different activities such as netball and "muravharavha" (a* Sudoku type of game, where stones are moved from one hole to

another). *I see caregivers encouraging us so that there isn't a child who is unsuccessful, so that we all leave this gate successful…… The TV only plays when every child in the home is done writing their tests and exams*" (Participant 3, Female).

"*It's being taken to school, and having someone appointed to help where we struggle with school work…… And books to read in the library, it helps me discover words that I didn't know, it also helps me learn English"* (Participant 1, Male).

From the excerpts above, it is also evident that the participants also view recreational activities as an important part of their educational development and growth. Most of the participants spoke of recreational activities and studying in the same sentences. Thus, participants seemed to interpret recreational activity as part of educational support. Recreational activities in modern schools are referred to as physical education; these adolescents may be adopting this perspective. Prior studies have argued that recreational activities play an important role in the mental development and health of adolescents (Mosavel, Ahmed, Ports & Simon, 2015). Thus, the interpretation is that the provision of recreational activities may help build their resilience. One participant also highlighted that educational support is not only about schoolwork and recreational activities, but also about imparting of skills to those who struggle with academics or sports.

"This place is good, they teach us to do hand production, for example, they teach us how to make traditional beads which we sell after making them. So, if I am not good with school, they teach us skills to better ourselves" (Participant 8, Female 17).

When reading this excerpt, the researcher referred to South Africa's high unemployment rate. The unemployment rate in South Africa is exacerbated by young people who failed to complete grade 12 and do not have the necessary skills to compete in the market. This excerpt highlights the importance of acquiring relevant skills that will help them compete in the market to survive (Mosavel, Ahmed, Ports & Simon, 2015). In their research, Cunha and Heckman (2010) show that the ability disparity in young people from different socio-

economic groups can be decreased through the introduction of different skills at an early age. The introduction of the beading skill in the orphanage helps in developing creativity, flexibility and the perspective that abilities are multiple. This may help build resilience, particularly in children who may not be as strong intellectually. In general, most of the participants highlighted educational support as important to their resilience.

6.4.3 Environmental Safety

The third theme that recurred within both the microsystem and the meso-system was that of 'environmental safety'. Most of the participants highlighted that they felt safe and protected in the orphanage and felt unsafe when they are "outside" of the orphanage. They expressed that if they resided outside the orphanage there are several risk factors they would be vulnerable to, these included physical/sexual abuse, substance abuse, sicknesses and pregnancy. It was surprising for the researcher to hear that the adolescent did not yearn for interaction with the people outside their orphanage.

> *"This is a good place; I am able to live here because it is safe not like the outside. Outside there are a lot of different things that happen, so I feel safe here…… we do not get out of here, I only get out when I go to school and come back after school at around 4. I see my friends only at school or they come visit me here"* (Participant 6, Female).

> Researcher: *Do you maybe leave the home and play with other children in the community? [Context]: "No, when I am here, I feel safe and protected"* (Participant 5, Female).

This finding contradicts Sanou's *et al*., (2008) perspective stating that when orphans interact with their communities, they become exposed to various support systems equipped to help them build their resilience. It was also surprising to the researcher that the participants felt most safe in the orphanage as opposed to the outside community. It appears as though they preferred people in the community to visit them in their space, instead of them going into the

community. Betancourt and Khan (2008) state that to understand resilient outcomes in young people, it is necessary to identify protective factors that may help foster resilience. In this case, the participants from their own perspective expressed that staying within the bounds of the orphanage is a buffer from external risk factors. Their responses also appear to oppose Wolff and Fasseha's (1998) perspective that children in orphanages become institutionalised and fail to connect with people beyond their orphanages. The participants stressed that it is rather an issue of protection and safety as opposed to institutionalisation.

The theme of environmental safety also included two subthemes of shelter and food security. Most of the participants highlighted that their resilience is also fostered by the availability of physical shelter and food security. Some participants expressed that they feel safe because they have a room and a bed they can sleep on at night. They also expressed that their rooms have all the necessary equipment that a bedroom should have. Further, they also stated that they have access to nutritious food and that they eat enough food and do not go to bed hungry.

"*I mean everything I need for my room is present. I also have enough food"* (Participant 1, Male).

"I feel safe/protected because when I want something, I get it on time…. I get food the right way" (Participant 5, Female).

Research studies conducted to better understand the life experience of orphans in South African communities found that children stated lack of protected shelter, food, hunger and fear of hunger as a huge hindrance to their educational, physical and mental progress (Cluver, Gardner & Operario, 2009; Theron & Theron, 2010). According to Senefeld, Strasser and Campbell (2009), food security and shelter play a critical role in determining well-being in adolescent orphans. Although there is not a wide literature on the positive relationship

between shelter, food security and resilience, the findings in this study highlight the significance of shelter and food security in the building of adolescent orphans' resilience.

6.4.4 Health

Another theme that emerged within the microsystem is that of health, particularly mental health support. Researchers frequently define the resilient state in terms of good mental health, social competence and functional capacity (Olsson, Bond, Burns, Vella-Brodrick & Swayer, 2002). To assess good mental health support in adolescent orphans Senefield *et al*., (2009) suggest that researchers focus on self-reported happiness and emotional support from the people in the adolescents' environment. The adolescents in this study expressed feelings of satisfaction and happiness since their arrival to the orphanage. Some of the adolescents also indicated that they receive emotional support to an extent that it helps them forget about their struggles of the past to focus on their future.

> *"I have great health and I live well with other people"* (Participant 1, Male).

> *"I mean, perhaps there were situations that were oppressing, so coming here eased some of those situations. I can now go on with my life with a lot of people encouraging me"* (Participant 2, Male).

> *"This place gives me so much happiness, because we respect each other as children"* (Participant 3, Female).

