LIST OF ACRONYMS / ABREVIATIONS

ACRWC	The African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychological Association
CBO	Community Based Organization
CIA	Central Intelligence Agency
CRA	Child Rights Act
CRC	Child Rights Convention
FLHE	Family Life and Health Education
HIV	Human immunodeficiency virus infection
ICPC	Independent Corrupt Practices Commission
ICT	Information and communications technology
IPA	Interpretative Phenomenological Analysis
LGA	Local Government Area
NACA	National Agency for the control of AIDS
NELA	Network for Ethics, Law and AIDS
NECAIN	NELA, Consortium AIDS Initiates in Nigeria
NGO	Non-Governmental Organization
OAU	Organization of African Unity
PEPPFAR	President's Emergency Plan for AIDS Relief
PLWA	People living with AIDS
PLWH	People living with HIV
PPCT	Process person Context Time
PRA	Participatory Research Approach
PTSD	Post Traumatic Stress Disorder
SMS	Short Message Service
SSCE	Senior Secondary Certificate Examination
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UCH	University College Hospital
UN	United Nations
UNAIDS	United Nations: United Nations Program on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNPF	United Nations Population Fund
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organisation

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CHAPTER 1
KEY FACTORS IN ENHANCING THE RESILIENCE OF HIV POSITIVE ADOLESCENT GIRLS IN NIGERIA

1.1 INTRODUCTION

Sub-Saharan Africa is the most heavily affected region in the global HIV epidemic with 23.5 million people living with HIV. This figure represents 69% of the global HIV burden while women account for 58% of the cases (UNAIDS, 2012). Statistical reports from the facts sheets of the National Agency for the control of AIDS (NACA, 2012:10), also reveal that Nigeria, with its booming population of 162 million people, has the second largest population living with HIV. About 3.5 million of these are infected with HIV while the prevalence is on the upward trend of 4.2% (especially in the western part of the country where the Yoruba resides and urban towns experience a prevalence of 10.2% (NACA 2012). In the words of Achebe (2004:261-262), "Our collective record on AIDS clearly suggests that we have not tamed the 'animal', and should compel us to hire many more 'animal trainers' to rescue the world's most vulnerable groups from the clutches of this infectious holocaust." Achebe (2004) further asserts that the face of HIV/AIDS is primarily linked with the youth, women and girls who bear the burden of the epidemic.

These findingsare supported by the statistics in Nigeria as collated by the National Agency for the control of AIDS (NACA, 2011) which reports that people aged between 15-24 years contribute to 60% of the infections while HIV is the leading cause of death and disease among women of a reproductive age (15-49 years). The prevalence among young women aged 15-24 years is estimated to be three times higher than among men of the same age and females constitute 58% (about 1.72 million) of persons living with HIV. Each year, 55% of AIDS deaths can be attributed to women and girls (NACA, 2011:419).

Fashola, Francisco and Madigan (2011) point out that the major issue of HIV/AIDS prevention is that the majority of interventions by the Nigerian government lack theoretical foundations. Fashola *et al.* (2011) posit that theoretical models should be used to design interventions to change negative attitudes with the perceived threat of HIV/AIDS. Okonofua (2012) also supports the idea that theoretical frameworks and scientific arguments for understanding the complex and often interwoven issues which surround adolescent sexuality and well-being in sub-Saharan Africa is necessary in order to stimulate a deeper understanding of how family structures and evolution can

impact the nature of adolescent sexual behaviour. Taking into consideration this initiative, it is illuminating to note that researchers have discovered that even though the epidemic is difficult to track down because of its "heterosexual nature of transmission" (NACA, 2001:4), particularly in Nigeria and in Sub- Saharan Africa, a large number of people living with HIV make concerted efforts to cope with their situation and status thus becoming resilient by "bouncing back" to normal life (Ungar, 2008:218).

It seems that some key issues embracing contextual factors such as culture, family, peers, religion, community coupled with individual psychological differences, "life circumstances" and notions of sexuality exert significant influence on how people infected with HIV/AIDS, navigate their path towards physical and psychological well-being. The Yoruba is one of the largest, urban ethnic groups, dominating the western part of Nigeria and enjoy a sense of unity achieved by a common language, history and culture. The HIV scourge also takes its toll on the Yoruba people especially affecting the youth, just like any other culture within Nigeria and the sub-Sahara region of Africa. The HIV positive Yoruba adolescent girl finds herself therefore in the midst of a myriad of complexities of the epidemic and the cultural values. This study will attempt to qualitatively investigate and explore the contextual factors that enhance her ability to become resilient, adapt and adjust to normal life after experiencing the trauma and stigma of having contracted HIV/AIDS.

1.2 THE RATIONALE FOR THE STUDY

The Yoruba culture is dynamic in nature like many other cultures but has resisted the impingement of foreign influences, "absorbing numerous new cultural traits and breathing into them new life from the old traditional culture", mainly because the culture is firmly rooted in the environment and is used to solve their sociological and economic problems which enhances its preservation (Ojo, 1966:272). The previous statement can best be illuminated by referring to the Yoruba's sustained belief in myths especially concerning premarital sex, time of sexual debut for girls' infertility and early marriage that have had negative effects on sexual abstinence, wrong perceptions about HIV/AIDS, which consequently impact its intervention programmes (Oladepo &Fayemi, 2011). These crucial aspects will be discussed in the next chapters.

I worked as a principal in some secondary schools both in the rural and urban areas of Ibadan city (capital of Oyo state, Nigeria), for thirteen years, which triggered a growing interest in community development and research among, vulnerable groups especially adolescent girls. From my observation, the rural areas lack resources and social amenities such as, pipe born water, electricity, employment opportunities and good

roads. These factors are responsible for a serious rural-urban migration of youths and even adults are looking for a means of survival especially after leaving school.

Apart from drifting from nearby villages to the city, some other ethnic groups from Nigeria like the Ibos, Hausas and other minority ethnic groups find the city comfortable to settle in, because of its (relative) peace, hospitality of the indigenes, free health and education programmes. Its availability of cheaper food and housing in contrast with the more expensive living costs in other towns and cities also add to its popularity as an attractive place to reside in. The HIV epidemic consequently disseminates among the cities and its environs inconspicuously, through risky sexual behaviors, exposure to foreign cultures and non-adherence to the Yoruba traditional norms and values governing marriage and sexual relationships. The HIV epidemic, as a result, startsclaiming lives, gnawing away at the self-esteem and capabilities of the youth and those infected (Achebe, 2004:270).

The adolescent girl, who is highly at risk of the HIV infection, finds herself isolated In the midst of these problems. In her pursuit of happiness and a possible partner sharing an intimate relationship, she becomes predisposed to HIV infection and gets infected unwittingly. Being ignorant and vulnerable due to a number of contributory factors such as her gender and customs of the Yoruba culture, this disease progresses to full blown AIDS. Even though traditions and religion regard sex before marriage as an “immoral” act, this disease is seen to spread and affect the adolescent girl. Once diagnosed with HIV, she becomes vulnerable, fearful of being stigmatized and consequently believes that “life has been permanently altered” (De Santis & Bassoro, 2011:348-350). She experiences physical, mental and spiritual changes which cause life stressors as she is left with little or no psychosocial support available to “ease these stressors” (De Santis & Bassoro, 2011:348-350). The reason for this feeling of inundated pressure can be ascribed to the very epidemic itself, which is aptly identified as a “chronic stressor” that in turn becomes a salient characteristic of adolescent behaviour (Ebersöhn & Eloff, 2002:78). Her world crumbles and falls apart as in most cases she may be sent back to the village to bear the trauma single-handedly, because nobody would want to associate with an HIV/AIDS infected person. People in general are in fear of catching the deadly virus themselves.

In my position as principal, I counselled some and offered financial help to enable them to build their resilience and to “bounce back” (Webster, 1999:1220) to normal life even in the face of their adversities. My observations also provide a platform to interpret and understand the mechanisms adopted by these adolescent girls to cope and overcome life’s challenges as well as probe their capacity to facilitate positive development under

stress through their formal or informal social networking (Obrist, Pfeiffer & Henly, 2010; Ungar, 2011). These steps taken to deal with their plight, help to buffer their self-efficacy and boost their self-esteem. Some consequently settle down to further their education or secure a job in contrast with others who fail to move forward and give up the struggle.

Most researchers engaged in studies on HIV/AIDS in the past, only addressed single contextual factors such as issues involving sexual abuse, the vulnerability of adolescents, and the stigmatization of Yoruba adolescent girls due to HIV infection (Achebe, 2004; Adejumo, 2011; Aderinto, 2010; Ajala, 2007; Alo, 2008; Okonofua, 2012). No research has been carried out on the resilience of the Yoruba adolescent girls after having contracted the HIV infection and the role of multiple contextual factors simultaneously. There are also limited sources of literature available to consult on this specific field of study. Since the use of anti-retroviral drugs has helped to increase the life span of people living with HIV, in my opinion there is the need for research on HIV related coping and adaptation strategies, especially among adolescent girls, because they constitute a vulnerable group.

The research also intends to explore how the developmental stages of the adolescent girl predispose her to possible HIV infection and influence her reaction to her adversities. The findings and conclusions drawn from the study could be used to inform programmes, governments, schools, non-governmental organizations and researchers to develop intervention programmes to reduce the stigma surrounding this epidemic and to provide knowledge about survival skills for adolescents being affected by HIV/AIDS.

1.3 THE PROBLEM STATEMENT

In many African countries there appears to be a culture of silence where violence against women are concerned. Freire (2005:70) maintains that “the more women are exploited, abused and stereotyped; the more HIV/AIDS will maintain a fertile breeding ground and continue to ravage our people and community.” In Nigeria, women and girls lack political and legal power and as a result have no legal protection mainly due to cultural/traditional male dominance (NACA, 2011). It further reports that sexual offences such as gender and sexual violence, early and forced marriages, vaginal douching and forced sex increase the risk of HIV transmission.

Sex among the Yoruba society is a sacred subject, which is expected to take place between married couples (Alo, 2008:145). Premarital sex is frowned upon and adolescents are expected to keep their virginity, due to the Yoruba culture that deems the youth and virginity as of the utmost importance (Adejumo, 2011:1). Girls who lose

their virginity through whatever means still carry the blame. There is a conception among the Yoruba people that anybody that engages in "unhealthy" sexual relationships is irrational or even insane or is infected due to a curse (Aderinto, 2010:7).

Because sex is not a topic of discussion amongst the Yoruba people, risky sexual behaviour of the adolescent is not addressed either in the community or in research. Adolescent girls' perception of their sexuality and social world or "social space" (Bourdieu, 1989, 2004), was never explored due to cultural underpinnings and perceptions. In this regard, Ferreira and Ebersöhn (2012:22) assert that, "silence related to HIV&AIDS has often been noted and stigma as well as discrimination has been assigned as the primary stressor in HIV&AIDS affected communities."

My study will therefore focus on exploring and explaining (Mouton, 2008) the experiences of HIV positive adolescent girls after exposure to the trauma and stigmatization of HIV infection and how they subsequently navigate their well-being/resilience through the resources or "capital" (Bourdieu, 1989) available to them.

1.4 RESEARCH QUESTIONS

My main research question therefore is:

What are the components of a resilience framework, which can be applied to assist the HIV positive adolescent?

Secondary research questions that will inform my study are:

- How does the Yoruba culture impact the belief system and behaviour of its members?
- How can the impact of the social, cultural and economic factors on HIV adolescent girls be understood in the light of Bourdieu's field theory?
- How do HIV positive Yoruba adolescent girls respond to contextual factors to become resilient?

1.5 PURPOSE OF THE STUDY

The purpose of the study is to:

- develop a contextual knowledge-based resilience framework for HIV positive adolescent girls;
- identify the different forms of experiences and challenges of HIV positive Yoruba adolescent girls;

- explain the impact of Yoruba belief systems on its members attitudes and values;
- explore the impact of social, cultural and economic factors on HIV positive adolescent girls' idea or perceptions of sex and sexuality in the light of Bourdieu's field theory.

1.6 ASSUMPTIONS

Assumptions are intended to guide researchers on how they approach the phenomenon under investigation (Du Plooy, 2001:20).

Referring to the preceding discussions and consequent literature studies, my investigation will focus on the following assumptions:

- HIV positive Yoruba adolescent girls' sexual behaviors are influenced by the Yoruba socio-cultural norms;
- HIV positive Yoruba adolescent girls are socially, physically, economically, educationally and emotionally vulnerable;
- HIV positive Yoruba adolescent girls are stigmatized and ostracized due to their infection;
- There are Yoruba adolescent girls who make concerted efforts to cope with their situation, adapting successfully to their environment despite exposure to these various difficult life-threatening situations. In other words, some of these girls become resilient;
- HIV positive adolescent girls access recourses and navigate their well-being through their social capital (Bourdieu, 1989).

1.7 EXPLANATION OF THE KEY CONCEPTS

The key concepts that will be used in this study are clarified as follows:

➢ Contextual Factors

Contextual factors are defined as dynamic forces that comprise of the user groups' social, cultural, economic, political, technological and institutional environment which can be used to select action strategies depending on the individual's choice of resources, combined with patterns of interactions to produce physical outcomes (Edwards & Steins, 1999:207).

Wang, Bradley and Gignac (2006:139) assert that contextual factors comprise environment and personal factors and can give researchers greater insight into mechanisms that contribute to outcomes as well as identify individuals or groups at particular risk or disadvantage. For the purpose of this study contextual factors will refer to those elements from the Yoruba girl's environment such as her peers, family, neighbourhood, political climate, culture, education situation, resources, laws, policies and her individual personality that impact her experience of the HIV virus and consequently enhance her potential resilience. Contextual factors are effective forces through which HIV risk reduction as well as behaviour-change may be experienced.

- **Resilience**

Ferreira and Ebersöhn (2012) describe resilience from the view of Luthar (2003) andTugade and Frederickson (2002) as the expression of positive adaptation in spite of significant life adversity and the ability to bounce back from negative experiences and to be flexible in adapting to the demands of stressful situations. Ferreira and Ebersöhn (2012) affirm that resilient people are inclined to be more resourceful in their problem solving and exhibit greater personal insights into their own strengths than less resilient individuals. This definition is very relevant to my study as I will be examining how HIV positive Yoruba adolescent girls solve their problems and exhibit their inner strengths thus becoming resilient. I will also have to incorporate Fergus and Zimmerman's (2005:399) definition of resilience that depicts it as the process of overcoming the effects of risk exposure, and consequently coping successfully with traumatic experiences by avoiding the negative trails associated with risks. Fergus and Zimmermans' study on resilience in adolescence on the one hand has much to do with risk exposure while on the other hand it focuses largely on the strengths and understanding of healthy developments rather than the negative outcomes or shortfalls. For the purpose of this study, resilience refers to adolescent girls' process of bouncing back from hardships such as the trauma and stresses associated with HIV infection and it prevails among these circumstances by reverting to the original productive functioning or a higher level of performance than before.

➢ **HIV positive**

HIV is an acronym for the human immunodeficiency virus. At the initial infection with HIV, when the virus comes into contact with the mucosal surface, it finds susceptible target cells and moves to lymphoid tissue where massive production of the virus develops. This leads to anouburst of high-level viraemia (a virus in the bloodstream) with extensive distribution of the virus. The resulting immune response to suppress the virus is only partially successful as at a certain point in time thevirus escapes and may remain undetectable for months to years. Eventually a high viral turnover leads to destruction of the immune system. The HIV disease is, therefore, characterized by a gradual deterioration of the immune function. During the course of infection, crucial immune cells, called CD4+ T cells, are disabled and killed, and their numbers progressively decline and this destruction consequently leads to AIDS (Acquired Immunodeficiency Syndrome) (UNAIDS, 2006:8). The condition of being HIV positive shows indications of infection with HIV after a blood test. Ferreira and Ebersöhn (2012) affirm that the epidemic negatively affects not only the body's physical health but also the person's mental and emotional stability such as a constant awareness of the diseasewhich instils fear and even anxiety about dying, being stigmatised and being unable to learn optimally.

For the purpose of this study, for a Yoruba adolescent girl to be referred to as HIV positive means the adolescent girl has been diagnosed or tested positive to the deadly virus (HIV) and it has negatively affected her physical and emotional faculties.

➢ **Adolescent girl**

Adolescence is a transition period or can be termed a developmental bridge between childhood and adulthood however; the age demarcation varies from biological and socio cultural factors, ranging from 11-13 years and ends between 17-21 years (Louw & Louw, 2007:279). Within the context of this study the words "adolescent girl" refer to a young female who is developing on her way to adulthood. It refers to the age bracket 12-19 when they are in high school and sexually matured.

1.8 LITERATURE REVIEW

The National Intelligence Council (2008), reports that adolescents in Nigeria and in particular those between the ages of 15-24 years are sexually the most active, in comparison with other countries in Africa. In this regard, Shesgreen (2010) maintains that in Nigeria, where money is used in exchange for sex, women are largely unable to negotiate the terms of sex, resulting in low condom usage. Furthermore the government

has no national operational research agenda to address HIV/AIDS) (NACA, 2012) while the design to boost better management of risk and protective factors that could curb the epidemic has always been clinical strategies in the form of the administration of Antiretroviral drugs (NACA, 2011:19). The federal government controls this agency and only has offices in the different states of the federation; therefore, they have no power to initiate contrary programmes or interventions.

In another development, cultural and religious beliefs tend to contribute to Nigerian women's gender discrimination, vulnerability and inferior status. According to Onuora-Oguno (2010:2-3), even though the right to liberty is enshrined in the Nigerian constitution and does not make mention of denial of liberty based on gender, it is intriguing to note that the subordination of women knows no boundaries or barriers and is not dependent on the social, educational or the economic status of the Nigerian woman. The "full age" of marriage debut in Nigeria, for instance, is still an issue of hot debate as the Nigerian constitution says in Section 29 (4) (a) that "full age" means 18 years up; and the constitution review committee is still battling for the removal of S.29 (4)(b) that says "Any woman that is married shall be deemed to be of full age. "This is because the constitution also backs the Islamic law which says once a woman is married she is of age. Unless there is a two-thirds majority vote which is not visible, this law stays.

Izugbara (2005:1) in his own contribution to adolescents' sexuality also reports that in Nigeria findings suggest that social gatekeepers (parents, mass media, peers, teachers and others), local gender norms, and cultural narratives about sex, sexuality, and sexual expectations exert a considerable influence on adolescents' ideas of sex, sexuality, and relationships. According to the World Health Organisation and the United Nations Population Fund Reports (2012), over 30 per cent of adolescent girls in developing countries were married before 18 years of age; and about 14 per cent before the age of 15. Medical experts and WHO confirm that early marriage can expose the adolescent girl to sexually transmitted infections, including HIV and other pregnancy complications. The reason is simple: because their bodies are still very tender, their tissues tear easily, opening them up to STIs (Sexually transmitted diseases), especially where the sexual partner has multiple sexual partners.

Cluver and Gardner (2006:2) assert that people living with HIV may experience depression, stress, a low self-esteem, anxiety, trauma and in some cases isolation from friends, family and their communities. At the time of her infection, most girls are usually at school. Once infected, she drops out of school, labelled, stigmatized and making it more difficult to overcome and face the challenges of life. In this regard, Lerner and

Steinberg (2004:271) posit that many contextual factors such as social, cultural and biological aspects contribute immensely to the greater vulnerability of young girls to HIV infection. HIV/AIDS does not only affect the health of people, but seems to impact all the dimensions of a person's being. Many advocacies have recommended that researchers should study people infected by this disease from their natural environment to determine how best to implement successful interventions (Baxen&Breidlid, 2009:4).

My major core readings on resilience and well-being are from Aranda, Zeeman, Scholes and Morales (2012); Bottrell (2009); Bronfenbrenner (1979); Ferreira and Ebersöhn (2012); Fergus and Zimmerman (2005); Hartell and Chabillal (2005); Liebenberg and Ungar (2008, 2009, 2012); Theron (2011, 2012) and Ungar (2008, 2012), who regard resilience as a valuable tool to promote health and well-being, cultural, contextual, genetic and family processes, individual and personal capacity, socio ecological, ecosystemic and psychosocial, and positive psychology. Resilience can beregarded as an indispensable means of ensuring survival and securing personal growth.

For the purpose of this proposed study, I maintain that the manner in which HIV positive Yoruba adolescent girls experience and display resilience and subjective well-being may be shaped by their socio-cultural norms or context and may be impacted by the availability of resources or "capital" (Bourdieu, 1989, 2004) accessible within the community or culture. Being a Yoruba woman my proposed study will function from an "insider" or "emic" point of view, and will be concerned with identifying the subjective meanings of resilience and subjective well-being of the participants (Cohen, Manion & Morrison, 2007). I intend to make use of Bourdieu's (1989, 2004) field theory to unravel adolescent girls' expectations and notions regarding sex and sexuality and the influenceof socio-cultural forces which are regarded as contextual factors elucidating how they become resilient.

Adolescence as a developmental stage is significant to my study as it influences the adolescent girl's reaction to her sexual behavior, environment and resilience or well-being. It is very important therefore that I explore this phenomenon through the lens of developmental theorists. Erikson's (1963, 1977) theory on psychosocial development and Piaget's (1932, 1952) theory on cognitive development in adolescents. These developmental theories are relevant to my study as they affect the various domains of development spanning from physical, sexual, emotional and psychological stages and how they contribute to the adolescent's vulnerability to the HIV infection. A brief review of literature on resilience is also necessary to examine the wave of research on this topic and how it is relevant to my study.

1.8.1 ADOLESCENCE AS A DEVELOPMENTAL STAGE

According to Louw and Louw (2007:278) adolescent developmental stages are better demarcated on the basis of specific physical and psychological developmental characteristics and socio-cultural norms. Many human developmental theorists such as Piaget (1932, 1952) and Erikson (1963, 1977) relating to cognitive, affective and psychosocial life of adolescents in particular have tried to explain these stages of development.

Eric Erikson (1963, 1977) introduces the dynamics of the relationship of individual development in his family and socio-cultural background. He posits, “We cannot separate personal growth and communal change nor can we separate identity crises in individual life and contemporary crises in historic development” (Erikson, 1963:38, 1977:23). Erikson (1963:38) also contributes to the field by opting for the psychosocial matrix to development in which he suggests some themes or tasks which the adolescent must complete successfully before she can realize her sense of identity and consequently limit her confusion. Viner (2005) also posits that “Erikson identified the tensions around the development of personal identity as central to the notion of adolescence. “Because adolescence is a period of experimenting, fantasizing and risk-taking, these behaviours predispose them to HIV infection during these years of “rapid physical and psychosocial development” according to Erikson (1977). This also implies that if an adolescent makes a mistake by copying negative role models, this could mar her developmental growth and take years for her to adjust to normal life.

Piaget (1932,1952), on the other hand, proposes the cognitive stages of the adolescent and asserts that adolescents enter the “formal operational stage” of cognitive development from age 11-12 from when they develop the capacity for“ abstract scientific thinking” instead of concrete and real things. Piaget believes that people construct what they know of the world in qualitatively different ways and adolescents’ way of reasoning becomes abstract enabling them to think of the world of possibilities and their actual situations (Cobb, 2010). Piaget asserts that “the adolescent tries to formulate all possible hypotheses concerning operative factors and instead of just coordinating facts about the actual world, hypothetical deduction reasoning, draws out the implications of possible statements…” (Piaget, 1932:119, 1952:19).

According to Piaget, adolescent cognitive ability reflects in her thinking and therefore affects her development from family relations and friends, to school performance and risky sexual behaviour (Louw & Louw, 2007:303). In other words they can decide on actions and weigh the consequences of those actions, therefore their perceptions about

HIV/AIDS or risky sexual behaviour is not necessarily influenced by their age or peer group. Cognitively, they are capable of making positive decisions which will affect the pattern of life they choose to live. In conclusion "adolescents are competent in that they possess qualities associated with self-determination− that is, cognitive ability, rationality, self-identity, and ability to reason hypothetically" (Viner, 2005:6).

Taking cognizance of the expressions in these theories, adolescence as a developmental phase is shaped by multiple forces, some of which are biological, hormonal, cultural, economic and psychosocial (Brown, 2011). According to a report by the American Psychological Association (APA) task force on resilience and strength on Black children and adolescents (2008), "resilience is understood to include aspects of identity development, emotional development, social development, cognitive development and physical health development." These characteristics will be discussed in the next chapter. Adolescent girls in particular are vulnerable and susceptible to HIV infection due to the aforementioned forces and can therefore be described as follows:

1.8.2 VULNERABILITY OF ADOLESCENT GIRLS

The adolescent girl in Nigeria is particularly vulnerable and susceptible to HIV. UNICEF (2008) maintains that "in many parts of the country, traditional values promoting female submissiveness make adolescent girls more vulnerable because it is difficult for them to refuse sexual relationships." The adolescent girl is therefore particularly vulnerable in all dimensions of development such as the, physical, emotional, social and economic areas. Due to the complexity of these vulnerabilities, research within the phenomenon of resilience which incorporates both contextual factors, individual intrapersonal developments and which support the socio-emotional needs of adolescent girls will best suit the approach to address these issues.

1.8.3 RESILIENCE

Over the past half century researchers became interested in high risk populations or target groups such as the youth and the way they overcome their adversaries. Resilience has been considered a valuable asset or resource with which to promote health and well-being and forms part of a broader trend towards strength-based models as opposed to deficit models of health (Aranda*et al*., 2012).

Resilience was first described as exceptional, normal, and ordinary magic (Masten, 2001) and associated with a combination of risks and protective factors and processes either in the environment or in the child (Rutter, 1993, 2007). Daniel and Wassell (2002:11) posit that these protective factors that are connected with long-term social

and emotional well-being are already located at all levels of the adolescent's ecological social environment.

Ungar (2004:341-365) and his colleagues at the Resilience Research in the U.S.A who discovered the relation between cultural and contextual factors explain how youths at risk overcome adversity and "bounce back" to normal life. Ungar (2008:228) ascribes the importance of culture to resilience and according to him: "in the event of exposure to a significant adversity, resilience surfaces as both the individual capacity to navigate one's way to the psychological, social, cultural, and physical resources that sustain the individual well-being, and their capacity to negotiate for these resources to be provided and experienced in culturally meaningful ways."

Ungar (2012:1) comments on the multifarious research efforts in the field of genetics, cognition, human development, family processes, community responses to disaster and trauma studies which all endeavour to provide a solid basis for a definition of resilience that explicitly explain the disequilibrium between vulnerable individuals who are in need of opportunities for growth and the impact of environments that promote or inhibit resilience-promoting processes. Resilience is defined in terms of different perspectives such as individual, ecology, social sciences and psychology. According to Fergus and Zimmerman (2005:401) researchers have worked out models of resilience on many factors that help to alter the negative effects of adolescents' exposure to risks and adversities. Examples are the compensatory, protective and challenge models, whichwill be discussed in the next chapter.

Ferreira and Ebersöhn (2012:3) advocate a model that integrates the PRA (Participatory Reflection and Action) approach (Chambers, 2008) with the asset based and community engagement theory to develop a positive, pragmatic and interactive intervention strategy for coping and determining resilience among youths living with HIV. This model serves as an appropriate umbrella to embrace my epistemological view and analysis of resilience among HIV positive Yoruba adolescent girls.

Olsson, Bond, Burns, Vella-Brodrick and Sawyer (2003) add the socio-economic status dimension to resilience and vulnerability, because supportive communities like school, churches and organizations can promote resilience and well-being. To further buttress this assertion, Hartell and Chabillal (2005:228) maintain that "the lack of an effective support system together with the lack of basic needs such as food, acceptance, belonging, respect, security and shelter inhibit the development and self-actualization" of people living with HIV. Therefore the dynamic interaction between the environment as a protective factor and the individual emotional/ psychological capacity are key

factors to buffer resilience. Sameroff (2010) also proposes that a framework, which provides a background for the socio-ecological study of resilience-process development in various cultural contexts, is fundamental.

I regard resilience as a factor that enhances a person's ability to maintain personal well-being.Coping in adverse conditions might be linked to individual personality types, and support structures, although there may be variations in the expression of positive emotions throughout the adversity period (Ferreira & Ebersöhn, 2012; Ebersöhn & Eloff, 2002). This is due to the fact that positive psychology focuses on instances where coping and resilience are instilled by notions of happiness, a sense of well-being and personal growth due to strengths that were realised during the resilience process (Ferreira & Ebersöhn, 2012).

In addition, I recognize "humans as psychosocial beings, embedded in ecosystemic ecologies and resilience" from a triad of protective factors found in the individual, his/her family and environment including cultural protective factors (Bronfenbrenner, 1979; Theron, 2011; Masten & Wright, 2010). According to Bottrell (2009) researchers investigating resilience stay focused on the individual and their personal capacities and responsibilities to cope and succeed. In support of this assertion Theron and Donald (2012:12) maintain that youth resilience is related largely, to an effort to steer towards bolstered resources or to be able to bargain and negotiate a better position for while simultaneously, youth resilience is related in part to positive responses to their manoeuvres to ensure that they gain assistance. In other words willingness to steer towards these resources makes them resilient.

Observing the evolution of research in resilience over the past decades, it is evident that there is a strong emphasis on the personal environment geared towards successful adaptation and development and resilience among HIV positive Yoruba adolescent girls. The survival strategies and negotiations to survive and overcome their plight and the ability to "bounce back" to normal life will form the primary topic of concern. An in-depth study of resilience will be conducted in chapter 2.

1.9 THEORETICAL FRAMEWORK

The aim of this research is to explore and investigate the key factors enhancing the ability of HIV positive adolescent Yoruba girls to adapt, recover quickly or bounce back to normal life (resilience). The intention of theory in any scientific field, according to Tudge, Mokrava, Hatfield and Karnik (2009:1), is to provide a framework within which relationships among the phenomena being studied could be explained and also provide insights leading to the discovery of new relationships'.

This implies that the application of a grounded theory to describe a phenomenon in any empirical or scientific study gives room for gathering new information. In testing the accuracy of the theory, it is therefore important to make explicit the theoretical framework on which the research is based (Tudge *et al.,* 2009). In light of this assertion, I intend to make use of Pierre Bourdieu's field theory because I need to understand adolescents' tacit indigenous knowledge of sexuality and the ways they navigate for recourses within their social class.

According to Masten (2001), the process of resilience is a social adaptive functioning within the environment or social world, which later becomes a competence. She refers to this adaptive functioning as "an ordinary magic". Resilience in other words becomes apparent in situations of adversity when competence in "age-salient developmental tasks" is manifested (Masten & Wright, 2010) and which takes place within the life span of the adolescent. The concept "resilience" is a complex variable, which isdynamic in nature as it embodies multiple influences and therefore employs the use of multiple methodologies in research (Haase, 2004:290).

In my study, since I view resilience from the perspective of positive psychology I conceptualize that adolescent girls' resilience may be influenced by the volume of "capital" especially social capital (Bourdieu, 2004) or energy and a driving force within their social world which Bourdieu refers to as the "field". Empirical studies have shown that positive relationships exert a great impact on adolescents who are faced with adversity as these conditions promote interactions that contribute to resilience (Ungar, 2013:328).

It is imperative to distinguish between the two diverse perceptions of what constitutes a healthy life style. The different ways of interpreting cultural codes describing sexually appropriate behaviour between the Yoruba girls and the Yoruba culture must be delineated. According to the Yoruba culture, HIV prevalence is the consequence of "unprotected/paid sex, risky sexual behavior" (UNAIDS, 2006, 2012) "loose morality"

(Aderinto, 2010:7) and “problem youth” (Bottrell, 2009). On the other hand, adolescent girls have their own perceptions about their sexuality and subjective well-being or healthy life style and in most cases believe they are “invulnerable to diseases” (Viner, 2005:4).

In order to explore these seemingly incompatible perceptions, Pierre Bourdieu’s application of the field theory is relevant to this study. According to Martins (2003) the field theory explains “regularities in individual action by recourse to position ‘vis-à-vis’ others.” Field theory explains the tensions between the individual level and social level’s interpretation of appropriate behaviour, therefore the incidence of HIV/AIDS must be understood against the cultural context in which the individual finds herself. In this regard concepts such as “habitus”, “field” and “capital” will be used as tools to ascertain how young people make sense of their sexuality against the backdrop of the Yoruba culture.

Benson (1999:463-464) asserts that Bourdieu views society to be constituted of various semi-autonomous fields, such as political, economic and religious, or in the case of this study, sexuality. These fields are partially independent and governed by their own rules, but they also have a mutual impact on each other. Benson (1999) continues to explain that these fields can be distinguished by the specific capital (economic, cultural or social) entrenched therein. It stands to reason that adolescent sexuality as field can only be fathomed by the underlying cultural values connected to this field, and which are transmitted to agents (adolescent girls) through education, language and so on. Martins (2003) expands this explanation by stating that the nature of a field is determined by the position of an element within that field (or social space) (Bryan, 2011). It is therefore crucial that a field such as sexuality is determined by the associations or connections which people have with all the domains of society and which will also ultimately regulate their perceptions and behaviour. Sullivan (2002:149) defines habitus as a set of attitudes and values which is transmitted to the child via the educational role of parents/care givers and educators. Brittian (2009:142) explains this process as “…the body being a site upon which the norms of culture are encoded through the process of socialization.” The term habitus is “…employed to capture this formation of dispositions, thoughts, feelings, attitudes, and habits, serving to include a spectrum of factors that includes both thought and emotion, conscious and unconscious motivations” (Brittian, 2009:149). It can thus be deduced that habitus defines who we are and also how we think, and how we grow up, as this determines the values we attach to certain things. Habitus is determined by the different forms of capital, namely social, cultural and economic.

Agents (in the case of my study, HIV positive Yoruba adolescent girls) are hierarchically positioned and distinguished by unequal amounts and combinations of the kinds of power, otherwise called "capital" that is operative within a field (Olneck, 2000:319). Capital refers to a form of power (Reay, 2010). The emphasis is on the interaction of three sources of capital, which can be transformed into one another viz. the economic, cultural and social. The terms "cultural capital" refer to the system of attributes, such as language skills, cultural/indigenous knowledge; knowledge about schooling and educational credentials (Bryan, 2011) whereas social capital refers to every individual's unique concept of sexuality.

In this study, the cultural capital will be very relevant as it is a major contextual factor in the process of resilience for HIV positive adolescent girls. Recent studies have shown that cultural forms or understanding of resilience warn against disrespecting local knowledge about aspects of resilience and that resilience also involves simultaneous engagement in a variety of forums which will support individuals to navigate towards health resources (Ferreira & Ebersöhn, 2012; Ungar, 2008). In addition, Bottrell (2009) also posits that in the specific contexts of school and community, the interrelations of social and cultural capital are significant mechanisms through which youth are being recognized as resilient. They have various "degrees" of capital, such as cultural, economic and social capital with which to navigate their resilience.

Nieminen, Prattala, Martelin, Harkanen, Hyyppa, Alanen and Koskinen (2013:3) assert that social capital "at the individual level is seen as a personal resource that comes into view from social networks where individuals have better access to information, services and support." Irrespective of peoples' social status, those with higher levels of social capital – especially in terms of social participation and networks – engage in healthier behaviour and feel healthier both physically and psychologically. In other words they become more resilient.

In my study the concepts "cultural capital" as well as "social capital" will be used, because I intend to explore the socio-cultural contexts of the HIV positive adolescent girls' situation and experiences through their own perspectives. In other words in collecting data HIV adolescent girls' voices will be my central focus in trying to explore and understand the myriad of ways in which they support themselves and become resilient (Liebenberg & Ungar, 2009). Cultural and social capital will determine the quality of sexual knowledge HIV positive Yoruba adolescents girls have in their social space or "habitus" as well as how they are able to navigate for their well-being. HIV Yoruba adolescent girls occupy a "structure" referred to as habitus in the field of

sexuality and possess their own set of perceptions, values and attitudes which are unconsciously practised.

Driscoll (2002) maintains that youth culture provides security and opportunities to adolescent girls to be social. This assertion confirms that adolescents have their own specific culture with specific interpretation and perception. The "code" of understanding of this culture can only be fathomed by the adolescent. Louw and Louw (2007) maintain that adolescents discover their sexual orientation during their developmental phase and would want to explore/satisfy their sexual needs in a socially acceptable way in line with that of their peers.

In my empirical work on HIV positive adolescent girls these terms "fields", "habitus" and "capital" will illuminate my scope of understanding of the adolescents' situation/interactions. The Bourdieun theory will help to guide and explain the literature and the results of the study.

The Bourdieun field theory can be represented as follows:

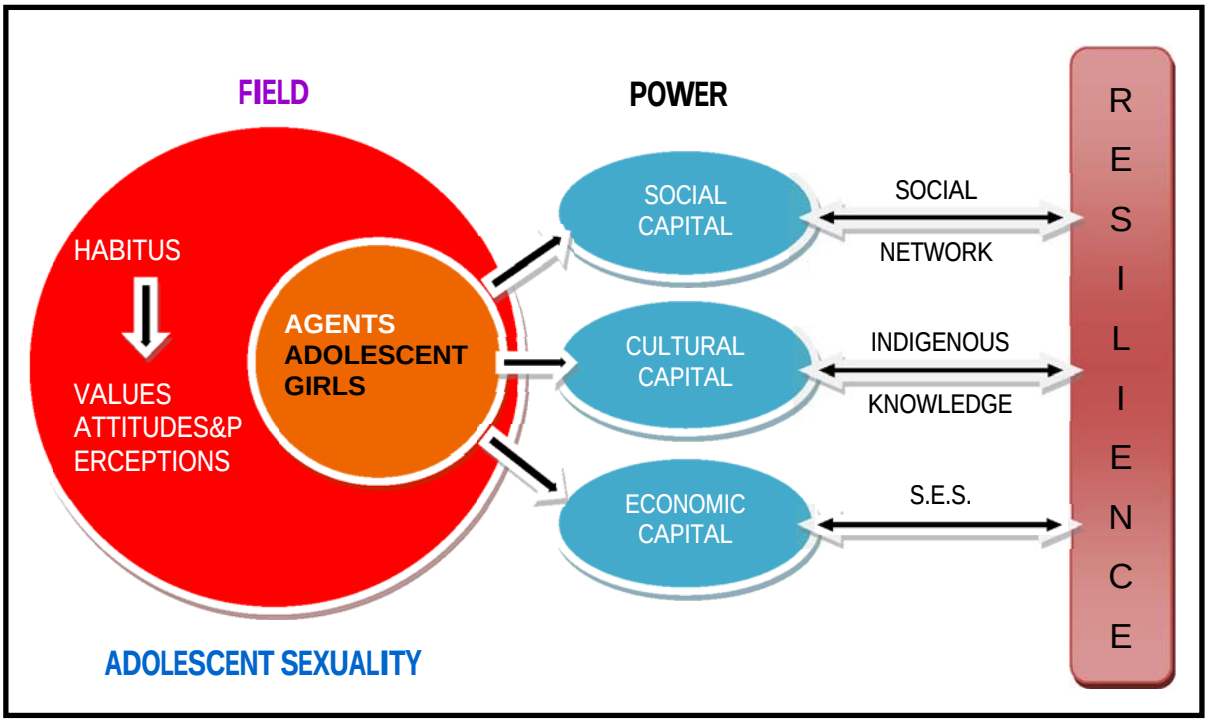

Figure 1.1: A visual conceptualization of Bourdieu's field theory as applied to my study

This figure implies that HIV positive adolescent girls belong to the field of adolescent sexuality. They are agents in their own "habitus" hosting unique values, attitudes and perceptions. They employ the use of three major powers namely social (social network),

cultural (indigenous knowledge) and economic (socio-economic status) to navigate for resources to become resilient.