> *"Finding myself being social with other people around here"* (Participant 7, Male).

These excerpts coincide with findings from the World Health Organisation (2009) stating that mental health is associated with self-reported health and reduced risk of mental health problems. Further, the excerpts also confirm the literature that when people receive adequate mental health support, there is an increase in the acquisition of well-being and psychosocial capital (Friedli & WHO, 2009). It is evident from previous reports that the adolescents are educationally orientated and want the best for their future. One can infer that the health

support they receive builds up their psychological and social resilience. However, there was one direct expression of mental health support dissatisfaction from one of the participant.

"When I came here things were different……. I'm even thinking of living this place"
(Participant 9, Female).

According to Wolff and Fasseha's (1998) dissatisfaction in orphans is related to lack of individual attention, they argue that orphanages falter to create an environment, which caters for individuality; children are viewed as a group. In this regard, the challenges the children encounter usually go unnoticed. Marais *et al*., (2013) also state that dissatisfaction and poor mental health conditions in orphans living in orphanages may be influenced by infrastructural factors such as small room spaces. The literature shows that most orphanages are crowded in living spaces and this crowding usually leads to conflict, poor relationship with caregivers, behavioural problems and poor mental health conditions (Marais *et al*., 2013). From the above participant's response, one can infer that the dissatisfaction is associated with the living conditions in the orphanage.

6.4.5 Spiritual Support

The fifth theme that emerged is that of 'spiritual support'. The participants expressed that they received spiritual support in both the orphanage and the church. They expressed that biblical principles and advice keep them grounded and assist in making responsible decisions. This finding corroborates findings from previous research stating that spiritual support is a protective factor providing adolescents with guidance on morals, values and personal development (Koenig & Larson, 2001; Salifu-Yendork & Somhlaba, 2016). Salifu-Yendork and Somhala's (2016) findings also show that participation in spiritual activities provides a platform where people can make meaning of their challenges, which diffuses these negative challenges.

"They teach us the Bible, that we should love each and take each other as siblings. We exchange reading the Bible, we pray for each other……This coming October we will go to a reformation where all reformed churches meet. Because this home is a Reformed Home. Now all the reformed churches meet at the stadium, we will be singing and dancing"
(Participant 3, Female).

"It is biblical advice, this advice saying we shouldn't get involved in things that are not good…. I enjoy hearing the word of God, also learning about what is being taught at church"
(Participant 1, Male).

The excerpts above show that the participants receive the spiritual support from the mesosystem. The adolescents expressed that they attend church and church conferences regularly and which helps them deal with their challenges. In earlier observation, some of the participants highlighted their lack of interest in interacting with the community. It is evident from the responses that spirituality and religion play a critical role in connecting the participants with the community. One may infer that the adolescents prefer interacting with the community in safe spaces, or spaces they perceive as safe. Majumdar (2015) states that safe spaces such as the church are particularly important for orphans because these spiritual spaces play a key role in helping them resolve their problems and an essential role in helping them mark their identity as individuals and community members. This perspective corroborates Salifu-Yendork & Somhlaba's (2016) findings showing that spirituality and religion foster hope, optimism and a positive identity which help the adolescents to become resilient.

6.4.6 Peer Relationships

The final theme that emerged is that of 'peer relationships'. Most of the adolescents expressed that their friends at school and those in the orphanage offer emotional support, which helps them forget their past. Some also mentioned that their friends offer material support, such as sharing their lunch with them. The adolescents highlighted that their friends are supportive which helps them become better people.

"….and from my friend that I trust. Sometimes we talk about things happening at home, like how home feels like, and that we will come visit each other. I do these things so that the past can pass, so I cannot remember what happened" (Participant 3, Female).

"The ones from School I could say help me, let's say during the break and I don't have pocket money, they buy food for me. Even when there is a project at school that requires items we don't have at the home, like if the projects need to be printed, they help me……My friends from here[orphanage] only help me to forget about the past and if there is a problem we solve it." (Participant 7, Male).

These excerpts above confirm the literature stating that good peer relationships can be a great source of support (Dennis, 2003). It also seems that peer relationships offer an escape for orphans from their difficult past. Their friends give them a sense of hope and confidence that their future is within reach. The participants also highlighted that there are often disagreements between themselves and their friends, particularly those residing in the orphanage with them. Although this may appear as a negative, these disagreements are pertinent in helping them develop their own individual voice (Gillian, Lyons & Hammer, 1990). According to Ungar (2006) disagreements may help them develop problem-solving skills, which is a characteristic to resilience.

6.5 Resilience Factors

Thematic analysis also revealed three themes related to either facilitating o posing challenges to resilience and these were categorised as resilience factors. These are factors that may be either positive or negative but still contribute to a resilient outcome. The first theme highlighted is that of positive change.

6.5.1. Positive Change

In their narrative of staying in the orphanage, some participants expressed positive changes that occurred in their lives. These positive changes were expressed as intrinsic, that is the change occurred within them naturally. During the interview, most participants stated that

their lives have changed immensely for the best. Adolescents expressed that since they moved into the orphanage, they think differently and do things differently than before. Therefore, the positive change has occurred on levels of thought and action.

> *"I see my life has changed, before there were a lot of things I couldn't see, but now I've reached a point where I can see things, hear and be taught a lot of things"* (Participant 1, Male).

> *"By changing how things were done, I would do things in a different way"* (Participant 2, Male).

> *"Let's say, I was a person who wasn't interested in school, I loved playing. Through the support I receive here, they encourage me to study and they also tell me about the importance of school"* (Participant 3, Female).

The second excerpt highlights that positive change also influences future behaviours. When asked how they would want to help their families, the participants highlighted that they would change how things were done in the past and do them in a different way, which shows that the participants have developed a different positive perspective on life. According to Fredrickson and Losada (2005), positive change is influenced by positive affect and emotions. When people have positive moods, their mindset changes, they think positive thoughts about themselves and those around them, which eventually leads to positive change (Fredrickson & Losada, 2005). Similarly, Fredrickson, Tugade, Waugh and Larkin (2003) mention that positive affect predicts resilience, psychological growth and reduces physical pain. Further, that positive change in thinking and behaviour is influenced by finding positive meaning in negative circumstances Fredrickson *et al.,* (2003). Therefore, with these participants, one could say that the positive change stems from a meaning-making process about their circumstance. They have found meaning in their negative past, and this meaning has influenced their perspective on life. The adolescents also realise that there are things they

cannot change but there are also things they can change which is their behaviour and perceptions about life (Tugade & Fredrickson, 2007).

The evidence of positive change is also expressed through the narrative of comparison. Some of the adolescents have expressed their improvement by comparing themselves with their former selves, comparing their current environment with their former environment and themselves with their counterparts outside the orphanage.

> *"My life has become better because the situation I was in is different from this one…… There are a lot of other children out there who are not like me. I think I am better than them. There are many children who are in lack of some things"* (Participant 5, Female).

> *"I think my situation has changed because while I was still at home I couldn't go to school. I couldn't ask for things I need like stationary, school uniform. Yes, things like that……. According to me this is a good place, I am able to live here because it is safe not like the outside. Outside there are a lot of different things that happen, so I feel safe here"* (Participant 6, Female).

The above excerpts highlight that adolescents use comparison to introspect and recognise the positive change that has occurred in their lives. According to Chan and Prendergast (2006), social comparison explains motivated health-promoting behaviours. Social comparison occurs when one compares themselves to another in different areas of life. According to Gibbons and Bunk (1999), one of the greatest underlying motives of social comparison is self-enhancement. To bolster their self-esteem and self-enhancement, individuals compare themselves with others who are below them (downward comparison) and those above them (upward comparison). The participants seem to compare themselves with those who are more disadvantaged than they are. This kind of comparison boosts their self-esteem but also creates a positive atmosphere for them. There is a saying that "comparison is the thief of joy", however, these adolescents seem to use comparison to measure their social position to

progress upwardly. Perhaps this comparison also stems from their reflexivity on their position relative to others. By comparing themselves with other children in the community, they are able to measure their own progress. They are also able to reflect on what could have happened had they not been in the orphanage. When they see progress in themselves, this enables them to become even better for the future or become resilient.

6.5.2 Bullying and Anger

The thematic analysis also revealed themes of 'bullying', 'internalised anger' and 'compensation'. These themes are interconnected and although they appear to be negative they also seem to contribute to the resilience of adolescent orphans Participants highlighted that there are various forms of bullying occurring in both the orphanage and school. The female participants were the most vocal about being bullied. They also identified their bullies as usually older females. The bullying of the children was associated with anger and the notion of being provoked by others.

> *"I enjoy being with other students, I just hate being provoked… If a person starts talking nonsense about me, I hate it. I quickly lose tolerance and approach the person who said the nonsense"* (Participant 3, Female) [School]

> *"When I came, there was no bullying, but now there is a lot of bullying I'm even thinking of living this place…. Its girls….by swearing and punching us"* (Participant 9, Female) [Orphanage]

South African researchers, Culver and Gardner (2007) have already established that adolescent orphans in orphanages and homes struggle with externalising behaviours such as anger, aggression and bullying. Banerjee *et al*., (2015) highlighted that orphaned children have a high reactive aggression, are impulsive and emotionally underdeveloped. Male adolescent orphans show high levels of productivity, they maintain inter-personal relationships and high levels of aggression (Banerjee *et al*., 2015). On the contrary, female adolescents have higher levels of anger related feelings, are reactionary, temperament and

have ruminative personalities (Banerjee *et al*., 2015). The findings of this study show that the bullying in the orphanage is instigated by older female counterparts. According to Goldstein and Tisak (2003), this phenomenon is called girl-to-girl bullying, which is different from the usual masculine physical bullying. The girl-to-girl involves gossiping, making hurtful comments, exclusion from certain social groups with minimal physical altercations (Rayle, Moorhead, Green, Griffin & Ozimek, 2007). The excerpts above seem to allude to a girl-to-girl bullying occurs often among female participants in both the school and the orphanage.

This bullying of other younger female adolescent orphans came across as a compensatory behaviour, meaning that the antagonist bullies to add or replace something that is missing emotionally, physically, socially or mentally. The excerpts below seem to show that the bullying is also part of creating new social interaction beyond the orphanage.

> *"There are girls who talk nonsense about me at school. I don't like it. These are not people I can consider as friends. They are not good people to me…Sometimes they lie and say I said I want boys and I never said that. One of them stays here and I think she is doing this so her friends can buy her food"* (Participant 3, Female).

Participant 3 has shown that bullying is used as a socializing technique. It can be argued that adolescent orphans with bullying characteristics gossip about their counterparts in order to gain social acceptance from their peers. Sieving Bearinger, Resnick, Pettingell and Skay (2000) state that adolescents may resort to adopting the perceived beliefs and behaviours practiced by members of their peer group to become part of the group. As a result, it is possible that some of the adolescents participate in bullying to fit into social groups or to gain something from the people in the group that they do not have. It then seems that some adolescent orphans use bullying and compensatory behaviours to become resilient.

6.6 Personal Growth

6.6.1 Making a Difference

The participants also expressed their need to make a difference in the lives of their families and communities. This theme of difference-making has two subthemes of 'giving back' and 'helping others', particularly the disadvantaged. For these adolescents helping others is giving back to the community, it is returning the favor or opportunity that was once granted to them. This narrative of 'making a difference' is framed through education and becoming a professional.