1.10 RESEARCH METHODOLOGY

1.10.1 RESEARCH PARADIGM

A research paradigm according to Denzin and Lincoln (2005:22) is "a set of beliefs that guide the action" which highlights the researcher's worldview. A paradigm addresses fundamental assumptions such as the beliefs about nature the nature of reality (ontology), the relationship between knower and known (epistemology) and assumption about methodologies (Nieuwenhuis, 2007:47). Since my interest is in the social world of the HIV positive, adolescent girl and how she becomes resilient, gaining insight into how their situation could improve, I worked qualitatively from an interpretive paradigm. From the point of view of an interpretive paradigm, it is believed that knowledge is always relative and that behaviour can only be revealed from the point of view of those to be studied.

Hence, I aligned my ontological view with that of Nieuwenhuis (2007:50-51) which contends that qualitative research is the study of people "in situ" in which the researcher's pragmatic approach including the interactions of the social and cultural contexts, form the basis of human behaviour. The interpretivist paradigm guided me to gain deep and rich information about the participants without separating the resilience phenomenon from the social context.

1.10.2 RESEARCH APPROACH AND DESIGN

According to Burke and Christensen (2012:33), qualitative research primarily follows the exploratory scientific method of inquiry. It is used to describe what is seen locally and sometimes to come up with or generate new hypothesis and theories. In other words, one wants to learn more about a phenomenon. It is commonly used to understand peoples' experiences and to express their perspectives. Humphreys (1989) posits that a qualitative researcher will want to explore an individual or group behavior as it occurs naturally through their context, social situation and descriptions. I therefore collected data directly from the participant and availed myself to be subjective in my reports.

My investigation and exploration of the socio-cultural contexts of the HIV positive Yoruba adolescent girl will be a pragmatic approach to uncover the dynamics of their interactions with their environment and interpret their behavioral outcome to determine how they become resilient. The process of coping with adversity is a complex one that

requires rigorous scrutiny during investigations therefore a qualitative approach enabled me a one-on-one inquiry through a qualitative research method to uncover the hidden, uncommon or unprecedented strategies which HIV positive Yoruba adolescent girls indulge in to cope with their challenges.

Research designs are “logical blueprints” and the designs serve as “logical” plans, (not the “logistics” plans, because the logic involves the links among the research questions), for the data to be collected and the strategies for analysing the data, so that a study’s findings will address the intended research questions (Yin, 2011:75, 76). He furthermore asserts that, a qualitative research study has no fixed design and this is why each qualitative study has a choice to customize its own designs to fit the study although the integrity of the researcher matters here so that she does not influence the findings. In this regard I chose the qualitative multiple case study design within an interpretivist paradigm to explore the “lived” lives of the participants in this study.

1.10.3 RESEARCH TYPE: THE INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

The Interpretative Phenomenological analysis (IPA) is described as “an approach to qualitative experiential and psychological research which has been informed by concepts and debates from three key areas of philosophy of knowledge: Phenomenology, hermeneutics and idiography:” (Smith, Flowers & Larkin, 2009, in Frost, 2011). Phenomenology is a research method initiated by Husserl (1977) and contributed to the philosophy that a person is embodied, embedded and immersed in a particular historic, social and cultural context and draws on the subjective experience of participants (Moran, 2000). Hermeneutics is the theory of interpretation and its meaning resides in “the whole manner in which human existence is interpretative” (Moran, 2000:235). Lastly, the idiography, which constitutes the third theoretical underpinning of IPA, aims for an in-depth investigation in particular and a commitment to detailed finely textured analysis of actual life and lived experience (Smith, Flowers & Larkin, 2009, in Frost, 2011).

These three theories inform its distinctive epistemological framework and research methodology. The IPA will therefore enable me to explore into detail, the HIV adolescent girls’ experiences of the HIV disease and stigmatization, uncover how they were able to respond to contextual factors to become resilient and finally illuminate the shared commonality of experiences so as to arrive at a general claim.

Since this is a multiple case study focusing on the resilience phenomenon, the procedures for obtaining my data will include experiential descriptions of responses

obtained from a variety of key people comprising five HIV positive adolescent girls with different measures of resilience. In-depth interviews, narratives both written and oral, photo voice and collecting information about lived experiences from other sources such as my field journals, will all form part of my approach. My epistemological approach is geared towards having trustworthy and credible qualitative research results.

1.10.4 SAMPLING

Sampling arises from needing to know which specific units to select and why, as well as the number of the units that are to be included in a study and usually in qualitative research. The samples are likely to be chosen in a deliberate manner known as "purposive sampling" (Yin, 2011:88). Purposive sampling is advantageous in that it allows the researcher to select cases that are especially informative and which could lead to a more detailed, in-depth understanding of the phenomenon under study (Cohen, Manion & Morrison, 2007). Since my intention was to understand, discover and gain insight, I selected a sample of HIV positive adolescent girls from whom the most information could be learned (Merriam, 2009:77). A purposeful selection of five HIV positive adolescent girls, who met the basic criteria of resilience and the topic such as, those who have experienced significant risk factors and whose challenges were contextually relevant to the study, were covered. HIV positive girls that showed evidence of positive adaptation; have attended HIV counselling and treatment centres, live a normal life and who have gone back to school or are engaged in a trade or working environment were approached to participate. They also belong to the Yoruba culture, live within the Yoruba cultural environment during the data collection period and were aged between 14 and 20 years.

The purposive participants' selection were done in collaboration with an NGO in Ibadan Oyo state of Nigeria named NECAIN (NELA, Consortium AIDS Initiates in Nigeria) which is under the Initiatives of the Network on Ethics/Human Rights Law, HIV/AIDS prevention, Support&Care. This consortium also leads many Civil Society Organizations in Nigeria, supported by USAID/PEPPFAR projects. It has proven technical expertise and strengths to deliver prevention, support and care for PLWHA especially adolescent girls.

1.10.5 THE ROLE OF THE RESEARCHER

Yin (2011:122) refers to the "researcher as an instrument" on her own because she takes down notes as she interviews and observes the participants. She also records action events and conversations in the field. It should be noted that biased attitudes and

preconceptions can interfere with the results (Corbin-Dwyer & Buckle, 2009:55). As a former, female, secondary educator at school as well as principal who has a long standing experience with teenagers in school, it was a viable undertaking to enter their social world and communicate with the parties involved.

I adopted the tripartite role of being observer, interviewer and recorder, based on the core theories from which I intend to draw some hypotheses. My own experience as a Yoruba woman, will also serve as point of departure and I will employ empirical methods of inquiry such as explaining and exploring (McMillan & Schumacher, 2008) the key issues that enhance the resilience of the adolescent girls. Being a Yoruba speaking woman from Ibadan I was able to personally, in a subjective manner, conduct and interpret the interviews and all that I observed in the field with as little prejudice as possible.

1.11 DATA COLLECTION STRATEGIES

1.11.1 PHOTO VOICE

"Data" are the smallest or lowest entities or recorded elements resulting from some experience, observation, experiment, or other similar situation (Yin, 2011:130). Once the research participant's permission was sought and she was ready for the data analyses she then planned to use photo voice, which involved participants to take pictures of objects or people that were connected to the research topic. "Photo voice" has a particular strength (also known as "reflexive photography") to highlight personal experiences in particular, and to inter alia gain optimal commitment in participants' involvement in the research project (Olivier, Wood & De Lange, 2009). This enabled the researcher to combine the photo voice method with narratives and semi-structured interviews.

Kamper and Steyn (2011) state that by using "photo voice" the researcher has the opportunity to get most favourable participants involvement, dedication and commitment together with the effective capturing of the meanings attached to the photographs. The qualitative nature of this study allowed flexibility and was adapted to specific participatory goals as recommended by Wang and Burris (1997).The researcher will give a camera each to the five participants. This technique consisted of three sessions:

- Orientation, where technicalities of equipment (cameras), ethics and other general information were communicated;

- Exhibitions were held where participants individually displayed their photographs. Discussions later followed regarding why they selected specific pictures which best depicted their experiences in terms of notions of sexuality and resilience processes. During this phase they were also requested to respond in writing a narrative about one specific photograph that depicts for example, how they have overcome their adversities as people living with HIV and become resilient;
- The synthesis and conclusion followed, providing the opportunity to all participants to present their narratives.

Baxen (2010:29) asserts that "life history research focuses on two interrelated worlds, namely that of the individual with his or her particular life history and that of the past, present and future contextual world through which the individual travels. In other words the individual tells her story as 'influenced by cultural conventions of telling' and by the social context in which they live which shapes their belief systems and actions".

The idea that the HIV positive adolescent girl should tell her story is very important because it carries her voice, tone, quality and feelings conveyed by her situation. The narratives were conducted in written and oral forms to accommodate both those who were literate enough to provide a written rendition and for those who were battling to write legibly. Sharing the same Yoruba sentiments facilitated the interpretation and decoding of the adolescents' narratives. This method of analyzing narratives is paramount for this study, because the narratives provide a true reflection of the state if affairs with regard to beliefs, values and perceptions which were embedded in her culture and her social world.

1.11.2 THE INDIVIDUAL SEMI-STRUCTURED INTERVIEW

This is a sanctioned descriptive research technique (McMillan, 2008:277-279) which is for the purpose of getting concrete answers or hints to answer my research questions. Denzin and Lincoln (2000:63) further posit that in "semi structured interviews the interviewer asks all respondents the same series of pre-established questions, while De Vos (1998:22) maintains that pre-formulated questions are carefully arranged and put to all the interviewers in a similar sequence. The majority of the questions were interpreted to participants in Yoruba language so as to capture their vocabulary, terminology and phrases. This was translated later in the analysis.

In addition, I also first created a rapport with the participants, due to the sensitive nature of the research, avoided putting them in stress positions by asking too many questions,

and listened while telling their story, which was a strategy for good performance. Open-ended questions are more exploratory and easy to decode. Two social workers who treat these adolescent girls at NELA consortium in Ibadan where the research took place were interviewed in order to get a rich data on the statistics and the performance of participants concerning their response to treatment and other contextual factors, which led to their resilience.

1.11.3 FIELD JOURNAL

Louw (2009:72) regards field journals as written narratives of what the researcher hears, sees, experiences and thinks in data collection sessions. Notes were taken on all the important dates and interviews with participants. These were used for the data analysis and interpretation. I kept accurate field notes and a reflective journal to ensure that my own personal biases and opinions were not reflected in the analysis and interpretation of the data that are generated. This is especially important since an emic perspective is concerned with identifying the subjective meanings attached to situations by participants, and which may quintessentially differ from the researcher's meanings attached to events and situations (Cohen, Manion & Morrison, 2007; LeCompte & Preissle, 1993). I bought a big diary ledger to record all daily proceedings and observations not to lose the trend of the events and responses gathered from the participants.

1.12 DATA ANALYSIS AND INTERPRETATION

Henning (2004:101) asserts that: "The true test of a competent qualitative researcher comes in the analysis of the data, a process that requires analytical craftsmanship and the ability to capture understanding of the data in writing." It shows her understanding of the design logic i.e. is analysing the data and interpreting it to fit the study design. Data processes informally began during the initial orientation with the HIV positive adolescent girls. Data collection and analysis later started simultaneously so as to give room to modifications of data as the process continues. During the exhibition of the photographs, verbatim transcriptions of audio and visual recordings of interviews and narratives, a more formal approach was assumed by excessive note taking which formed the researcher's field notes. All data both verbal and visual were analysed using the IPA (Osborne & Smith, 2006) (see section 1.10.3). The IPA seeks expressions from data, that were often theoretically bound (Braun & Clarke, 2008), related to as well as support experiences of participants and pre-defined categories derived from the literature.

Collected data were transcribed and typed out for clarity and easy sorting. In order to maintain a consistent style, each data collection strategy was reported participant by participant. I employed both informal and conversational interviews (Patton, 2002) in order to seek an understanding of participants' experiences and the meaning they make of their social world and additional data. These were in form of unstructured conversations as a means of extending my discussions and conversations with them. The semi-structured interviews were recorded verbatim for clarity. All my reflections and informal observations were recorded in my field journal.

I employed the use of open coding which is the analytic process of examining data either line by line or paragraph by paragraph for significant events, experiences, feelings, and so on which are designated as concepts (Strauss & Corbin, 1998). This is also in line with thematic analysis, which primarily searches for themes on psychological, emotional and social wellbeing which emerge in the data sources (Cohen, Manion & Morrison, 2007; Patton, 2002). The fundamental principles of this method are:

- generating natural units of meaning;
- classifying, categorizing and organizing units of meaning;
- structuring of narratives to illustrate the content; and
- interpreting the data.

Data were generated from the five HIV positive Yoruba adolescent girls as well as two social workers. The data generation process continued until there was a saturation of categories and themes from the participants' expressions, verbal and visual data. Some themes were also identified during transcription of the texts and in the literature review. Certain categories emerged which were sorted into themes.

The interpretation of data was generated through a synthesis of the themes and categories to reflect participants' voices and experiences as well as resilient concepts hence all data were deductively analysed. The whole analysis was subdivided into two domains. These domains reflected and summed up the factors that were responsible for the resilience of HIV positive Yoruba adolescent girl. Therefore using an interpretive analytic approach provided a thorough description and identification of characteristics, processes, contexts and resilient factors which formed the basis of this study (Terre Blanche&Durrheim, 1999).

1.13 QUALITY CRITERIA

A typical qualitative case study such as my study must without doubt generate credible, trustworthy, constructive and plausible outcomes (McMillan, 2008:283). This portrays evidence of good craftsmanship in an investigation. It includes continually checking, questioning and theoretically interpreting findings (Kvale, 2002:309).

In this study, credibility wasensured through steady engagement with the participants and triangulation of the data (photo-voice, interviews, field journals and review of documents relating to adolescent resilience, discussion with the social workers at the research site (NELA Consortium AIDS initiatives in Nigeria). Transferability of the results of this study to other settings and populationwas made possible through the “thick description” of the multiple points of view of participants, making it easier for others to fully understand the framework under which the findings are generated (Glaser & Strauss, 1967; Lincoln & Guba, 1985, cited in Ungar, 2004). Dependability was ensured through continuity and trust in the relationship between the researcher and participants. This was evident as participants were willing to share their lives in detail (Kvale, 2002; Silverman, 2006, cited in Ungar, 2004).

Confirmation was maintained through detailed analytical notes on my progress in the research and triangulation of data with other sources. The participants themselves were made to check the data as it progressed especially during the generation of a specific context, concept or theory. My department at the University of Pretoria was informed of my data collection and analysis procedures so as to make sure it conforms to the standards necessary to ensure an accurate representation of the participants. I reflected on, clarified my bias and subjectivity in the empirical work, and synthesized the data sources in the study to build a coherent justification for emergent themes and categories. I engaged my professional colleagues in peer review although there are no changes to my interpretations as a result of my consultations with my professional colleagues as I only sought their views and opinions as a form of triangulations of results. Finally, my interpretation enhanced my understanding of the resilience phenomenon and hence I was able to arrive at a contextual framework that could enhance the resilience of HIV positive adolescent girls.

1.14 ETHICAL CONSIDERATIONS

The subject matter of ethics is the justification of human actions especially as those actions affect others, or code of behaviour in treating a particular group. According to Cohen, Manion and Morrison (2007), ethical issues may stem from the various kinds of

problems investigated by social scientists and the methods that are employed to obtain valid and reliable data. Ethic principles include for example informed consent, which involves, avoidance of deception, avoidance of harm/risk, treating others as ends not as means and no breaches of promise or confidence.

Hence, I ensured that all participants were well informed about the purpose of the research they were about to participate in, understand the risk they may face as a result of being part of the research especially since their photographs would be taken and published in my thesis. I intimated them with the benefits that might appeal to them as a result of participating in the sense that the purpose of the study is to provide solutions to their problems and other adolescents facing the same adversities after contracting HIV. In addition, I endeavoured to ensure thatI would enlighten and empower them to take up and use the information gathered in the research.

I attempted to preserve their dignity, respect and privacy (Cohen, Manion & Morrison, 2000) by allowing them to be free to make independent decisions without fear of negative consequences. HIV/AIDS is a very sensitive issue as the population researched is regarded as at risk and a vulnerable group who are constantly being stigmatized due to their status. The protection of participants through informed consent process favours formalized interactions between the researcher and the participants. I firstly sought informed consent from the organization (Network of Ethics and Law on AIDS) (NELA) from where my participants were drawn. To strengthen the ethicality of the study I sought informed consent and cooperation from social workers from the organization (NELA) to act as witness and ensure adequate protection during the fieldwork. Informed consent was also administered to parents of participants who were under the age of 18 years and finally participants themselves were given informed consent to read and sign for voluntary participation.

In terms of privacy, I ensured maximum confidentiality by ensuring that my field notes, transcripts and research results do not contain personal data, no biased information and are kept intact, protected, and not disseminated elsewhere. Data were shared with the social workers from the NGO (NELA) and my department at the University. Adequate referral services in the form of refreshments and placating of participants by social workers were put in place in case of crisis management since talking about HIV/AIDS can stir emotions (Fritz, 2008).

Throughout this process, I took into consideration the fact that although I was searching for the truth, this attempt must not be at the expense of the rights of other members of society or of the participants themselves (Mouton, 2008). I saw myself as a facilitator,

helping them to activate their capabilities for self-observation, critique, and at the same time a passionate participant within the world to be investigated, a collaborator, an advocate and an agent who aimed at a positive change. The study was also guided by the principles outlined by the University of Pretoria (see page iv). This aided the research process. In addition, I consulted with my supervisors for advice on the management of ethical or practical risks particularly in the area of interview questions, which led to a change in order to minimize risk. To strengthen confidentiality and anonymity, participants chose pseudonyms and had visual images edited. Furthermore, I ensured all data collected reflected their voices and experiences (Cohen, Manion & Morrison, 2000). I offer a detailed description of the ethical considerations that guided this study in chapter 4.

1.15 PLAN OF THE STUDY

CHAPTER 1: **Introduction, orientation and background**.

This chapter provides the background and orientation of the proposed study, the rationale for the study, the problem statement, purpose of the study as well as research questions and clarification of the key concepts. I provided insights into adolescents' development, wave of research on resilience, the theoretical framework, explanation of key concepts, the methods and methodology. I also considered the ethical issues and quality criteria as related to the trustworthiness of the study and finally the plan of the study.

Chapter 2: Research context

In this chapter, a history of the Yoruba people, their culture and their perceptions about HIV/AID was narrated. I reviewed existing laws both international and national on the rights of the girl child and her current situation in Nigeria.I also discussed the theoretical frameworks which underpin my study which are Bourdieu's field theory, Erikson's identity development and Piagets' cognitive theory.

Chapter 3: Highlight on resilience

I analysed the psychosocial and social factors that impose risks or explain risk behaviour as they lead towards steps to unravel the complexities that underline adolescents' risky sexual behaviours and vulnerabilities. The concept of resilience was highlighted by first defining the resilience phenomenon and its differing views and research trends. Finally, I highlighted resilience by linking the concept with the theoretical framework, which underpins my study.

Chapter 4: Research Design and Methodology

In this chapter the implementation of the proposed qualitative research methodologies, selected designs, sampling of participants and data collection strategies were presented during the empirical research.

Chapter 5: Data Analysis

This chapter consists of the presentation on the various data strategies and information generated through fieldwork. I highlighted the voices of the participants through direct quotations and images with narratives. I then analyzed the data collected through a table of themes and categories.

Chapter 6: Data Interpretation

The interpretation of results that emerged from the data analysis was provided in detail. The findings were integrated with the literature and shared from the participants' perspectives.

Chapter 7: Summary Conclusions and Recommendations.

This chapter contained the summary of literature and empirical findings as well as relevant conclusions in form of answering my research questions. Finally I provided my recommendations and suggestions for future research on HIV and adolescent girls' resilience as well as discuss the strengths and limitations of the study.

1.16 CONCLUSION

The actual impetus for conducting this research is to investigate factors that impact the experiences of HIV positive Yoruba adolescent girls. I furthermore plan to explore how some of them are able to survive the odds and bounce back to normal life. I have built my epistemology on the research of notable scholars and chosen a conceptual framework to illustrate and show that it is important to understand resilience as embedded in a contextual cultural and social construct. By capturing the adolescent girls' voice I will be able to determine their level of resilience after going through the trauma and stigmatization of HIV infection. I have also chosen some empirical methods and designs to investigate their experiences within their contextual settings. Each chapter will illustrate the different aspects and developments.

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CHAPTER 2

CONTEXTUAL AND THEORETICAL FRAMEWORKS FOR INVESTIGATING THE RESILIENCE OF HIV POSITIVE ADOLESCENT GIRLS IN NIGERIA

2.1 INTRODUCTION

In this chapter I report on the review of the relevant literature to answer how contextual factors enhance the resilience of HIV positive adolescent girls in Nigeria. In agreement with Hartell (2003, 2005) and Ungar (2008) I see culture as a crucial determinant in the perceptions of illness and wellbeing; therefore this chapter will firstly focus on the Yoruba culture, its perceptions of adolescent sexuality and also on HIV/AIDS. Subsequently, I shall review existing laws both international and national on the rights of the girl child and her current situation in Nigeria. I shall also discuss the theoretical framework which underpins my literature review. The first theory is Bourdieu's (1977, 1989, 1990) field theory as it illuminates the position of the HIV positive adolescent girl within the Yoruba culture. The second and third theories deal directly with the adolescent's developmental phases with special reference to identity and psychosocial development (Erikson, 1962, 1968b) as well as cognitive development (Piaget, 1972) in terms of the adolescent girl's sexual behaviour. The discussion of these three frameworks will inform a resilience frame work which will be addressed in chapter seven.

2.2 CONTEXTUAL FRAMEWORK

A discussion on the context within which my study is situated will follow here as it offers useful information about the position and circumstances that surround the HIV positive adolescent girl in Nigeria. The Yoruba's beliefs about religion, education, sexuality and cultural norms are important in order to understand the nature of adversities she experiences within her culture.

2.2.1 THE YORUBA CULTURE

Detert, Schroeder and Mauriel (2000) define culture as a system of shared values and norms which delineate important and appropriate attitudes and behaviours that guide a group's way of life. Hammell (1990) refers to culture as a self-motivated response to specific local situations which is maintained through a continuous process of social interactions whereas Güss and Wiley (2007:4) define it "as implicit and explicit shared knowledge that is transmitted from generation to generation." A people's culture

incorporates customs, religion, norms, values, laws, languages and rules pertaining to behaviour. Culture also describes circumstances as they manifest themselves and acts as a screen or lens through which the world is viewed (Stoll, 1998:9). Conceptualizing culture from the above paradigm, offers a lens through which decisionmaking concerning health may be understood by communities, researchers and health practitioners. It is evident that the cultural context is central to the manner in which people respond to health and illness, because the knowledge relating to health is shaped by cultural-specific practices, which vary between different social groups or networks. Indigenous knowledge is also believed to contribute to the manner in which people construct and navigate their health and well-being depending on their social experiences (Baum, 1995; Good, 1994; Liebenberg & Ungar, 2009; Ungar, 2013).

The Yoruba society lives in the south western region of Nigeria which consists of six major states namely; Oyo, Ogun, Osun, Ondo, Ekiti, Lagos, and part of Kogi and Kwara states. The Yoruba population is about 46 million which constitutes about 22% of a population of 170.1 million in Nigeria (Central Intelligence Agency, 2012). Fani-kayode (2013) estimates the Yoruba population at about 50 million people and asserts that many Yorubas can be found in the Diasporas where they make their marks in every field of human endeavour. Yoruba people believe they descended from “Oduduwa” a “mythical demiurge” who ruled from a town called “Ile Ife” which the Yorubas believe to be their town of origin. They have close-knit emotional ties with their mother’s lineageknown as “omoiya” even though they claim their identity from their father’s side. Each lineage has distinctive tribal marks, food, taboos, names of expressing praise such as “oriki” and they worship the same “orisa” (god or goddess) (Krapf-Askari, 1969). Marriage is regarded as an institution to conserve the lineage.

Ojo (1967) elaborates on the Yoruba religion and asserts that this pertinent religion is not animistic in essence as followers of this religion do not worship the hills, rivers and lakes as such but on the contrary worship the spirits in them who are believed to be responsible to “Olodumare” which literally means “owner of heaven”. They do not just worship a sky god but the world beyond where these spirits of the ancestors rest. “Obatala” also known as “Orisanla” is believed to be the god of retribution and is believed to be responsible for deformitiesinflicted and his worshippers wear white dresses as a sign of his purity. The Yoruba keenly recognizes the elements in their environment, the associated problems and the determination to solve and counteract these problems in the ways best known to them which is via the environment. “Sopono” for instance, is said to be responsible for small pox. Gradually Islam became more acceptable to the traditional Yoruba because of its support of polygamy. This belief

supported traditional culture affording a man many wives to help on the farm. Christianity on the other hand turned out to be unpopular as it highlights the importance of monogamy. Christianity became more popular than the Islamic faith in the course of time in that it brought with it social amenities such as schools, hospitals, construction of roads, churches and industries. Ojo (1967) remarks that the Yoruba tradition is accommodating by accepting Christianity and Islam, although a few elderly committed worshippers remain committed to the deities.

As far as the religious and family levels are concerned, the Yoruba adolescents in particular strongly rely on their families and remain devoted to their religion. Idowu (1961) asserts that the way of life of the Yoruba is characterised by a strong dependence on their religion. Their proneness to fatalism, reveals that"they have a fatalistic attitude to life" which indicates that they are "strong on external locus of control" (Idowu, 1961:22). The inculcation of this trait from birth through informal education results in strong religious principles. There is also a great attachment to family members, and they display a sense of strong social security. Their concept of security and mutual affection are believed to be entrenched in their beliefs in myths concerning ancestor worship. Part of the informal education received by Yoruba adolescents' right from youth is to be shy and modest while girls are supposed to be less expressive.

The Yoruba have a feeling of "plenty of room at the top" (Macintyre, 2007) implying anyone can rise to the top of the ladder in his or her chosen endeavour and therefore work hard to earn wealth as a cherished virtue. They also believe in education thataccording to them is an investment and prestigious expenditure as they are committed to train their children (Macintyre, 2007). A woman's role is traditionally that of a caregiver to her household, children and husband. Her responsibilities embrace cooking, and some petty trading to support her husband's finances (Macintyre, 2007).

In the Yoruba moral epistemology (theory of knowledge), knowledge is "imo" while "igbagbo" designates "belief" which connotes second hand knowledge which they believe must be empirically tested before being accepted (Hallen, 2000:14-15). According to Hallen (2000) the Yorubas are "clinically introspective" meaning they have deep thoughts about things such as knowledge or belief that, according to them, must be experienced subjectively before being passed on or ratified. This psychological trait is also in line with the western paradigm of cognitive system (Hallen 2000), therefore they are culturally deemed to be rational at all times, as it is part of an authentic inborn Yoruba indigene. This is why any Yoruba individual who behaves outside the norms of the culture is considered as "irrational" or his/her behaviour is regarded as "a result of a curse" (Aderinto, 2007). Behaviour is believed to be conceived from the inside and

therefore intentional. Much importance is placed on “suuru”(patience), which is seen as an attribute while, immoral behaviours like infidelity, promiscuity, stealing, misers and bad tempers are frowned upon. According to Macintyre (2007:7), “in the Yoruba discourse a person is judged by what he/she says or does and will be blamed for it as penalty if he points out that he could not avoid what he did or that failure is unavoidable.” Beauty is seen as emanating from the inside and is known as “iwalewa” (meaning beautiful character), an attribute which is cherished. Sound morals are also linked with a beautiful character.

Because the Yoruba culture values education which is seen as an investment in their children as mentioned previously, adolescents are expected to attend school until they graduate and maintain that “status quo” (abstain from sex) before discussing issues of sex and marriage. Failure to comply means the adolescent has brought shame to her family and fell short of the norms and values of the society.

Observations, as done by myself, reveal adolescent girls, who drop out of school for reasons such as early or unwanted pregnancies or ill-health, due to HIV infection, are branded as the “black sheep” of their families. In such instances, they have to leave their own community, to hide in a faraway community with a maternal relative to escape judgment as they and even their families are ostracised. The above revelation was corroborated by a study conducted by Ojo, Aransiola, Fatunsi and Akintomide (2011:2) who note that “the dynamics of parent-child relationships and communications are greatly influenced by the culture and social environment”. In the results of their study on reproductive health issues among adolescents in south-western Nigeria, it was revealed that parent-child communication on sexual issues remain a challenging issue as the social setting still constrains such communication in many traditional communities in Nigeria and many sub-Saharan African countries. Ojo *et al.* (2011) also assert that a vast majority of parents are quite aware that adolescents are sexually active but contrary to this opinion the majority refuse to believe that their own children can get involved in such acts and still believe that their adolescent girls are virgins. The common practice or norm is that issues related to sexuality should be regarded as sacred and must never be discussed by females or young people as only elders in the society remain the “gate-keepers of knowledge about sexuality issues” (Izugbara, 2005). This makes it difficult for sex education to make a positive impact on the life of young members of the community. As a result, any young girl that falls pregnant or contracts HIV/AIDS would in most cases have to drop out of school if she is not bold enough to discuss the issue with her parents.

From the above description of the Yoruba culture, it is evident that immoral behaviour will be abhorred in the society which could result into stigmatization of the perpetrators. Adolescents in particular would not be spared of any misconduct which is contrary to the Yoruba cultural norms.

Stigmatization of women and girls living with HIV is firmly entrenched in the Yoruba culture and has led such people to be marginalized in the society. In the views of Link and Phelan (2001) and Agunbiade (2013:18), stigmatization in any social context is due to the following five interconnected incidences and conditions:

- Behaviour or traits outside the norm which stand out.
- Labelling and the unpleasant consequences thereof.
- Ostracization and rejection.
- Discrimination and ill-treatment.
- Denial of access to social, economic and political power and ultimately these labelled people are rejected and excluded from society.

Price and Hawkins (2007:9) further explain and categorize the marginalized groups as individuals or groups "who are excluded from the economic and social resources of mainstream society and may be defined as living on the edge of society." The socially excluded are in most cases people living with HIV and AIDS and ethnic minorities while adolescents and unmarried adult women, including widows and divorcees constitute the socially luminal. Price and Hawkins (2007) posit that due to uncorrelated reports about adolescent behaviour with regards to the HIV/AIDS pandemic, researchers have expanded their scope of studies from large-scale surveys of knowledge, attitudes, practices and beliefs to include in-depth qualitative studies which examine adolescents' sexual culture taking into consideration adolescents' "social representations, symbols, and meanings that shape and structure sexual experience" (Price & Hawkins, 2007:3).

In the opinion of Agunbiade (2013), the Yoruba culture socially constructs adolescent sexuality based on the above five components. This is because according to him, in the Yoruba society, the freedom of expressing, exploring and experiencing sexuality and fertility is never the prerogative of the individual but is conducted within the jurisdiction of the group or community. He further posits that child sexual abuse, rape and even incest that are topics almost never addressed, become the fate of most adolescents' experiences in the terrain of sex. The memories of these sexual exploits leave indelible imprints on the adolescents' minds and can cause a continued or similar sexual

exploration of which the adolescents are inevitably at the receiving end. These may also have a negative impact on their self-efficacy and perceptions due to labelling.

Since the introduction of Western education by the colonial masters dating back to the 18th century, many socio-cultural changes have taken place within the Nigerian society that resulted in anxieties, doubtfulness and unforeseen dangers to the religion and culture of the people (Idowu, 1961). The western culture is believed to have brought self-independence which started influencing especially sub-Saharan adolescents negatively in the sense that they were torn between the independence they were exposed to and the norms of the culture. As a result such sub Saharan adolescents tend to have a far more negative self-concept, than those of the western world (Idowu, 1961). The Yoruba adolescent girl, just like her counterparts in sub-Saharan Africa, is caught up between the Yoruba and western cultural influences (Olowu, 1983).

Agunbiade (2013) laments the tendency of some adolescents to indulge in premarital sex even when they are aware of the socio-psychological consequences of such behaviour. In this regard, Burchardt (2010:670) maintains that sexual relationships and practices are not only shaped in cultures, but that specific sexual practises in a specific group also exist and are often more important than culture. In other words there is a sexual culture that young people follow and which have a greater impact on their behaviour than their upbringing or culture. For instance, Ahlberg (1994) reports that the modern African adolescent has embraced a “romantic” form of sexual relationship by having series of monogamous sexual relationships in quick successions with their age mates which have serious implications on the spread of HIV/AIDS. This is because they do not practise safer sex simply because they feel they are at no risk and believe their loving relationship is firm and just with a faithful partner. Furthermore, since the adult world has prohibited sex before marriage and the use of contraceptives for adolescents who fall in love, the only alternative for them is to indulge in unsafe and unprotected sexual intercourse in a secluded area as suggested by Gordon and Kanstrup (1992).

The background information about the Yoruba in this study is a useful resource to understand their cultural and traditional values that distinguish them from other people and their perception of HIV/AIDS and well-being.

2.2.2 YORUBA FEMALE ADOLESCENTS' SEXUALITY AND THE INCIDENCE OF HIV

The youth constitutes a huge percentage of the urban population that is characterized among other things, by poor economic conditions, which have led to acute economic and social inequality. In this vein, researchers such as Zulu, Dodoo and Ezeh (2002) and Adedimeji, Omololu and Odutolu (2007) have suggested that these deteriorating economic conditions in urban areas could lead to women especially adolescent girls' engagement in behaviour which could put them at the risk of HIV/AIDS.

Patton and Viner (2007:6) assert that "adolescence represents a critical period in the transition from childhood to adulthood including the development of their sexuality." Various studies have also associated this "critical stage" with risky sexual behaviour (Abdulraheem & Fawole, 2009; Brown, 2011; Richter, 2010;) while other researchers believe that adolescents' risky behaviour may not emanate from their cognitive developmental stage but can be explained within their social cultural and other contextual factors which put them at risk (Onyeabochukwu, 2007).

The social meanings attached to adolescents' sexual behaviour and the related consequences such as STI's (Sexually Transmitted Infections) HIV infection and unwanted pregnancies have contributed immensely to their being stigmatized by the public more than their adult counterparts who indulge in this practice. For example young brides who fail to get pregnant are usually blamed and regarded with suspicion because of a low moral code or "risky sexual behaviour" (Aderinto, 2010:7; UNAIDS, 2006, 2012) which is believed to result in infertility. This trend is common in all developing countries of the world especially where cultures favour fertility in marriage and where women enjoy unequal status with men with regards to access to social resources (WHO, 2007). In other words, women do not only suffer from stigmatization for being infertile in marriage but also from inability to resource social and economic opportunities like their male counterparts.

In addition, premarital sex is frowned upon and adolescents are expected to keep their virginity, due to the Yoruba culture that values youth and virginity (Adejumo, 2011:1). Girls who lose their virginity through whatever means still carry the blame. Sex as a topic is never discussed amongst the Yoruba people while risky sexual behaviour of the adolescent is not addressed either in the community or in research. Adolescent girls' perceptions of their sexuality and social world or "social space" (Bourdieu, 1989, 2004), was never explored due to cultural underpinnings and perceptions that they are too young or immature to engage in sexual behaviour.

There is substantial literature which points to the emphasis on the prohibition of premarital sexual activity and chastity of adolescents in sub-Saharan Africa and Nigeria in particular as a precaution to help curb the risky sexual behaviour which has increased the incidences of HIV among the youths (Abdulraheem & Fawole, 2009; Ahlberg, 1994; Onyeabochukwu, 2007). For instance, NACA (2012) affirms that in Nigeria as a whole, the HIV prevalence was between 18-26% in 2010 and that the rates of infection are higher in urban areas and among young people aged between 15-24 years. Among the Yoruba, HIV prevalence is 2.9% in urban areas such as Lagos, claiming 5.3% in 2010 (NACA, 2012).

Jegede and Odumosun (2003), report that during a Yoruba girl's first sexual experience, she is vulnerable to STIs and an unplanned pregnancy. The reasons are firstly, premarital chastity is a traditional measure prescribed to preserve female virginity and secondly there is a low level of sex education even among girls with secondary and post-secondary education. For instance, adolescent girls are not expected to have sex, let alone to use condoms because it is seen as a sign of promiscuity. These constraintsresult in total exclusion of female adolescents from any discussion pertaining to sex and birth control, a practice that seems to persist in the face of general moral laxity particularly in the urban centres.

In the same vein, data collected on the issue of forced marriages by Jegede and Odumosun (2003), show that the choice of spouses for Yoruba girls, wherever they live in the world is always subject to family approval as they are not trained to make solely decisions about whom to get married to regardless of their level of education. Adolescent girls are sexually matured at a relatively young age and thus given out in marriage for two major reasons: firstly, as a "gift marriage", practised mostly by Muslims who give out under-aged girls of 15 years or younger into marriage and secondly, for monetary gains in the form of high bride price. This practice is gradually being eroded as western education is gaining more ground in the society.

Adedimeji, Omololu and Odutolu (2007) posit that on the part of the females, personality traits, and lower self-esteem, socio-cultural norms, which encourage female submissiveness, limit them to transform their knowledge into protective behaviour even in the face of high-risk perception of HIV/AIDS. Since men dominate sexual matters, it is therefore difficult to regulate social and sexual behaviour of young people especially females by the adult community because it may connote negative character and sexual immorality due partly to the fact that sex is a sacred subject in Yoruba land.

In his own contribution Ajala (2007) posits that infections of HIV/AIDS and risky sexual behaviour have to do with rational choice made by individuals infected in terms of social needs. This is because sexual permissiveness especially among women does not exist as a norm in the society. According to him women's sexual permissiveness arises when they migrate to the cities (rural-urban drift) to find means of livelihood, where men negotiate sex for money. Men are more sexually permissive yet women have more cases of HIV prevalence than men (Ajala, 2007). This is because while men are ashamed of disclosing their status, women's status is easily known through maternal health problems. In this regard Ajala (2007) ascribes the ineffectiveness of most interventions against HIV/AIDS to the perception that it is unacceptable for a Yoruba man to use a condom, abstain from sex and he finds it difficult to remain a faithful partner.

When adolescents contract STIs, HIV or unwanted pregnancies due to their engagement in premarital sex, they experience trauma and stigmatization which is aptly identified as a "chronic stressor" characteristic to adolescents' development. (Cluver & Gadner, 2006; Ebersöhn & Eloff, 2002:78).