> *"I want to be a medical Doctor…So that I can help others as I've also been helped as a child"* (Participant 4, Female).

> *"I want to become a social worker to help orphans that do not have caregivers. So that I can bring them to a place like this"* (Participant 5, Female).

> *"I would like to become a General Doctor. What I saw is that in the whole of Limpopo there aren't many Doctors. I saw that it is important to increase the numbers of Doctors"* (Participant 8, Female).

6.6.2 Autonomy

Another theme that recurred in the adolescents' narrative is the desire for 'autonomy'. The narrative of autonomy is evident in the subthemes of 'independence', 'privacy' and 'setting boundaries'. Some of the adolescents expressed that they keep certain issues to themselves, which also highlights the issue of boundaries. Some of the participants stated that there are certain things they can talk about with friends but not necessarily with their caregivers and the other way around.

> *"It is becoming independent, being able to do things for myself without relying on other people with other people relying on me instead*" (Participant 7, Male).

> *"I have a friend I can talk to but with friends you cannot tell them everything, but I am able to tell her of something bothers me]"* (Participant 6, Female).

> *"There are certain things as girls that you cannot talk about with your caregivers. It is not easy to talk to her caregiver about boyfriend/relationship issues"* (Participant 8, Female).

At a basic level, researchers have differed as to whether adolescent's autonomy is a result of interpersonal characteristics or dyadic processes surrounding autonomy (Collins & Steinberg, 2006). However, McElhaney, Allen, Stephenson, and Hare (2009) established that when adolescents are securely attached to the people in their environment, they develop autonomous characteristics. McElhaney *et al*., (2009) further state that the desire for independence helps adolescents to develop their identity, this desire also helps them to develop different personalities for various social situations. For example, they may maintain one identity at home and have a different identity at school; this perspective is evident in the above excerpt by Participant 8. The participants have also highlighted the need to have privacy and boundaries, particularly with their friends. Laird *et al*., (2003) states that 'adolescents' continuing social-cognitive development endorses selectiveness of issues they feel they can share with parents'. Beliefs that parents need to know about personal activities and peer associations have declined over time, adolescents have opted to keep some information private to enhance their own personal space (Laird *et al.,* 2003). Adolescents have also become less obligated to share risky behaviours perhaps because they already know what is expected of them (Smetana & Daddis, 2002; Smetana *et al*., 2006). In addition, Eccles, Early, Fraser, Belansky and McCarth (1997) state that peer groups also play a critical role in providing valuable information concerning one's self-concept. It could be for this reason that the participants sometimes do not share certain information with their friends. The assumption is that they keep some issues private so that a certain form of self, usually positive form of self is enhanced (Eccles *et al*., 1997). The inference is that privacy plays a critical role in forming personal space and a positive sense of self.

6.7 Other Reflections

6.7.1. Reflection on General Youth Wellbeing

The participants also expressed the occurrence of reflecting on themselves and the current state of young people in their communities. In their narratives, most participants discussed how their lives would have been if they had not been in the orphanage. The male participants expressed that if they had not been in the orphanage they would have been involved in crime, substance abuse and would have contracted sicknesses. While the female participants highlighted that they would have experienced teenage pregnancy and sicknesses. Some of the participants indirectly referred to "other" children of their age experiencing such dilemmas and stated that they are exempted from these dilemmas because of the safety in the orphanage.

"Aaah something like smoke, beer, ya those things. A person should get involved in good things" (Participant 1, Male).

"It would be removing themselves from substances such as smoking and drinking. Removing oneself from things that are not for youths" (Participant 2, Male).

"But out there in the homes. Yes, there are different things that may happen. For example, when I go home sometimes you find children walking around at night and different things happen. Accidents can happen. Secondly, as a girl you might find a girl like me or younger than I am pregnant" (Participant 6, Female).

"There are a lot of other children out there who are not like me. I think I am better than them. There are many children who are in lack of some things, but I feel protected here because other children do not have what I have" (Participant 5, Female).

The excerpts above show that the adolescents introspect on where their lives may have been if they had not been in the orphanage. Hansell and Mechanice (1986) state that there is a strong relationship between introspection and positive behaviour change. Participant's reflection is also associated with the process of understanding oneself. The participants refer to the challenges they encountered in the past to understand who they are, who they want to

become and how they can improve their environments. These findings are in line with the literature suggesting that reflection is associated with positive behaviour change. Introspection allows for a reporting process which involves locating oneself and others in the present and the future.

6.8 Concluding Remarks

The findings of this study have shown that psychosocial support from caregivers, educational support, health support, peer relationship, spiritual support, and environmental safety play a critical role in promoting resilience in the lives of adolescent orphans. The findings have also indicated that the adolescents identified supports in their immediate environment, also known as the microsystem, most imperative in propelling their resilience. Some of the participants highlighted supports in the meso-system such as the church; none of the participants identified supports on the macro-system, such as of the government and policies regarding orphans and vulnerable children. One can argue that the adolescents feel that their immediate environment plays a huge role in their development. These findings are associated to the premise of the social ecological framework stating that resilience is a by-product of the child's social ecology (Ungar, 2011). Participants identified aspects in each system that made them resilient. It is rather imperative to note that most participants highlighted similar aspects in their environment which made them resilient. And according to the analysis the functioning of these aspects are interrelated. For example, caregiver support was interrelated with educational support and safety. Some participants stated that the caregivers made sure they do their homework and this ensured their feelings of safety about the future, and it also kept them inside the orphanage ensuring their physical safety. These findings reiterate that psychosocial support is a by-product of the child's psychosocial environment, but it is also an interactional process between social ecologies.

The analysis also uncovered themes related to resilience factors, personal growth and other reflections which contribute to the narrative of psychosocial support and resilience in adolescent orphans. In these themes highlighted, there were both positive and connotations attached to each theme. It should be noted that the negative experiences such as bullying of other children was reported to the authorities at the orphanage. Although, most participants shared their own subjective perspectives on psychosocial support and resilience the researcher thinks it is also imperative to discuss some of the factors that may have hampered the complete sharing of information and ultimately a thorough analysis. The first factor to consider is possible power relations. According to Hammersly (2000) researchers cannot only rely on the authenticity of people's subjective experiences, it is also important to constantly relate the information given with linkages of social and power relations. The participants are a vulnerable group and in a less powerful position socially, as a result, they may have been intimidated and withheld some crucial information regarding psychosocial support and resilience.

CHAPTER 7

DISCUSSION AND CONCLUDING REMARKS

7.1 Discussion

The purpose of this qualitative study was to explore the relationship between psychosocial support and resilience in adolescent orphans residing in a rural area in the Vhembe District, Limpopo province. The aim was to understand how psychosocial support enhances resilience. Further to identify the kinds of psychosocial support orphan adolescents receive and to understand their own definitions of resilience. This chapter will offer some concluding thoughts on the key findings of this study. It will also make some recommendations for possible interventions on psychosocial supports that could promote resilience in adolescent orphans. Lastly, the chapter will highlight the strengths and limitations of the study and offer recommendations for future studies.

7.1.1 Resilience and Psychosocial Support

The participants in this study had various conceptions of resilience. For some of the participants, resilience is the ability to face the future without focusing intensely on the past. For others, resilience is the ability to become successful even under challenging circumstances such as parental loss. These definitions of resilience coincide with Greenberg's (2006) definition of resilience as 'a protective process that reduces maladaptive behaviour. The participants' definition of resilience reiterates that resilience is a continuous process and it is not something that occurs once in a specific event. Their definitions also reiterate that resilience is an interaction between several protective factors and is a result of interaction amongst various psychosocial supports and different dimensions of the person. For a person to be regarded as resilient there is a need for harmony between their psychological, biological and spiritual faculties. Wathen *et al*., (2012) also state that overall health is a result of interaction amongst psychological, social environmental and biological factors. This shows

that for mental, emotional and physical resilience to be possible, these faculties need to be both well supported since a lack of support in one faculty affects the optimal functioning of the other faculties. This shows that a system functions as a whole, if one part of the system is affected, it impacts on all other parts (Bronfenbrenner, 1992). The participants were also specific in their definitions of the psychosocial support they believe helps/ed them become resilient. These definitions of psychosocial support coincide with Schonfeld and Demaria (2015) definition stating that 'psychosocial support manifests in the provision of shelter, safety, food, communication, supervision and interaction with the community' (Schonfeld & Demaria, 2015). They also highlighted that sports, educational assistance, peer relationship, and spirituality were amongst the greatest forms of psychological support. However, all of the participants highlighted that they were not strongly connected with their community. Surprisingly, most of the participants were delighted by this exclusion stating that it ensured their safety and their ability to thrive. The conclusion on the relationship between psychosocial support and resilience is a positive one, the participants highlighted that the support they received in the orphanage helps them grow and become better people. Further the participants also highlighted themes of positive change, compensation and bullying as important in the building of their resilience. Themes of making a difference, autonomy and general youth wellbeing also recurred as personal growth and forms of reflection which help adolescent orphans to become better people.

7.1.2 Strengths and Limitations

One of the strengths of this study is that it provided the adolescents with a space to reflect on both the positive and negative aspects of their life and they were able to discuss both of these aspects. Another strength of this study relates to its possible contribution to the existing contemporary literature on resilience and adolescent orphans. Information obtained from this study could help inform policies, future interventions by both the government and

organisations to promote psychosocial supports that will enhance the resilience of adolescent orphans. This study discovered that there is a need for mental health support in orphanages and this discovery requires further exploration; specifically, how the presence of mental health support in orphanages could enhance the resilience of adolescent orphans.

There are several limitations in this study. First, the researcher only interviewed participants residing in the same orphanage and were all from a low-income community, therefore the findings in this study cannot be generalised to all orphan adolescents in South Africa. Second, since the interviews were face-to-face, the participants could have modified their responses to sound desirable or to give responses they considered to be right to avoid eviction or intimidation from authorities. Further, another limitation of this study is possible 'interviewer effects' (Babbie, 2015) on the process of data collection, analysis and interpretation. Mouton and Marais (1990, p.12) state that the process of interpreting data can unconsciously be subjective, the researcher as an individual "holds explicit beliefs" he or she may unconsciously impose during the stages of interpretation. It is important to acknowledge the possibility of the researcher unconsciously imposing her own personal understanding when interpreting the data. However, the researcher is confident that the credibility checks used in the study such as supervision meetings, reflection diary and methods used were able to contain negative effects of any personal bias.

7.2 Suggestions for Possible Interventions

The findings of this study indicated the forms of support that the participants found most effective in building their resilience. The orphanage seems to have efficient practices and systems in place that help the adolescent orphans. However, the orphanage seemingly lacks in the provision of professional mental health support for building resilience. This finding surfaced during the interviews that there were some adolescents in need of professional psychological interventions. Thus, the researcher suggests the inclusion of therapy sessions

for adolescents that seem to have mental health challenges. Finding a professional psychologist for the adolescent orphans may be financially challenging, the researcher thus suggests group sessions with the social worker, in these group sessions adolescents can share their hardships, these sessions could possibly also help identify individuals who require individual therapy sessions.

7. 3 Recommendations for Future Research

For future research, the researcher recommends interviews with thriving adult orphans who grew up in orphanages to better understand the forms of psychosocial supports that built their resilience. The researcher also recommends that a similar study be conducted in urban areas in order to compare whether the same psychosocial supports identified in the rural district builds resilience for adolescent orphans in urban areas.