2.2.3 RIGHTS OF THE CHILD IN NIGERIA

The Convention on the Rights of the Child (CRC, U.N. General Assembly, 1989) is an international treaty adopted by the 159 members of the United Nations General Assembly with the exception of the U.S.A and Somalia. The African Charter on the Rights and Welfare of the Child (ACRWC) was an instrument to protect the norms of the child and was adopted by the Organization of African Union (OAU) in 1990. The ACRWC believes the Convention on the Rights of the Child (CRC) did not take into consideration all the socio-cultural and economic problems of the African child with particular reference to African traditional views that impinges on children's rights such as involving children in child marriages and the traditional parental rights and obligations.

Article 1 of the CRC defines a child as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier" (CRC, UNICEF, 1989) while the ACRWC 1999, in Article 2, affirmed that any person below the age of 18 years is regarded as a child. Article 11 attaches high significance to preference for girls' education and their return to school after pregnancy. Articles 15 to 23 call for the abolition of ethnic, religious and other forms of discrimination such as, early child marriages, child soldiers, child trafficking to enslavement, drug abuse, sexual

exploitation and harmful cultural practices such as female genital mutilation (Article 21) (ACRWC, 1999).

Toyo (2006) explains that in 1991, Nigeria endorsed the enactment of the UN Convention on the Rights of the Child (CRC) and it was domesticated in 2003 in the Child Rights Act (CRA).Toyo (2006) further states that the two articles embraced by the Constitution of Nigeria, provide specific rights for children in accordance to the Child Rights Convention Act (2003). These are as follows: “Article 17(3) (f) requires the state to implement policies that ensure that children and young persons are protected against any exploitation whatsoever, and against moral and material neglect” (CRA, 2003). Article 18(3) makes provisions for free, compulsory, primary education, and free secondary and university education’ (CRA, 2003).

Mbakogu (2004) believes that these basic child rights which were also stated by the African Charter that recognise the rights of the African child as entrenched in the CRC (1989) are disregarded due to conflicting factors such as exploitation, hunger, armed conflicts, natural disasters, their socio-economic, cultural, traditional and developmental conditions. He laments that these child rights only appear feasible on paper as many African governments such as Nigeria are nonchalant when it comes to its implementation.

Amoah (2007:1) posits that the “way in which the girl-child experiences the world is traditionally negative, as it is characterized by disadvantage, marginalization and discrimination of the girl-child, vis-à-vis other members of her society.” He further posits that since human rights instruments attempt to protect and advance contemporary world’s cultures and their traditional practices, they inevitably encourage the girl-child’s inequality by placing priority on the recognition and maintenance of cultural and traditional values while their harmful effects on the rights of a vulnerable minority is consciously ignored.

According to Amoah (2007) a concerted effort was made to balance the child rights against cultural interests by the African Charter on the Rights and Welfare of the Child (ACRWC) which is also aware of the impact that culture has on the enjoyment of rights. Besides, the African Child Charter recognizes the African Child’s vulnerable position in the society. “Article 1(3) provides that cultural practices that are inconsistent with human rights are to be discouraged to the extent of the inconsistency” (Amoah, 2007:17). In this regard, Amoah (2007) furthermore states that paragraph 21(1) (b) provides the girl-child with the best international law defence in her battle against culture even though it does not offer her much help. This is because the provision of Article 21 acknowledges

the harmful effect of cultural practices to the girl. The article also assures the African child of the elimination of such harmful practices and also draws attention to the discrimination based on sex but fails to say it must be abandoned or totally altered. In other words, although legislation is in place to protect the girl from sexual exploitation, cultural beliefs still override the protective laws.

Toyo (2006) highlights another problem when maintaining that given that matters concerning child protection are not assigned exclusively to the national government's jurisdiction in the constitution, the 36 states of the federal republic of Nigeria are not under any obligation to enforce the act or pass it in their state law assemblies. This gap gives rise to some states in northern Nigeria opposing the provisions of the CRA, claiming that it is a breach of their religious and cultural norms, as they perceive that their interests are being threatened. The section in the CRA that insists on a minimum age of marriage became the major growing controversy, drawing out differing reactions and interpretations from different interest groups. This debate still lingers on in the senate and house of assembly up until today as no consensus has been reached as to what constitutes a minimum age of marriage in Nigeria. Ayesha Imam a Nigerian leading feminist and Muslim scholar also led a voice to this struggle, as she argued that "The interplay between domestic Nigerian multiple and parallel legal systems of secular, Muslim and customary laws is also problematic as they give differential rights on different issues, and jurisdiction can be contentious" (Imam, 2006).

Many Nigerian scholars and law advocates such as Imam (2006), Mbakogu (2004), Onuora-Oguno (2010) and Toyo (2006), affirm that the Nigerian legal system is particularly complicated due to federalism and the co-existence of several other legal systems such as federal law, state law, and pre-independence English law which is administered throughout the 36 states of the federation. In addition, state laws are subdivided into statutory legislation, customarylaw and Sharia law. According to these scholars this fragmentation has resulted in wide variations in the application of laws, especially those relating to the family, where the customary law is strongly upheld. The Sharia law is also specifically applied in terms of juvenile justice and criminal activity in some northern states and is sometimes mixed with state and federal criminal codes in administering justice even with regards to children.

Amoah (2007) asserts that a special recognition of child rights, which was recommended by the CRC and the African Charter on the Rights and Welfare of the Child, needs to be implemented adequately to protect the girl-child against harmful traditional practices. It is very clear from the evidence above that the international protection for the girl-child has failed to address her overlapping identities such as her

gender, age, class and race, and other characteristics through which she experiences the world. Amoah (2007) therefore advocates that her identities should be taken into consideration when enacting any law or policy involving her.

Mbakogu (2004) on the other hand expresses disappointment in the way problems of neglect and maltreatment that are some forms of child abuse are being tackled by the legal system in Nigeria and regrets that these strategies cannot be compared to that of the developed countries and neither are they applicable. This according to him may be because the African culture has inculcated the act of submissiveness to parents' wishes into their children in every sphere of life including decisions over what is "appropriate (whether right or wrong) for their future growth and development" (Mbakogu, 2004:27). This incidence cannot be compared to developed countries, where children are free to report cases of abuse or parental neglect to welfare officials without fear of parental or societal retribution. Mbakogu (2004) remarks that Nigerian children are used to conceal their plight and would rather endure various trauma such as, female genital mutilation or child labour than being branded by society as unappreciative children who report their parents to welfare officers.

In another vein, the 1994 International Conference on Population and Development (ICPD) and its Programme of Action marked important progress in securing international recognition of women's rights to make reproductive and sexual decisions. This Development is focused on forging ahead with some obtainable human rights principles which can be applied to defend and encourage women's sexual independence, particularly with regards to decision making and the manner in which they wish to carry out their sexual activities (ICPD, 1994). This is because many adolescent girls, who are given into marriage as early as 12 years, encounter both physical and emotional problems coupled with the risk of contracting HIV/AIDS not only to themselves, but to their unborn babies. Since sex is an integral part of being human, failure to recognize this is a contravention of young people's basic human rights (Allen, 2005:62).

Considering the physical and emotional problems adolescent girls face in Nigeria, the way they navigate their well-being and become resilient will depend largely on their social, psychological and cognitive development and competence.

2.3 THEORETICAL FRAMEWORK

A theoretical framework is basic, central, and fundamental to any research process as it influences the manner in which the researcher approaches, frames or shapes the study (Anfara & Mertz, 2006). The aim of this study is to understand the HIV positive Yoruba girl's context and the factors which impact on her ability to become resilient despite her illness. Bourdieu's theory will be used as a framework to understand the context of the Yoruba adolescent and to interpret resilience within these circumstances. Furthermore I will discuss issues related to the adolescents' psychosocial and cognitive development which impact their life trajectories as people at risk. Eric Erikson's psychosocial theory and Piaget's cognitive theory will illuminate these developmental stages as it influences adolescents' resilience.

2.3.1 BOURDIEU'S FIELD THEORY AND KEY CONCEPTS

Bourdieu (1977, 1989, 1990) believes that the social reality (the way people behave and what they believe to be acceptable) is constructed and determined by those at the top of the hierarchy of power, who force or impose their dominant views upon agents (the dominated) within the field. Applied to my study, this means that culture and subsequently the manner in which children are raised determines the perception of what is regarded as acceptable behaviour, in this case acceptable sexual behaviour. Secondly, these dominant forces (culture/education) also inform the perceptions and actions of individuals or groups, which might be in line or against the behaviour pattern of a specific group, in this case adolescents. In order to explain these opposing actions between the dominant and the dominated, Bourdieu uses some concepts or "thinking tools" (Wacquant, 1989:50) such as "habitus", "field" and "capital" in order to illustrate the relationship between these perceptions.

This suggests that adolescents as a specific group or developmental stage in general may be governed by their own rules, behavioural patterns and developmental characteristics. This is because "sexuality is an integral part of the personality of every person: man, woman and child therefore, a basic need and aspect of being human that cannot be separated from other parts of life and it influences thoughts, feelings, actions and interactions and thereby mental and physical health" (Dyson & Smith, 2012:2). In other words, although a specific culture and the way a person is raised have an impact on the person's behaviour, there is another determining factor in behaviour, and that is the person's own context in terms of the group or phase which he or she belongs to, and who may have their own set of rules.

Martins (2003) elaborates by analysing Bourdieu's field theory as a remedy to regularize individual actions "vis-à-vis" that of the society. In this regard Martins (2003) asserts that the field theory explains the tensions between the individual level and social level's interpretation of appropriate behaviour, therefore the incidence of HIV/AIDS must be understood against the cultural context as well as the social context in which the individual finds herself. Pierre Bourdieu's field theory is relevant to this study as it will be used to explain the seemingly incompatible perceptions of the Yoruba culture and adolescents themselves about "adolescent sexuality" which has triggered the high prevalence of HIV infection among this group.

Society especially in the sub-Sahara Africa perceives sexuality in young people as a "problem to be managed rather than a positive part of youthful identity" (Aggleton, Ball & Mane, 2000). On the other hand, individuals or groups are governed by some amount of interests, purposes, and sentiments, which is dependent upon their specific positions in the field (Bourdieu, 1990:36) which explains the reason why adolescents may behave in ways contrary to their cultural beliefs or the way they were raised.

The "thinking tools" which Bourdieu identifies as habitus, agents, field and capital (Wacquant, 1989:50) will be explained in order to understand these contrasting opinions between adolescents and society about sexuality and to demonstrate how HIV positive adolescent girls could be able to navigate their resilience within their social world or "habitus".

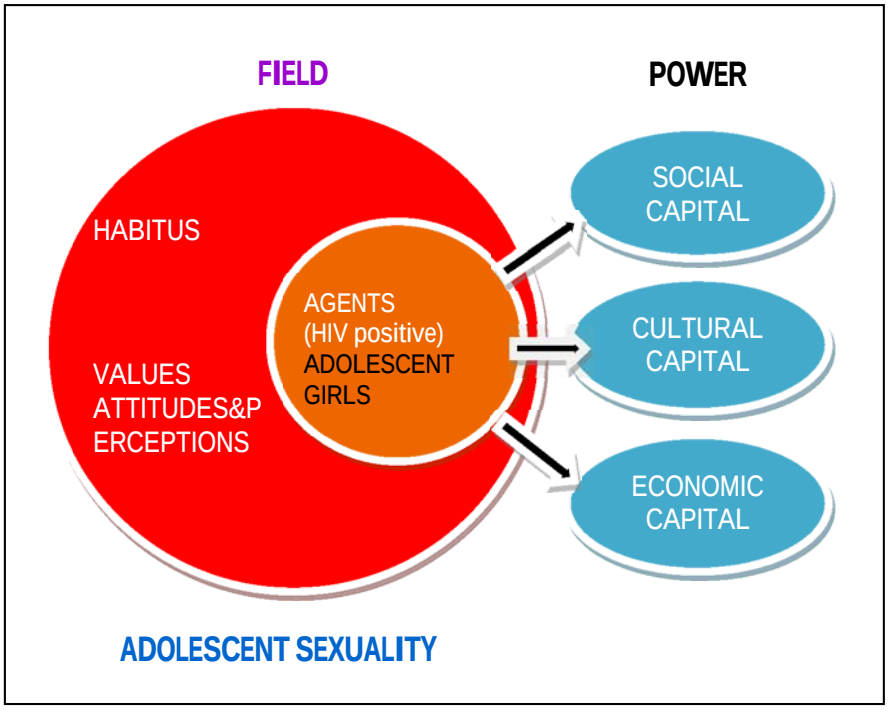

Figure 2.1: A visual presentation of Bourdieu's field theory as related to my study

Each field will be discussed in the next section.

2.3.1.1 The field and the agents

A field as envisaged by Bourdieu can be defined as a social space in which agents are positioned in definite roles and relationships (Bourdieu, 1993).Bourdieu views society to be constituted of various semi-autonomous fields, such as political, economic and religious fields (Benson, 1999:463-464) and agents are like actors in the field.The field in my study is adolescents' sexuality while the agents are HIV infected adolescent girls. For instance in the field of adolescent girls' sexuality the individual agent's sexual behaviour and possible resilient behaviour, according to Ihlen (2007), is manifested in adolescents' developmental psychology models and some external social forces which are encountered within the field setting. Likewise, the individual HIV positive adolescent girl as agent is an active member of her field that is, the association of people living with HIV which is an avenue for social contact and group inclusion necessary for resilient behaviour to develop.

Bourdieu (1990:67) posits that in contrast to classical fields like football or chess where entry into the field is through a contract or an Olympic oath for fair play, in the social field a player does not enter the game consciously but is born into the game and with the game, which includes unconditional relations of investment. This connotes that adolescent girls are naturally born into the field and behave within the parameters of the field (sexuality) which is determined by the Yoruba culture.

2.3.1.2 Habitus

In Bourdieu's (1990) view, the social world is governed by those in high positions who determine the rules of behaviour and how agents relate to the social world. Reay (2010) explains that the habitus is structured by a person's past and present circumstances, such as cultural beliefs and educational experiences. The habitus is therefore a structuring mechanism that generates strategies for agents in the social world and through which actors relate to the social world. In other words, the social setting where people live dictates the way they behave and relate to other people around them. The customs and values in any social setting also determine the way these agents for example in my study adolescent girls, are viewed and treated. Reay (2010) explains that the habitus influences the behaviour of agents in some special ways. According to Bourdieu (1979), in the habitus all agents are products of the same history or experiences, class, biological identity, have a common behavioural code and believe in the same objective conditions of existence. Reay (2010) explains that Bourdieu

conceives habitus as a multi-faceted concept, with broader notions of habitus at the societal level than at the individual level. One can therefore distinguish between class or group habitus on the one hand and an individual habitus on the other, but both are interrelated as far as the individual reflects the common schemes, and perceptions of the class or group. In terms of my study it means that the habitus is the way the girl in Nigeria was raised according to the Yoruba culture and certain educational principles.

In relation to my study HIV positive adolescent girls are agents in the habitus (environment that is determined by cultural values and educational principles) they occupy in the field of adolescent sexuality. According to Bourdieu (1990:78) “the child constructs its sexual identity, a central aspect of her social identity, at the same time as it constructs its representation of the division of labour between the sexes, on the basis of the same socially defined set of indissolubly biological and social indices.” From this perspective, sexual identity is associated with social functions that are socially defined. HIV positive adolescent girls are governed by the perceptions and values in their habitus, because they are products of history based on their past experience and HIV status.

Agents in the habitus have the same subjective experience of hopes, expectations and fears all based on their past encounters. In the case of HIV positive adolescent girls, they have experienced trauma, stigmatization and chronic stresses which have resulted in the same shared subjective experiences of hopes, expectations and fears about their status.

2.3.1.3 Forms of capital

Bourdieu and Wacquant (1992) explain capital as different material resources which assist agents (HIV positive adolescents) for acquiring positions within different fields. Agents are distributed within the field first according to the overall volume of the capital they possess. Secondly, they are distributed according to the composition of their capital, in other words, according to the relative weight of the different kinds of capital in the total set of their assets (Bourdieu, 1991). Bourdieu divides capital into three fundamental types: economic capital (money, property), cultural capital (knowledge, skills, educational qualifications), and social capital (connections, membership of a group). Each of the capitals can be converted into another while all capitals are reducible to economic capital that means capital can be converted to money and institutionalized in the forms of property. Sourcing for capital will automatically open up opportunities for an HIV positive adolescent girl to become resilient and recover from her adversities.

Agents are actors in the field and “agents in a position of dominance will tactically deploy their capital in other to conserve their position” (Bourdieu & Wacquant, 1992:98-99). Fowler (2000:166) explains that Bourdieu insists that the work produced by individual agents which is referred to as labour, eventually belong to the collective product of the whole cultural field. This means that it becomes the accumulated, historically created products of all agents working within the field. Capital is an energy which is not hereditary or acquired but at any moment anybody can become anything depending on one’s accumulation of capital. Bourdieu saw capital as a resource that can bring monetary and non-monetary as well as substantial and non-substantial gains (Bourdieu, 1986:243). In other words, capital could be feasible or non-feasible in terms of its achievements. In terms of my study capital can be seen as the individual efforts made by HIV positive adolescent girls to navigate their well-being thus becoming resilient within their “field” and “habitus”.

Next I will discuss the different forms of capitals and their relevance to my study.

(a) Social capital

This “is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition ... access to cultural and sub cultural institutions, social relationship and practices” (Bourdieu, 1986:248). Social capital is the sum of resources that can be mobilized through membership in social networks of actors and organizations. The HIV positive adolescent girl can for example have a support structure consisting of family members or a group of friends. According to Pasco (2000), access to these groups or relationships gives a member or participant a way to attain other types of capital collectively owned by the network of people that comprises the group. The adolescent may for instance have access to medication due to the fact that her father belongs to a medical scheme (economic capital). Pasco (2000) also maintains that the amount of social capital a participant can possess and consequently use depends on the size, the nature or configuration, and the objectives of the group or network of which they belong. The adolescent from a good socio-economic background will have a better support structure and services available than one who comes from a single headed family.

Overall, the amount of social capital that one possesses depends on “(1) the size of network connections that the individual can effectively mobilize and (2) the amount and type(s) of capital (e.g., economic, cultural, or symbolic) possessed by each of those to whom he or she is related” (Bourdieu, 1986:249).

Hence, through social capital, actors can gain direct access to economic resources (subsidized loans, investment tips, protected markets); they can increase their cultural capital through contacts with experts or individuals of refinement (i.e. embodied cultural capital); or, alternatively, they can affiliate with institutions that confer valued credentials (i.e. institutionalized cultural capital) (Nieminen *et al*., 2013). Social capital will enable the HIV positive adolescent girl to have better access to information services and support. This important focus is a core component of why I find Bourdieu's theory so critical for my study.

(b) Cultural capital

According to Tzanakis (2011), cultural capital refers to the transmissible parental codes and practices capable of securing a return to their holders. It symbolizes "the sum total of investments in aesthetic codes, practices and dispositions transmitted to children through the process of socialization or in Bourdieu's term habitus" (Tzanakis, 2011:76). In terms of my study, this refers to the cultural or indigenous knowledge and education such as the customs, formal/informal education and training passed to adolescent girls by parents, which will equip them to live a normal life within their "habitus".

Bourdieu (1986) divides cultural capital into three forms, namely:

- embodied (personal dispositions and habits),
- objectified (knowledge and tradition stored in material forms) and
- institutionalised (educational qualification).

Cultural capital, to a large extent, shapes the human agency through social experience and practice as well as education. In its embodied state cultural capital includes knowledge, skills, dispositions, linguistics practices and representational resources of the bodily habitus (Pasco, 2000). According to Bourdieu (1986), it is subject to hereditary transmission, acquired like a heritage such as a given cultural competence and yields a profit of distinction to the owner because it is not transferable. An example is cultural or indigenous knowledge that has a hidden form or logic of transmission only to the offspring in the family or culture. The transmission is also censored and controlled and is accumulated over a period of time of which mastery depends on the length of time of the agent in the field and his relationships with the possessor of the capital as there are other competitors in the field. For the HIV positive adolescent girl her knowledge of the cultural norms of her people is very crucial to her survival in the community.

In the institutionalized form cultural capital entails academic and community awards or certificates and academic credentials to recognize or reward personal or academic efforts. Bourdieu (1986:88) postulates that an academic qualification or "a certificate of cultural competence confers on its holder a conventional, constant, legally guaranteed value with respect to the culture." This cultural capital makes it possible for the agent to compete, compare and exchange them in the field in other words it also guarantees conversion to monetary value that is economic capital. The more qualifications acquired the more chances are provided in the labour market. The HIV positive adolescent girl needs to acquire profitable qualifications to assist her in building her resilience. Going back to school or attending information sessions at the local clinic, will equip her with advanced knowledge on the HIV epidemic and how to protect her against the disease. This will sharpen her self-efficacy to confront her challenges and adversities. This may also lead to financial stability and independence. The more qualifications she acquires the greater her chances of getting employed with a subsequent increase in accumulation of social cultural and economic capital.

(c) Economic capital

This in simple terms according to Bourdieu (1986) means that material goods and resources that are owned by agents could be converted into money or income such as remuneration in the form of money received as wages from employment or by providing a service for someone. It could also be material goods that could be traded for other material goods deemed necessary to achieve a personal goal. All other forms of capital can be converted to economic capital. For instance, the HIV positive adolescent girl's network of relations (social capital) could enhance her ability to connect with people in positions of power in the community to get herself employed. Secondly, her qualifications (cultural capital) can also put her in a good employment position while her vocational jobs like trade or materials she produces for sale could enhance her economic capital thereby making her resilient. She will then be able to compete well in her habitus, which is within her field or social world. According to Bourdieu (1986) all accumulation and use of capital is within one's field and is likened to the currency in the field used to compete for positions so as to be recognised and competent in the field.

Bourdieu's field theory and his concepts offer a useful resource in analysing how HIV positive adolescent girls accumulate enough capital or powers in their field to buffer against their adversity and thus become resilient. Social capital is mostly important to my study as it underpins the social relationships relevant to adolescent girls' resilience. In other words, their accumulation of enough capital through their ability to engage in social networks in their field will facilitate their speedy recovery from the pandemic and

enhance their bouncing back to normal life. Cultural and economic capitals are also relevant as they support social capital activities and networks. For instance, the HIV positive adolescent girl's mastery of educational or vocational skills could help her become resilient as this will offer her job opportunities with which she can obtain monetary gains to feed herself and provide for medical treatment. It may also increase her self-esteem and self-efficacy to deal with her adversity.

2.3.2 ERIC ERIKSON'S THEORY OF IDENTITY DEVELOPMENT IN ADOLESCENCE

Adolescence age demarcation varies from biological and socio cultural factors, ranging from 11-13 years and ends between 17-21 years (Louw & Louw, 2007:279). Erikson (1959, 1968) is of the opinion that the crucial development of identity occurs in the adolescent phase. He distinguishes three aspects of identity development during the adolescence that are:

- The *ego identity* (self);
- *Personal identity* (the personal habits that distinguish a person from another;
- *Social/cultural identity* (the collection of social roles a person plays in the society).

Adolescents' key developmental goal is to develop these roles and integrate them into a logical whole by exploring possible ways of putting them together as possible selves and committing themselves to one solution in order to mould a personal identity and what could later be referred to as emerging adulthood (Arnett, 2000). Erikson (1968:128) points out that adolescence is therefore a marked stage of life when they "attempt to establish an adolescent subculture which looks like a final or transitory or initial identity formation." For instance, a sense of identity integrates sex roles identification, beliefs and ideologies, accepted group norms and standards and self-conception (Gullota, Adams & Markstro, 1999:76). Erikson calls this period a "psychosocial moratorium" (Erikson, 1959:11), because it is a period of experimentation with different roles. Adolescents wonder whether their newly acquired skills could meet their future needs. This psychosocial stage also includes physiological changes as the body matures, and sexual awareness which requires that the adolescent has to cope with a new sense of self-consciousness and sexual feelings which they have never felt before (Gullota et al., 1999:77).

The HIV positive Yoruba adolescent girl faces various challenges of having to make sense of their illness and come to form a healthy understanding of who she is as an individual. These experiences inform their identity formation. The concepts of culture,

self-esteem and self-concept are also incorporated in the identity formation of the adolescent. Thom and Coetzee (2004) affirm that identity development is affected by the individual's socio-cultural context and the individual personality. An in-depth understanding of the context of HIV is important in order to form a holistic understanding of the identity formation of an adolescent girl living with HIV. This is because HIV is associated with fear, and stigmatization, which bring about psychosocial circumstances to those affected with the epidemic such as fear of disclosure because of the possibility of discrimination (Andersen & Seedat, 2009). Because the Yoruba culture discriminates against those living with HIV, this will affect the HIV positive adolescent girl's self-esteem that is, how she evaluates her personal attributes and how culture looks at her. She not only tries to get a grip on her changing physical development, but also on her sexual feelings and tries to find a lasting role for herself in a society where discussion on sex is forbidden. According to Baxen (2008), adolescents generally obtain information regarding sexuality through older siblings, relatives or the experience from unwanted pregnancies because they are never discussed in schools. HIV positive adolescent girls in particular need close caring adults so that their metamorphosis during puberty such as her psychological and emotional development will not be delayed or interrupted.

According to Wiley and Berman (2013) there is a relationship between identity development and identity distress to psychological adjustment in adolescence. Adolescence is a key developmental phase for identity formation (Erikson, 1968), which brings with it many different challenges. Identity disturbances can be within a normal range for adolescents, but it can also become intense and cause individual dysfunctions (Waterman, 1988). In literature this is generally referred to as a period of "storm and stress" as adolescents experience identity adjustment hurdles in form of internal and external stressors in their search for their final identity (Frydenberg, 2008; Pretorius, 2002; Steinberg, 2008; Talbot, 2012).

In the course of normal development, crises do arise (Allport, 1964; Erikson, 1968). Erikson uses the term "crisis" to refer to a "decisive or critical turning point which is followed by either greater health or maturity or by increasing weakness" (Munley, 1977). Allport (1964:235) describes a crisis as "a situation of emotional and mental stress requiring significant alterations of outlook within a short period of time." This means an individual experiencing stress will undergo temporary personality changes which could either be progressive or regressive. Allport (1964) argues further that such a person cannot stand still but strife to separate himself/herself from childhood and progress to adulthood or else, move backward to earlier levels of adjustment. Erikson (1959) posits

that many young people cannot meet these challenges and therefore regress into a state of role confusion and rather finds all decisions threatening and conflicting. This failure leads to isolation, feelings of shame, lack of pride or low self-esteem and perceptions of being manipulated by others. Erikson (1968) observes that technological advances have extended early school life and the young person's final access to specialized occupation, whereas in many cultures especially in sub-Saharan Africa the period between childhood and adulthood is just a way of life as there is no formal schooling in such cultures. Ahlberg (1994) asserts in her own report on the definition of a distinct African sexuality that African adolescents' sexual activity has always operated in the vacuum or lacks regulating control mechanisms, which has resulted in adolescents living in total sexual prohibition and silence. The adult world is therefore confused as to how to curb this trend, because it has also reportedly placed today's adolescents at greater risks to their future health.

In order to solve these crises, Erikson (1963, 1968) identifies eight stages in ego growth during the life circle of an individual and which must be encountered during the course of his/her development that is, from childhood to adulthood. This is because Erikson believes that as the individual is gradually becoming biologically matured, the people in his environment will also gradually change in their expectations and perceptions of him (Munley, 1977). Each crisis is believed to emerge at different times as he/she biologically and socially matures and develops in life. The fifth stage, the stage of adolescence, involves the crisis of identity versus role confusion in which the young person struggles to select the roles, goals, and values that can offer him/her a sense of direction and purpose in life (Carroll & Wolpe, 1996; Erikson, 1968).

Shaffer and Kipp (2009) affirm that for the adolescent, the identity crisis stage is the "crossroad between childhood and maturity" whereby the adolescent suddenly comes to grips with the world around him/her and wants to know how relevant he/she is and how to construct his real identity. At this stage adolescents must be pre-occupied with fundamental social and occupational identity, in order not to remain in the dark or confused as to what roles they should play when they become full adults. The successful negotiation of a particular stage will give strength and cohesion to the individual to be able to confront the next stage. This entails the development of correct attitudes and perceptions towards their relationships and their entire world view. Failure to do this and adequately resolve a particular crisis could lead to difficulties involved in succeeding stages.

Below is an illustration of Erikson's eight stages of psychosocial crisis.

Table 2.1: Erikson's eight stage crises (As illustrated by Shaffer & Kipp, 2009:45)

Approximate Age	Erikson's stage of psychosocial crisis	Social influences
Birth to 1 year	Basic trust versus mistrust	The primary caregiver is the key social agent.
1 to 3 years	Autonomy versus shame and doubt	Parents are the key social agents.
3 to 6 years	Initiative versus guilt	The family is the key social agent.
6 to 12 years	Industry versus inferiority	Significant social agents are teachers and peers.
12 to 20 years (adolescence)	Identity versus role confusion	The key social agent is the society and peers. In my opinion, the influence and approval of peers is mostly responsible for shaping the identity formation of the adolescent as this is the "golden thread" visible throughout my study.
20 to 40 years	Intimacy versus isolation	Key social agents are lovers, spouses, and close friends (of both sexes).
40 to 65 years	Generativity versus stagnation	Significant social agents are the spouse, children, and cultural norms.
Old age	Ego integrity versus despair	One's life experiences, particularly social experiences, determine the outcome of this final life crisis.

The focus of my study is adolescents between 12-20 years and the focus hence falls on the stage of the identity versus role confusion. Here the most important social influence is the peers from where they learn different adolescent subcultures, copy wrong models/identity and land in role confusion if not properly monitored by parents.

Early research on identity formation in the seventies (Bourne, 1978a, 1978b), eighties (Cote & Levine, 1988) and nineties (Van Hoof, 1999) have tried to proof that identity formation in adolescents is explicitly developmental in nature in other words it can be ordered in a developmental continuum (Meeus, 2011). Research also indicates that adolescent identity is related to psychological adjustment over time such as psychosocial problems and well-being (Crocetti, Klimstra, Keijsers, Hale & Meeus, 2009), personality (Luyckx, Goossens & Soenens, 2006), academic achievement (Altschul, Oyserman & Bybee, 2006) which allows for further empirical research to ascertain these domains of development (Meeus, 2011). All these early reviews

emphasize the key roles identity formation plays in adolescence as surmised in Erikson's (1968) theory.

According to Cote and Levine (1988), Erikson asserted that if an individual is unable to solve a crisis such as failure to develop strong philosophical ideas during adolescence, that is essential to achieve a sense of ego identity, it may give rise to interpersonal difficulties in relationships. They may battle to build strong commitments as they grow into adulthood and it may consequently pave the way to a "sense of isolation" (Cote & Levine, 1988). Cote and Levine (1988) also posit that Erikson recognised that in resolving a stage crisis, the contribution of social, cultural and historical factors have a great influence. Cote and Levine (1988) further add that in achieving or constructing an ego identity the individual has to resolve the identity stage in the best possible way which depends on a personality structure comprising of a weak/strong variable quality. Marcia (1966) analyses identity as an internally, "self- constructed, dynamic organization of drives, abilities, beliefs, and individual history" (Cote & Levine, 1988).

According to Meeus's (2011) review, Marcia's identity status model has shown to be the best explanation of Erikson's (1968) views on identity formation. Marcia (1966, 1967) proposes two key processes of identity formation that are exploration and commitment. Exploration is the extent to which adolescents tend to consider a range of different options of commitments in some relevant identity domains. Commitment on the other hand is the extent to which adolescents have made choices in important identity domains and are committed to these choices (Meeus, 2011). Conclusively, Marcia distinguishes four identity statuses that are based on the amount of exploration and commitment. They are:

- Identity diffusion indicating that the adolescent has not yet made a commitment towards a specific developmental task and may or may not have explored different options in that domain.
- Foreclosure implies that the adolescent has made a commitment with minimum exploration.
- Moratorium signifies that the adolescent is actively involved in exploration but has not made significant commitments.
- Identity achievement that is the last stage is an indication that the adolescent has completed a period of active exploration and afterwards has consequently made a commitment.

Marcia defines this as "a continuum of ego identity" which is the foundation to an individual's "identity achievement" and is assumed to motivate the "statuses" viewed as

"individual styles of coping with the psychosocial task"' in the development of an "ego identity" (Cote & Levine, 1988).

Below is Marcia's illustration of Erikson's concept of "overall ego identity".

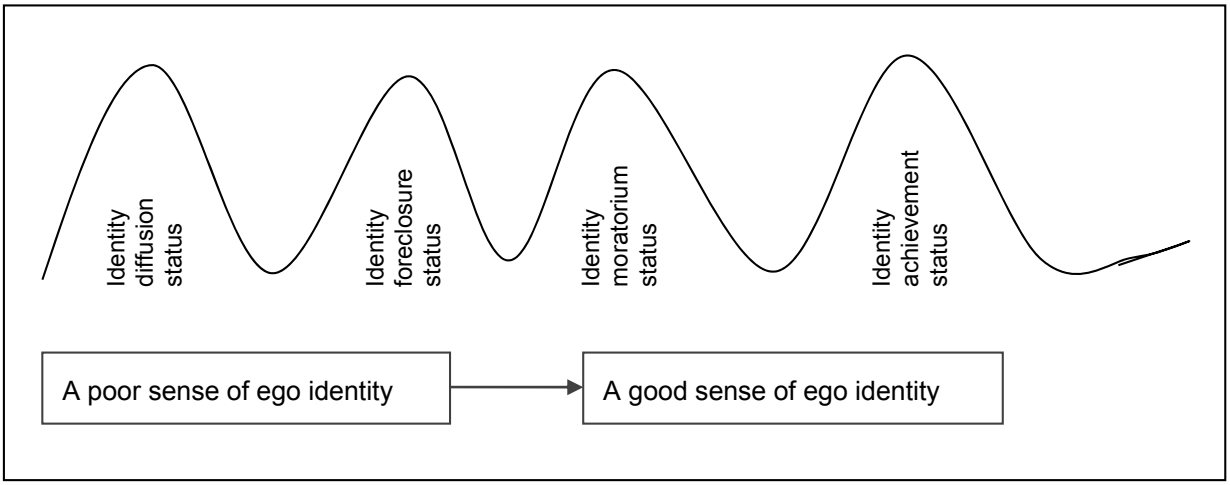

Figure 2.2: **Illustration of the relationship between the "four identitystatuses** (Marcia 1966, 1967:119, 1980)

Referring to the illustration of Erikson's concept by Marcia (1966, 1967 & 1980) and Louw and Louw (2007) suggest that the identity statuses are determined according to the crises adolescents have already worked through such as choosing between values or careers and by the degree and kind of commitment to these choices. Adolescents often fluctuate between the various statuses until they reach a final identity.

Erikson is of the view that some adolescents facing adversities or stressors such as life threatening diseases appear to be well adjusted when they take on the foreclosure status (Louw & Louw, 2007).In other words those who discuss their problems with parents or others in the community are likely to adjust well. Also those from traditional backgrounds tend to form foreclosed identities which means they do not go through a crisis. Some adolescents get stuck at certain stages of identity development especially at the foreclosure and diffusion statuses and these tend to have adjustment problems (Louw & Louw, 2007). Identity achievement versus role confusion is interwoven as it addresses crisis of fidelity. In the case of HIV positive adolescent girls this may also lead to identity confusion and therefore they need to take drastic and rational decisions devoid of negative influences such as the "ideal" role model, peer pressure and unsupportive environment. If the adolescent is able to overcome this crisis then he/she will be able to engage in intimate friendships, be committed to political, religious and other belief systems. HIV positive adolescent girls would be able to navigate her well-

being by becoming resilient through benefits from such relationships (Maclean & Pasupathi, 2009).

From a longitudinal review Meeus (2011) reports that ethnic identity maintenance instead of ethnic identity formation is stable or progresses during adolescence. Research further indicates that there is a link between identity and parenting and ethnic identity and academic achievement. For instance, Altschul, Oyserman and Bybee (2006) reveal that adolescents with a higher awareness of racism and ethnic connectedness perform better academically across the years. These assertions are buttressed by Mwamwenda (2004) who maintains that most African adolescent girls' perceptions of themselves are almost the same as that of their western counterparts except that African adolescent girls are in most cases ignorant of their bodies as the culture does not emphasise such knowledge. Also boys' gender preference in schooling is emphasized mostly in African society, which is an added negative contribution to girls' ignorance. Secondly identity is marked by transition through initiations such as puberty rites, circumcision and courage which confer special status and recognition to such youths. Thirdly parental control and societal myths and norms tend to regulate identity confusion in African adolescents as they are ready to participate in the affairs of their traditional life style. This is in line with Bourdieu's notion that the 'habitus' is where the culture puts the HIV positive adolescent girl and may only navigate her well-being and commence her resilience process. Meeus (2011) concludes his review that there is a greater stability in ethnic identity than personal identity in adolescents while narrative identity studies use interviews, conversations or written accounts to collect data to measure personality development. In my study I will employ the above strategies to uncover how HIV positive adolescent girls are able to form their identity, overcome identity confusion and bounce back to normal life after their traumatic experience.

Empirical studies show that the search for identity is a lifelong quest which alternates between stability and instability with the cultural context playing a larger role in identity formation (Brown, 2011; Maclean & Pasupathi, 2009; Viner, 2005). Beyers and Goossens (2008) report that while some adolescents reach an "integrated identity,"many others are left "in a state of identity confusion."Beyers and Goossens (2008) add that Erikson in his psychosocial theory of identity stresses the importance of the function of the society and context within which adolescents develop as they recognize, support and help to shape the adolescents' identity. Beyers and Goossens (2008) further state that some opportunities can also act as barriers to building strong identity or self-concept such as some contextual factors like low socio-economic status, poor educational opportunities and political restrictions.

Bronfenbrenner (1989) provides a framework with which to study identity in context by differentiating between four types of systems nested within each other with each containing roles, norms and rules that shape the individual's development (Beyers & Goossens, 2008). They are the –

- microsystem (immediate environments with daily interactions with the adolescent, such as the family, friends, local neighbourhood, or classroom);
- mesosystem (which is two microsystems in interaction, such as the school and the home);
- exosystem (external environments with an indirect influence on the individual such as parental workplace, community characteristics, or ethnic culture);
- macrosystem (the larger socio-cultural context, such as religious affiliations, political situation or societal discrimination).

Bronfenbrener's framework illustrates that the individual's identity is shaped by both the immediate and socio cultural context he/she finds him/herself in. In my study the HIV positive adolescent girl's immediate family, her friends at school and the people she interacts with in the community will influence and impact her identity formation either negatively or positively. This is why some adolescents become vulnerable and susceptible to HIV infection while some relationships that offer social and psychological support such as family relationships will strengthen her self-efficacy to face her challenges and she becomes resilient.

Cognitive development also plays a major role in adolescents' identity formation as young people need to take firm decisions in life. This is why Marcia (1967) posits that adolescents with advanced skills in the development of abstract reasoning and information processing are likely to be able to reach identity achievement status.