7.4 Conclusion

The purpose of the study was to explore the relationship between psychosocial support and resilience in adolescent orphans. Informed by the phenomenological approach, an inductive thematic analysis revealed themes that supported that psychosocial support enhances resilience in adolescent orphans. The inductive thematic analysis revealed psychosocial support themes such as caregiver support, peer relationship, educational support, environment safety, health and spiritual support as central to the development of resilience in these specific participants. The findings highlight a plausible relationship between psychosocial support and resilience. These findings are specific to adolescent orphans residing in a specific rural area and cannot be generalised to all adolescent orphans. The conclusion, therefore, is that the above mentioned psychosocial support enhances resilience in adolescent orphans residing in an orphanage in the Vhembe District of Limpopo Province.

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Appendices

Appendix A: Participant Information Sheet

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

Dear Participant

Good day! My name is Tondani Mudau. I am a student at the University of Witwatersrand doing a Master's degree in the department of psychology. I would like to invite you to participate in a research study looking at the support you receive in the orphanage or drop in centre. I want to find out whether the support you receive helps you become strong, healthy and successful after experiencing challenges such as parental loss. Hopefully this research can help us better understand strength in orphans. The research can also provide useful information on the influence of support on resilience which means being strong, healthy or successful after experiencing challenges.

If you are happy to take part, you will be given an assent form to fill out. Then I will hand out two questionnaires, one for psychosocial support with 29 statements and the other for resilience with 6 statements. It will take between 30-45 minutes to answer these questions. Your involvement in this study is voluntary. If you decide to take part, you are still free to withdraw at any time, without giving us a reason. You are also allowed to skip any question you do not want to answer. If you do not understand any of the questions but you want to answer them, you are welcome to ask the researcher.

All information collected as part of this study is fully confidential. Your guardians or friends will not be able to see the answers that you give. Your information will be put together with that of other participants and nobody will be able to know who you are. There will be a special code on your questionnaire. This is only used if you decide to withdraw from the study and we need to destroy your answers. You may request that your data be withdrawn from the study at any time after the data collection. There will be no direct benefit to you, however, this study can help you identify the supports that are available to you. There is no risk involved.

Thank you for considering taking part in this research project. Do not hesitate to contact my supervisor and I our details follow below.

Dr Mambwe Kasese-Hara (Supervisor) **Tondani Mudau**

Email: Mambwe.hara@wits.ac.za tondani.mudau@gmail.com

Phone: 011 7174552 0799419011

Kha Mudzheneleli

Aaah!! Dzina langa ndi Tondani Mudau. Ndi khou ni ramba u ri ni dzhenelele kha tsedzuluso ya u wanulusa thikhedzo dzine na dzi wana fhano hayani ha dzitsiwana. Tsedzuluso iyi ndi tshipida tsha pfunzo ya Masitasi ngei Univesithi ya Witwatersrand. Thikhedzo dzine na dzi wana dzi nga katela thuso ya tshunwa haya, u fhiwa ha zwiliwa na dzinwe vho. Tshipikwa tsha tsedzuluso iyi ndi u wanulusa uri thuso dzine na dzi wana dzi a ni thusa u vha muthu wa khwine, a re na mutakalo u fushaho na u bvelela vhutshiloni nga murahu ha khaedu dzine na tangana nadzo nga u shaya kana u xelelwa nga vhabebi.

Ndavhelelo ndi ya uri tsedzuluso iyi i do thusa kha u pfesesa u bvelela kana u godombela ha vhana vha dzitsiwana nga murahu ha u xelelwa nga vhabebi.

Arali ni tshi nga takalela u vha tshipida tsha tsedzuluso iyi, ni do fhiwa fomo ya thendelano and na kushumele kwa tsedzuluso ine ni do tea u i vhala na i dadza. Ndi do dovha hafhu nda ni nea hafhu mabambiri mavhili a khethekanyo dza dzimbudziso. khethekanyo ya u thoma ndi nga thikhedzo kha mveledziso ya kwuhumbulele ine ya vha na mbudziso zwa 29, khethekanyo ya vhuvhili ndi ha u godombela nga murahu ha tshiwo i ne ya vha na mbudziso dza 6.

U fhindula i dzi mbudziso, zwi do dzhia mithethe i no lingana 30-45. Arali na pfa ni si tsha takalela u isa phanda na u fhindula no tendelwa u litsha tshifhinga tshinwe na tshinwe na hone a ni tea u talutshedza uri mulandu ni tshi khou litsha. No tendelwa u pfuka mbudziso ine na pfa ni sa todi u i fhindula. Arali ni sa pfesesi mbudziso no tendelwa u vhudzisa musedzulusi.

Phindulo dzanu dze dza kuvhanganyiwa sa tshipida tsha tsedzuluso iyi zwi do dzula sa tshidzumbe. Mathogomeli na dzikhonanani a vha nga vhudziwi kana u vhona phindulo dze na bula. Phindule dzanu dzi do tanganyiswa na dza vhanwe hu u itela uri hu sivhe na a no divha uri phindulo ya uri ndi ya nnyi. Hu na tswayo ya tshidzumbe kha bammbiri linwe na linwe hu u itela uri musi na nga litsha vhukati ri kone u bvisa phindulo dzanu kha tsedzuluso. No tendelwa u humbela uri phindulo dzanu dzi bvisiwe kha tsedzuluso musi ni tshe fhedza nyambedzano.

A huna malamba nga u dzhelelela, fhedzi tsedzuluso iyi i do thusa kha u wana thikhedzo dzine dza vha hone kha inwi. A huna masiandoitwa mavhi kha inwi nga u dzhenelela.

Ndi khou livhuwa musi thendelo yanu ya u vha tshipida tshe tsedzuluso iyi. Ni nga nkama na supervisor yanga tshifhinga tshinwe na tshinwe kha zwidodombedzwa zwi tevhelaho

Dr Mambwe Kasese-Hara **Tondani Mudau**

Email: Mambwe.hara@wits.ac.za tondani.mudau@gmail.com

Phone: 011 7174552 0799419011

Appendix B: Consent Form

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

I_____ hereby consent (i.e. agree) for my ward _____ to participate in this study. I hereby declare that I have read the information and understand the participation involves.

I also understand that:

- Participation in this study is voluntary and my child/ward is not forced to participate. And he/she can pull out of this study or refuse to take part at any time that he/she wishes without any negative consequences.
- My child/ward can refuse to answer a question at any time if he/she feels uncomfortable
- I am guaranteed that all identifying information they give throughout this research study will remain anonymous to protect their identity in the reporting of the results of this study.
- There are no advantages or disadvantages associated with their choosing to participate in this research or not participate.
- I give the researcher permission to audio record and interview my child/ward.

Guardian's Signature: _____

Date: _____

Kha Mubebi/Muthogomeli

Aah! Dzina langa ndi Tondani Mudau. Ndi khou thaphudza pfunzo yanga ya Masitasi kha kuhumbulele ngei Yunivesithi ya Witwatersrand. Sa tshipida tshau thaphudza pfunzo dzanga, ndi fanela u ita tsedzuluso. Tshipikwa tsha lunwalo ulwu ndi a wana thendelo yavho sa mubebi/muthogomeli uri nwana wavho a vhe tshipida tsha iyi tsedzuluso.

Nne _____ ndi khou fha thendelo nwananga _____ uri a dzhenelele kha iyi tsedzuluso. Ndi khou di gana uri ndo vhala nda pfesesa uri u dzhenelela kha tsedzulusa zwi katela mini.

Ndi dovha hafhu u pfesesa uri:

- U dzhenelela kha tsedzuluso iyi a si khombe khombe, nauri nwananga ha khou kombetshedziwa. Nwananga a nga litsha u vha tshipida tsha tsedzuluso iyi tshifhinga tshinwe na tshinwe na hone hu sivhe na masiandoitwa mavhi.
- Nwananga a nga litsha u fhindula mbudziso ine a pfa i sa mufari zwavhudi.
- Ndo fulufhedzwa uri mafhungo kana phindulo dzine nwananga a do dzi bula sa tshipida tsha tsedzuluso zwi do vha tshidzumbe, na hone dzina la nwana a li nga bulwi kha mawanwa a tsedzuluso iyi hu u itela u tsireledza dzina lawe.
- A huna malamba kana vhuvhi kha u tenda kana u hana u vha tshipida tsha tsedzuluso iyi.
- Ndia nne thendelo uri nwananga a recordiwe no vhudzisiwa mbudziso

Tsaino ya Mubebi/Muthogomeli: _____

Datumu: _____

Appendix C: Participant Assent Form

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

I_____ hereby assent (i.e. agree) to participate in this study by answering questionnaires on resilience and psychosocial support.

I also understand that:

- Participation in this study is voluntary. I can pull out of this study or refuse to take part at any time without any negative consequences.
- I can refuse to answer a question at any time if I feel uncomfortable.
- I am guaranteed that all identifying information I give throughout this research study will remain anonymous to protect my identity in the reporting of the results of this study.
- There are no advantages or disadvantages associated with choosing to participate in this research or not participate
- I give the researcher permission to audio record and interview me

Participant's Signature: _____

Date: _____

Aah! Mudzheleli

Aaah!! Dzina langa ndi Tondani Mudau. Ndi khou ni ramba u ri ni dzhenelele kha tsedzuluso ya u wanulusa thikhedzo dzine na dzi wana hayani ha dzitsiwana. Thikhedzo dzine na dzi wana dzi nga katela thuso ya tshunwa haya, u fhiwa ha zwiliwa na dzinwe vho. Tshipikwa tsha tsedzuluso iyi ndi u wanulusa uri thuso dzine na dzi wana dzi a ni thusa u vha muthu wa khwine, a re na mutakalo u fushaho na u bvelela vhutshiloni nga murahu ha khaedu dzine na tangana nadzo nga u shaya kana u xelelwa nga vhabebi.

Nne_____ ndi khou tenda u vha tshipida tsha tsedzuluso nga u fhindula dzimbudziso nga ha u bvelela vhutshiloni na thikhedzo kha kuhumbulele nga murahu ha xelelwa nga vhabebi.

Ndi dovha hafhu u pfesesa uri:

- U dzhenelela kha tsedzuluso iyi a si khombe khombe. Ndi nga nanga u sa vha tshipida tsha tsedzuluso kana u litsha tshifhiga tshinwe na tshinwe hu sina masiandoitwa mavhi.
- Ndi nga nanga u sa fhindula mbudziso isa mpfariho zwavhudi tshifhinga tshinwe na tshinwe
- Ndo fulufhedzwa uri mafhungo kana phindulo dzine nda do dzi bula sa tshipida tsha tsedzuluso dzi do vha tshidzumbe, na hone dzina langa a li nga bulwi kha mawanwa a tsedzuluso iyi hu u itela u tsireledza dzina langa.
- A huna malamba kana vhuvhi kha u tenda kana u hana u vha tshipida tsha tsedzuluso iyi.
- Ndi a nea thendelo yo recordiwa na u vhudzisiwa mbudziso

Tsaino ya Mudzheleli: _____

Datumu: _____

Appendix D: Interview Schedule

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

[Interviewer established rapport with pleasantries first, i.e. greetings and 'small talk']

1. Has your life changed since you moved into this home? Can you tell me how your life has changed since you've moved into the home? [Vhutshilo hanu nivhononga hovha ha khwine ubva tshe na thoma udzula fhano?]