From Erikson's view of identity formation and crisis, HIV positive adolescent girls will tend to have low self-confidence and moral reasoning and will perceive themselves as different from others, as result of their status. This can result in negative self-worth and hopelessness (Louw & Louw, 2007).

Next I will discuss Piaget's theory of cognitive development as a relevant framework to my study.

2.3.3 PIAGET'S THEORY OF COGNITIVE DEVELOPMENT

In this section I take a cursory look at the four stages of Piaget's theory of cognitive development and will then focus on adolescents' formal-operational stage. This stage involves the development of hypothetical-deductive reasoning that is, the ability to think scientifically and apply this method to daily cognitive tasks (Piaget, 1952).By exploring this stage it will explain how adolescent girls make tough decisions about their health and social cognition.

Piaget's theory (1932, 1952,) conceptualizes development as occurring in stages which according to him plays fundamental roles in shaping children's views of the world around them. As cited by Santroc (2009:185) Piaget divides his cognitive development concept into four stages. They are the –

- sensorimotor stage (0-2years);
- pre-operational stage (2-7 years);
- concrete operational stage (7-10years);
- formal operational stage (11 to adulthood).

"Transitions from one stage to the next occur when the child's biological readiness and the demands of the environment bring about a state of disequilibrium that is resolved by a shift in thinking style" (Inhelder & Piaget, 1958). Jacob and Klaczynski (2005) report that Piaget considers adolescence as a stage of life when the ability to engage in higher order reasoning begins to emerge and refers to the commencement of this stage as the formal operational stage starting from age 11 to adulthood. Adolescents at this stage shift from concrete thinking to developing a capacity to think abstractly, engage in logical reasoning, and devise plans to solve problems (Reyna, Chapman, Dougherty & Confrey, 2012). Viner (2005:6) positsthat: "adolescents are competent in that they possess qualities associated with self-determination −that is, cognitive ability, rationality, self-identity, and ability to reason hypothetically". This period is very crucial to adolescents' cognitive development as they are self-consciousand systematically test possible solutions to a problem and arrive at an answer that can be defended and explained. They can discern between what is right and wrong behavior and can choose to engage in what is socially acceptable. Therefore, HIV positive adolescent girls at this stage have the ability to process their resilience and navigate their well-being within their environment.

Chapman, Gamino and Anand (2008) assert that the adolescent brain is cognitively malleable, therefore able to acquire advanced reasoning skills under the right conditions

of training. This malleability enables them to reason across contents such as science, mathematics, logic as well as contexts requiring social reasoning such as risky decision making. The majority of adolescents at this stage think they can take rational decisions on their own without consulting elders or experts on such fields as sexuality and this leads to sexual risky behaviours which sometimes predispose them to HIV infection. .

Steinberg (2005, 2010) also asserts that how teenagers interact with their social environments is greatly influenced by how they develop cognitively. This affects adolescents' thinking and actions which come in form of egocentrism, risk-taking and decision-making. Steinberg (2005) reveals that social cognition means thinking about social events, relationships, social institutions, and people and that adolescents gain psychosocial functioning such as intimacy, achievement, autonomy, identity and sexuality through social cognition. Adolescents therefore like to take independent and unilateral decisions that could have negative effects on their well-being. Because the HIV positive Yoruba adolescent girls' behavior and actions were shaped by their environment, how they were raised and the way people react to them, their identity and sexuality were also influenced by the environment as a result.

Piaget's theory confirms that though people may come from different cultures they are equal in terms of cognitive development if adequate training is given to all children alike. From empirical research carried out on African children, both by Western and African researchers such as Mwamwenda (1995, 2004), who tested the cognitive development among Yoruba children, it was discovered that their performance was at the same level as that of American children whose parents were educated. It was also discovered that even those children from less educated Yoruba parents performed better than American children of comparable age in terms of Piagetian, cognitive and intelligence tasks (Mwamwenda, 1995, 2004).

Adolescents at the formal operational stage have the ability to examine social, political and religious systems and values and develop a negative response to double standards in the society (Mussen, Conger, Kagan & Huston, 1990:582-583). Elkind (1962, 1967) asserts that as adolescents develop the ability to investigate issues increase, cognition also increases making it possible for them to form impressions of their own. This attribute of investigating issues is crucial to the cognitive development of HIV positive adolescent girls as it will sharpen their knowledge and enable them to effectively navigate their well-being that includes an increased knowledge about the disease and their bodies as well. Apart from developing the ability to investigate issues, adolescents tend to revolt against the norms of the society that they think negates the "adolescent culture" of freedom of self which the African society tags as "risky behaviour" (Aderinto,

2007). This leads some adolescents to indulge in risky sexual behaviour that could lead to ill health such as HIV/AIDS. In the case of HIV positive Yoruba adolescent girls, they are able to critically examine and criticize the Yoruba culture and its impact on their behaviour.

In the result of a study by Rahdar and Galvan (2014) it was revealed that the developing brain of the adolescent may be a more vulnerable target to the cognitive and neurobiological effects of daily stress from family, school, peers and the environment and that these stresses can deregulate their cognitive abilities. Likewise, HIV infection is a chronic stressor to adolescent girls (Cluver & Gardner, 2006) and could cause the malfunctioning of their cognitive abilities which could lead to depressive feelings of hopelessness, dejection, poor concentration, lack of energy, inability to sleep, and sometimes, suicidal tendencies (Fatiregun & Kumapayi, 2013). Due to the vulnerabilities and reorganization that is filled with both risky behaviours and opportunities of the adolescent cognitive brain development, they are prone to negative habits such as risky sexual behaviours, drug abuse and unwanted pregnancies. They therefore need regulatory systems to curb these negative attitudes so that they can develop into reasonable adults with a sense of purpose for life. The adolescent girl needs to be “clinically introspective” (Hallen, 2000) by thinking deeply about what decisions she makes concerning her sexual life that will not plunge her into ill health such as HIV/AIDS.

According to Robert Selman (2002) adolescents develop the ability to gain perspectiveas they grow with age by taking in more information which are processed, analysed and stored from their own perspectives and they also study information from the perspectives and viewpoints of people around them critically. Adolescents develop social cognition by thinking impulsively, unilaterally, collaboratively and they harness these skills to conceptualise morality (Kohlberg, 1958). It can be gathered that there is a shift from the old childish way of thinking to a higher order form of conceptualisation of social norms and everyday behaviour. HIV positive adolescent girls need to possess a strong sense of social cognition to be able to integrate well into the society and avoid stigmatization due to risky sexual behaviours.

This new integration allows the adolescent to take up adult roles which, according to Inhelder and Piaget (1958), differ greatly from society to society and even among different social settings. The basic social transition is regarded as more important than the physical growth alone. Carver (1998:19) also suggests that there is “grey area” in the brain, which accommodates the acquisition of skills. It is also responsible for learning to distinguish between situations that cannot be changed and those that can

be used to obtain psychological and behavioural tools for transforming such situations (Carver, 1998:19).

From the above explanations of the formal operational stage of cognitive development in adolescents, it is assumed that the HIV positive adolescent girl's brain is expected to have developed cognitively toassume adult roles of which the acquisition of advanced thinking skills is necessary for developing social cognition which are essential tools for her recovery and resilience process.

Cognitive competence is an essential tool for adolescents in promoting a stable and self-regulating flexible thinking in dealing with adversities and managing stressors in their lives (Basson, 2008). Many HIV positive adolescent girls feel different from their peers after discovering their status and develop a low self-esteem which impairs their decision making process. For an HIV positive adolescent girl to become resilient, she needs to make tough decisions and to solve problems, which will allow her to diffuse and manage the problem. In the words of Kordich-Hall and Pearson (2003:1): "It is thinking style that determines resilience, more than genetics, more than intelligence, more than any other single factor." This is because with the appropriate cognitive thinking the HIV positive adolescent girl will be able to navigate valuable resilient resources successfully within her environment without burning too much emotional energy.

2.4 CONCLUDING REMARKS

This chapter was all about the contextual framework in which HIV positive adolescent girls function within the Yoruba culture. This has serious implications for the incidence and prevalence of HIV epidemic among these adolescents' girls and their subsequent resilience process. McDevitt and Ormrod (2013:5) allude to the fact that all areas of development depend on the context of children's life– their experiences in families, schools, neighbourhoods, community organizations, cultural and ethnic groups, and the society at large. The focus of my discussion therefore has been on investigating and elucidating theories and concepts to develop an HIV positive adolescent girl's resilience framework. To this effect Bourdieu's field theory and concepts have illuminated the position of the HIV positive adolescent girl's world in the society or social class where she belongs. The areas of the adolescents' development with special reference to Piaget's cognitive development, coupled with Erikson's psychosocial development and identity formation are also crucial in developing a resilience framework for them. These three theories of Bourdieu (1990), Piaget (1932, 1952) and Erikson (1963, 1968) underpin my study and consequently underpin a resilience framework. This is because

any resilience framework needs to take cognizance of cognitive and psychosocial development of the group concerned as well as the context that they live in. Mwamwenda (2004) affirms that if Africa wants to compete with other countries of the world in terms of educational, technological and scientific advancements their thinking pattern must not deviate too radically from that of their Western counterparts and must be measured equally with the same tools.

It is very tragic that HIV/AIDS has a negative effect on adolescent girls' psychosocial and cognitive development because it inhibits their self-actualization. In order for these girls to become resilient they have to navigate their well-being against all these barriers before they can cope well and bounce back successfully to their previous state of functioning. In the next chapter I will discuss the perspectives of risk and resilience as related to my topic. I will also highlight resilience by linking the concept with the theoretical frameworks of Bourdieu, Erikson and Piaget which underpin my study.

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CHAPTER 3
HIGHLIGHTING ISSUES OF RESILIENCE

"If we can understand what helps some people to function well in the context of high adversity, we may be able to incorporate this new knowledge into new practice strategies"
(Frasser, Richman & Galinsky, 1999:136)

3.1 INTRODUCTION

In chapter two various research findings about the situation of the HIV positive Yoruba adolescent girl in Nigeria was explained as related to my study. In this chapter I commence by explaining and exploring the comparative research initiatives on the opposing perspectives and concepts on risk such as psychosocial and social factors thatimpose risks or explain risky behaviour (Michaud, Blum & Slap, 2001). These analyses will lead towards strategies to unravel the complexities that underscore adolescents' risky sexual behaviours and vulnerabilities, which expose her to the HIV virus. Furthermore, the concept of resilience is highlighted by first defining the resilience phenomenon and its different views and research trends. The strength of character exhibited by the resilient HIV positive adolescent girl in breaking the barrier through her adversity and setting up a new world which is part of the motivation for this study is examined. The links between resilience, risk, context and psychological well-being, are explored and explained with special reference to my study.

Lastly, I highlight resilience by linking the concept with the theoretical framework which underpins my study. Concepts enable researchers to distinguish one event, development or sensation from others, which are used logically to explain new insights about the reality of the phenomenon (Anfara & Mertz, 2006). Bourdieu's field theory and his thinking tools or concepts (see section 2.3.1) will help to elucidate the position of the HIV positive adolescent girls in Nigeria within the culture and socio economic background of the society. The accumulation of "capital" and in particular social capital, that could impact or promote resilience among HIV positive adolescent girls in practical terms as described by Bourdieu's conceptual framework, is explored.

I also employ the use of Erikson's identity formation theory and Piaget's cognitive theory to highlight resilience in HIV positive adolescent girls with reference to their cognitive

and behavioral development such as coping strategies following stressful life events. This is because research in the field of resilience indicates that it is context specific, developmental in nature and can be identified with people suffering with various adversities (Ferreira & Ebersöhn, 2012; Gamezy, 1991; Masten, 1994, 2010; Ruttter, 2000; Ungar, 2004, 2008, 2012).

3.2 PERSPECTIVES ON RISK

In this section, I discuss the perspectives on risk by highlighting the way the concept of risk is understood and measured with special reference to how adolescent girls' perceive and experience risks. I also explore the sources of risk, as hazards/threats and systems of exposure that are at the heart of the differing concepts of risk. Results of empirical research on perspectives of risks that explore the link between risk behaviour in adolescents from their perceptions of risk as a means of understanding the psychological factors responsible for their risk taking behaviour will be highlighted. The link between risk-taking behaviour and well-being will be explained as well

3.2.1 CONCEPTS OF RISK

According to Aven (2013) there are various definitions of risk but those concepts of risks that relate to consequences that capture events, threats, hazards as well as uncertainties and probabilities are well established. Aven (2013) therefore views perspectives on risk as both a measure of the probability and severity of adverse effects and the combination of the probability and the extent of consequences. The likelihood of threatening situations and the severity of its consequence is regarded as a risk enforced on the individual. Devorshak (2012:8) defines risks as "the likelihood of an adverse event and the magnitude of the consequences." She further affirms that risk is an integral part of human beings that is often taken for granted until our ego identity isreminded that a particular event has some risks associated with it. Her research reveals that because risk can be measured empirically or scientifically depending on the acceptable level or characteristics of risk based on the person's judgement of acceptable risks, therefore perceptions play an important role in what is acceptable as risks (Devorshak, 2012). Risk is therefore seen as the possibility that one may suffer an adverse effect or that something unwanted might happen which might probably produce some degree of consequences.

Risks are often associated with hazards that may require a regulatory decision making response in other to reduce, or eliminate the risks. Hazards therefore, imply the existence of a threat, which has the potential to occur (Devorshak, 2012). Gaillard

(2010) affirms that hazards are factors that affect people's perceptions of risk and not necessarily from the socio-economic environments. Also a threat may exist which may have no possibility to occur but a hazard may exist that has a high probability to occur but there are no practical measures that can be taken to reduce, avoid or eliminate the risks meaning that the risks must be accepted. From my point of view and in relation to my study this is often the case with adolescents risky sexual behaviours which once there is no regulatory body to guide the youth from such acts, the impending result is HIV infection which has to be accepted by the individual. In addition, since risk is associated with likelihood and consequences, any adolescent who indulges in risky sexual behaviours is likely to be infected with the HIV virus as a direct consequence of their actions. This is why some risks are viewed as manageable while some are viewed as impossible to manage (Gaillard, 2010). HIV infection can only be managed with strict compliance with the dos and donot's of either reducing or avoiding the epidemic.

Uncertainty plays a central role in the concept of risk (Devorshak, 2012). Hansson (2007) for instance conceptualises risks as situations in which it is possible but not certain that some undesirable events will occur. Devorshak (2012) asserts that uncertainty takes several forms such as incomplete or conflicting information, linguistic impressions, bias, inappropriate methodologies, incorrect assumptions and so on. From my observation for instance, many adolescents assume that they cannot contract HIV/AIDS while some have wrong information such as it is only for people with loose moral behaviours. Other adolescents still have cultural bias such as it is a taboo and for only those under a curse. It is therefore important to know the source, type and degree of uncertainty in order to completely understand the risk and what can be done to affect or alleviate it. Decision making referring to such exposure may be decision making under risk such as the presence of health risks like HIV epidemic (Hansson, 2007). Risk is often studied due to its consequences that may be reduced, avoided or eliminated. HIV/AIDS is a serious infectious epidemic that has insurmountable consequences such as trauma and psychosocial consequences like stigmatization and finally death. This makes it not only a threat but also constitutes a hazard to the youth who are mainly affected due to their vulnerabilities and perceptions of the disease. In the following figure, the concepts of risk and how risk is conceived will be illustrated.

Below is my illustration of the concepts of risk.

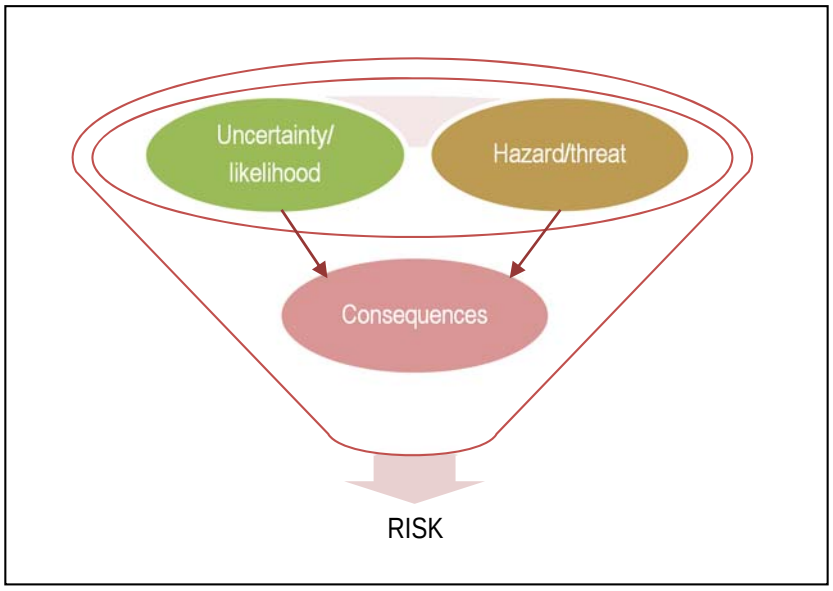

Figure 3.1: Concepts of risk

In this analysis, risks are conceived as the likelihood that a hazard/threat may occur or that it is uncertain that a hazard/threat may occur but of which the result will have consequences that implies the risk. It is likened to putting the three concepts into a funnel which brings out a result conceived as a risk. According to Renn (2004) people construct their own reality and evaluation of risks according to their subjective perceptions. Therefore perceived risks are a mental process in other words, a compilation of ideas that springs from people's ideas of risks according to the information available to them and their basic common sense (Renn, 2004). Renn (2004:406) identifies some models of risk perception and assessment such as: "risk as fatal threat, risk as fate, and risk as a test of strength, risk as a game of chance, and risk as an early warning indicator" Renn (2004:406). Devorshak (2012) identifies further dimensions of risks that are discussed below.

3.2.1.1 Risk as feelings

Devorshak (2012) reveals that human beings are more likely to be at ease and secured with risks that are well known such as smoking even if the risk is higher than invisible risks or risks, that are forced on people and carries uncertainties such as air pollution or HIV/AIDS. This assertion was supported by Slovic (2010) who conceptualise risk as a feeling. The study states that people make risk decisions based on their feelings by judging the probability of an event based on their past experiences of the event or the ease with which the event could be imagined. Slovic (2010) also adds that perceived

risk and acceptable risk are closely associated with the feelings of dread evoked by a hazard. Also Slovic (2010) asserts that the feelings people have serve as an important clue for their risk/benefit judgements and decisions. In other words people will make risk decisions by first weighing the risk against the benefits and choose according to their feelings of what they consider to suit them. Other people also make risk decisions according to their mental states by choosing according to the most important attributes such as immediate pleasure or satisfaction. Adolescents will make rational/irrational decisions according to their feelings especially in terms of sexual pleasure which is the immediate attribute forgetting about the consequences.

3.2.1.2 Risk as exposure

The Oxford Dictionary of English (2010:617) defines exposure as “the state of having no protection from something harmful.”Slovic (2002, 2010) believes that risks connote that a group of people are exposed to some amount of threatening situations or hazards such as health problems of which they have no protection. In other words a person has to be present where the health problem or hazard is before he or she can be exposed to it, and then the exposure now constitutes a risk to the health or other variables such as development. The concept of exposure is also important in risk analysis and is often viewed as vulnerability. Windle (2011) explores why exposure to trauma results into the development of post-traumatic stress disorder (PTSD) in some individuals and while it is not exhibited by others. In his study on depression, he found that neighbourhood deprivation was a contributory factor to depression in some individuals. Exposure data can be collected to measure risks, as they are assumed to be constant. For instance adolescents, who have experienced sexual abuse, are from poor socio economic backgrounds or who were exposed to poor parenting styles can be researched as these are variables that can be measured as exposure variables and they are assumed to be susceptible to be infected with HIV/AIDS. These are referred to as factors inhibiting risk. An earlier identification of risk factors is by Fraser, Galinsky and Richman (1999) who identified risk factors as including:

- individual characteristics (such as traits and dispositions);
- specific life experiences or events (such as the death of a parent); and
- contextual factors (such as neighbourhood safety).

They also posit that some risk factors are associated with some specific special problems. For example, non-use of contraceptives or condoms is a more risky factor for sexually transmitted infections than it is for dropping out of school.

Haggerty, Sherrod, Garmezy and Rutter (2000) assert that research on risk has its roots in epidemiology and medicine, in other words, factors which inhibit or accentuate disease or states of deficiencies. Research on risk later extended to embrace risk factors to which children and adults are exposed to which may culminate in disorders and are identified as vulnerabilities. Vulnerability is defined by Gaillard (2010:224) as ‘‘the degree to which a system is susceptible to and unable to cope with adverse effects of extreme events or experiences which are characteristics of hazards.” Vulnerability is also the manifestation of the inherent states of the system that can be subjected to natural hazards or be exploited to adversely affect that system (Aven, 2011). He further explains that vulnerable people are those with difficulty in assessing sustainable livelihoods, have inadequate social protection, are marginalised socially (because they belong to a minority group like prisoners or refugees), economically (because they are poor or jobless), and politically (because their voices are disregarded by those in power such as women, adolescent girls, homosexuals, children and the elderly). When disaster hits these people they have little or no capacity to deal with the hazards. Gaillard (2010) posits that in many cases these disasters reflect the root causes of their vulnerability and it merges with their development resulting in development failure. A good example is HIV infection which, when contracted by adolescent girls, affects their development negatively because they belong to a vulnerable group as mentioned above and eventually are not able to cope effectively with the epidemic. Other risk factors associated with HIV infection are stress and trauma as it increases dramatically in the risk for depressive disorders in adolescents (Heim & Binder, 2011). At times, multiple or cumulative risk factors act as negative conditions which elevate the odds for many types of problems or disorders. For instance an adolescent girl may come from a poor background, suffer from gender discrimination and poor parenting. These risk factors may hinder her resilience process and make the navigation of her well-being difficult.

3.2.1.3 Risk and context

Another perspective on risk is that it is a contextual factor. There is evidence that there is interplay between contextual factors such as cultural factors, race, gender and cognition. In a study conducted by Slovic (2010) it was revealed that feelings of vulnerability linked to experience with discrimination and injustice are important drivers for peoples’ high perceptions of risk and this is why for instance men fear risk less than women. People from a majority of ethnic groups and those who identify with their ethnic identity tend to have less perceptions of risk. According to this view Slovic (2010) concludes that risk perceptions are linked to cultural identities. In the case of my study, adolescent girls are vulnerable in all dimensions of development (see section 3.2.3)

while the Yoruba culture regards discussion on sex as a risky venture. This development hinders Government and the Global world's intervention strategies to reduce or eliminate HIV in Nigeria and the sub-Saharan countries.

3.2.1.4 The cognitive dimension of risk

Researchers such as Vaughan (2011:84) "emphasis the cognitive dimensions of risk perceptions such as perceived susceptibility, perceived severity of the threat including assessment of the safety, effectiveness and necessity of recommended actions." Some research reports took "into account prior experiences and life circumstances affect how people evaluate risk information emotions their emotions, social processes cultural values or beliefs, socio economic conditions and trust in public health authorities" (Vaughan, 2011:84). In other words there is a new contextual perspective on relationships between risk perceptions, protective behaviours and the control of infectious diseases. In terms of certain emotions like fear and stigmatization can affect risk perception since knowledge of risk is always associated with socio-demographic groups such as ethnicity, gender and the location of the individual. Yoruba adolescent girls will perceive risk associated with HIV infection from the perspectives of their cultural beliefs and will exhibit fear of being stigmatized that is a common phenomenon among the Yoruba. This may delay action to reduce or eliminate the disease. Brewer, Weisten and Cuite (2004) support the notion that people's perceptions of risk always reflect on their risk behaviours and other risk factors. They also believe that motivations or actions taken to reduce risk will automatically lower personal risk perception. For instance, when people use condoms they feel they are at a lower risk of contracting HIV/AIDS.

3.2.2 ADOLESCENCE AS A RISKY DEVELOPMENTAL STAGE

The World Health organization (WHO) defines adolescents as young people within the ages of 10-19 years and "youth" as 15-24 years (Sales, Brown, DiClemente, Davis, Kotke & Rose, 2011). Adolescence is characterized by multidimensional development with rapid maturation and an all-embracing developmental changes such as physical, sexual, cognitive, emotional and social (Basson, 2008; Frydenberg, 2008; Larson & Sheeber, 2008; Talbot, 2012). There is also a shift towards independence and the exploration of the self-identity that influence their major, significant, developmental tasks (Frydenberg, 2008; Erikson 1968; Shaffer 2009). Research findings also support the hypothesis that adolescents exhibit extraordinary risky behaviour as adults at the initiation of arousing tasks especially when they are with peers (Gardner & Steinberg, 2005) which is associated with their developmental trajectories. Adolescents at the same time increasingly need to rely on their own judgment in potentially risky situations,

and they must learn to avoid undue risk. According to Van Leijenhorst, Moor,de Macks, Serge, Rombouts, Westenberg and Crone (2010) the ability to make these decisions,can have serious consequences in daily life. For example, from observation studies adolescents indulge in risk behaviours such as getting involved in criminal behaviour, tobacco, drugs, alcohol experimentation, and insecure sexual activities (Van Leijenhorst *et al*., 2010).

Van Duijvenvoorde and Crone (2013) also report that when adolescents embark on explorative risk taking especially within their social context, it may lead to antisocial and problematic behaviour such as drug abuse, depression, or social withdrawal. Cicchetti and Rogosh (2002) ascribe risk behaviour to the rate at which some of them grow physically, which may surpass their social skills and emotional maturity which creates additional frustration and vulnerability. In addition, this developmental stage increases their vulnerability because of the risks that are attributed to biological and psychological development changes coupled with external social and situational challenges they must confront (Cicchetti & Rogosh, 2002). Some adolescents successfully negotiate this developmental period of their lives unscathed.

The adolescent girl finds herself in the multitude of influences with parents, peers, teachers, neighbours, society figures and the culture. Culture demands that they learn through experience how to behave in the society. Portes (1998) argues that social capital consists of the strengths within the community that acts as resources or the positive consequences of sociability. The community depends upon these strengths to maintain social control and ultimately avoid negative outcomes in the adolescent. But the adolescent girl's gender and sexuality has ultimately put her at risk.

3.2.3 ADOLESCENT GIRLS' SEXUALITY AS A RISK FACTOR

The following statement depicts the encounter of adolescent girls in the field of sexuality in their bid to calve out a healthy sexual identity within their society which is filled with diverse messages of exploitation and fear (Welles, 2005). "The adolescent female rarely reflects simply on sexuality. Her sense of sexuality is informed by peers, culture, religion, violence, history, passion, authority, rebellion, body, past and future, and gender and racial relations of power. The adolescent woman herself assumes a dual consciousness at once taken with the excitement of actual/anticipated sexuality and consumed with anxiety and worry" (Welles, 2005).

Sales, Brown, DiClemente, Davis, Kottke and Rose (2011) in their research on adolescent girls risky sexual behaviours and STDs infections, reveal that just at the start

of their sexual decision making process, they are deemed to be at risk of contracting not only sexually transmitted infections (STI) but also HIV/AIDS. They also remark that despite this revelation, sexual health studies fail to capture the enormous amount of physical, social, emotional and behavioural changes, which occur across the developmental stages of these groups of individuals that is, adolescents and the youth. A longitudinal study exploring age of sexual debut by Sales *et al.* (2011) recommends that the developmental stages which affect sexual risk behavior such as attitudes towards using condoms, psychosocial factors such as partner communication skills, STI/HIV knowledge, low self-esteem and depression in adolescence should be taken into consideration (Sales *et al*.,2011). They also warn against adolescent risky, sex predators, as adolescence is the age at which sex is first introduced even though itis believed to vary across age groups.

Jewkesand Morrell (2011) also observes that in sub-Saharan Africa HIV has a disproportionate impact on young women due to their inability to negotiate safe sex simply because the society allows for male dominance especially in terms of heterosexual relationships, which has placed women in a vulnerable position. They also discover that women and girls' sexual behaviour have cultural roots with messages that compel them to be passive, innocent and hold them responsible for how they are treated by the opposite sex (Jewkes & Morrell, 2011). This stance has resulted in rape and other violent crimes against women. Other factors constituting risk for adolescent girls are poverty, limited family support in dating relationships at the end of which they have to take unilateral decisions which is critical in their HIV risk.

For instance, Jegede and Odumosu (2003) confirm the assertion that Yoruba adolescent girls are at risk of STIs and HIV at their first sexual encounter due to the above psychosocial factors and the negative attitude of sexual discussion with adolescents. Welles (2005) who opines that there is a negative attitude to female sexual desire and that most adolescents experience shame and confusion due to the double standards conveyed to them through youth culture, parents, peers, and the school corroborated this. It stands to reason that sex education actually places emphasis on the dangers of sex. Ignorance about one's body and how it functions is another reason why the female sexuality is a risk factor to HIV infection. For instance, they may feel they are too young to get pregnant and ignorant about how conception occurs or about STIs/HIV infection. Some adolescents in an attempt to have a bonding family of their own get pregnant intentionally because, they had the experiences of deprived childhood which might be filled with abuse, emotional neglect and troubled families (Gullotta, Adams & Markstrom, 1999).

Lack of social support in adolescents is having fewer sources from where they can learn about safe sex versus unsafe sex. Gullotta, Adams and Markstrom (1999) assert that adolescents must have a reliable source of information about protection, have a feeling they have the ability to take such actions and that the actions can protect them from STDs and HIV infections. Also high levels of social support help adolescents in the development of social competency skills by using assertive, communication and problem solving skill (Gullotta, Adams & Markstrom, 1999). Social competency is developed through interaction with others and serves to build social support network (Gullotta, Adams & Markstrom, 1999).The total mastery of competence in developmental tasks is referred to as resilience.

The adolescent girl suffers from physical, emotional and psychosocial abuse, because of her gender and is therefore vulnerable in all dimensions of development. Below is an explanation of how their vulnerabilities affect their development and resilience process.

- **Adolescent girls are vulnerable physically**

Adolescent girls enter the growth spurt (Pinyerd & Zipf, 2005) earlier than boys and perhaps the most noticeable changes are the appearance of breasts and a widening of the hips for girls who now look more like adults with the maturation of the reproductive organs (Shaffer & Kipp, 2009). For girls reaching puberty earlier exposes them to developmental stress sooner than boys as peers and the environment add pressure on them (Richter, 2010). This makes girls vulnerable to sexual abuse by the opposite sex regardless of their tender age. Religion and culture enforce silence on the topic of women sexuality, resulting in restricting them access to information about their bodies and sex and which in turn makes them vulnerable to HIV infection (Lerner & Steinberg, 2004).

- **Adolescent girls are vulnerable emotionally**

Baumeister (2000:247-248) suggests that female sexuality is more “malleable” and “mutable”, implying that girls are more responsive to cultural and social aspects and willing to give way under pressure in certain situations. This is why girls feel the pains of trauma, stigma, and fear more intensely than boys because traditionally, the societal norms have put them in this position. Adolescent girls show a lower self-esteem, are constantly harbouring feelings of fear and evaluate themselves more negatively than boys (Cobb, 2010). These traits make them vulnerable to the opposite sex who can abuse them and use their very own defencelessness as a tool for sexual violence against them.

- **Adolescent girls are vulnerable socially and economically:**

The family, school and the peer group embrace the central socializing contexts in adolescence and they have a strong reciprocal effect on each other. Richter (2010) is of the opinion that empirical findings clearly show that there is a relationship between socio-economic status and risky behavior in adolescents and furthermore maintains that, individuals with lower education, occupational status or lower income, suffer more often from poor health and that gender also plays a similarly important role in the prediction of risk behaviours in addition to differing strategies and results of coping processes. Most adolescent girls will engage in early marriage or “paid sex”, because of their socio-economic status and most of them have to drop out of school to do this. Being uneducated, they lack economic power to become independent. In this regard Achebe (2004:269-270) asserts that dependency makes them susceptible to HIV infection especially when married to elderly men or into polygamous homes. Some girls are also sold into slavery (girls trafficking) and child labour (Achebe, 2004:269-270). Low socio-economic status has been also identified to include low family income, low levels of parental education and job status. These factors will definitely expose such adolescent girls to negative influences more frequently than those from high socio-economic backgrounds (Enthoven, 2007:24).

Due to the complexity of these aspects of vulnerability, research within the phenomenon of resilience which incorporates both contextual factors, individual intrapersonal development and which support the socio-emotional needs of adolescent girls will best suit the approach to address these vulnerabilities.

3.3 RESILIENCE DEFINED

The word “resilience” is coined from the Latin word “resilire” meaning to leap back Windle (2011).It is an everyday word used to connote elasticity and stretch such as “the ability to withstand or recover quickly from difficult conditions”(Windle, 2011:2). A resilient person therefore is expected to exhibit some resilience traits such as a great capacity for quick recovery and energy to be able to bounce back (Bonano, 2004) to normal by beating the odds better than what is predicted in terms of development.

Garmezy (1973), Masten (1994) and Rutter (2000) extensively investigated resilience as a developmental theory used to elucidate how some at-risk children were able to overcome and adapt well in the presence of poverty, stress and trauma. Resilience was later studied as a phenomenon for unraveling how people especially at-risk youths were able to adapt well under stress and develop into mature and responsible adults

(Garmezy, 2000). Beginning from the discovery of resilience as a phenomenon, many theorists, particularly the behavioural scientists, psychologists, medical and social scientist as well as policy makers have tried to assess resilience through their own lenses in order to find a clearer definition and solutions to suit different problems and purposes that confront individuals and the larger society. To this effect Luthar, Cicchetti and Becker (2000) and Rutter (2007) recommend that, before exploration or discussion commences; researchers should take great care in conceptualising and contextualising resilience, because definitions are often vague.

The main issues or arguments are the methods of measuring resilience, the terminology employed to report on resilience research and whether it should be viewed as a personal trait or a complex, dynamic process (Luthar, Cicchetti & Becker, 2000; Rutter, 2007). Liebenberg and Ungar (2009) for instance, affirm that resilience have been used to describe both positive development and thriving under stress. In developmental science, individual resilience refers to the processes of, capacity for, or patterns of positive adaptation during or following exposure to adverse experiences that have the potential to disrupt or destroy the successful functioning or development of the person (Masten & Obradovic, 2008). Three distinct kinds of phenomena were identified under this broad conceptual umbrella, which are –

- achieving better than expected outcomes in high-risk groups of people, sometimes referred to as overcoming the odds against healthy development;
- sustaining competence or maintaining effective functioning under highly adverse conditions, sometimes referred to as stress resistance; and
- regaining or attaining effective or normal functioning following a period of exposure to traumatic experiences or conditions of overwhelming adversity, often described in terms of recovery, bouncing back, normalization, or self-correction (Masten & Obradovic, 2008).

Another type of phenomenon is recovery after a disaster or crisis and the process of bouncing back to positive developmental pathways as a way of responding to improved conditions, such as when an HIV positive adolescent girl recovers or bounces back from her trauma and stigmatization. She might return to school or learn a trade and live a normal life as if she never experienced such psychological and emotional problems.

Many researchers such as Brown (1993), Villano, Rosenblum, Magura, Cleland and Betzler (2007) and Werner and Smith (1982) use terms akin to the field of resilience to represent psychological adjustment and personal competencies. They measure competence by prosocial skills or the resistance to peer pressure, low internalizing and

externalizing of problems and prosocial ethnic attitudes (Rosenblum, 2005). Tiet and Huizinga (2002) use the construct of resilience and adaptation. They measure this by using the following six indicators:

- psychosocial functioning;
- self-esteem;
- academic performance;
- absence or low level of drug use;
- gang involvement; and
- delinquencies.

Aronowitz (2005) defines resilience by one's ability to stop engagement in risky behaviour and the feeling of competence while Dollete, Teese and Philips (2006) as well as Losel, Bliesener and Koferl (1989) explain resilience in terms of self-esteem, locus of control, self-efficacy, body language, satisfaction and social support.

Notable international researchers such as Felner (2006), Greene and Livingston (2011), Lerner (2006), Rutter (2006), Masten (2001), Theron (2012), Ungar(2011) and Wright and Masten (2006) conceptualise resilience from an ecological perspective by looking into the ability of communities or groups of people to cope with stress or disasters especially with regards to youth's positive adaptation to hardships or adversity. Ungar (2011) suggests that resilience transactions are reciprocal processes between the given social ecology and the youth. Goldstein (2008) believes that within a lifespan development framework, the examination of the ability to bounce back from earlier dysfunction can highlight adaptation and turning points at all stages of the life course. Olsson*et al*. (2003) as well as Hartell (2003) add the socio-economic status dimension to resilience and vulnerability, because it was reported that supportive communities like schools, churches and organizations can promote resilience and well-being. In the case of my study for instance, HIV positive adolescent girls need various capacities in place to function well and become resilient. Obrist, Pfeiffer and Henley (2010) suggest such needs to include anticipation of threats, changing regulations and rules, being creative, preparing in advance, recognizing risks, mobilizing assets, organizing support and developing new and flexible institutions and organizations.

Hall (2011) identifies a third perspective of resilience research as investigating the absence of negative internalizing behaviors such as depression, anxiety, which are regarded as important qualities of resilience (Hall, 2011). This perspective is not easily observable as external behavioral signs because "internalizing behaviors are shown to

affect current and later personal and interpersonal adjustment" (Hall, 2011). Internalizing behaviours are also risk factors, which could impede resilience especially in adolescent girls. They are also good indicators for identifying healthy functioning. This is relevant to my study, as adolescent girls tend to internalize their problems or adversities due to their cultural norms and values, which emphasizespassiveness and a tendency to avoid expressiveness. This study will employ the use of relevant methodology, which can reveal these passive qualities for proper investigation and analysis.

Windle (2011) identifies what could be regarded as a final definition analysis, which encompasses three necessary requirements for resilience, which are:

- the individual must have experienced significant adversity/risk;
- there must be a presence of assets or resources to offset the effects of the adversity; and
- an exhibition of positive adaptation or the avoidance of a negative outcome.

In the context of my study assets could mean protective factors such as family, good parenting, education, community support systems and individual capacities to steer towards these factors. From the above analysis, which encompasses the key characteristics of resilience, it can then be defined as:

> *"…the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary"* (Windle, 2011:12).

In order to determine whether a person is resilient then depends on the knowledge and understanding of the researcher about the potential threats and positive adaptations to the development of the individual. In this study I assume that the HIV positive Yoruba adolescent girl has "bounced back" and become resilient which indicates that there was a "fall" or interruption of a process of development and she has now regained or gone back to her original state of functioning. Acknowledging that the adolescent belongs to a culture or context which has its own perspective about well-being will increase appreciation of diverse processes of thriving despite adversity, namely, resilience processes (Masten & Wright, 2010).

3.3.1 TRENDS IN RESILIENCE RESEARCH

There has been an increase in research on resilience over the past four decades, especially from policy makers in trying to evolve resilience theories that could impact on health, well-being and the quality of life. The first wave of research on resilience was pioneered by Norman Garmezy in the United States of America, who discovered that some children from poor environments were resistant to some stress and risk factors and decided to find out how protective factors might function in their positive adaptation (Garmezy, 1971, 1973; Garmezy & Rutter, 1983; Masten & Powel, 2003). Garmezy and his colleagues discovered that the fact that some disadvantaged children remained competent and did not exhibit some of the expected behavioural problems, led them to ask how such children develop well in spite of their risk status.

This first wave of initiative on research on resilience belongs to the behavioural sciences because they wanted to "identify the correlates and good markers of good adaptation among young people expected to struggle because of their genetic or environmental risk" (Masten & Obradovic, 2006:14). Drawing from this construct researchers intend to focus their attention on protective factors or assets associated with resilience. Hence resilience is considered an inert phenomenon (Masten, 2001; Wright & Masten, 2006) and the resilience of HIV positive adolescent girls would be confined to mere presence of specific intrinsic and extrinsic protective characteristics and factors in their development context.

The second wave of resilience on research focused on successful stories of at-risk children and the protective factors that foster and sustain their success. This approach started with Masten and Obradovic (2006) who shifted a little bit from Garmezy's developmental concept of resilience to a positivist-realist approach (Kolar, 2011). From this new approach, research on resilience tends towards assessing resilience through a statistical model measurement of factors and processes responsible for competent adaptation. It also views resilience as a social phenomenon, which can be objectively observed. According to Liebenbergand Ungar (2009) and Masten and Obradovic (2006), this construct of resilience concept focuses on uncovering the mechanisms and processes that account for these assets and protective factors.

Richardson (2002) and Margalit (2003) developed a model which favoured outcomes, such as the completion of some psychosocial milestones which Masten (1994) describes as developmental tasks as defined by the developmental theorist of young people developing into adulthood. The developmental tasks were combined with objectively measurable risk factors as evidence of the presence of resilience. In this

model, they are also left with the choice of coping strategies they make while dealing with adverse situations.

Another model of measuring resilience in at-risk adolescents was by Fergus and Zimmerman (2005) who examined the relationships between risk and protective factors as well as outcome of risks/assets. They analyzed three different models of protective factors in order to investigate the mechanisms for establishing successful and non-successful developments in the presence of risk factors. Here protective factors mean factors that act as a barrier against risk factors. The three models are the compensatory model, the protection model and the challenge model, depicted as follows:

- The compensatory model describes resilience as the outcome of a process in which protective factors do not interact with risk factors but work independently to influence the individual. For instance, when an HIV positive adolescent girl is neglected by her parents but has a strong bond with a social worker who contributes to her self-confidence and self-efficacy she bounces back from her adversity. The support from the social worker acts as a compensatory factor counteracting her parent's negative influence.
- The protective factor as part of the protective model interacts directly with the risk factor in the resilience process. This manifests when an HIV positive adolescent girl grows up in a community filled with crime and violence but attends a school with strict rules and strict cultural norms. The presence of risk factors will have less effect on her development as the protective factors will intervene in the extent of her exposure to the risk factors.
- The third model is the challenge models, whichpropose that the level of exposure to risk factors will determine the level of negative factors. In addition, the less risk factor an individual is exposed to the higher the positive outcomes. In order words, overcoming a risk factor will prepare the individual to overcome more risk factors in future. Here both the risk factor and the protective factor are the same variables. Therefore, whether a factor is a risk or protective factor depends on the level of exposure to the factor. In the case of an adolescent girl for example, the less her vulnerability or susceptibility to the virus, the higher her level of resilience or ability to live a normal life.

The third wave of research on resilience involves a postmodern, multidisciplinary identification of intrinsic and extrinsic motivating forces that enhance resilience (Ebersöhn, 2013). The internal forces refer to individual traits while the external forces refer to social and environmental factors. This is to foster the development of

intervention and policy to address the urgency to promote resilience among vulnerable groups (Kolar, 2011; Masten & Obradovic, 2006). Ungar (2009) on the other hand is of the opinion that internal and external resources should be given priority recognition in research on resilience. Thus, it will be possible to direct HIV positive adolescent girls towards support and other inherent powers, which can promote optimal development in their quest for a good outcome in their bouncing back to normal life.

The fourth wave of research on resilience constitutes the integration of research across all levels of analysis ranging from individual differences to environmental risks inclinations. Liebenberg and Ungar (2009) posit that the fourth wave involves "broadening the discussion further, arguing that how we understand resilience is negotiated discursively and influenced by the culture and the context in which it is found" (Liebenberg & Ungar, 2009:6). Resilience researchers generally agree that an individual can be resilient on different levels, in different environments and in different circumstances. In fact, full understanding of resilience is only possible if researchers attend to the influence of cultural and contextual mediators of traumatic response (2007). Thus resilience in this context will mean that HIV positive adolescent girls should be studied in their contextual environment and their disposition to recognize and take advantage of the resources within such environment. This last attempt on resilience research has tried to unify all past concepts of resilience and opened it up for more future research. Other concepts considered as essential ingredients in the process of resilience are listed below.

Currently, researchers now ponder on which factors are characteristic of individuals who are developing successfully in the presence of risk factors and those who do not respond to such factors. This opens the mind of researchers to start exploring other factors such as personality, family and some other factors, which can be related to favourable results. For instance,Liebenberg and Ungar (2009) construct their own view of resilience from a constructivist-interpretivisit approach, which holds that knowledge of what others are doing, and saying always depends upon some background or context of other meanings, beliefs, values, practices and so forth (Kolar, 2011). In another development, it is believed that "resilient individuals do not merely 'cope' with difficult circumstances, but are actively involved in a process where specific choices are made regarding their manner of dealing with these circumstances" (Ebersöhn, 2013:3). In the context of HIV positive adolescent girls, they would be considered resilient when they deliberately choose effective coping strategies so as to deal with the trauma of the disease and the discrimination they experience as a result of their status.

3.3.2 RESILIENCE AND RISK

Adolescence has always been characterised with risky behaviours and are termed as an at-risk population. When adolescents exhibit resilience, they demonstrate competence instead of succumbing to the vulnerabilities of exposure to stress and adversity in life. They face their challenges in order to resist mental health problems, school failure and other psychosocial behaviors (Luther *et al.,* 2000).

In research on resilience, it is logical to focus primarily on those outcome domains that are most threatened by the "risk factor" studied (Luthar, 2006; Luthar & Brown, 2007; Luthar, Cicchetti & Becker, 2000). Poverty, culture, and ethnicity play a key role in the development of resilience in several ways. The adverse effects of poverty are clear risk factors and may interact with aspects of culture such as myths and customs that limit the girl child from attending school, culminating in their becoming submissive to the extent that they cannot negotiate sex preference with men or are sexually exploited which may lead to HIV infection.

Luthar (2003) suggests that in measuring risk and resilience it must address four themes of significance to resilience research before it can be termed credible. The themes are:

- Provision of operational definitions of the chosen risk condition and of the methods employed in its investigation;
- Elucidation of salient vulnerability and protective mechanisms;
- Coherent and logical limits to resilient adaptation;
- Addressing the implications of findings on resilience for intervention and policy formulation. These are reliable issues related to developmental psychopathology perspective, and should be critically attended for making the construct of resilience relevant to researchers, social policy formulators, and other types of interventions such as in the field of medicine.

To measure resilience therefore the two constructs viz. risk and competence must be measured directly which my methodology will address in chapter 4. Part of the purpose of my study therefore is to address the implications of my findings on resilience for intervention and policy formulation, which I believe, will be a credible investigation and research on resilience.

3.3.3 RESILIENCE AS PERSON-FOCUSED

Masten (2007:923) and Masten and Obradovic (2006:14) suggest that resilience is "inferential" in other words; deductive reasoning or interpretation is required in determining whether an individual has become resilient. To this end, the personal characteristics of the individual that need to be considered are temperament, intelligence, academic achievement, internal locus of control, a level of optimism, self-esteem and the role of faith. Resilience also involves the individual's ability to recruit social support and to make sense and meaning in life. Of course the age at which the disease and trauma starts and the duration of the resilient process would all interact differently with the other factors such as the context/environment and availability of supportive systems.

Theron and Donald (2012:12) maintain that youth resilience is related to a great extent to an effort to steer towards bolstered resources or to be able to bargain and negotiate a better position for them while simultaneously, youth resilience is related in part to positive responses derived from their efforts to ensure that they gain maximum assistance. This implies their willingness to steer towards resources such as social support and become resilient against the background of their adversity.

In their own contribution, Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong and Gilgun (2007:295) identify seven tensions that resilient children and youth must typically navigate and resolve according to the resources available to them individually and within their families, communities and cultures: access to material resources, relationships, identity, power and control, cultural adherence, social justice and cohesion. The resilient individual exhibits a unique way of resolving these tensions by analysing the different resolution patterns more effectively than those who battle to bounce back (Ungar *et al*., 2007:294). It also gives priority to the ability of the adolescent or youth to make the most out of what is available.

Munishi (2013) reflects that in many cases, resilience is more than coping by logically minimizing the consequences of an adversity and managing vulnerability. Resilience will then refer to drawing on past experience, especially one's own experience and from the stock of experiences available in a community or society which includes acting immediately to address such adversities. Consequently, resilience will then "involve planning, preventing, evading, mitigating, avoiding as well as coping with and reacting to challenging livelihood conditions" (Henley, McAlpine, Mueller & Vetter, 2010). It refers to positive capabilities to anticipate, change and search for new options. HIV positive adolescent girls will have to focus on conditions, contexts, factors or

mechanisms that can buffer resilience outcomes while efforts are made to reinforce the protective conditions and processes (Zhang, DeBlois, Deniger & Kamanzi, 2008).

Some internal assets needed by youths experiencing adversities for successful development are co-operation, empathy, problem solving, self-efficacy, self-awareness, goals and aspirations (Resilience Youth Development Model, 2003). This is regarded as a tool to measure the personal traits of youths-at-risk. Below is an example of how to measure resilience in youth by taking into consideration the personal traits and resources in the environment.

3.3.3.1 A model for measuring resilience in youths

Daniel and Wassell (2002) affirm that because resilience is a complex issue, caution must be taken in measuring resilience in youths because the young person may appear to be coping well with adversity whereas he/she may be internalizing their symptoms (Daniel & Wassell, 2002). This trait is particularly common with adolescent girls who harbour fear and express low esteem (Cobb, 2010), when confronted with traumatic and adverse situations such as HIV/AIDS. Daniel and Wassell (2002) therefore summarise factors that appear to be associated with the six domains of resilience (social competence, secure base, positive values, education, talents, interests and friendships) into three fundamental building blocks that strengthen them such as:

- “A secure base, whereby the young person feels a sense of belonging and security.
- Good self-esteem, that is internal sense of worth and competence.
- A sense of self-efficacy, which is a sense of mastery and control, along with an accurate understanding of personal strengths and limitations” (Daniel & Wassell, 2002:24).

Social competence and secure base connote strong relationships with family and friends. Positive values and education will enhance the individual’s self-esteem and purpose. Talents and interests with friendships will mean the individual has a mastery of his abilities, strengths and weaknesses and is in control of the situation on the way to becoming resilient.

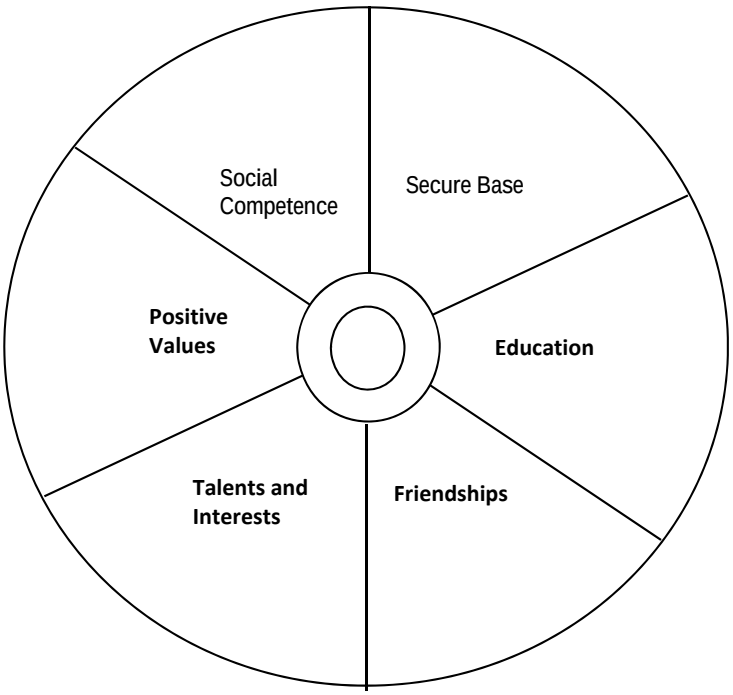

Figure 3.2: Domains of resilience (Adapted from Daniel & Wassell, 2002:14)

These domains of resilience not only assume parental roles but put emphasis majorly on the building of a protective network of support from available resources to stimulate positive adaptation or outcome of resilience. The HIV positive adolescent girl needs to have the ability to focus on these domains which are crucial in enhancing her resilience potential.

3.3.4 RESILIENCE AND CONTEXT

The concept of resilience and its components include scientific constructs that representvalues and goals of those who define them. In educational sociology it has been emphasized that researchers have to be sensitive not only to their own depiction of resilience, but also to the depiction of those they study, when studying communities and societies they are either familiar with or not (Obrist, Pfeiffer & Henley,2011). Resilience is regarded as a phenomenon that should be conceptualised according to the context (Aspinwall & Staudinger, 2003; Eloff, 2007) of a specific group instead of a uniform concept as interpreted across cultures (Theron & Donald, 2012; Ungar, 2008, 2010). The context of the individual can be affected by the family income, safety in the neighbourhood, the level of parentaldiscord adequate accommodation and access to community resources. Context also embraces political and cultural components that influence not only the individual but also the opinions of those in the community. The way the adolescent HIV positive girls were raised in the community, would definitely impact their resilience process. Their relationship with major stakeholders in the

community such as medical expert, elders, teachers in the school and so forth will also play a major role in their adaptation to their situation. The type and severity of her social context will inevitably influence her bouncing back to normal life.

In support of this idea, Masten and Obradovic (2008) point to empirical findings that suggest that fundamental adaptive systems play a key role in the resilience of young people facing diverse threats, including attachment, agency, intelligence, behaviour regulation systems, and social interactions with family, peers, school, and community systems. They also argue that although human resilience research emphasizes the adaptive well-being of particular individuals, there are striking parallels in resilience theory across the developmental and ecological sciences.

Ungar (2008:225) posits that in the "context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways." Furthermore resilience suggests that in order to experience well-being, resilient children and youth also need families and communities willing and able to support resilience (Hartell, 2007; Ungar, 2008:221). Resilience in this sense is context-dependent and requires an understanding of the physical and social ecology in which the resources necessary to nurture resilience are found.

Bronfenbrenner (1979:22) affirms that a system is not a single and static entity but surrounded by physical settings, activities and reciprocal interaction between the individual and his/her environment. In order to determine the resilience of any individual the researcher is required to study and understand how the system in which the individual functions, plays a role. The interactions of the proximal environment in the person, context and time model (PPCT) (Bronfenbrenner & Ceci, 1994) would include the amount of social support the survivor received at different stages, the relationships she had with other significant people and caregivers, the family flexibility as well as cohesion, the communication patterns in the family, the level of school engagement adolescent girls and in the case of HIV positive adolescent girls their involvement in social activities within the association of people living with HIV (PLWH).

Since my understanding of resilience is also culturally and contextually defined, the western paradigm of "positive adjustment" would not probably be identical and not reflect cultural or contextual influences (Ungar, 2011; Wright & Masten, 2006). This is because the way local people conceptualize resilience and well-being will be according

to their socio-cultural context (Theron & Theron, 2010). Ungar and Liebenberg (2011), for instance, have always been sceptical about the western paradigm of defining resilience. It is believed that the interaction between an individual's personal assets and his or her environment produce the processes needed to help overcome adversity (Ungar & Liebenberg, 2011:219).

This new understanding of resilience has urged researchers to explore resilience and its meaning in specific cultural contexts (Theron & Donald, 2012). In this regard resilience and the notion of well-being in many African cultures have only scantily been explored especially with reference to resilience in African youths. This is due to the fact that there are still many underpinnings of the concept of African youth resilience and notions of well-being, which need to be qualitatively explored from a constructivist paradigm especially with regards to HIV infection that is ravaging sub-Saharan black adolescent girls.

Researchers have also developed interest in local knowledge with regards to the resilience processwhich has also gained prominence in recent years and which according to Agrawal (1995) and UNESCO (2003) is rarely static or untouched by other forms of knowledge, rather it is "undergoing constant modifications as the needs of communities change" (Agrawal, 1995:429). Local knowledge is therefore defined as the knowledge used in everyday situations. "Its main value lies in helping local people cope with day-to-day challenges, detecting early warning signals of change, and knowing how to respond to challenge. Local knowledge is seldomly documented and is mostly tacit"(Fabricius, Folke, Cundill & Schultz, 2006:168). The dynamic and fluid nature of local knowledge, its connections to the physical and social environments of specific communities, and the social, political, and kinship structures that reinforce individual and collective well-being is emphasized in this definition.

3.3.5 Resilience and psychological well being

Resilience can then be employed to access "wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001). These processes according to Masten and Wright (2010) comprises of beneficial relationships or ability to bond with supportive others, self-regulation or modifying behaviour and emotions to suite the social demands of a particular environment. This means making meaning out of hardship or adversity, problem solving – using personal and social capital to find solutions to threatening situations, agency and mastery of experiences in other words, steering oneself towards goal oriented and successful

routes (Theron, 2012). According to Theron (2012) all these relationships are firmly rooted in everyday all-encompassing and multilevel resources such as (positive parenting, intelligence, and effective schools and other psychosocial support systems that deal with protection against adversity (Masten, 2006; Theron, 2012).

In another development, Theron (2013) in her article posits that positive adjustment means internal adaptation such as in an absence of pathology, or psychological wellbeing and external adaptation such as social and/or academic achievement as defined by the society, and engagement in age- and suitable social activities (Theron, 2013). Applying positive psychology to research therefore is to facilitate optimal functioning both at the individual and community or societal levels.

Fitzpatrick (2009) affirms that new research about positive thinking and resilience supports the “in-the-moment” value of positive emotions. These researchers found that the present experience of positive emotions form the link between happiness and desirable life outcomes. In this study, resilience is related to development of resources for living well (Cohn, Fredrickson, Brown, Mikels & Conway, 2006). Ferreira and Ebersöhn (2012) also conceptualise resilience from a positive psychological perspective especially with regards to HIV positive adolescents’ coping or adaptive systems. This is because the concept of psychological wellbeing has been defined as engagement with the existence of life challenges, and being distinct from (but characteristically connected with) subjective wellbeing, generally known as happiness (Linley & Joseph, 2004).

Many researchers and theorists define a person who is functioning optimally as someone who possesses the following useful characteristics namely: a capability for close relationships, a positive opinion of himself/herself, fairness to oneself and others, a unifying philosophy of life, a capacity for reverence and utmost stills, wisdom, democracy, creativity, and modesty. A sprightly sense of humour and a deep compassion for others are also admirable qualities owned by the person who is operating optimally (Linley & Joseph, 2004).

In this regard, a positive psychological framework is appropriate when studying resilience in youths as it is accepted that “strengths function as a buffer against adversity; therefore performing a key role in resilience processes” (Ferreira & Ebersöhn, 2012). Positive psychology plays an important role in resilience as it focuses on notions of wellbeing, happiness and the personal growth of the adolescent. In other words resilience should be viewed through the adolescent’s perspective of her notion of wellbeing, happiness and personal growth or achievement. Seligman, Steen, Park and

Peterson (2005) posit that institutions, positive character traits and positive emotions are the terms relevant to the study of positive psychology. Ferreira and Ebersöhn (2012:34) further assert that it is "the study of the conditions and processes that contributes to the flourishing or optimal functioning of people, groups and institutions."

In their book "Partnering for Resilience", Ferreira and Ebersöhn (2012:34) acknowledge the contributions of Mohangi (2008). Mohangi (2008) points out that, strengthbased conceptualization of positive psychology entails: subjective well-being (Diener, 2000), psychological wellbeing (Wissing & Van Eeden, 2002), positive emotions (Frederickson, 2005), optimism (Carver & Scheier, 2005; Seligman, 2005), hope (Snyder, 2000), flourishing (Keyes & Haidt, 2003), human strengths (Strumpfer, 1990), emotional intelligence (Ebersöhn & Maree, 2006) and flow (Nakamura & Csikszentmihalyi, 2005).

Positive emotions of the HIV positive adolescent girls can be illuminated by reflecting on the way that these girls carry themselves and react to their plight exhibiting happiness, joy and hope when associating with people who share the same status as theirs, as this communal struggle has the capacity to broaden their mindsets and expose them to adaptive benefits. Interaction with fellow peers has a number of potential advantages for the HIV positive adolescent female. She can gain encouragement to transform her predicament to become a better person, and experience an increase in her daily activities. Rubbing shoulders with peers suffering from the same disease, allows her to become more knowledgeable and resilient and consequently enables her to accumulate personal resources, which may be tapped into when needed in future, stressful situations (Frederickson & Tugade 2003; Frederickson, 2005; Ferreira & Ebersöhn, 2012:35).

Within the last decade, researchers such as Ferreira and Ebersöhn (2012:34-36) have identified essential pillars of resilience from the field of positive psychology to include positive traits, optimism and positive institutions. According to them positive traits play a crucial role in resilience attempts and include optimism (Peterson, 2000), happiness and faith (Myers, 2000), positive self-awareness, internal locus of control (Ebersöhn, 2006), self-determination (Ryan & Deci, 2000), subjective well-being (Diener, 2000), motivation and curiosity (Ferreira & Ebersöhn, 2012). These traits mediate between external encounter and the individual appraisal of the event. It could contribute to an HIV positive girl's persistent attendance in school despite her HIV status. I have chosen positive traits, optimism and positive institutions as traits or characteristics for cognitive motivation when HIV positive adolescent girls are trying to break the barriers of their adversities.

Optimism entails high levels of cognitive motivation and emotive characteristics (Ferreira & Ebersöhn, 2012) assert that self-determination emphasise autonomy and a need for competence and belonging which when satisfied, denotes well-being. Furthermore, Schwartz (2000) argues that cultural values can either constrain or enhance the need for belonging and competence in efforts at becoming resilient which HIV positive adolescents face due to the fact that parents and community elders are social gatekeepers of moral behaviour in the society, especially in sub-Saharan cultures. If adolescent's sexuality especially time of debut to adult roles is being underpinned by the culture this may constrain her competence of becoming resilient.

Positive institutions refer to the bio-ecological theory of systems such as families, schools, neighbourhoods, communities, societies that interact to enable the adolescent girl's individual and collective well-being (Donald, Lazarus & Lolwana 2006; Mohangi, 2008). Positive institutions will include the presence of caring adults, well-resourced schools, and systems of identification and referral, links to community services such as social grants to supplement household income, access to voluntary counseling and testing, medical treatment and support from community members for HIV positive adolescent girls (Ferreira, 2008; Ferreira & Ebersöhn, 2012; Hartell & Chabilall, 2005; Ogina, 2008). The diagram below illustrates how positive traits and positive institutions act as a buffer for resilience and well-being from the perspective of positive psychology (see fig. 3.3).

It also illustrates the individual's adaptations towards happiness and subjective well-being. The accumulation of the three pillars of Positive Psychology by Seligman and Csikszentmihalyi (2000), and Ferreira and Ebersöhn (2012), which are positive traits, positive emotions and positive institutions, act as protective factors that buffer against adversity or barriers and thus enhance the building of resilience in the individual. This means that the ability of the HIV positive adolescent girl to steer towards these three pillars will enhance her resilience and reduce her adversity or stress due to her status.

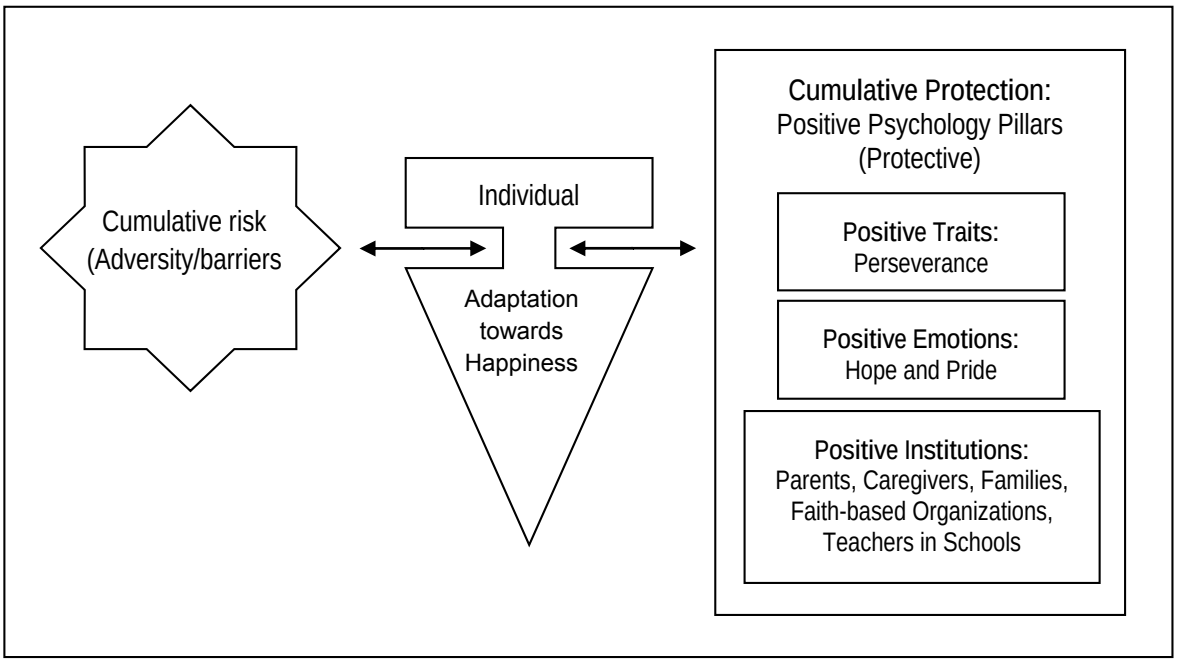

Figure 3.3: Positive psychology depiction of resilience (Ferreira & Ebersöhn, 2012:35)

The illustration indicates that with the presence of cumulative risks, the ability of the HIV positive adolescent girl to embrace and adapt towards happiness and psychological well-being is dependent on her ability to embrace positive psychological traits such as, perseverance, positive emotions, hope and pride as well as the support of positive institutions as mentioned in the diagram.

3.4 RESILIENCE VIS-À-VIS THE THEORIES OF BOURDIEU, PIAGET AND ERIKSON

The concept of resilience includes numerous variables such as individual, family and environment as protective factors, developmental tasks such as cognitive and social competences. The manner in which the HIV positive adolescent girl navigates her well-being and steers towards resilient behavior, functioning within these variables may be explained and explored by drawing on the tenets of profound theorists. Bourdieu, Erikson, and Piaget are key proponents on theories regarding adolescents and their emotional development. These theories, as mentioned in sections 2.3.1, 2.3.2 and 2.3.3, will illuminate the position, developmental stages and tasks confronted by the HIV positive adolescent girl before she can adapt and reintegrate successfully in her endeavour to become resilient.

3.4.1 LINKING BOURDIEU'S SOCIAL CAPITAL WITH RESILIENCE

Although all types of capital are of importance, the focus of this study is on social capital. As mentioned in section 2.3.1, Bourdieu's field theory is used to explain the tension between the individual opinion and behavioural pattern vis-à-vis that of the society's norms. Research indicates that modern young girls are at risk and facing emotional and physical threats to their lives (Pasco, 2000) which is partly due to non-conformity with the community's norms and culture. But, on the other hand according to Bourdieu (1994), individual adolescent girls (and with special reference to my study), have their own values and belief systems which drive them and help them to overcome their adversities and adjust to normal life.

Probing the impetus of resilience can be a very sensitive issue especially when dealing with adolescents facing adversities such as HIV infection. The sensitivity regarding the response can be attributed to the link between meaning, practice and resilience, embedded in larger social, economic and political contexts as mentioned earlier in sections 2.21, 2.2.2 and 2.2.3 of this study. Adolescent girls internalize their problems and the community is not responsive to their sexual and emotional needs. All these finally lead to their being vulnerable and susceptible to HIV infection. To this effect, the meanings attached to resilience have to be interdisciplinary in nature to represent the social actors representing different interests. In the case of my study, the risky sexual behaviour of adolescents has to be studied and this is why the social capital in Bourdieu's theory is very important to my study as adolescent girls have to be studied in their social cultural context. Bourdieu developed his theory on the assumption of social inequality. He introduced the concept of "social field" to refer to the configuration of social positions held by individuals or organizations.

Obrist, Pfeiffer and Henley (2010) are of the opinion that the social field helps to capture the idea that actors have differential packages of capitals and power and that they are differently exposed to the same hazard, and thus face different constraints and opportunities in building resilience. In line with this thinking, the role of access to capital in specific social fields defines relationships of domination, subordination or equivalence among actors. Concisely, the concept of the social field draws attention to the fact that threats, and consequently resilience building occurs in a specific social field where actors can access different forms of capital. HIV positive adolescent girls face the same kind of health related threats such as trauma, emotional problems that includes loss of self-esteem, stigmatization and cultural marginalization due to their status. Secondly, sub-Saharan Africa and Nigeria in particular is a constantly changing environment since they are deemed as a developing nation with diverse socio-economic inequalities facing

the younger generation coupled with a corrupt government. A direct consequence is that the HIV positive adolescent will have to fall back onto her capacity to equip herself with as much capital within the social structure in order to avoid those threats in her environment and navigate her wellbeing thus becoming resilient.

Social resilience is defined as the ability of individuals to access capital in order to be able to not only cope with and adjust to adverse conditions but also explore and create options thus develop optimal competence or positive outcomes in the face of a menacingsituation (Obrist, Pfeiffer & Henley,2010). Adolescents' access to economic social and cultural capital in the field is crucial to a multi-layered social resilience framework. According to this framework, building resilience must be examined with reference to a threat and to the competencies that should be developed to deal with this threat. Depending on the threat being examined, different social fields would emerge, each of them consisting of a network of agents across various layers of society. HIV positive adolescent girls can build resilience by strengthening their capacities to deal more competently with a threat by acquiring more formal and informal education, engaging in a profitable business, and being close to their association for more knowledge about the epidemic. To strengthen their capacities, they can draw on and transform economic, social and cultural capitals within their field. On each layer, but also across layers, actors are part of a social field that is defined with reference to the identified threat. The habitus or social world that these HIV positive adolescent girls belong to have their own values, attitudes, and perceptions, that also guide their behavior and the manner in which they accumulate these capitals for a successful bouncing back to normal life.

In accordance with Masten (1994); Obrist*et.al*. (2010) adefinition of resilience, focusing on manifested competence in the context of a significant threat or livelihood challenge could be observed and measured as an outcome of resilience. This of course involves assessing culturally appropriate definitions of competence (Theron & Donald, 2012) from the perspectives of the HIV positive adolescents within their habitus in their social fields. Portes (1998) considers individual social capital as the ability of the individual to secure benefits as a member of a social network or social structure. To activate this network the individual must possess some inner strength (Theron, 2004) and social competence.

In a publication by Nieminen*et al*. (2013), it is revealed that social capital is associated with healthy behaviour, self-rated health and psychological well-being. They also affirm that all individuals irrespective of their social status, who acquire higher levels of social capital, especially in terms of social participation and networks, engage in healthier

behaviour and feel healthier both physically and psychologically. Many researchers have also suggested that social capital affects health through several mechanisms such as cultural norms and attitudes that influence health behaviour, psychosocial networks that increase access to health care and psychosocial mechanisms that enhance self-esteem (Nieminen*et. al*., 2013). HIV positive adolescent girls who participate in the association for people living with HIV and who build a strong bond with a parent or sibling, bond with social networks that can enhance their resilience.

Pinkerton and Dolan (2007:222) believe that "strongly resilient adolescents are those who can cope not only with everyday life stress but with sudden major crises" such as HIV infection. These authors therefore propose that support from the family, and other informal and formal social networks (social capital) must be present for resilience to take place. When these social networks are strongly connected, the external and internal factors act as a reinforcement that will allow successful coping among adolescents. Resilience and social capital can therefore, be viewed as "developmental assets" that can be realized through social support. Few researchers have utilised social capital as an asset while for facilitating resilience in adolescence, because of their insufficient knowledge about adolescents' social networks and support networks. This information will be very useful in designing a framework for adolescents' resilience. The HIV positive adolescent girl must be well equipped with both the internal and external factors of development for her to access the benefits of social capital.

Below is an illustration of how adolescents can benefit from social support and social capital to become resilient and cope successfully.

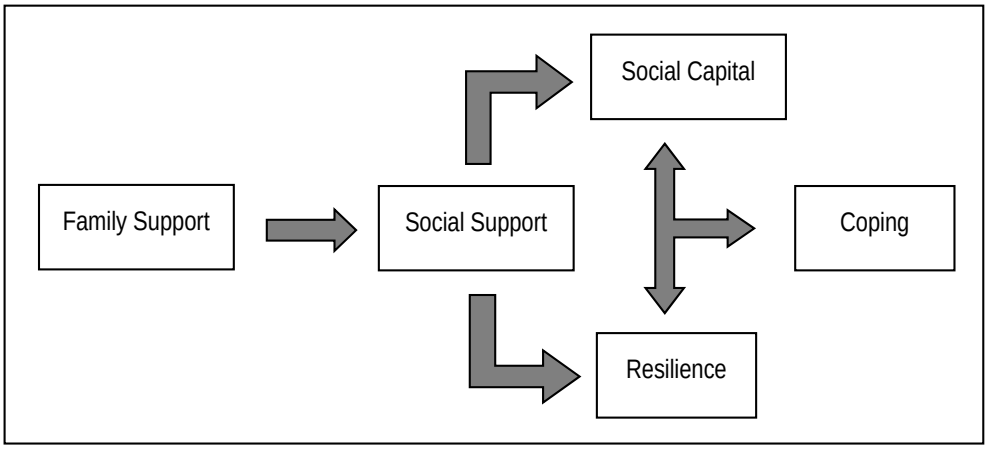

Figure 3.4: Realizing personal potential (Adapted from Pinkerton&Dolan, 2007:222)

Pinkerton and Dolan (2007) present an illustration of how resilience can be enhanced through family support, a form of social support network systems that is crucial to social

capital, which leads to successful coping in the individual. In this illustration, social capital and resilience are directly linked which makes the individual to cope competently.

3.4.2 ERIKSON'S THEORY VIS-À-VIS RESILIENCE IN ADOLESCENTS

Adolescence has always been characterised as a normative period of physical, emotional and psychological growth with the environment playing a major role in shaping the adolescent's identity and self-esteem. Identity formation therefore is one of the major tasks of adolescence from which the emotional difficulties of the teen years are often offshoots from concerns with self-evaluation (Neff & McGehee, 2010). During this period, girls begin to separate from their families, assert their own identity, identify with their peers, redefine their relationships with nurturing adults, explore their sexuality, develop their own moral and ethical sense, and prepare for the responsibilities and challenges of adulthood (Temba, 2007).

During identity formation, HIV positive adolescent girls with the ability to frame their experience just like a common human experience should be equipped with a sense of interpersonal connectedness that can help them cope with fears of social rejection (Neff & McGehee, 2010). Being mindful of how they apply some aspects of self-compassion, should help prevent HIV positive adolescent girls from obsessively ruminating on pessimistic thoughts and emotions, a process that may lead to psychological dysfunction (Neff & McGehee, 2010).

Adolescents therefore need to adopt an information-oriented identity style that will benefit their well-being as well as consolidate their identity. Adolescent girls in particular need information about their body, sexual behaviour as well as behavior which conform to their cultural norms so as to be able to form a good self-identity as well as ethnic or cultural identity. Failure to achieve this may bring disparity between the norms of the society and that of the perceptions of their social world. There is a connection between identity development and context and to this effect context plays a key role in establishing identity formation (Jacobs, 2014).

The study of identity formation in adolescence as well as the influence of context has therefore become increasingly relevant over the years. Resilience on the other hand is context specific and developmental in nature (Eloff, 2008; Masten & Obradovic, 2006; Ungar, 2010). Since resilience is context-dependent an understanding of the physical and social ecology in which the adolescent develops is necessary to nurture her resilience and identity formation as her context exerts a major influence on how she perceives herself and her experiences.

Romero, Edwards, Fryberg and Orduna (2014) from their own research discovered that ethnic identity development might increase resilience to discrimination and prejudice, which are often common and stressful for ethnic minority adolescents. Based on ethnic identity development and resilience theory, they hypothesise that when subject to high discrimination, stress, ethnic affirmation and ethnic identity will have protective, moderating effects on self-esteem and depressive symptoms.

However, Romero *et al.*, (2014) suggest that certain dimensions of ethnic identity may actually increase vulnerability to discrimination resulting in significantly worse mental health status. This is evident in the case of Yoruba adolescent girls, who are prohibited to discuss matters concerning sex, because of the norms and perceptions of the society about chastity. Thesemay put them in a vulnerable position to HIV infection (see section 2.2.2), but the majority of adolescent girls who conform to their ethnic norms and customs will help them respond positivelysurviving adverse situations of discrimination. Resilience comprises many different factors, including protective factors, vulnerability factors, or moderating factors (Luthar, Cicchetti & Becker, 2000; Masten, 2001). When youths have achieved a high level of ethnic identity it will act as a protective enhancing factor during high levels of stress in HIV positive adolescent girls.

Mwamwenda (1995, 2004) affirms that because Erikson believes that adolescents tend to change their identity in conformity with their peers and changing times, therefore their resilience revolves round their family, school, and peers from where they draw inspiration. This also enhances the development of their social competence. Mwamwenda (1995, 2004) further elaborates that African adolescents tend to develop and sharpen their sense of identity and social competence through participation in cultural activities. In terms of sexual development, Erikson (1968b) posits that they give the impression that they know quite a lot about matters concerning love relationships whereas they are not well informed about such matters especially where birth control is concerned. This search for self-identity in matters such as sex, social skills and self-admiration or self-concept often leads the adolescent to make mistakes such as getting involved in risky behavior, which could lead them to vulnerability and susceptibility to HIV infection. In order to forestall such crises “parents have a great influence on long term issues such as values, moral development, occupational choices and political thinking while peers have influence on behaviour relating to immediate status such as dressing, hairstyle, interests and social relations” (Mwamwenda, 1995:73). In other words, both parents and peers play a significant role in the resilience of HIV positive adolescent girls and in avoidance of identity crises through their interventions as

reiterated by Haase (2004). Cognitive development is also very crucial in the resilience process of HIV positive adolescent girls a topic that I will discuss next.