2. What kind of supports do you receive in the home? [Ndithikhedzo dzifhio dzinne nadziwanna afha hayani]

3. Does the support you receive help you become resilient (become a stronger or a better person). [Edzi thikhedzo dzinne nadzi wanna dzianithusa uri nivhe muthu wa khwine?]

4. How would you define resilience, what does it mean to be resilient in your own mind? [Zwiamba mini uvha muthu wa khwinne kha inwi]

5. What are the kinds of support you think are necessary to make you resilient? [Ndidzithekedzo de dzine na vhona unga dzini ita uri nivhe muthu wa khwine].

6. Would you like to tell me anything else? [Huna zwinwevho zwinne anga mbudza]

Research Office

Appendix E: Ethical Clearance Certificate

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mudau

CLEARANCE CERTIFICATE **PROTOCOL NUMBER: H17/06/35**

PROJECT TITLE	An exploratory study on the relationship between psychosocial support and resilience in adolescent orphans
INVESTIGATOR(S)	Miss T Mudau
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	30 June 2017
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	13 September 2020

DATE 14 September 2017 **CHAIRPERSON**

J Knight

(Professor J Knight)

cc: Supervisor : Dr M Kasese-Hara

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

I agree to completion of a yearly progress report.

_____ _____/_____/_____

Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix F: Request for Permission in Orphanage

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

4 April 2017

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

TO WHOM IT MAY CONCERN

Good Day! My name is Tondani Mudau. I am a registered Master's student in the Department of Psychology at the University of Witwatersrand. My supervisor is Dr. Mambwe Kasese-Hara. I am hereby seeking your permission to conduct research in your orphanage. These are the proposed objectives of my research:

(a) to investigate the psychosocial support provided to orphans and vulnerable children (these may include supports in relation to health, education, community interaction and nutrition)

(b) to establish whether the psychosocial support provided foster resilience in the orphans

Psychosocial support refers to all the supports that enhance mental, emotional and physical development. These supports may include help with homework, provision of food and shelter, etc. Resilience refers to the ability to live a healthy and normal life after experiencing a distressing event. As most of these children have had. To better understand these constructs, I request to individually interview six or more of your children. The interview schedule is attached below. To answer these questions, it will take between 30-45 minutes. The research is voluntary and will be based on confidentiality. The participants will be recruited from orphanages and drop in facilities. Then the researcher will also request consent from the caregivers and from participants to participate in the research. The participants will be given a letter; which explains that they can withdraw from the research at any point and that they do not have to answer questions they do not want to answer. The whole data collection process will happen in one day for approximately an hour.

The proposal for this research is currently being considered by the University of Witwatersrand. completion of the study, I undertake to provide you with a bound copy of the research report. Your permission to conduct this study will be greatly appreciated. Please, do not hesitate to contact my supervisor and I for clarity. Our contact details are as follows:

Cellphone: 0799419011 **Phone**: 0117174552

Email: tondani.mudau@gmail.com **Email**: Mambwe.Hara@wits.ac.za

Yours Sincerely,

Tondani Mudau

KHUMBELO YA THENDELO YA U ITA TSEDZULUSO

KA ANE ZWA MUKWAMA

Aah! Dzina langa ndi Tondani Mudau. Ndi mutshudeni a no khou thaphudza pfunzo ya Masitasi kha kuhumbulele ngei Univesithi ya Witwatersrand. Muhulwane wa pfunzo yanga ndi vho-Dokotela Mambwe Kasese-Hara.

Ndi khou humbela thendelo ya u ita tsedzuluso fhano hayani havho ha dzitsiwana. Zwipikwa zwa tsedzuluso ndi zwi tevhelaho:

(a) U todisisa thuso dzo fhambananaho dza kwuhumbulele dzi no khou fhiwa vhana

(c) U wanulusa uri, naa thuso dza kwuhumbulele dzino fhiwa vhana dzi vha thusa na kha mveledziso

U kona upfesesa ezwi zwitenwa, ndi humbela uvhudzisa vhanna vha rathi dzimbudziso, dziyelanaho na ezwi zwitenwa. U fhindula i dzi mbudziso, zwi do dzhia mithethe i no lingana 30-45. Tsedzuluso iyi yo di khwathisa nga tshidzumbe. Vha-dzheneleli vha do fhiwa lunwalo lwa u dzhenelele; kha u lu lunwalo, Vha-dzheleneli vha do vhudzwa nga ha thendelano ya dzhenelela kha tsedzuluso iyi.

U kuvhanganyiwa ha mafhungo zwi do dzhia duvha lithihi fhedzi nga tshifhinga tshi no lingana awara. Ndi do andadza kana vha na lunwalo lwa thendelo ya u ita tsedzuluso u bva Univesithi ya Witwatersrand; ndi do andadza na zwishumiswa zwine nda do zwishumisa u wana mafhungo kana mawanwa a tsedzuluso iyi. Musi tsedzuluso yo swika magumoni ndi do vha nea ripoto ya mawanwa a tsedzuluso.

Ndi nga livhuwa thendelo yavho ya u ita tsedzuluso henefho kha vhone.

Arali huna zwine vha khou toda u fhirisiwa khazwo, ri nga livhuwa arali vha kwamana na nne kana muhulwane wanga kha zwidodombedzwa zwitevhelaho:

Dr Mambwe **Tondani Mudau**

Email: Mambwe.hara@wits.ac.za tondani.mudau@gmail.com

Phone: 011 7174552 0799419011

Wavho a fhulufhedzeaho

Tondani Mudau