3.4.3 PIAGET'S THEORY VIS-À -VIS TO RESILIENCE IN ADOLESCENTS

Cognitive development in adolescence has always been associated with decision making processes, such as risk taking, romantic interests, motivation and emotions (Steinberg, 2008). According to Piaget's (1972) theory, the adolescent finds herself in the functional operative stage of cognitive development as she can think rationally and make logical decisions about her future. Piaget (1972) posits that the adolescent brain can now think in an abstract and logical way as it has entered a "formal operational"stage of functioning. Therefore the adolescent is capable of making positive decisions and also operates with a high level of emotional and social cognition for making crucial moral judgments.

Notable researchers have also found a link between the level of intelligence and resilience though the operating rules for its influence have yet to be defined (Kitano&Lewis, 2010). Luthar (1991) and Werner(2000:123) suggest that higher intelligence may function as a protective factor, although they also observe that not all resilient children are unusually gifted or talented but they are at least of "average intelligence" (Werner, 2000:123) which acts as a protective factor. There is other evidence from resilience literature which agree that average or above average intellectual development supports resilience (Doll & Lyon, 1998) and perhaps constitutes the most important personal quality serving as a protective factor (Kitano & Lewis, 2010). Intelligence may therefore be associated with preferred coping strategies such as problem solving, working hard, and achieving more than the peers in the general population. Intelligent girls are less likely to use wishful thinking, as they invest in close friends, reducing tension and implement coping strategies to help them to survive. Kitano and Lewis (2010) and Werner (2000) posit thata resilient adolescent possesses an internal locus of control, a more positive self-concept, greater social maturity, nurturance, empathy and an increased sense of responsibility. These characteristics will empower the adolescent with independence as she experiences the successful overcoming of her adverse situations which will inadvertently increase her self-efficacy and confidence in her ability to steer towards resilient support systems. A good example is an HIV adolescent girl with a high level of intellectual attainment; she will be able to resource resilient support systems due to her self-efficacy coupled with relevant information about the epidemic. She will also be able to set high achievement goals for herself.

Making tough decisions such as abstaining from sex and exercising control over one's body are very crucial for the adolescent girl at this stage of life. African communities are characterised by multiple socio-ecological risks such as high levels of poverty, unemployment, ineffective schools, crime, HIV/AIDS, and teenage pregnancies (Shisana, Simbayi, Zuma, Zungu & Onoya, 2014; Theron, 2013). Protection from these risk factors will mean an intense application of Piaget's theory of abstract and deductive logical reasoning to be able to avoid negative outcomes and make the HIV positive adolescent girl realise her future dreams. Similarly, Ungar (2010) recognises resilience as including identity, emotional, social, cognitive and physical health developments. The adolescent therefore must be flexible to processes that promote adaptation to cognitive, physical and emotional contexts in order to become resilient.

The provision of a suitable environment will enhance the cognitive development of the adolescent girl and her logical and hypothetical-deductive reasoning such as the ability to grapple with the problems and extract relevant information to form her assumptions. These assumptions will guide her to adopt logical conclusions and to steer towards resilient processes and support systems. In some African societies like in the Yoruba culture the formal operation stage is developed through folklores, stories and instilling of the cultural norms. During these processes the adolescent girl in particular learns about the history of her people and their cultural taboos and myths. From such informal education she is put on a platform to sharpen her logical thinking ability, which enables her to solve her problems of her own accord. Although the media and modern technology have assumed the role of some parents and the community by exposing youths to what is regarded in African society as adult contents in sexual practices these very practices may impair her logic and judgement in general.

In conclusion, Piaget's cognitive theory plays a major role in adjusting to normal life (resilience) of people living with HIV. In order to identify such values as purposefulness and meaningfulness of life such as individual goals and expectations for life, the individual will need modifications in physical and cognitive functioning (Faber, Schwartz, Schaper, Moonen & McDaniel, 2000). For instance, adherence to medication and distancing oneself from risky sexual behaviour and developing a new strong self-esteem, need a lot of cognitive ability (hardiness) and self-control.

3.6 CONCLUDING REMARKS

In this chapter, I have illuminated the diverse perspectives of risk and its concepts with special reference to factors that put the HIV positive adolescent girls in Nigeria at risk. This study has also attempted to define resilience from the lenses of different researchers from different fields of endeavour and in particular from developmental psychologists and behavioural scientists. The resilience phenomenon cannot be researched without looking back at the waves of research development over the past four decades so as to give direction as to where my study fits. To this effect, resilience is conceptualised as having a link with risk, context specific focus and psychological well-being. Masten and Obradovic (2008) suggest that when adolescents face adverse conditions, it implies that fundamental adaptive systems such as attachment, agency, intelligence, behavior regulation systems, and social interactions with family, peers, school, and community systems play a key role in their resilience. The manner in which HIV positive adolescent girls steer towards these resources depend heavily on their cognitive abilities, strong identity formation and accumulation of social, cultural and economic capital. The theories of Bourdieu, Erikson and Piaget are particularly befitting to explain and explore the key factors that enhance the resilience of HIV positive adolescent girls in Nigeria. The next chapter deals with the paradigm and the research methodology for the study based on my theoretical and conceptual frameworks.

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CHAPTER 4
Research methodology

The Interpretative phenomenological analysis
"…is an approach to qualitative research that explores in detail personal lived experience to examine how people are making sense of their personal social world and tries to understand how the world is like from the point of view of the participants"
(Frost, 2011:44).

4.1 INTRODUCTION

In chapter 2 I discussed the literature review that was aimed at validating the contextual and theoretical frameworks for investigating the resilience of HIV positive adolescent girls in Nigeria while in chapter three I highlighted the perspectives on risk and resilience as related to my study. The aim of this chapter is to describe the processes and procedures for collecting my data for the study. I also attempt to describe the philosophy that guided my consideration of the ontological and epistemological frameworks that aligned my study to the Interpretative phenomenological analysis (IPA) which I have employed to explore the experiences of HIV positive adolescent girls in Nigeria. From my choice of the phenomenological case study research design, I was able to interpret how these girls became resilient after exposure to their adversity.

In addition, I present the philosophy that guided my epistemological underpinnings for this study as a precursor for choosing my data collection tools. I endeavored to explain the interpretive paradigm that underpins my study to correspond with the research philosophy in the selection of my data collection tools. The research design also corresponds with the process of data collection analysis and interpretation, which will be outlined when coding the transcribed data.

Yin (2011) affirms that one of the tenets of a qualitative research is covering the contextual conditions within which participants live. The researcher must be able to know the community well enough to be able to link the research results to positive action within the community (Mertens, 2010:261). I provide a thorough description of the context in order to gain a full understanding of the issue at hand.

The city of Ibadan that is the capital of Oyo state in Nigeria is my target setting. It is one of the largest indigenous metropolitan cities in sub-Saharan Africa and a typical contemporary traditional Yoruba town with a population of over five million, due to its central location to all routes leading to both the Eastern and northern part of Nigeria. It consists of three major homogenous groups; the core part of the city consists of the slum population and poses severe poverty, low level of literacy and socio-economic activities. The middle class areas are inhabited mainly by migrants from other Yoruba or ethnic groups with lower population density while the periphery includes those living around the University of Ibadan areas, the Government reservation areas and the newly developing areas mostly inhabited by the elite. The city alone has five local government areas (LGA) with two of them having the characteristics of slum areas with little or no health, social, recreation facilities accessible roads, water and electricity.

Structurally, the population consists mainly of young people aged 15-30, who engage in petty trading due to lower levels of educational attainment while many of them are out of school. The poverty level which is due mainly to a low level of educational attainment, lack sustainable infrastructures such as good housing, water and good sanitation systems coupled with traditional practices (value on early marriage) which put the adolescent girl at risk of early pregnancies and increase the incidences of HIV infection. These also have a negative impact on the adolescent girls' self-esteem and subsequently resilience.

As a Yoruba woman, who has lived in the city for over thirty years, it stands me in good stead to observe the value system, perceptions and the predispositions of the HIV positive Yoruba adolescent girl vis-à-vis that of the society. I have also worked with adolescents as a teacher, counsellor and later as a principal of secondary schools in Ibadan for many years. It is my passion also to seek out those whose voices are silent and marginalized such as HIV positive adolescent girls. All these opportunities gave me the impetus to undertake this study.

Below is the aerial view of the research setting indicating the traditional areas characterised by high population density, lack of physical planning, dilapidated buildings, poor sanitation, inadequate health facilities, low levels of literacy and informal socioeconomic activities. All my participants come from this core settlement which is partly responsible for their vulnerability to the HIV epidemic.

Photograph 4.1: View of Indigenous Ibadan (July 2002 in Adedimeji, 2005)

4.2 RESEARCH DESIGN

Yin (2011:75-76) posits that every research study has its own implicit or explicit design which logically links the research questions with the data to be collected and the strategies for analysing the data so that the study's findings will address the intended research questions and also strengthen its validity and accuracy. Consequently research designs decode research questions into real details by specifying the modus operandi for conducting a study such as the participants to be studied, their mode of selection and when, where and in which circumstances they will be studied (McDevitt & Ormrod, 2013:45; McMillan & Schumacher, 2001:31; Monette, Sullivan & De Jong, 2005:9).

This study employs the use of a phenomenological case study in a "bounded system", which entails focusing on a specific group of people in a specific place, engaging in specific activities at a specific time. Furthermore, this study attempts to capture lived experiences, deeply held beliefs or feelings or world views as expressed in the language of the participants (Henning, 2013:34). I believe there is a phenomenon to be unravelled (in this case how HIV positive adolescent girls bounce back to normal life and become resilient) of which I expect to find rich data to describe the phenomenon. Therefore, my method of data inquiry will be intended to capture the reality of the intended study (resilience) and argue logically how the methods fit into the design.

According to Creswell (2012:467), a case study is a bound systemthat is explored in an in-depth manner based on the wide range of data collection. "Bound" implies it is isolated for research in terms of place, time and some physical boundaries. The study is exploring the experiences of five HIV positive Yoruba adolescent girls in Nigeria

"bound together" within the age brackets of 12-20 years and to determine which key factors within their "habitus" influence their resilience. Information about my participants is explained in section 4.3.1.

Since phenomenological studies are interpretive in nature, I will use data that entail language, words, pictures and involuntary body movements to describe and interpret the experiences and perceptions (Henning, 2013:34) of the five HIV positive Yoruba adolescent girls in order to get a logical analysis of the resilience phenomenon. My major aim is to pursue and understand issues that are intrinsic to the resilience case itself (Schwandt, 2007:28). Hence, this design is appropriate as it will foster maximum co-operation and closeness between the researcher and the participants and enables them to narrate their stories about how they become resilient as well as describe their perceptions of reality. In the next paragraphs, I discuss my research paradigm, research approach and the research type.

4.2.1 RESEARCH PARADIGM

For a researcher to understand the rationale that underpins qualitative research he/she must first understand the philosophy that underpins the paradigms that relate to the research design. I therefore started the inquiry process about the nature of reality (ontology), how I know what I know (epistemology) and the nature by means of which I wish to collate my research data (methodology) (Creswell, 2003). A paradigm is the basic belief system or worldview that guides the researcher, not only in choices of method but also in ontologically and epistemologically fundamental ways (Guba & Lincoln, 1994). A paradigm is also defined as a "set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organized study of that world" (Mustafa, 2011). Denzin and Lincoln (2000) assert that the selected paradigm guides the researcher's assumptions in the research process in terms of tools, participants, methods, and in analysis. There are three main paradigms namely positivism, interpretivism and critical theory and each paradigm is based on its own ontological and epistemological assumptions (Scotland, 2012:9).

In this study I am guided by what and how I know about the experiences of HIV positive Yoruba adolescent girls in Nigeria by using the interpretive paradigm that leads me to understand how to get information about what key factors influence their resilience. Interpretivism also acknowledges the humanistic, constructivist, or naturalistic paradigms that advocate that social reality is constructed and interpreted by those under study who participate in the social world themselves according to their own ideology (Cohen, Manion & Morrison,2000; Mack, 2010:7; Nieuwenhuis, 2007; Scotland,

2012:11). The interpretive paradigm stipulates long term, in-depth observation of the participants such as the in-depth investigation of the influence of some key factors that enhance the resilience of HIV positive adolescent girls in Nigeria. Knowledge or meaning emerges through interaction between persons and is described as co-constructed and interpreted but not observed directly. This leads to researcher-participants' interaction over a period of time and significant in-depth knowledge is consequently achieved.

The epistemology of the interpretive paradigm is to understand the subjective world of human experience (Cohen, Manion & Morrison, 2005).Cohen and Crabtree (2006:1) also posit that reality cannot be separated from our knowledge of the subjective world, in other words, there is no separation between objects and subjects. The researcher's values are therefore intrinsic in all phases of the research process while truth is negotiated through dialogue. The interpretive paradigm, therefore, allowed and guided my choice of methods to collect data from my participants and interpret their meaning logically.

Interpretivism also maintains that knowledge is relative and therefore the best way to study behaviour is to portray it from the point of view of participants (Livesay, 2006:3).To this effect I employ the use of semi- structured interviews and photo-voice technique in order to get insight into the resilience phenomenon through the lived experiences of the five HIV positive adolescent girls (Giles, 2007:6). These techniques are flexible, contextual and socially sensitive to the social context in which the data was produced (Grix, 2004). In addition, since the interpretivist paradigm is a naturalistic method as used in this study it will ensure an adequate interaction and dialogue between the participants and researcher. The communication process will eventually facilitate the construction of a meaningful reality and valid findings that are normally expected from any research process (Cohen & Crabtree, 2006:3).

Creswell (2009:13) posits that interpretivism makes use of the case study, ethnography, grounded theory, phenomenology, and narrative study as its preferred research methods. I therefore employed a phenomenological case study design as an approach which I deemed fit as more relevant with the subjects under study in that it allowed them the flexibility to interpret their own experiences of the world. Interpretive methods provide insight and understanding of behaviour, explain actions from the participant's perspective, and do not dominate the participants (Scotland, 2012:12). Furthermore HIV positive Yoruba adolescent girls live within the same social and contextual environment and thereby share the same values and perceptions in their social world or "habitus" (Bourdieu, 1989:14).

Below are the assumptions associated with Interpretivist paradigm by Nieuwenhuis (2007:59-60) and the way they function in the study.

Table 4.1: Assumptions of an interpretivist perspective

Assumptions of an Interpretivist perspective	How they feature in my study
"Human life can only be understood from within" (Nieuwenhuis, 2007:59-60). People's subjective experiences and the interpretation thereof are studied from their interactions within their social environment.	The interpretivist perspective enabled me to gain access to the subjective interpretations and perceptions of the lived world of HIV positive Yoruba adolescent girls. I was able to discern the manner in which their "habitus" was "constructed" as well as how it influences their resilience process.
"Social life is a distinctively human product" (Nieuwenhuis, 2007:59-60).This implies that the meaning people give to a certain phenomenon is always linked with a unique context.	Understanding the context in which HIV positive adolescent girls live is helpful in interpreting the phenomenon. This study provides an opportunity for a clearer appreciation of the opinions of participants in relation to their unique social context and it also casts light on how they influence their behavioural pattern and resilience process.
"The human mind is the purposive source of origin and meaning" (Nieuwenhuis (2007:59-60). Exploring the intricacies of a phenomenon, leads to a better comprehension of the meaning it has for people.	Through my in-depth literature study and fieldwork I was able to uncover how HIV positive Yoruba adolescent girls assign meaning to the resilience phenomenon and to understand how they are able to navigate their well-being and bounce back to normal life.
"Human behaviour is affected by knowledge of the social world" (Nieuwenhuis, 2007:59-60). A further understanding of the reality of the social world of participants enriches our conceptual framework and provides a connection between the concrete world and the abstract theory.	Interpretivism implies that multiple realities or multiple truths exist based on one's construction of reality (Mantzoukas, 2004:1000; Sale & Brazil, 2004:353). My interaction with HIV positive Yoruba adolescent girls produced multiple realities that revealed their perspectives of the resilience phenomenon. Hence from their various perspectives I was able to generate a mutual understanding/convergence between their real existence in the concrete world and the theoretical framework from which I operated to create appropriate relationships.
"The social world does not exist independently of human knowledge" (Nieuwenhuis, 2007:59-60).Existing knowledge, values, beliefs and intuition people accrue influence the way reality is understood.	I recognise that my prior experience and knowledge are inextricably linked with my research on the factors that influence the resilience of Yoruba HIV positive adolescent girls. This offered the lens through which I carried out my investigation during my fieldwork and guided my understanding of the resilience phenomenon.

The selected paradigm guides the researcher's assumptions in the research process in terms of tools, participants, methods, and results rendered (Denzin & Lincoln, 2000). The nature of my research topic and the ideologies of the interpretivist paradigm require that my investigation would be based on qualitative research methods which I discuss next.

4.2.2 RESEARCH APPROACH

This study is guided by a qualitative approach using the interpretative paradigm (Creswell, 2007; De Vos, Strydom, Fouche & Delport, 2011) to uncover my findings in a natural setting. Qualitative research offers a pragmatic approach to addressing research questions in order to obtain an in-depth description of the experiences of the HIV positive adolescent girls. Such approaches as science, behavioural sciences art or social interaction may be combined to pursue the understanding of a phenomenon (Yardley & Bishop, 2008; Frost 2011). This is why qualitative research is an umbrella concept that includes several research strategies (Bogdan & Biklen, 2006:2; Merriam, 1998:5). For instance HIV/AIDS epidemic is a science oriented topic while HIV positive adolescent girls' experiences and resilience are behavioural and psychological topics that the researcher must explain and interpret in the pursuit of enhancing and illuminating the resilience phenomenon under study. Adopting a qualitative research approach was also beneficial as the method allows for acquiring meanings and commitments to the 'naturalistic perspective and interpretive understanding of human experience' (De Vos*et al*., 2011:310). It therefore puts the research paradigms of interpretation into motion (Denzin & Lincoln, 2000) by making the researcher to proceed in gaining an understanding of a phenomenon in its natural setting (Ary, Jacobs & Razavieh, 2002:426). Throughout my interview with the participants I allowed them to express their views without any threats or coercions so as to facilitate the understanding of the topic under study from their own perspectives (Creswell, 2007:212; Nieuwenhuis, 2007:51).

I considered that only qualitative data can provide rich insight into human behaviour as it is used to uncover emic views, theories that are valid and qualitatively grounded (Glasser & Strauss, 1967; Guba & Lincoln, 1994). Through my data collection techniques, I had the opportunity of "watching people in their own territory interacting with them in their own language, on their own terms" (Irvine & Gaffikin, 2006:117). Qualitative research allows for the issue of new discoveries such as processes or hypotheses that could also be termed "science" while conducting empirical inquiry (Guba & Lincoln, 1994). Alternative paradigms or theories could also be used to approach new divergent dimensions (Guba, 1990). For instance while conducting

interviews with HIV positive adolescent girls, new discoveries may arise which will need a new theory or paradigm to answer the problem. Qualitative research also allows me to have an interactive session with the participants making the research process to be recorded plausibly. The fundamental reason for choosing the qualitative approach is embedded in its philosophical, ontological and epistemological tenets. This is because I am very interested in the HIV positive adolescent girl's beliefs and her social world. Searching for knowledge is seeking the truth which leads to uncovering exploring and understanding of the resilience phenomenon under study. Below are the key characteristics of qualitative research as outlined by (McMillan & Schumacher, 2010:321-324).

Table 4.2: Key characteristics of qualitative research

Characteristic	How it features in this study
Behaviour is studied as it occurs in **natural settings**.	Data were collected in research sites within the locality where the HIV positive adolescent girls live and work.
Context sensitivity is needed in order to interpret behaviour.	The Bourdieu's field theory is a helpful framework for the participant as it views the HIV positive Yoruba adolescent girls within their social world. The theory interprets the behaviour of participants as dictated by the values and perceptions within their 'habitus' by explaining what and why they do what they do. Also the theories of Erikson (1963, 1968a) and Piaget (1932, 1952) illuminate their psychosocial and cognitive abilities which serve to buttress their adolescent developmental stage as it influences their behaviour.
Researchers **collect data directly** from the source through direct interaction with participants.	Data were collected through conducting interviews with HIV positive Yoruba adolescent girls. This allowed me to capture their words and language that is the emic perspective to the study. I also asked them to take pictures with what they believe contributed to them becoming resilient within their environment. They also took pictures of what influenced their bouncing back to normal life.
Rich narrative descriptions are necessary for an in-depth understanding of a complex phenomenon.	The Interviews were conducted through recordings and later transcribed. Detailed field notes of my day-to-day observations provided me with rich narrative descriptions and in-depth understanding of the participants' experiences, perceptions and dispositions.
Process orientation: Researchers focus on the *how* and *why* of behaviour and not just on the outcomes.	The study was primarily focused on **how** HIV positive Yoruba adolescent girls become resilient after going through the trauma and stigmatization of the epidemic and also **why** a resilient framework is needed to address the phenomenon.
An **inductive data analysis** enables the researcher to work through the data progressively and generate a new understanding of the phenomenon.	Careful generation of themes and categories during data analysis provided a holistic picture and an in-depth understanding of the influence of key factors that impact the resilience of HIV positive Yoruba adolescent girls in Nigeria.

Characteristic	How it features in this study
Researchers use the **perspectives of their participants** to reconstruct reality.	The aim of my research is to investigate the key factors that influence the resilience of HIV positive adolescent girls in Nigeria. Therefore interacting with participants to reveal their own lived experiences allowed me to understand the phenomenon from their own perspectives. This was accomplished by interviewing five HIV positive Yoruba adolescent girls in Nigeria and capturing their emic perspectives and perceptions.
Emergent design – changes in the research design might be necessary after the data have been collected.	Since information gained through qualitative inquiry is emergent I kept returning to their data "over and over again to see if the constructs, categories, explanations, and interpretations make sense" (Creswell & Miller, 2000:125). I understand that strategies and goals are subject to change based on ongoing reflections, data analysis, and tentative hypotheses that are formed in the course of the study (Abrams, 2010: 539; Lincoln & Guba, 1985). I employed a flash back memory device to make constant reflections on the topic and re-examine meanings and expressions of participants as I analyse and interpret data.
Understanding and explanation of an intricate phenomenon need to be equally **complex** in order to capture its true meaning.	The resilience of HIV positive adolescent girls is a worldwide phenomenon and a complex issue that is context specific that is, what works in a context may not work in another context. I attempted to analyse the circumstances in detail and I came to the conclusion that this study cannot “account for all of the complexity” (McMillan & Schumacher, 2006:324) of this phenomenon as I can only uncover what is available or accessible at the time of the investigation or the period (Jackson II, Drummond & Camara, 2007:21). I also understand that although it is a social phenomenon, I approached the investigation with care, as I am aware that I am dealing with human objects and so approached the study with as much ethical diligence, and rigour as possible (Jackson II, Drummond & Camara, 2007:21).

4.2.3 RESEARCH TYPE: THE INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)

The Interpretative Phenomenological analysis (IPA) is described as “an approach to qualitative experiential and psychological research which has been informed by concepts and debates from three key areas of philosophy of knowledge: Phenomenology, Hermeneutics and Idiography:” (Frost, 2011:44). These three theories inform its distinctive epistemological framework and research methodology.

Phenomenology is a research method initiated by Husserl (1859-1938) and contributes to the philosophy that a person is embodied, embedded and immersed in a particular historic, social and cultural context and draws on the subjective experience of participants (Moran, 2000). Part of the HIV positive adolescent girls’ experience is trauma of the disease and stigmatization from the community. Pain, just like trauma,

experienced by HIV positive individuals has an apparent embodied nature as it is "situated" inextricably from social and cultural context (Larkin, Eatough & Osborn, 2011). It is situated "in meaning," as much as it does "in personal and social relationships and in a physical world of objects" (Larkin, Eatough & Osborn, 2011:1). It can be gathered that different people experience pain in different ways and in relation to their different contexts.

HIV positive adolescent girls already exist in a particular socio-cultural context, therefore their subjective experience is of key importance to the research process and method. This is because the IPA is concerned with trying to understand what it is like from the point of view of the participants and at the same time its analysis can also involve asking critical questions of participants' accounts. The interpretation can therefore be descriptive, emphatic in order to produce a rich experiential description and also critical and questioning "in a way in which participants might be unwilling or unable to do themselves" (Eatough & Smith, 2008:189).

Hermeneutics is the theory of interpretation and its meaning resides in "the whole manner in which human existence is interpretative" (Moran, 2000:235). I therefore followed the interpretation to explore, explain and describe the experiences of the HIV positive adolescent girls to uncover how they respond to contextual factors within their environment to bounce back to normal life. The reason for interpretation of a phenomenon is to reveal or manifest what may lie hidden. All steps taken by the researcher during the inquiry which may be informed by the prior experience and psychological theory are geared towards drawing out or disclosing the meaning of the lived experiences of the participants as related to the phenomenon under study (Frost, 2011).

Since human beings exist in a socio-cultural context (Heidegger, 1962), there are already some misconceptions about event and objects in the world which interpretation will reveal during the dynamic process between the interpreter and the object of interpretation. In this case there already exist some misconceptions about HIV positive adolescent girls' behaviour in Nigeria such as their risky sexual behaviours, loose morals (Adedimeji, Omololu & Odutolu, 2007; Aderinto, 2007), and subsequent stigmatization within the society which may hinder interpretation of their behaviour. This forms part of the research problem as sex is considered a sacred subject in Yoruba land. The interpretative phenomenon will reveal their actual experiences and reason for their behaviour. It will also reveal how they respond the contextual factors within their environment to make them become resilient.

Lastly, the idiography that constitutes the third theoretical underpinning of IPA aims at an in-depth investigation in particular and a commitment to detailed finely textured analysis of actual life and lived experience (Smith, Flowers & Larkin, 2009, in Frost, 2011). In this theory a single case study or individual case studies will illuminate the dimension of a shared commonality as it gives opportunity to learn a great deal about the person through analytic induction to arrive at a more general claim. For instance, analysing the in-depth life circumstances of an HIV positive adolescent girl in Nigeria will help to illuminate the common shared experiences of all HIV positive adolescent girls not only in Nigeria, but also in sub-Saharan Africa. It elaborates how experiences are meaningful and how these meanings manifest themselves within the context of the person both as an individual and in their many cultural roles (Frost, 2011) for example as an HIV positive Yoruba adolescent girl. At the same time studies on several participants may also highlight the shared themes and concerns among the group of HIV positive adolescent girls. Creswell (2008:477) as well as McMillan and Schumacher (2010:345) assert that a multiple case study involves studying two or more cases which are described and compared in order to provide insight into a particular phenomenon.

As a researcher in a multiple case study I am interested in the resilience phenomenon and have identified specific cases as opportunities to study the phenomenon with the hope of gaining insight into the larger issues under investigation (Stake, 2005:445,451) such as the experiences of HIV positive Yoruba adolescent girls and how to proffer a solution by developing a resilient framework which can help them become resilient. It is noteworthy to state here that this is a contextual study of resilience among HIV positive adolescent girls in Nigeria even though it is a worldwide epidemic. Hence, I focused on how their culture and social world or habitus (Bourdieu, 1989:14), influenced their experiences as people living with HIV and how they were able to bounce back from their adversity, thus becoming resilient. The detailed phenomenological study of the multiple cases of the HIV positive Yoruba adolescent girls permitted me to use varied sources and strategies in data collection which facilitated comparative analysis of the phenomenon (Bryman, 2004; Jackson II, Drummond & Camara, 2007:26; McDevitt & Ormrod, 2013:59).

The Interpretive Phenomenological Analysis (IPA) is used in issues concerned with health and illness, health psychology, sex and sexuality, psychological distress and issues of life transitions and identity as participants are likely to link the specific topic to their sense of identity (Frost, 2011). HIV/AIDS is an epidemic which has ravaged the youth and in particular adolescent girls worldwide causing them tremendous distress

and stigmatization and a strange self-identity. This is why I have chosen this approach to my research design.

Next I discuss the research methods and process of my fieldwork. The HIV positive Yoruba adolescent girls were studied in their natural context; I also provided a thorough description of the study context in order to achieve a full understanding of the phenomenon.

4.3 RESEARCH METHODS

Yin (2011) posits that a researcher can clearly identify any methodological choices ahead of time and then indicate his/her sensitivity about their opportunities, constraints, and philosophical underpinnings. In other words, acknowledging the epistemological location of the research, that is the philosophical assumptions; one makes sense about the ways of knowing what one knows about the phenomenon. He further asserts that there needs to be adequate room for discovery and allowance for unanticipated events (formulation), while the researcher must also follow some orderly set of research design not just a careless work but a rigorous field routine. This includes choosing methods that are of quality criteria and avoiding unexplained bias or deliberate distortion in carrying out research.

The final objective for choosing a realistic qualitative research method is that it must be "based on an explicit set of evidence especially those where the goal is to have participants describe their own decision making processes, the evidence will consist of "participants' actual language as well as the context in which the language is expressed" (VanManen, 1990:38; Willig, 2009:162). In these situations, the language or emic perspective is valued as the representation of reality and self-reports about their behavior. The nature of my research topic and tenets of the selected paradigm necessitate that my investigation would rely on using tools and participants from qualitative research methods.

I also make sure my theory, methodology and interest in the study are consolidated and not fragmented. It is believed that "A solid grounding in the substantive and theoretical literature related to the study places it in a frame of reference for the researcher and the reader" (Hatch 2002:41). An exposition of methodological theory places the proposed study in a research paradigm and identifies what kind of study is planned. In planning my study and during data collection I made use of the following questions to guide my empirical investigation (Jackson II, Drummond & Camara 2007:21).

- Do my research questions reflect what I am seeking to conceptually understand?
- How will I gain access to and recruit participants?
- How will participants be selected?
- How will participants respond to my questions?
- How will participants' responses help me understand the phenomenon under investigation? (Jackson II, Drummond & Camara, 2007:21).

4.3.1 RESEARCH SITE AND PARTICIPANTS

Making a wise choice of a research site is very important as the site chosen must be capable of having that strong influence on the nature of the qualitative research undertaken, so the purpose of that research needs to be considered (Irvine&Gaffikin, 2006). Other factors cited by Irvine and Gaffikin (2006) that strongly influences the choice of site, are:

- the area of inquiry the researcher initially finds appealing; and
- the possibility of gaining access and having a contact within a particular organization.

It is essential to identify the "gatekeepers" of an organisation, bearing in mind that it could be risky to start anywhere but at the top (Irvine & Gaffikin, 2006). The nongovernmental organisation (NGO) that I chose for the study is NELA in Ibadan. One of the objectives of the organization is to maintain its focus on young people who are at highest risk of health crises such as HIV/AIDS and abuse on women. This mission and objective are in line with my study.

An important characteristic of qualitative research according to McMillan and Schumacher (2010:348) is that it is usually conducted in the field or natural settings where they exhibit normal behaviour. Therefore gaining access into the field was a crucial step in gathering my qualitative data in a way that the participants were able to respond naturally and honestly (McMillan & Schumacher, 2010:348).In view of the above I chose (NELA) as my field setting. I learnt of the organization through their activities within the community.

This organisation is where the participants meet for treatment, counselling and social support and interact among themselves as people living with HIV (PLWH). In the field I needed to establish my role as an investigator and researcher in relation to the participants. Initially I entered the field as an outsider with the intention to collect data

and leave. My position, however, changed along the lines to what McMillan and Schumacher (2010) refer to as insider/outsider or partial participation. I have been a counsellor, community facilitator and a teacher of adolescents for 28 years, which made it possible for me to establish rapport with the participants, helping participants continue in their natural behaviour and establish trust (McMillan & Schumacher, 2010). I was directed to the Executive director by one of the social workers with whom I had had a social interaction in the past. When I met the executive director I handed over my letter of introduction and informed consent (see AppendixD) from the University of Pretoria to conduct my study.Permission was granted by the Executive director of the organisation who directed me to meet the social workers. I had a brief meeting with the five social workers of the organisation and booked another appointment with them for the following week. At the second meeting with the social workers I told them the objective of my study and the criteria for choosing all participants. I gave my letter of introduction and informed consent (see Appendix E) from the University Pretoria to two of the social workers who were purposefully selected by the five members. We agreed that they should call me in a week's time as soon as they find a willing participant.

These two social workers played multiple roles acting as social workers, field assistants, as well as participants. They facilitated and organized the meetings, helped in the selection of the participants and participated in interviews. Below is the signpost of the site where the study was conducted.

Photograph 4.2: The research site signpost: Network on ethics, human rights, law, HIV/AIDS, prevention support and care (NELA) office Complex

The choice of sampling to recruit participants for an Interpretative phenomenological analysis embraces the IPA design method of purposive sampling, which seems to be the most appropriate as it follows the theoretical account of epistemology. "Purposive sampling refers to a method of selecting participants, because they have particular

features or characteristics that will enable detailed exploration of the phenomena being studied" (Frost, 2011:49). Since the main aim of this design is to give a detailed account of individual experiences. Part of its advantages is an intensive focus on a small number of participants. By recognising this fact allowed me to make use of the logic and power of purposive sampling which lie in selecting information-rich cases for my study (Patton, 2002). Purposive sampling was also advantageous for this study, because it permitted me to use a predefined group of participants for whom the research questions would be meaningful. Choosing my participants properly helped in gaining in-depth understanding of the phenomenon of interest (Stake, 2005:450).

As the perceptions of participants direct their actions, thoughts and feelings, it is necessary to analyse the context and narrate the meanings they attach to particular processes, situations and events (McMillan & Schumacher, 2010). I therefore selected my participants, because they would offer rich, detailed, first-person accounts of experiences as they are useful for in-depth idiographic studies exploring how participants are making sense of experiences (Frost, 2011:50). The research site was also selected because of the specific objectives of the non-governmental organization (NGO) as related to my study.

For the purpose of this study five HIV positive Yoruba adolescent girls were purposefully selected by the social workers from a Network of Ethics, Human rights, Law, HIV/AIDS, Prevention Support and Care (NELA) in Ibadan as indicated above (see section4.3.4). This is a non-governmental organization (NGO) whose mission is to strengthen and enhance the capacity of NGOs/CBOs (community based organizations) to respond to HIV/AIDS and other related health challenges in their communities. Two social workers were purposefully chosen to participate and included in the interview protocol. I interviewed the two social workers to further explore their perspectives on the resilience of HIV positive adolescent girls that will illuminate the phenomenon. The social workers have a register of names, addresses and phone numbers of people living with HIV (PLWH) who has received treatment and counselling from the organisation. The social workers looked through the register and purposefully chose those that met my study criteria listed below and made phone calls to them before visiting their homes. They intimated them with the objectives of the study and sought their willingness to participate (see Appendices E & F, letters of informed consent). Appointments were booked according to the participants' availability. The following criteria were used for the selection of participants.

(i) HIV Positive adolescent girls

The five HIV positive adolescent girls participating in the study were purposefully approached within the locality to participate in the research depending on their availability and interest by the social workers of the above organization.

- HIV positive adolescent girls, who came from the Yoruba culture and live within the Yoruba cultural environment during the data collection period;
- HIV positive adolescent girls who were between ages 12 and 20 years;
- HIV positive adolescent girls who were willing to be interviewed;
- HIV positive adolescent girls who had experienced significant risk factors such as sexual abuse, poor parenting, low socio-economic status, poor social support and whose challenges were contextually relevant to the study;
- HIV positive adolescent girls that showed evidence of positive adaptation such as having attended HIV counselling and treatment centres, live a normal life and who have gone back to school or are engaged in a vocational trade.

(ii) Social workers

- Social workers who had worked in the organization for at least five years;
- Social workers who had had personal social interaction with the participants such as visiting their homes on a regular basis;
- Social workers who exhibited empathy and are involved in follow-up routines with the HIV positive adolescent girls;
- Social workers, who were willing to participate in the interviews.

4.3.2 DATA COLLECTION

Data were collected through semi-structured one-to-one interviews, which consisted of a large range of open-ended questions (see Appendix A) including prompts that allowed for further elaboration of the topic under discussion. The interviews took place in the above-mentioned organization in Ibadan (see section 4.3.4) and all data were collected qualitatively as the study (HIV/AIDS) is a very sensitive issue, which will involve aspects and experiences across life that are of considerable significance to participants. The five HIV positive girls were between the ages of 12 and 20 years which falls within the functional operative stage of development (adolescence) by Piaget's cognitive theory (see section 2.3.2) which states that these adolescents can now think abstractly and logically, form hypotheses and thereby make decisions on their own. According to

Erikson's psychosocial theory and identity formation (see section 2.3.3) they are at the age of carving a self-identity for themselves, which will take them through adulthood. The adolescent girls all belong to the same association of people living with HIV (PLWH) and are Yoruba adolescent girls all belonging to the same "habitus" as asserted by the Boudieu's field theory (see section 2.3.1).

I also made use of the photo voice method whereby I asked the HIV positive adolescent girls to take photographs of aspects that they felt influenced their efforts to bounce back to normal life and report their explanations in descriptive form. The duration of the interview was between 26 and 90 minutes with an average interview lasting 40 minutes. The flexibility of the interviews allowed for unexpected turns initiated by the participants' accounts rather than adhering strictly to my interview questions. The social workers interviewed were to give information about some of the claims of the HIV positive adolescent girls during their resilience process in form of triangulation and to elaborate more on the topic. I also made use of my field journal where I was able to write my observations about the attitudes and dispositions of the participants throughout the fieldwork. Through this observation I was able to capture their emic perspectives such as body movements, their perceptions and lived experiences.

The table below shows the different methods used for data collection and the purpose for which data were collected.

Table.4.3: Illustrating details of data collection for my study

Details of data collection		
Target of Investigation	**Method**	**Purpose**
HIV positive Yoruba adolescent girls	Semi-structured interview	To gain an insight into the situation of the participants, their perceptions and explore how they make sense of their experiences
HIV positive Yoruba adolescent girls	Photo-Voice	To discover and describe how resilient they are as this shows their self-efficacy and it portrays their actual lives beliefs and perceptions
Social Workers	Semi-structured Interview	To discover what type of aids or counselling they give to HIV positive girls and describe their perceptions of the resilience phenomenon
HIV positive adolescent girls	Field/reflective Journal	To observe their emic perspectives, body movements, disposition, attitudes and feelings as related to the topic

4.3.2.1 Semi-structured Interviews

This is a sanctioned descriptive research technique (Henning, 2004; McMillan, 2008:277-279) which is employed to obtain concrete answers or hints to answer my research question. Denzin and Lincoln (2000:63) further posit that in "semi structured interviews the interviewer asks all participants the same series of pre-established questions, while De Vos (1998:22) maintains that pre-formulated questions are carefully arranged and put to all the interviewers in a similar sequence. The semi-structured interviews allowed me to produce rich, in-depth interviews that are aimed at the individual. They provide opportunities to tackle complex experiences and investigate each HIV adolescent girl's personal perspectives. The open-ended nature of the interview questions, allowed the participants to answer them according to their frame of reference and share their personal experiences, opinions and beliefs (Cohen, Manion & Morrison, 2003).

I adhered to the following protocol during the interview process as suggested by Rule & John (2011:64). They suggest that the researcher should follow the following steps:

- Establish a relaxed atmosphere for the interview.
- Explain the nature and purpose of the study.
- Allow the interviewees to ask questions of clarification about the study and made sure that they were willing to proceed before I began the interview.
- Inform participants of my ethical obligations.
- Adopt a conversational rather than inquisitorial style to build rapport.
- Begin with the least demanding or controversial questions.
- Listen carefully and avoid interrupting the participants.
- Be respectful and sensitive to the emotional climate of the interview.
- Probe and summarize to confirm my understanding (Rule & John, 2011:64).

An experienced researcher recognises that interviews are "interventions", affecting people, and that a "good" interview "lays open thoughts, feelings, knowledge, and experience not only to the interviewer but also the interviewee" (Patton, 2002, in Irvine & Gaffikin, 2006). In order to achieve this objective, the interviews were audiotaped recorded with the permission of the participants with each lasting between 26 minutes and 1hour 30 minutes with an average interview lasting 40 minutes. I was given a private room within the building complex (see section 4.3.2) of the organization to conduct the interview in privacy as HIV/AIDS is a sensitive issue. I also took down notes of my

observations during all interview sessions. The semi-structured interview allowed the participants the opportunity to share their experiences, perceptions and world view with me. Adhering to the above protocol made the interview a rewarding experience for me as I had a good rapport with participants.

4.3.2.2 Photo voice

Photo voice as research approach, was developed by Wang and Burris (1997) as a participatory action research approach and offers distinctive contributions to improve the health of women. “Photo voice has three main goals: to enable people (1) to record and reflect their community's strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through large and small group discussion of their photographs, and (3) to reach policymakers” (Wang 1999:1). It is a methodology developed to appreciate feminist researchers, who advocate women’s subjective experiences and carry out women’s understanding of feminist theory and practice. Programmes and policies by and with women that honour women’s intelligence and value knowledge grounded in experience, are central (Wang, 1999). The women are able to control their experiences by reflecting and communicating their everyday identities. Kamper and Steyn (2011) state that by using “photo voice” the researcher has the opportunity to get most favourable participant involvement and achievesdedication and commitment together with the effective capturing of the meanings attached to the photographs.

According to Wang (1999:1), “Images can influence our definition of the situation regarding the social, cultural, and economic conditions that affect women's health. Participants’ views, beliefs and experiences are thus recorded through this process of photo elucidation.” A camera is given to each participant and they would be asked to take photographs that represent their lives and social world. The researcher can generate rich descriptions of subjective experience, which can sometimes yield unexpected data from the participants’ perspectives, during the discussions that follow.

I gave a camera each to the five participants and discussed the technicalities of equipment (cameras), ethics and other general information such as reminding them that they must take the photos of what they see as responsible for their bouncing back to normal life. Some of the participants explained that they had to give the cameras to those who could operate them better. They exhibited their photographs individually and discussed the picture that best depicted their experiences in terms of what helped them in their resilience process. During this phase I requested them to write a narrative about this specific photograph that depicted how and who played a major role during the

process of overcoming their adversity as people living with HIV (PLWH) to later have become resilient. The third phase was the synthesis that provided participants the opportunity to present their narratives.

Wang (1999) concludes that this framework holds that the images that people see influence their focus and their worldview and that by contributing to how people look at the world and how they see themselves, images can influence policymakers as well as the broader society that they are a part of (Wang, 1999:2). The main aim of this study is to develop a resilient framework for HIV positive adolescent girls and to allow policy makers take a pragmatic decision on the phenomenon under study. Rule and John (2011) also assert that this framework is fruitful in portraying textured understandings and multiple perspectives and that when such photographs are included in case reports (with permission), they also contribute to providing the reader with "vicarious (shocking) experience and a sense of being there" (Rule & John, 2011:72).

4.3.2.3 Field journal

Eisenhart (2006) suggests that in choosing methods one of the objectives should be that an indication is given that a researcher was "really and fully present− physically, cognitively, and emotionally− in the sense of action under study" (Eisenhart, 2006:574). In other words, the researcher must be sensitive to the need to report, in a self-reflexive manner, which may be in the form of field journals.

A field journal is an added data collection instrument in qualitative research especially during in-depth interviews to record and comment on the settings, participants' activities and the researcher's thoughts or observations. According to Ary, Jacobs and Razavieh (2002), field notes or journals have two basic components. Firstly, there is "the descriptive part which includes a complete description of the settings, the people and their reactions and interpersonal relationships and accounts of events." Secondly there is "The Reflective part which includes the observer's personal feelings or impressions about the events, comments on the research method, decisions and problems, records of ethical issues and speculations about data analysis" (Ary, Jacobs & Razavieh, 2002:431).

I followed the above components in order to illustrate my thinking, values and experiences after each appointment with a participant by reflecting on my subjective interpretations, values, perspectives and experiences and was mindful of my personal biases and inclinations as a researcher (Creswell, 2010). I also used the field journal to document my observations of participants' emic perspectives such as, body

movements, pauses and silences that reflect their emotions and perspectives during the interviews and photo voice technique and finally realize the objectives of the study (Frost, 2011, Smith, Flowers & Larkin, 2009). This is because HIV/AIDS is a sensitive issue with regard to Yoruba adolescent girls I therefore maintained a good social relationship with the participants in order to obtain rich data and information about their feelings, emotions and perceptions which were recordedin my field journal. The field journal is provided in chapter five.

4.3.3 DATA ANALYSIS

Generally, data analysis is an ongoing, integrative process that begins in the early stages of data collection and continues throughout the study. Qualitative data analysis therefore means making sense of the data collected (Bradley, Curry & Devers, 2007:3). Creswell (2007) asserts that arranging data systematically and thematically from transcripts as with this study is to facilitate the discussion of the findings via the themes and codes. Themes are fundamental concepts (Ryan & Bernard, 2003) that characterise specific experiences of individual participants by the more general insights that are apparent from the whole of the data (Bradley, Curry & Devers, 2007:3). Data analysis starts by coding each incident, which is later categorised and as the research continues more data are arranged according to each categories or new categories may emerge (Seale, Gobo, Gubrium & Silverman, 2004).

Qualitative data analysis is usually based on interpretative philosophy that is aimed at examining meaningful and symbolic content of qualitative data (Maree, 2010:99). I started my data analysis through manual procedure (transcription) in order to obtain a comprehensive analysis (Hatch, 2002:148). One of the assumptions or terms used in qualitative research, as mentioned in section 4.2.3, is preconceptions, referring to previous personal and professional experiences, pre-study beliefs about how things are and what is to be investigated, motivation and qualifications for exploration of the field, and perspectives and theoretical foundations related to education and interests (Malterud, 2001:2). These code types were from the theories that underpin my study. “Codes are tags or labels which are attached to documents or segments of documents such as paragraphs, sentences or words to help catalogue key concepts related to the study”(Bradley, Curry & Devers, 2007). Examples of some of the codes are phrases, paragraphs or segments in participants’ data that suggest fears and upheavals, perceptions of their identity and attachment to a mother or relative.

Categorization and coding entail identification of words and segments in the transcripts and field notes that are related to the key factors that enhance the resilience of HIV

positive adolescent girls in Nigeria. All my interviews, photo-voice data, reflective field journals where I recorded my observations were analyzed through transcription, labelling, sorting, and interpreting meaningful themes within the framework of resilience among HIV positive adolescent girls' such as their experiences. Themes are propositions that emerge from various detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry (Bradley, Curry & Devers, 2007; Frost, 2011). I used my participants' experiences as descriptive data to illustrate the codes and the categories relating to the themes. I therefore analysed each set of data collected from each participant to highlight the different themes, codes and categories. The names of the categories reflect the focus and purpose of my study (see chapter 5 for a detailed analysis of data).

During the course of my analysis, I was able to identify patterns of relationships, incidents of silence, body language and unexpected trends (Nieuwenhuis, 2007). More themes and categories were formed from these new trends and findings using inductive reasoning/logic as they appear during analysis. This is referred to as a posteriori hypothesis or knowledge meaning knowledge or hypothesis derived from the fieldwork (Bradley, Curry & Devers, 2007).

Since my research design/type is the Interpretative phenomenological analysis all my coding analysis was in accordance with the assumptions of this design. According to Larkin, Eatough and Osborn (2011), in phenomenological investigations, reduction involves the examination and then suspension of all suppositions about the phenomenon under investigation. This is because people's various assumptions about the world will not be revealed to them until they meet with their observations of the phenomenon under investigation, which takes place during fieldwork. Interpretative phenomenological analysis (IPA) deals with the inner experience of participants; reduction has therefore influenced an important commitment to open-mindedness and researcher reflexivity (Larkin, Eatough & Osborn, 2011:322-323).

Doing IPA revolves round the close reading of the text (Smith, 1999).The researcher writes down notes of any thoughts, observations, and reflexions that occur while reading the transcript or other texts where he/she looks for re-occurring phrases, the researcher's questions, their own emotions, and descriptions of, or comments on the language used. In other words, the recorded observations and reflections of the researcher are also used during data analysis (Biggerstaff & Thompson, 2008). I was able to identify themes within each section of the transcript and a possible connection between themes. Later the themes are clustered as concepts into categories. These themes and categories were presented as a table with evidence from the transcripts

usually in the form of a quotation which can be interpreted to best capture the participants'thoughts and emotions about the experience of the phenomenon being explored (Biggerstaff & Thompson, 2008:218; Willig, 2001).

At the level of interpretation of data and discussion, the phenomenological account can then be related back to existing theoretical accounts (Larkin, Eatough & Osborn, 2011) such as Erikson's and Piaget's theories and to explain the research questions. This is due to the fact that Erikson's psychosocial theory of identity formation and Piaget's theory of cognitive development in adolescents are part of the theories that underpin my study (see sections 2.3.3 and 2.3.3). Bourdieu's field theory will highlight the "habitus" of the HIV positive adolescent girls or the context of the study, which must all feature in the interpretation of the data according to the philosophy that underpins the Interpretative phenomenological analysis (IPA). IPA is also about presenting phenomenon in an understanding and readable format. This is because the major part of the analysis was about exploring the subjective experiences of HIV positive adolescent girls in Nigeria.

The flow diagram below illustrates the process of my data generation and data analysis process.

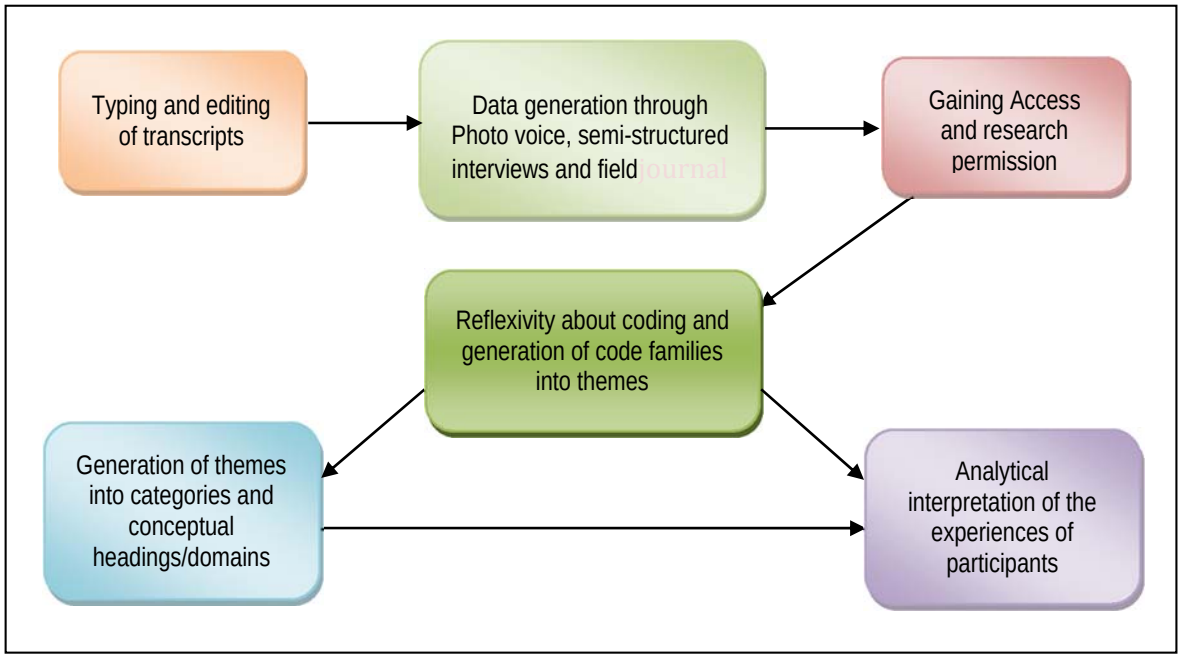

Figure 4.1: A flow diagram illustrating the process of my data generation and analysis

This flow diagramme illustrates the process of my gaining access to the research site to conduct data collection processes, typing of data, constant reflexivity both about generation of coding into categories and conceptual headings as well as analytical interpretation of the experiences of participants experiences.

4.3.4 TRUSTWORTHINESS

The concept of rigour in qualitative research lies in its suitability to the epistemology and aims of the research. This has led to a number of developments in qualitative inquiry, especially in the areas of criteria for assessing a quality and robust research (Tobin & Begley, 2004). "Trustworthiness ensures the quality of the findings and increases the reader's confidence in the findings. This requires that there be logical connections among the various steps in the research process from the purpose of the study through to the analyses and interpretation" (Letts, Wilkins, Law, Stewart, Bosch & Westmorland, 2007:9). In this study, trustworthiness and quality issues are addressed by focusing on credibility, transferability, dependability and confirmability (Denzin & Lincoln, 2000) which was first recommended to establish the trustworthiness of a study that adhere more to naturalistic research by Lincoln and Guba (1985). Clisset (2008:103) summarises the following criteria for trustworthiness of qualitative research:

Table 4.4: Criteria for trustworthiness of qualitative research

Aspect of trustworthiness of qualitative research	Definition
Credibility	The extent to which the findings presented by the researcher matches the personal constructions of the participants
Transferability	The extent to which decisions can be made about the usefulness of the study findings in other contexts
Dependability	The extent to which a replication of the study with the same or similar participants in the same or similar context would produce similar results
Confirmability	The extent to which the study findings and conclusion reflect the data collected

Before I explain the above criteria, it is important to discuss the assessment of the quality of the interpretative phenomenological analysis (IPA) which is my research type. Smith, Flowers and Larkin (2009:17) produced a noteworthy guide through an inductive exercise to assist in evaluating IPA papers or theses as trustworthy. Characteristics to keep in mind embrace:

- A clear subscription to the theoretical principles of IPA such as that it is phenomenological, hermeneutic and idiographic;
- Transparency with the process for readers to be carried along with every aspect of the research;
- Coherence, plausibility and conclusion with an interesting analysis;

- Sufficient sampling from the body of participants to show robustness of evidence for each theme such as:
    - Extracts from every participant for each theme;
    - Extracts from at least three participants for each theme;
    - Extracts from at least three participants for each theme the quantity of prevalence of themes, or extract from half the sample.

According to Smith, Flowers and Larkin (2009:17), a good IPA paper or thesis must meet the following criteria:

- It must be well focused and offer an in-depth analysis of a particular topic;
- The data and interpretation should be strong;
- The reader must be engaged and find it particularly enlightening.

My research embraces all these tenets of a trustworthy IPA thesis as four or more themes were well evidenced from at least four of the five participants. It is well focused as it explores the experiences of HIV positive adolescent girls with an in-depth analysis of the data and strong interpretation. Lastly, it is a very interesting feminist topic for readers as many hidden facts about adolescents' sexuality, behaviour and attitude towards HIV/AIDS are revealed.

I will now discuss the four tenets of determining trustworthiness in a qualitative study.

4.3.4.1 Credibility

In assuring credibility in my study, I embraced professional integrity, intellectual rigour while my methodological capabilities were all in line with Abrams (2010:540) andLincoln and Guba (2003). Yin (2003, 2009) supports the idea that multiple data sources are used to enhance credibility. I relied heavily on the mode of data collection viz.: photo voice, individual semi-structured interviews and field journals. These methods gave me the opportunity to employ the use of several credibility procedures in my study such as triangulation of methods, a reflexive journal, and the thick, rich descriptions (Creswell & Miller, 2000:129) which match the participants' personal constructions of their experiences and perceptions. Employing this approach in the collection of data coupled with the level of commitment in the data and thorough description of design and methods in reports helped to ensure the trustworthiness of the data and justification of claims (Freeman, deMarrais, Preissle, Roulston & St. Pierre, 2007:28; Polit & Beck, 2010:1456).

According to Patton (2002) a credible qualitative research depends on three distinctive components:

- Rigorous methods for doing field work that yield high quality data which are systematically analysed with attentions to issues of credibility;
- The credibility of the researcher, which is dependent on training, experience, track record, status, and presentation of self;
- A philosophical belief in the value of qualitative inquiry, embracing a fundamental appreciation of naturalistic inquiry, qualitative methods, inductive analyses, purposeful sampling and holistic thinking (Patton, 2002:552-553).

Bearing in mind the above components, I have invested a lot of rigour in my study through my profound involvement in my community of interest. I also maintained an adequate distance from the phenomenon under study to record observed actions accurately, supported with ample data, visible analysis and interpretation processes (Mertens, 2010). The systematic analysis of data obtained from participants, were arranged according to themes, in specific categories and sub categories, which match my insights and conceptual framework. As a woman with proven track records of working with adolescent girls for 28 years both as a teacher, community facilitator, counsellor and principal of secondary schools within the Ibadan environment, which is my context studied, gave me the opportunity to relate naturally with the participants and obtain rich data for my interpretations.

Philosophically, I followed the tenets of a qualitative inquiry by adhering to the methods of inquiry which are, semi-structured interview, photo-voice technique, and my field journal where I documented my observations. I chose my participants purposefully to reflect my topic and was able to look for divergent themes or patterns that emerge from my data analysis which are crucial to enhance credibility.

I developed the interview and photo voice themes based on my research topic to ensure credibility (see guides in Appendices A, B and C). I spent sufficient time on the site which both enables a relationship of trust between me as the researcher and participants and also to avoid premature or erroneous conclusions based on limited exposure to the phenomenon under study (Clisset, 2008; Mertens, 2010). I reviewed my interviews and photo voice guides with one of my colleagues before I submitted them to my supervisors who made useful comments and suggestions.

4.3.4.2 Transferability

Transferability is how the findings extend beyond the bounds of the project (Abrams, 2010:540; Lincoln & Guba, 2003) to settings that are identical to the one where the research was conducted. Rich description enables readers to make decisions about the applicability of the findings to other settings or similar contexts (Creswell & Miller, 2000:129). Because of the need for the report of the study to contain "thick descriptions" about the time, place, context and culture in which the hypotheses were found to have salience (Clisset, 2008:104) I provided sufficient detailed descriptions of the context (see section 4.3.2). The rural nature of the community necessitated comprehensive descriptions so that readers would be able to understand the complexity of the research setting and the circumstances of the participants. Detailed descriptions subsequently enabled them to make judgements about the applicability of the research findings and matched them with their own situations (Mertens, 2010:259). Thus with the rich descriptions of my research I aim to transfer my understanding of the experiences HIV positive adolescent girls in Nigeria to other similar conditions or contexts in the world.

4.3.4.3 Dependability

Dependability is "the extent to which a replication of the study with the same or similar participants in the same or similar context would produce similar results" (Guba & Lincoln, 1998, in Clisset, 2008:104). Dependability is also parallel to reliability in the constructivist paradigm. Even though change is expected, the result of the findings must be recorded and publicly inspected (Mertez, 2008:259). I achieved dependability in my study by keeping records of all possible features that explain my interactions with participants such as how the research design and questions were formulated within explicit theoretical and philosophical traditions. My activities at the research site, such as listening, observing, conversing, recording, interpreting, and dealing with logistical, ethical, emotional and political issues were reported in detail (Freeman *et al.,* 2007:27; Jackson II, Drummond & Camara, 2007:26). I also provided justifications of any changes that emerged in the design. This enables the reader to keep track of the process that I as the researcher went through and make judgments to compare the study with the same or similar participants in the same or similar context.

4.3.4.4 Confirmability

Guba and Lincoln (1989) arguethatconfirmability is parallel to objectivity which refers tothe degree to which the results are completely void of researcher influence and partiality (Creswell, 2007; Mertens, 2010). In order to maintain confirmability, Clisset (2008:104) asserts that studies should be supported by as many direct quotations as possible to demonstrate that the findings have their basis in the data collected by the researcher. All information about the processes employed to develop them should be available to outside reviewers of the study as the study findings and conclusion should reflect the data collected (Guba & Lincoln, 1989). Yin (2009) suggests that a "chain of evidence" should be provided such as field notes, interviews and so on, which are connected to or at resonance with the conclusions. In accordance with the above explanations, I was aware that I was dealing with human participants and therefore made sure my assumptions, position as researcher and possible biases were delineated in my interpretations and conclusions. This is because HIV /AIDS is a very sensitive issue and findings and conclusions reached will be not only lead to a pragmatic approach to solve the phenomenon but also insightful to policy makers.

4.3.5 THE ROLE OF THE RESEARCHER

According to Guba and Lincoln (1994) and Denzin and Lincoln (1994), the investigator and the object of study are interactively linked so that findings are mutually created within the context of the situation which shapes the inquiry. Furthermore, Creswell, (2007) affirms that the researcher is required to develop a complex depiction of the inquiry by reporting multiple and complex perspectives and factors that emerge from the investigation (Creswell, 2007:39). I understand that in the interpretive paradigm of qualitative studies the focus is on the interdependent relationship of the researcher and the participant (Blaikie, 2009:99). In phenomenological studies, interaction is more intrusive, very close and personal, allowing researchers to raise additional questions, check out hunches and analyse the phenomenon more critically (McMillan & Schumacher, 2010:349). I have therefore adopted the role of an observer, interviewer and recorder, as suggested by other critics of the theories from which I intended to draw some hypotheses. My own experiences as a Yoruba woman, served as a platform to employ the empirical methods of inquiry such as explaining and exploring (McMillan & Schumacher, 2008) the key issues that enhance the resilience of the HIV positive adolescent girls. The role of the researcher exerts a direct influence on the quality and type of data collected. Being a Yoruba speaking woman from Ibadan I will be able to personally, in a subjective manner, conduct and interpret the interviews and all that I observe in the field without prejudice due to the sensitive nature of the study.

4.4 ETHICAL CONSIDERATIONS

McMillan and Schumacher (2010:338) posit that a research design involves not only selecting participants and effective research strategies but also adhering to research ethics. Many researchers find it difficult to separate research ethics from professional ethics and personal morality. Since researchers' loyalty lies with the people they study and not with their project and the stories they tell researchers (Flewitt, 2005:558), protecting these participants is both ethical and moral especially when working with vulnerable populations such as HIV positive adolescent girls. To this effect McMillan and Schumacher (2010) suggest thefollowing four ethical criteria to resolve the diverse ethical dilemmas a researcher finds himself/herself during fieldwork.

4.4.1 INFORMED CONSENT AS A DIALOGUE

After gaining access to a research study setting participants are always briefed about the intended use of the data and a promise of confidentiality and anonymity, but a protocol of informed consent is required as one cannot anticipate what may be disturbing to each participant. I obtained informed consent (see Appendix F) from participants after securing ethical clearance from the Ethics Committee of the Faculty of Education, University of Pretoria. Ethical application is a rigorous process where possible ethical pitfalls are identified and were only ratified after thoroughly addressing the queries at my second submission before I got the clearance to conduct fieldwork. I strictly adhered to the ethical protocol during the conduct of my research having in mind that some participants might not want to participate due to the nature of the HIV epidemic and adolescent's behavioural and psychosocial tendencies. In the letter of informed consent I made participants aware of the time limit and allowed them to choose the time and place convenient for them. Informed consent forms were also given to parents of participants (see Appendix G) who were below the age of 18 years. This is in line with the tenets of the Child Rights Act as enacted in 2003 by the Nigeria Government (see section 2.2.3) to protect children from harmful cultural practices and subordinations.

4.4.2 CONFIDENTIALITY AND ANONYMITY

According to McMillan and Schumacher (2010:339), the settings and participants should not be revealed; therefore pseudonyms were used in my study. Researchers also have a dual role to protect the participants' identity from other persons in the setting and from the general public when reading the thesis. This aspect is also stated in the informed consent before embarking on the research. I gave all participants pseudonyms

instead of their real names and made sure nobody was aware of the interview protocols as I was given a private office (see section 4.3.4) at the complex to conduct the research. I also did not disclose data collected to anyone either within the setting or to the general public.

4.4.3 PRIVACY AND EMPOWERMENT

McMillan and Schumacher (2010) posit that deceptions violate informed consent and privacy and therefore even when participants cooperate some may feel betrayed when they read the research findings in print. Therefore researchers at times let them know the powers they have in the research process. Social research is primarily aimed to transform society and from this perspective qualitative research is "authentically sufficient when it fulfils three conditions: represents multiple voices, enhances moral discernment and promotes social transformation" (McMillan & Schumacher, 2010). Before I commenced with the study, I briefed the participants about the benefits of the research and also ensured them that there are no deceptions in the research process by adhering to the ethics protocol. The phenomenon under study is a health issue in which deception is not only unethical but immoral.

4.4.4 CARING AND FAIRNESS

A researcher should ensure that no participant experiences physical harm or humiliation during the field work. There must be a sense of caring and fairness in the researchers thinking, actions and personal morality (McMillan & Schumacher, 2010:339). In order to promote fairness in my inquiry process I employed the use of open discussions and negotiations.

4.5 CONCLUDING REMARKS

This chapter dealt with the research design and methods, providing the foundation for the next chapter, which is data analysis and Interpretation. I presented the philosophical, ontological, epistemological and methodological underpinnings towards the justification of my choice of research paradigm, approach and design which were used for data collection and analysis. I chose the Interpretative phenomenological analysis in order to gain more in-depth understanding and insight into the experiences and resilience processes of HIV positive adolescent girls in Nigeria. I also followed the qualitative approach by employing the use of multiple case studies and methods to collect data for my analysis. The context of the study, the sources of data and justification for whatever choices made, were described. I developed and refined the study instruments to ensure that the questions posed address the key factors that enhance the resilience of HIV

positive adolescent girls in Nigeria. Finally the strategies implemented to ascertain trustworthinessandethical issues, were pointed out. The next chapter gives a comprehensive description of the data analysis and interpretation from interviews, photo voice collected from the five HIV positive adolescent girls and the two social workers as well as my field notes.

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CHAPTER 5
DATA COLLECTION AND ANALYSIS

5.1 INTRODUCTION

In the previous chapter, I presented the comprehensive basis for the empirical study by describing and justifying my choice of the qualitative research design, the Interpretative Phenomenological Analysis (IPA) as my research type and my data generation methods. These methods were considered to investigate the resilience phenomenon, through a rich description of the HIV positive Yoruba adolescent girls' lives and experiences (Frost, 2011) (see section 4.2.3). I ensured that my methodology was based on the problem statement, purpose of the study and the research questions that guide my inquiry. I finally discussed the approach to my data analysis and interpretation.

In this chapter, I discuss the data analysis strategies as well as the interpretation from the generated data from my findings, which I employed to explore the key factors that enhance the resilience of HIV positive Yoruba adolescent girls in Nigeria. The transcripts from the semi-structured interviews and visual representations through photo voice narratives served as my primary source of data supported by my field journal. These techniques especially the photo voice effectively capture the lived lives of the participants and a rich depiction of the meanings assigned to the photographs (Kamper & Steyn, 2011). The report on the results of the study is presented through analysis of participants' data into categories and themes. This is followed by an interpretation of the various themes. The presentation of the analysis is preceded by a detailed description and background information of each participant followed by detailed narratives of the photo voice. The semi-structured interviews were reported verbatim with quotations from participants followed by narratives from my field journals. In addition a narrative of interviews with the social workers was reported, which is to serve as triangulation of result findings.

Although each participant possesses resilience potential, the interplay between individual and environmental factors is responsible for the level of resilience exhibited. Furthermore the HIV infected adolescent females are still struggling with some emotional stressors and challenges associated with their HIV status. These challenges or psychosocial stressors have been established by notable researchers such asLiebenberg and Ungar (2009) who affirm that resilience has been used to describe both positive development and thriving under stress. In addition, in developmental

science, individual resilience refers to the processes of, capacity for, or patterns of positive adaptation during or following exposure to adverse experiences that have the potential to disrupt or destroy the successful functioning or development of the person (Masten & Obradovic, 2008). From these constructs of resilience, it is evident that these girls still experience stressors, which reflect in their emotions. Nonetheless, the participants all portrayed resilient traits especially in terms of education, future orientation, spirituality and self-efficacy. It is important to note that participants come from a culture requiring girls to be submissive and shy away from discussion of sexual matters (see section 2.2.1). Findings from all data were synthesised into headings which reflect resilient concepts. They later formed themes which were later categorised.

5.2 ANECDOTAL NARRATIVE FOR GAINING ACCESS

This section deals with my research process, starting from my permission to gain access to the research site and the several meetings with my participants before I started the interviews and embarked on an overall empirical study. This is to provide an in-depth understanding of the context where the study took place with the co-operation of the social workers and the HIV positive adolescent girls.

The research process started with several visits to the research site (see section 4.3.1.1). My first point of call was to the head of the organisation, which was a very formal meeting and he later directed me to the social workers within the complex (see Appendices D & E for informed consents). Below are photographs of the complex where the organisation is located.

Photographs 5.1&5.2: The research site in a residential area of Ibadan Oyo state Nigeria

5.2.1 MEETING WITH THE SOCIAL WORKERS

I started my fieldwork with several meetings with the social workers in the organization. This is in line with Abrams (2010) who posits that the researcher must develop strong connections with the gatekeepers of a research site in order for the researcher to have maximum access to his or her population of interest. My first meeting was a familiarization visit after I left the director of the organization's office where we introduced ourselves. At the second meeting, the social worker with whom I have had contact with in the past started the ball rolling by introducing me and my mission to her colleagues who also have roles to play in the team-work. This took about four hours of socialization from which we discussed different topics ranging from marital to fashion, national news, food, and my sojourn in South Africa. They also gave me pamphlets describing the activities of the organization.

The next appointment was fixed and when I arrived, the topic of my research was discussed and they volunteered to participate. They promised to call me as soon as they were able to locate my sample population which involved the HIV positive adolescent girls. I gave them my phone numbers and they collected mine. Before the interviews started I made sure I visited them from time so as to build more connections through socialization and so that they will have me in mind. This took another several weeks. As soon as they laid hands on my population sample they started giving me calls and appointments were fixed for interviews. The interview with the participant took five weeks as they have to come for the interview at their convenient time. After interviewing the five HIV positive adolescents, the social workers were also interviewed to shed more light on the resilience phenomenon. I was able to gain more understanding about the experiences of these HIV positive adolescent girls, the kind of support the organization gives them and the identification of which factors they perceived were responsible for the adolescent girls' bouncing back to normal life. This also served as a form of validation of my findings from the five HIV positive adolescent girls, which can also be referred to as triangulation of results whereby the participant's findings are compared to ensure conformity.

Below is a photograph I took with the social workers inside one of the offices of the organization's complex during my familiarisation visits (see Appendix D for their letters of informed consent).

Photographs5.3&5.4: Participant during field work and another with social workers during familiarisation visits inside one of the offices of the organization's complex

5.2.2 MEETING WITH THE FIVE HIV POSITIVE ADOLESCENTS

This also took several weeks as I took one interview per day and did so at their convenience. A few days passed in between the interviews before another appointment was made as participants had to voluntarily make themselves available when it was deemed most convenient for them. I put in an effort to make the participants feel at ease by first familiarising myself with them during the process of taking down their particulars and other demographics. Their willingness also emanated from the fact that they seemed to look forward for more information and ways of ameliorating their present conditions. My interview sessions with the participants were thought-provoking, emotional and enriching with factual details as it really portrayed their actual lived lives. An emotional connection was established between the participants and me, which yielded a good rapport, allowing trust that aided to make the interviews a successful, interactive process.

The photo voice technique was very useful as it revealed quite a lot about the HIV positive adolescent girls' perception of themselves within their cultural or collective identity. I also gained more insight into the participants' body language and emotions deeper than I expected as part of what I observed during the interviews. Most of this perceived body language confirmed the discernible risks of these HIV positive adolescent girls and the cultural underpinning of their sexuality.

This chapter is a representation of a rich descriptive data that represents the voices of the HIV positive adolescent girls in Nigeria as the themes and categories are enhanced and enriched with direct quotations and visual images. At the end of the whole research

process and based on their experiences as told and expressed, I was able to achieve my aim and purpose for the study, which is to explore the key factors that enhance the resilience of HIV positive adolescent girls in Nigeria. I ensured that I recorded all my observations and reflections in my field journal each time I visited the complex.

The next section represents how I ensured trustworthiness during my research process.

5.3 TRUSTWORTHINESS

Ensuring trustworthiness of the research findings is a fundamental issue in any empirical research (Creswell, 2012). In conformity with the qualitative mode of enquiry, analysis of data collected began shortly after the first interview in order not to lose track of the events and for the purpose of my reflexivity. I applied the four criteria for ensuring trustworthiness in my study, as summarised by Clisset (2008:103) (see section 4.3.4) which are, credibility, transferability, dependability and confirmability.

In maintaining credibility, I ensured that I had a deep and close involvement with my participants, to ensure access to an accurate description of the resilience phenomenon under study, record accurately observed actions and support the empirical study with sufficient data as well as evidential processes of analysis and interpretation (see section 4.3.4.1).I used multiple sources of data collection to enhance credibility (Yin, 2011), such as photo voice, semi-structured interviews and a field journal. Thus, at the initial stage, I listened to the recorded interviews several times, recorded my observations, thoughts and comments of significant importance from the field journal notebook in order to gain a holistic understanding of the data. All these processes of analysis require focusing on content, use of language, context and interpretive comments from the data. First the photographs were sorted according to participants' preference and I later divided the transcribed data from the interviews into smaller units such as words, phrases and paragraphs.

I further established credibility by involving participants in all the stages of data collection and analysis to clarify the meanings they attached to their narratives. I also interviewed two social workers who acted as key informants on the phenomenon under study as a means of triangulation of data sources. This enabled me to compare data from different sources to promote quality and credibility in my study. My supervisors were consulted as well to establish whether my measures for data collection portrayed the HIV positive adolescent girls' perceptions and experiences. Their help assisted me to modify and adjust my interpretations of the analysis.

I maintained transferability by making thick descriptions of the participants, the context and the time and culture so that the results could have relevance to other settings. This study attempts to investigate and explore the experiences of HIV positive adolescent girls, such as their subjective coping strategies within their cultural context or habitus (social world) and determine which factors enhance their resilience.In accordance with the interpretative perspective which is “concerned with understanding the processes and the social and cultural contexts which underlie various behavioral patterns” (Nieuwenhuis, 2010:51). This enabled me to produce a deep, interpretive analysis of this phenomenon (Henning, 2004:21). I therefore focused more on preserving the specific meanings, findings and interpretations of the study so that it can be transferable to other situations.

I achieved dependability in my study by keeping records of all possible features that explain my interactions with participants such as how the research design and questions were formulated within explicit theoretical and philosophical traditions. I listened, observed, conversed, recorded, interpreted, and dealt with logistical, ethical, emotional and political issues. The measures and strategies I employed in undertaking this study are described in section 4.3.3. In addition I focused on what emerged from the data, as influenced by my knowledge of resilience theories and earlier studies of resilient youths such as done by Bottrell (2009),Theron, Theron and Malindi (2013), Obrist, Pfeiffer and Henley (2011), and Fergusand Zimmerman (2005). After multiple readings I labelled relevant parts of the data as they emerged by assigning inductive codes to data that shed light on participants’ resilience (Nieuwenhuis, 2007). I described my participants and their context to enhance dependability and ensured my results could be used to reproduce the same or similar participants in the same or similar context.

Confirmability was maintained by making sure possible biases were delineated in my interpretations and conclusions in the empirical study. I therefore ensured that the study was supported by as many direct quotations as possible to demonstrate that the findings have their roots in the data collected. The trustworthiness was further enhanced through engagement in peer debriefing (Creswell, 2009; Nieuwenhuis, 2007) by asking a social worker attached to the NGO (NELA) to comment critically on my emerging findings. I pursued rigour and attempted to limit bias in my interpretation by allowing divergent perspectives (Creswell, 2009).

Hence, at the end of this analysis I was able to capture the major themes in the research data which were later used to describe and interpret the viewpoints of the HIV positive adolescent girls which offered a great insight as well as understanding of the factors that enhance their resilience.

The next section presents the introduction, and description of the participants based on their biographical data.

5.4 DATA ANALYSIS

Data collection and analysis started simultaneously so as to give room to modifications of data as the process continues. All data both verbal and visual were analysed using the IPA (Osborne & Smith, 2006) (see section 4.3.3). Collected data were transcribed and typed out for clarity and easy sorting. In order to maintain a consistent style, each data collection strategy was reported participant by participant. In identifying resilience domains within the experiences of the HIV positive adolescent girls the photo voice narratives were first elucidated by placing their photos and reporting in descriptive form what participants explained as reflecting their resilience. This was followed by key findings from the narratives. Next were the semi-structured interviews which were reported with direct quotations from participants and also followed by the key findings from the transcripts. The field notes were also explained and the key findings were identified as well. Throughout the process, I constantly referred to the original manuscripts to ensure the domains truly represent participants' experiences and intentions. This information was then subjected to a closer consideration in order to identify any conceptual themes that depicted the essence of the individual participant's account. The process involved comparing similarities, differences, concepts and ideas, which could be compressed into themes. Finally I reflected on which categories could emerge from the themes. I ensured that relationships were established between the domains, themes and categories as well as truly reflect both participants' information and the resilience phenomenon. Before I commence with the analysis, I present below the biographical details of each participant in a table form, followed by a brief descriptive narrative.

5.4.1 PARTICIPANTS' BIOGRAPHICAL DATA

Seven participants (see section 4.3.1) were interviewed, of which five were purposefully selected HIV positive adolescent Yoruba girls. Their ages range from 14 to 20. The 14 year old adolescent girl was chosen to buttress the fact that HIV infection and knowledge is not only limited to older adolescents but also a challenge to youth health in general. Furthermore, their varying family contexts also highlight this concern including the fact that resilience functions in diverse contexts. The other two participants were social workers whose interview sessions would be used as part of triangulation of result findings from the five HIV positive adolescent girls. Even though the HIV positive adolescent girls still showed some level of emotional outbursts during the interviews,

nonetheless they all fall into the criteria given in section 4.3.1 for a resilient individual. This is because of the fact that as HIV positive individuals they were faced with significant challenges, therefore information collected from them represent their perceptions of their lived lives. Their developmental stages, marital status and different family backgrounds also played a role in how they perceive their challenges and experiences, which include their resilience process. All names are fictitious, as mentioned in Appendix F.

The table below summarizes each participant's context

Table 5.1: Key participant's description and background data

Participants (pseudonyms)	Age	Level of education	Present occupation	Parents occupation	Present living condition
A Mary	14	*Senior School: 1	Student	Father: civil servant, Mother tailor	Fairly good area of the city
B Modupe	17	*Senior School: 1	Student	Father deceased, Mother: tailor	Indigenous area of city
C Ajoke	20	Dropped out in Junior School: 1	Cleaner	Father: soldier, Mother: petty trader	Low income area
D Adijat	20	No education at all.	Petty trader, (Hawker)	Farmers. Father deceased.	Indigenous area with very low SES
E Cecilia	20	Dropped out in*Senior School: 1	Trading	Father- Trader, Mother Housewife	Fairly good area of the city

The educational system in Nigeria consists of a six years programme of secondary education split into three years of junior secondary school and three years in the senior secondary school. A pupil is expected to pass the junior secondary school exam before entrance into the senior secondary school. At the end of the senior secondary school, a student is expected to take the final exam named the senior secondary school certificate examination: SSCE.

- **Mary**

Mary was a 14 years old Yoruba girl and came from a Christian home. Her father was educated while her mother was a tailor. She was soft-spoken and could not talk much. According to her, she became infected with HIV at an early age of five, but her mother just disclosed her status to her last year at age 13. All she knew was that she was

always sick and had to change schools several time, because the schools' authorities were worried about her constant sickness and skipping of classes. She later came to know it was due to her HIV status, which her parents did not want to disclose. Her other two siblings were HIV negative which was yet another mystery to her. She was always chaperoned by the mother. Presently she was in the senior secondary school 1 at a private school. She was a very brilliant girl with a very high level of ambition and consequently she is supported very well by her parents who reside in a respected area of the city in terms of socio-economic status.

- **Modupe**

Modupe was also a 17-year-old Yoruba girl from a Christian home. Her father died of HIV/AIDS while her mother worked as a tailor. She was infected with HIV at the age of 11 years while taking care of her diseased father. She and her mother were ostracised by her father's family because the two of them are HIV positive. According to her, her other two male siblings were not infected. She was also in the senior secondary school 1 in a private secondary school and commented that she would have finished her schooling if not constantly sick. She lived with her mother and two siblings in an indigenous area of the city. She looked very ambitious and determined to face the odds.

- **Ajoke**

Ajoke was a 20-year-old Yoruba girl from a Christian home. She became aware of her status when she was to give birth to her first child at age 16. Her father was a soldier in the Nigerian army, although of a lower rank, while her mother was a petty trader. She got pregnant while she was in junior secondary school 3 at a public school and had to abandon her studies. She had no option than to marry the man (a car mechanic apprentice as at that time but now a security guard) who got her impregnated as her parents chased her away from home. Both of them were HIV positive and lived together with two kids who were HIV negative in a poor area of the city. Her HIV status was known to her parents, and they were prejudiced towards her. She was compelled to accept her fate and became resolute to face the odds. She attempted to learn tailoring but could not get financial support to start the trade. She worked as a cleaner at a private school to support herself and her family. Ajoke hoped to start her tailoring business when she found enough financial help. She attended church regularly in the hope of receiving healing.

➢ **Adijat**

Adijat was a 20-year-old Yoruba girl from a Muslim family who later converted to Christianity after she learnt of her HIV status at the age of 17. She never attended any school at all while her parents are two illiterates who engage in petty farming. She claimed to be a virgin before she contracted HIV. She was also aware of her status when she gave birth to her first child who later died. She still did not know how she contracted the disease. She was a petty trader and hawked a local drink called “Kunu”. She actually agreed to a traditional wedding at an early age. According to her, her mother was too old to be informed of her status as it could result in her death. She had no father while her husband who was HIV negative had always been a thorn in her flesh as he threatened todivorce her. They lived with their only daughter who was said not to have the disease. She converted to Christianity in order to receive healing. She looked hopeful and determined to face the odds in her life. She hoped to be a successful businesswoman probably through her association with people living with HIV or through the grace of God.

➢ **Cecilia**

Cecilia was a 20 years old Yoruba girl from a Christian home. She attended a public school in Lagos before she got pregnant in the senior secondary school 1. She had to marry the man who got her pregnant and later moved to Ibadan city. As her schooling was aborted, she started trading in kitchen and household utensils. Her mother was a housewife, while her father and her husband were traders. She also discovered her HIV status at age 16 when she was to deliver her first baby who eventually died. She lived with her husband who was also HIV positive with their daughter who was HIV negative, in a fair area of the city. She was pregnant with her second child. She looked healthy and very resilient.

5.4.2 KEY FINDINGS: PHOTO VOICE TECHNIQUE

In this section I present key findings from the photo voice technique with participants. The purpose of this technique was to investigate what factors the participants could identify as responsible for their resilience. At a meeting with the five HIV positive adolescent girls, I explained to them to reflect on their journey to bouncing back to normal life after being diagnosed as HIV positive and to identify the people, objects or anything within their environment that helped them to become resilient. Participants were then given a camera each to take pictures of these reflections and bring them to the centre after five days (see section 4.3.2.2). They were expected to specifically

choose from these pictures and later narrate how they experienced the support of the individual or object. Permission to be photographed is contained in Appendix F. The narrative aspect was collected as part of the critical dialogue the participants generated surrounding their photographs. They used the photographs to not only tell the story of their experiences, but also to provide evidence of their personal experience within their community.

Below is a presentation of the photographs followed by their narratives.

5.4.2.1 Mary

Photograph 5.5: Mary's photograph reflecting her resilience

Narrative: Mary brought two photographs. She took one photograph with her mother and another one in the company of other students and teachers in her school. When asked to choose which one reflects her resilience, she preferred the school photograph. According to her, even though the origin of her status was still a mystery, education is the only weapon with which she can fight her cause by becoming a journalist, airing the voices of HIV positive adolescent girls. She therefore, found solace in schooling and being close to her schoolmates, even though they did not know her status.

5.4.2.2 Modupe

Photographs5.6 & 5.7: Modupe's photographs reflecting her resilience

Narrative: Modupe presented these two photographs and when prompted to choose the best, she insisted both are reflections of her resilience. The first picture is that of a female medical doctor, which she pasted onto the wall in her room as she hoped to become a doctor in future in order to help fight HIV/AIDS. The photograph gave her the impetus to forge ahead in life. This participant had a special bond with the mother, hence the presentation of a photograph with her in the premises of the organisation (Network on ethics, human rights, law, HIV/AIDS) NELA where the mother got help to support her. She revealed that her mother and she were stereotyped and abandoned by her father's family, because they were HIV positive. According to her, she was able to survive her traumatic experiences due to her mother's unflinching support.

5.4.2.3 Ajoke

Photograph 5.8: Ajoke's photograph reflecting her resilience

Narrative: Ajoke took two pictures but preferred to choose that of her church. She said that she only disclosed her identity to the pastor of her church so he could pray for them. The pastor instilled confidence in her that one day she would receive spiritual healing and cleansing of her disease. According to her, the pastor performed series of prayer sessions, fasts and arranged private counselling for her and her husband. The pastor happened to be the only person who sympathised with them and would not discriminate against them but would rather keep their status a secret from others.

5.4.2.4 Adijat

Photograph 5.9: Aditjat's photograph reflecting her resilience

Narrative: Adijat came with the photograph of her trade where she received financial support. She sold local drinks (kunu) at a taxi rank. She sometimes hawked the drink for maximal profits. Even though she lamented that she never went to school, she had neverthelessbeen able to secure friends among her fellow women within the trade who were also HIV positive. In fact, her world revolved around the people she met daily on the streets, as she had no one to discuss her emotional experiences with at home.

5.4.2.5 Cecilia

Photograph 5.10: Cecilia's photograph reflecting her resilience

Narrative: In her narrative, Cecilia explained that nobody knew anything about her HIV status because she was able to quickly seek both medical and financial help and settled down to a flourishing business (kitchen and household utensils). Her experience prompted her to start advising her friends about HIV/AIDS. She had a shop of her own and controlled her business. This had been a source of her resilience and comfort. Her husband who was also HIV positive was also into trading and apart from him nobody knew her status. Cecilia happened to be the most resilient of them all, both physically, emotionally and in terms of optimism.

After engagement with the photo voice narratives with participants, the following key themes ensued:

- Family
- Friends
- Willingness to help others
- Education
- Disclosure of status
- Employment
- Spirituality.

(a) Family

All participants claimed their immediate family was aware of their status except for Aditjat whose husband had never sympathized with her condition because he was aware of her HIV status. She was in a world of her own trying her utmost to make sure she became resilient. Her mother was not aware of her status neither were other

relatives. Mary was being chaperoned everywhere by the mother who looked so protective. Modupe revealed that her mother vowed to make sure she becomes resilient by supplying all her needs and brought her to the centrefor treatment and counselling. Ajoke and Cecilia maintained good relationships with their spouses who were equally HIV positive. Mary and Modupe were teenagers with good parental support while the rest were married with kids and all their kids were HIV negative. The first babies died with HIV.

(b) Friends

All participants revealed that they maintained close relationships mainly with those in the association of people living with HIV (PLWH), their husbands, mother, peers or the social workers in the NELA organization. This was because according to them nobody wanted to associate with people living with HIV/AIDS. Participants strictly did not want to associate with individuals who were not HIV positive due to stigma. Adijat had many friends at the taxi rank where she sold her local drink but the intimate ones were HIV positive. Mary and Modupe socialised well at school even though they did not disclose their HIV status. Although Ajoke had suffered some stigmatization in the past, nonetheless, she was friendly with her neighbours. Cecilia on her part enjoyed counseling people around her about HIV.

(c) Willingness to help others

This is a strong resilient personal trait exhibited by almost all participants. For instance, Mary, Modupe and Cecilia were willing to help others receive information about the disease and conquer its effect. Mary wanted to become a journalist, Modupe a doctor and Cecilia gave advised her neighbours both at work and at home to go for HIV testing to be sure they were HIV negative.

(d) Education

All participants had aspirations to advance and further their education. To them education was a compulsory way of life which should be cherished and believed to be the best weapon to building resilience. Mary and Modupe believed becoming resilient lies very much in further education. They therefore maintained close relationship with their parents (mothers) who could help them achieve this. They also enjoyed being in school even though they kept their HIV status secret from others. Ajoke in particular could not hide her sadness as she said getting pregnant at an early age caused her leaving school at form three and subsequently she was infected with HIV. Adijat on the other hand never went to school, believed that this was why she had the misfortune of

contracting HIV, and suffered unemployment. Ajoke, Adijat and Cecilia wished they could get help to further their education but it seemed just a dream to them.

(e) Disclosure of status

Due to fear of stigmatisation and discrimination, all participants were afraid of disclosing their status hence they maintained close relationships only with those who already had the disease or their parents and spouses. To them non-disclosure would facilitate their resilience and they would rather keep to themselves and seek for help through the organisations and other social networks. HIV was a dreaded disease in the society. Fortunately, those who had it and were already coping well could hide their status as long as they showed no signs of the disease. All participants looked healthy enough to conceal their status. Cecilia in particular looked so well that no one could ever detect her status physically. She was into business along with her husband. Ajoke and Adijat who looked a bit fragile could easily pass for slim or petite women and their appearances could also be ascribed to the severe nature of their jobs (Ajoke was a cleaner and Adijat a local drink hawker). Mary and Modupe were still in school and really looked like students and young girls. They all believed telling people about their status would compound their problems and would not want to face discrimination.

(f) Employment

All participants showed signs of hard work, dedication and optimism about life, hoping that the future would be better. To them employment was empowerment and they all shared one goal in life and that was to thrive in their chosen endeavours. They believed that once they worked hard and achieved their aims of good employment no one would suspect their status. Mary and Modupe who were students expressed strong determination to become a journalist and a medical doctor respectively in order to persevere in life and to tackle problems associated with the disease. Adijat, Ajoke and Cecilia also worked hard and were dedicated to their work to prove people wrong that HIV positive people are weaklings or too vulnerable but to the contrary had a capacity to thrive like others.

(g) Spirituality

All participants believed in God's intervention in curing the disease totally in the nearest future. Mary and Modupe believed that with their parents and God behind them they would make it in life while they on their part were striving hard academically in school. Ajoke believed only God could heal her as she had missed school and attended church regularly where her pastor prayed for her. Adijat was confident that she would make it

despite her being illiterate, as she believed in God. Cecilia was highly optimistic with a strong faith in God that she would succeed in life as her business was currently thriving.

5.4 2.6 Closing remarks

In this section, I presented the key findings from the photo voice elucidation. The findings provided deep insights of how the participants perceived their status and their relationship with people living in the community. The results showed that most participants shared identical views and perceptions about the resilience phenomenon. It also portrayed their desire to secure loving and lasting relationships that could enhance their resilience. Next, I present key findings from the interviews.

5.4.3 KEY FINDINGS: INTERVIEWS

In this section, I present the key findings from the interviews with the participants. The interviews sought to investigate the experiences of the HIV positive adolescent girls and thereafter deduce factors that enhance their resilience from their stories. Participants were required to tell their own story and had to reflect on how they experienced theirresilience. During the semi- structured interviews, I used prompts such as “will you explain further, or give examples such as” to get more information from participants. Two of the participants, Mary and Modupe, spoke English. The other three, Ajoke, Adijat and Cecilia spoke Yoruba and I later translated the transcripts into English. In order to get useful prompts from participants I followed the interview guide (see Appendix A). Each participant responded to a series of basic biographical questions, which took approximately five minutes per participant. The purpose of these questions was not only to get detailed information from the participants, but also to induce willingness to participate, secure their trust and also maintain a good rapport. I adhered strictly to the ethical considerations as stated in chapter 4, section 4.4.Where appropriate, I reported the participants’ statements verbatim.

Below is the analysis of the interview sessions participant by participant.

5.4.3.1 Mary

Despite the negative slant in Mary’s response during the interview, there were several positive factors that indicated her resilience such as her good family background and her brilliant academic performance in school. She narrated how she was always sick and when her mother (who is also HIV positive) took her to NELA she was diagnosed with the disease. She shrugged when asked about how she feels about herself presently. She retorted:

"I am not happy with it."

This line was repeated several times to show she was not happy with her HIV status and the fact that she was only being told last year.She, however, would keep her status a secret from others as disclosure is a sensitive issue and people might not be friendly with her.

Her perception about disclosure is that:

"They will think by playing with me they too will be HIV positive."

Mary reported she was very happy whenever she was in school as she socialised well with everyone (students and teachers). She summarised her experience in socialising with other people:

"Ï usually play with them because they don't know."

Mary's perception of the Yoruba culture was scary as she could only remember the advice her mother gave her:

"They told us not to lose our virginity before marriage."

When asked if it affected her she simply said *"Yes"* and remained silent when further probed.

Concerning her future ambition, she was quick to reply that she wanted to be a journalist as this would give her opportunity to:

"Tell girls to keep away from boys, so that they will not destroy their lives".

She further narrated how she would go about doing this through writing in newspapers and collecting information from the girls concerning their experiences.

Finally when this participant was asked to narrate her challenges about how she had been coping with her emotional experiences since she became aware of her status, she started with:

"When I was sick they took me to NELA…

She broke down in tears after this statement and had to be placated by her mother and the social workers. This reaction was primarily due to her young age (14). Nevertheless regardless of her age, she vowed to fight the disease and its psychosocial effects with the help of her supportive parents. This showed that she did not lose her positive self-esteem and self-worth as she envisaged a good future for herself.

5.4.3.2 Modupe

When Modupe was asked how she got to know of her status she explained that when she grew up she asked her mother why she (Modupe) was always sick and using drugs. Her mother later told her she was HIV positive and explained to her how she contracted HIV/AIDS.

Her opinion on how she became infected was sought and she replied:

> *"She (her mother) told me that maybe through sharp objects because I was living with my father so maybe I used a blade and he also used the blade that's when my sickness also started."*

When asked how she felt about herself she replied:

"I feel very bad, but there is no opportunity than for you to take the drugs, make yourself healthy, if you don't miss the drugs nothing will happen to you, I now take it that one day I will get well".

About her perception about disclosure, she affirmatively replied *"No".* Asked why, she started with an exclamation:

> *"Hmmmmmm...because I heard that if anyone hear about the HIV and if they are your friend, they will not like you again and will hate you and will not come close to you again. So I ignore everyone and don't tell them."*

She explained that even though she had many friends none of them was aware of her HIV status. Concerning her perceptions about disclosure and her experiences in socialising with people, she replied:

> *"They will make a jest of me… and their behaviour will change and if she is selling something she may decide not to sell it to you again; they will say she has HIV."*

Modupe's perception of the Yoruba culture was not a favourable one as her non-verbal communication clearly indicated her disapproval. She frowned and her discomfort was notably visible. She reported thus:

> *"I don't like it much. Some are good and some are bad, like my grandmother is from Ibadan. Most of their behaviour is not good assuming their child is male they will hate the wife. But people from my mother's side (Ondo's) are good; they don't hate people. That's why I claim to be Ondo."*

She had her maternal grandfather's name, because her father's relatives disowned her, along with her mother whom they claimed must have infected him. She however remarked that Yoruba people respect elders.

Modupe was also very ambitious and determined as she hoped to become a medical doctor in future in order to help people living with HIV. When asked why she replied:

> *"You should be hardworking, face your studies, so that when you are educated you will be a great person, those that hate you will come to bow down to you because of what they will eat, either they know you are HIV positive or not. They don't care".*

She claimed she had never received any support from the government or community except from her mother who had been responsible for her schooling and the social workers who gave them emotional support and assured them that they would overcome the disease one day.

With regard to how she had been coping with her emotional challenges, she explained:

> *"The problem I have is that I can't express or tell people that I am HIV positive. I am afraid. I just keep it to myself. I just think and later forget about it that it's only God that knows everything that one day I will surely overcome it."*

She also attended the association of people living with HIV (PLWH) who counselled HIV infected people regularly. This participant believed that being educated, modest and having a focused future orientation was the best way to become resilient. She also portrayed a good sense of self-esteem and self-worth due to her belief in education and empowerment.

5.4.3.3 Ajoke

She narrated how people and even the medical personnel who tested them at the hospital discriminated against her and her husband:

> *"Like these people will soon die because there is no solution and we too started thinking so. Does it mean no solution?"*

They were finally referred to the NELA consortium for AIDS initiatives where they received counselling.

She was uncertain about possible disclosure as she was unsure how this step could affect her. She was not in support of this as she reported that her parents even discriminated against her. She explained that her mother however only came to say *"hi"*

on some occasions and she maintained she had no friends, as those friends would use her HIV status to abuse her.

She recalled how a neighbour who got wind of her status abused her and said:

> *"You better go and look after yourself, you that will soon die."*

Her perception about disclosure of one's status is:

> *"It's not good."*
>
> *"They won't even want their things to touch yours, as if they too will be affected."*

She complained that she, as a female, experienced the stigmatisation more intensely than her husband, because she stayed home mostly.

As for socialisation with people within the community, she reported that she socialised well with them but she would not tell them about her HIV status.

Asked about her perceptions about the Yoruba culture her reply was:

> *"Yoruba culture is good, but they also think I was a prostitute before getting married. Yoruba culture should know that anyone with HIV does not mean it's the end of the world."*

She lamented that she had no financial means to help herself and she needed food to be able to take her drugs regularly, so she took a cleaner's job at a private school. Her husband worked as a security guard as an additional financial support. She however wished to rent a shop in future to start her tailoring trade again:

In describing her emotional challenges, she explained that she and her husband were disturbed at the initial stage of their HIV status discovery but were coping well through the help of the social workers at the organisation. As for social support, she revealed that the organisation (NELA) supported them during meetings through counselling and with food items. When Ajoke was asked to describe how she was coping, she replied:

> *"I am just praying that one day God will help and the medicine for the cure will be available. I also go to church to pray".*

She revealed that only her pastor knew about her status as he did special prayers for them. Concerning emotional support, this participant believed in regular use of the antiretroviral drug and a miracle from God in order to remain resilient. She also believed in empowerment to counter the effects of her psychosocial problems such as good nutrition.

5.4.3.4 Adijat

This participant narrated how she discovered her infection at the age of 18 after persistent coughing and she was later diagnosed with HIV. She however commented that:

> *"I don't know how I got it because I was a virgin. I said no, it can't be possible. I was happy since I don't have sexual contact. But I was told it doesn't mean but I already have it".*

She later got married in the traditional way to her husband who now turned against her because of her status. Asked about how she felt about herself, she moaned

> *"Hhmmmmmnnn! When I knew I had HIV, I was coughing then, I broke down, I cried as I thought, so the end had come to me now, death had come".*

She revealed she could not disclose her status to anyone.

> *"Hmm! I don't tell anyone, as for my mother she is very old. If I tell her she can kill herself and as for my friends I don't tell any friend only those that are HIV positive like me".*

She also revealed that only her younger sister and her husband who was HIV negative were aware of her status.

Concerning her perceptions about HIV status disclosure, she sighed again:

> *"Hmmn! If you tell people some may give good advice but many will want to run away from you; they will even want to see you die so that they may not catch it from you."*

In terms of socialisation with people in the community, she had this to say:

> *"Those that know they don't run away from me, we eat together, wear clothes together, we know there can't be any problem, but I can't tell friends that I grow up with, they will run away from me."*

She was infuriated with the fact that she could not express her HIV status to some friends. She had to visit many hospitals for clarity because she thought:

> "*I got it through sex, but I can't say how I got it."*

About her opinion about the Yoruba culture, she replied:

> *"It is very good especially for women to be modest and not having a loose morality and respect for elders, you must not have sex before marriage".*

The only regret she has, according to her, was that she kept her virginity before marriage, but in the long run, she discovered that she was HIV positive. Even though she liked the Yoruba culture, she was against the mere domestication of a woman:

> *"A woman should not go to school as she will end up in the kitchen. Only a man has the right to go to school. That custom is not good at all and it's affecting my life. At times, I think why am I alive when there is no education to move me forward, so I feel so sad. "*

According to her, this aspect of the culture, which did not favour female education, shut many doors of opportunities for her. She then had to resort to selling (Kunu) a local drink to make ends meet. Her husband (who is HIV negative) rarely stayed at home, was never happy with her and was unco-operative but would rather compound her problems.

When asked to describe her ambitions and aspirations, she boldly said:

> *"I believe since I know God that created me, I know my life will be better*".

She narrated how a woman helped her through God's grace and how:

> *"I had to take myself to my friends to learn a trade (Local Yoruba clothes*)."

According to her, her status was never a hindrance to her as:

> *"God is really answering my prayers and in terms of health as far as I use my drugs regularly, so I was never sick not even had headaches for the past year."*

Concerning the emotional challenges she faced she replied with exasperation:

> *"Hahahaha! They are insurmountable and too many. I pray to God".*

She also attended counseling sessions at NELA and U.C.H (University of Ibadan Teaching Hospital) a government hospital. According to her, her not receiving formal education and her inability to get people to help her in life, made her to marry at a younger age.

As for Government efforts to help people of her status, she had this to say:

> *"The Government is trying but it's not enough as there are many people before they can notice someone like me and the fact that no one supports or helps in the community".*

She recalled that she only got financial help from one of the staff from NELA organization.

About her coping mechanism, she retorted:

> *You see God made me perfect. I am not being proud because I don't think so at all. Although we are mortals not angels even though I am troubled I will control myself and say this HIV will not kill me. I will go for counselling, before then I will go to play with my friends who are of the same status as me."*

She also claimed to attend church but no one knew her status in the church. She also narrated how her husband would leave her and their child for months:

> *"But since what I am going through is more than that so I don't care anymore. So I think how will I take care of my kid and mum, so that's why I am selling this local drink. I also know that God is my creator".*

She however thanked God that her daughter did not have the virus, because she took the necessary precautions (stopping mother to child transfusion) while pregnant. This participant believed only God and hard work could make her become resilient. She therefore left no stone unturned in looking for help anywhere to get herself a good and befitting job.

5.4.3.5 Cecilia

When Cecilia was asked to describe how she got infected she quickly replied:

> *"When I gave birth the child died and I was asked to test my blood for HIV for confirmation."*

As for her present disposition, she replied in the affirmative:

> *"Ha now am ok, my body is ok now since I use my drugs."*

She however, summarised her reaction when she first learnt of her status with a groan:

> *"Hhmmmn, I wept. I tried to kill myself. I even attempted to go to the expressway so that cars could kill me. Then someone showed me NELA and from there they took us to UCH where we received drugs. But I don't feel like killing myself, I feel ok except if God wants to take me away".*

She revealed that she never told anyone not even her parents.

> *"I didn't tell anyone except my husband. Not everyone has the knowledge about HIV.*

She however said people's comments about HIV were:

> *"May God forbid bad things. We learnt they lock them up and it is a death sentence".*

She would rather advise them to go for a test for certainty.

When asked if these comments from people do not affect her she replied with confidence.

> *"Hahaha, No it does not affect me at all because am knowledgeable about it. I know it can't kill me."*

Cecilia described her socialisation within her community as:

> *"No difference because no one knows I am HIV positive except my husband. I just look at some people who say God forbid; we can't sleep with someone who is HIV positive. I just laugh because the men even ask me out. Ignorance!"*

Concerning her perception about the Yoruba culture Cecilia paused and remained silent before she commented:

> *"Well I think it's good that a woman or man should be modest and not be loose in morals as it can lead to contracting HIV. Then prostitution is not good."*

Prostitution in her opinion was a common phenomenon in Ibadan especially among married people. From her experience, people had a flawed perception about HIV such as they thought people living with HIV looked thin and sick so they were not careful of whom they dated or that it was the work of darkness (Satan). She rather advised them to be careful as:

> *"HIV/AIDS doesn't show in the face".*

In terms of opportunities opened to her and how she utilised them, she explained:

> *"Hah! I have many opportunities especially through my trade."*

She made use of them as her business was flourishing.

As for Government's support she lamented that it was not adequate as only drugs are given free of charge. Only NELA as organisation supplied people living with HIV (PLWH) food mosquito nets and counselling.

Asked if she has future ambitions, she reaffirmed this:

> *"I have hope and know that things will be better and that this HIV will even disappear. I believe in God and the white people are trying to make sure HIV does not exist in Nigeria and the whole world".*

Concerning her challenges and how she coped with them, she explained that:

> *"I can't just tell anyone that I am facing any challenges."*

She would rather come to NELA organisation to discuss them and receive counseling. She narrated one of her challenges to be her inability to feed her baby, which really weighed her down as people were curious to know why and she could not explain to them. Cecilia also believes that HIV patients should stop worrying, eat well and take their drugs regularly to remain healthy and do any work like others without the disease. This is the advice she used to communicate with people about HIV as part of her campaign. She confirmed that her husband helped in empowering her in her business as he had started the trade before her. This participant believed that dedication to her business and God's intervention would help her to become resilient.

The following topics were identified from the interview transcripts:

- Perceptions and experiences with HIV
- Stigmatization, discrimination, silences and disclosure
- Perceptions of risk and vulnerability
- Spiritual connectedness
- Perceptions about Yoruba Culture
- Challenges from frustrated psychosocial needs
- Willingness to help others
- Perceptions about education
- Hopeful for a better future
- Perceptions about resilience and subjective well-being
- Internal locus of control.

(a) Perceptions and experiences with HIV

All participants reported they had experienced trauma, emotional and psychological breakdowns which led to unpleasant thoughts after being diagnosed with HIV. They expressed shock, sadness, anger and fear at their demise. They all felt sick at the initial stage before they were diagnosed and later started receiving treatment. The trauma of the sickness caused excruciating and unbearable pain for all the infected adolescents. Ajoke, Adijat and Cecilia thought of committing suicide while Mary and Modupe just simply said they were not happy about it. They had feelings of disbelief about the disease, loss of sense of security, loss of self-esteem, purposelessness and excessive anger. All of them also yearned to develop the ability to search for the cure to HIV and counselling. While Mary, Modupe and Adijat could not really determine how they became infected, Ajoke, and Cecilia could trace how they became infected. Ajoke, Adijat and Cecilia learnt of their status during pregnancy or childbirth, while Modupe and Mary were informed by their mothers, a fact which according to them could not really be verified. For instance, Modupe thought HIV is got through blood contact with her father. Both Modupe and her mother were HIV positive.

(b) Disclosure, stigmatization, discrimination and silence

All participants believed it was not wise to disclose their status due to fear of stigmatisation and discrimination and preferred to rather remain silent about that. Non-disclosure and silence were thought to be the best remedy to stigmatisation as they all feared segregation and loneliness. Mary and Modupe feared friends might not play with them while Ajoke, Adijat and Cecilia also feared neighbours and community members might not have anything to do with them as some neighbours even wished them to be dead. Not all participants believed they should be quiet about their status as Modupe lamented that one of her challenges was that she was unable to tell people about it. Mary on her part, was warned not to tell anyone. Ajoke told her pastor in the church about her status as part of her quest for a miracle to cure her as her parents have abandoned her. Adijat was be discriminated against by her husband and would not dare tell her mother, because she did not want to lose her through death. Ajoke'sneighbours were a thorn in her flesh since some suspected her status. Cecilia was so clever she never told anyone except her husband who was also HIV positive.

(c) Perceptions of risk and vulnerability

All participants experienced feelings of risk. They perceived risk of dying due to HIV at the onset of the disease. This feeling was also likened to vulnerability whereby

participants were treated as vulnerable species that could die at any time. This could be ascribed to the fact that people perceived HIV as a death sentence. Ajoke for instance narrated how people thought they would die even by medical personnel at the hospital where they were tested positive. Mary and Modupe perceived risk through sexual intercourse and rape, as they still believed that was the indisputable way to contract HIV. They were, therefore warned to be careful of boys whom they claimed could destroy their ambition. In addition, participants believed their challenges and stressors such as unfulfilled social and economic needs could increase their vulnerability to the epidemic thereby impeding their recovery and resilience.

(d) Spiritual connectedness

All participants were strong believers and portrayed strong faith in the healing powers of God. Ajoke was seriously praying for a miracle and attended church regularly while her pastor prayed for her and her family. Adijat turned to Christianity due to her status. They had absolute trust in God that they would not only be healed, but that God would alsoprovide for their financial and social needs. Cecilia believed God would soon provide a cure for HIV through the white man's efforts.

(e) Perceptions about Yoruba culture

Participants' perceptions about the Yoruba culture were not that favourable. Mary for instance felt scared of the culture, as she was warned seriouslyto keep away from boys and sex before marriage, because according to her they could destroys girls' lives. Modupe believed the Yoruba culture did not favour her, as her father's family, because of their HIV status, abandoned both her mother and her. She supported the idea of girls being modest and firmly advocated sound morals, just like Cecilia and Ajoke. On the other hand, Adijat complained that even though she kept all these rules such as saving her virginity until she got married, she still contracted HIV/AIDS. Ajoke believed that women felt the emotional challenges of HIV such as stigmatisation and labeling very intensely, more than men and that should not be so. Respect for elders was the only custom that themajority of the participants favour in the Yoruba culture.

(f) Challenges from frustrated psychosocial needs

Except for Mary and Modupe whose parents were responsible for their psychosocial needs such as schooling, moral and emotional support, Ajoke, Adijat and Cecilia had to struggle on their own to survive. Ajoke took up a job as a cleaner in a private school even though she learnt a trade but could not secure enough financial support to start her tailoring. Adijat also learnt how to make local clothing but could not secure any financial support to start the trade so she had to start selling local drinks (Kunu) which is easier to start with the little money she received from a social worker at NELA. Ajoke and Aditjat felt frustrated that they were unable to start their trade and the fact that they had no support from any one, not even from the government. Cecilia was luckier in the sense that her husband who was also HIV positive was into business before their demise so he was able to set up a business (kitchen/house utensils) for her which was flourishing. She too like others complained that government resources were not enough to cater for the psychosocial needs of people living with HIV.

(g) Willingness to help others

Mary, Modupe and Cecilia were willing to help other people especially girls from contracting the HIV disease. Mary for instance wanted to be a journalist to warn girls to keep away from boys to avoid infection or have unwanted pregnancies. Modupe wanted to be a medical doctor in order to help contain the epidemic while Cecilia went about advising people to go for blood tests to ascertain if they were HIV positive or not so that they could nip it in the bud. She believed people were so ignorant of the disease to the extent that they thought it was the work of Satan and that people who had it looked dried up.

(h) Perceptions about education

All participants cherished education and believed that it was the only solution to good living conditions and solving problems due to the HIV disease. To this end Mary and Modupe were anxious and dedicated to their studies. Mary would at least become independent from her mother who chaperoned her everywhere she went. Modupe believed as a medical doctor no one would think she was HIV positive as she would be regarded as an expert. Ajoke lamented with tears in her eyes about her inability to continue her education due to an unwanted pregnancy through which she contracted HIV and had to be forced to marry her husband. Adijat's circumstances were the least favourable with the idea of not being sent to school by her parents who according to her believed education was for the male child. That according to her was the major cause

of her problems as when opportunities arose for support she could not tap into them due to her illiteracy. She had friends and people within the community who were ready to help her but her lack of education had always been a setback for her. Cecilia was already entrenched in a flourishing business but still wished to be educated as she believed people in general were too ignorant of the HIV disease and they needed to be enlightened. In all, Ajoke, Aditjat and Cecilia even though married, still hoped for an opportunity to further their education.

(i) Hope for a better future

All participants had future aspirations and believed in hard work and dedication in order to become self-reliant and resilient. Mary wanted to be a journalist, Modupe was studying to become a medical doctor, and consequently she was in science class in her school. Ajoke nurtured her dream to become a tailor in future while Adijat too was still forging ahead looking for support from the community to start her clothing business or get a well-paid job and later left her present trade of hawking local drinks. Cecilia too still wanted more support to boost her business as she hoped to be a big businesswoman in future.

(j) Perceptions of resilience and subjective well-being

All participants believed that regular use of their anti-retroviral drugs coupled with good feeding would enhance their resilience and well-being on the outside as they would look healthy and no one would suspect their status. They also believed in attending regular meetings with other people living with HIV where they could share their thoughts, experiences and challenges as well as receive counseling. The association of people living with HIV (PLWH) catered for the well-being of its members who not only received information from the association but also some token support from the government and NGO's both national and international. They all reported that they complied with the advice they received from the association. All of them claimed to be resilient and healthy from their own point of view.

(k) Self-efficacy and self-worth

All participants showed some level of self-efficacy and ability to face their challenges. None lost the will to live and do well. This trait enhanced their resilience.They were willing to face the odds and showed strong self-worth in their ability to steer towards positive and enabling future careers. They were ready to work hard to achieve what they wanted. They were self-confident and believed in their ability to succeed in their chosen endeavours and believed they would also receive divine healing from God.

5.4.3.6 Closing remarks

In this section I presented the interview findings with significant and direct quotations to explore and explain how participants make sense of their status and experiences. The findings enriched me with an exposé of what it was like to build resilience on their part. They revealed so much resilience and an ability to overcome their adverse situations.

5.4.4 KEY FINDINGS: FIELD JOURNAL

I took down a series of field notes each time I went to the research site. These acted as my activity recorder where I put into writing all my reflections on each participant and what I observed throughout the fieldwork. The field notes shed more light on the participants' dispositions andrevealed what could be hidden during actual interviews. In accordance with IPA studies, Moran (2000) contends that phenomenology seeks after meanings which are perhaps hidden by the individual's mode of appearance while hermeneutics explicitly studies how things appear or are covered up (Moran, 2000:235).

Qualitative research aims to capture the participants' views through categorising knowledge from both "emic" and "etic" ways (Henning, 2013:83). The "etic" way of categorising knowledge is through an inductive process derived from the literature while the "emic" is through a deductive process from the field notes thus giving voice to the participants' thoughts and communication (Henning, 2013:83). Thus, I observed their body movements, attitudes, postures, language and all involuntary actions. As my research progressed, I discovered some prior opinions and findings that contradicted my experiences and opinions about HIV positive adolescent girls. For instance, I never thought HIV positive girls could be bold enough to speak about their experience due to the stigmatisation they suffered from the community. Therefore keeping and using my field journals empowered me to make my experiences, thoughts, opinions, and feelings an integrated part of the research process in its entirety (Ortlipp, 2008).Inadvertently the conscious and unconscious thoughts, feelings and fears which could not be captured during narratives were made evident through my field journal.

I had to refine my role of being simultaneously that of a researcher, interviewer, observer and a facilitator in order to generate credible data. HIV/AIDS is a very sensitive topic and most people living with HIV mostly internalise their problems due to discrimination. As a facilitator, I tried to socialise with each participant putting them at ease, pacifying them while simultaneously observing them. Even though I have reported most of the information that appeared in my field journal in the previous sections, however some relevant issues need to be highlighted among which are the physical/psychological

dispositions of HIV positive adolescent girls that may reveal how resilient they appeared. I produced the narrative below from my field notes by writing my views and providing detail of what I observed on each participant. I also kept a diary of events, activities and observation of the social workers to validate my data and support my claims of resilience among the HIV positive Yoruba adolescent girls.

5.4.4.1 Mary

Mary's interview was the briefest as she looked so innocent and seemed not to fully comprehend how she became infected with HIV. She was purposively chosen because of her tender age (14), her brilliant academic performance in school and her supportive parents. She had to rely only on what her mother told her concerning her status as it was disclosed to her the previous year (2013) at the age of 13. So she was still dealing with the shock and knowledge of this new development in her life and her interview was very brief as she broke into tears after some time. She revealed that her other siblings were HIV negative which was still a shock to her as her mother claimed she got infected through her. Nonetheless she spoke very good English that showed she attended a very good school and she sounded very intelligent. She came with her mother who sat by her. She looked so apprehensive as if she had been called to listen to how to solve or remove the disease from her body. Physically she looked healthy but emotionally she seemed disturbed as she shifted from one side to the other as if looking for answers. This again was due to her tender age and the fact that she had to be witnessed by older people when expressing her thoughts. According to the Yoruba culture she was expected to be inexpressive in the presence of seniors. She seemed to dislike the way her mother followed her everywhere and looked uncomfortable with this. During the interviews she spoke eagerly with agitation in her voice and appeared ready to face the odds. She displayed a high level of self-efficacy with regard to her future ambition as if that were her only source of hope to fight the disease. Her self-worth and self-esteem were enhanced due to her strong family support and high academic achievement. As she broke down in tears during the interview, she was placated by the researcher and the social workers from the organisation. She however, remained resolute in solving her emotional challenges with the help of her parents, who proved to be supportive.

5.4.4.2 Modupe

Modupe's interview was quite comprehensive and emotional as she was able to describe and analyse her situation using fair English. She also came in with her mother, but looked more independent than Mary. She was ready to talk and in particular resented the manner with which she was stigmatised by her father's relatives. She also narrated how she got infected with HIV by describing her plight starting from the period that her father had left the family for greener pastures in Lagos city until he was later diagnosed with HIV after securing a job. Soon after this, she started showing signs of the disease herself and she was later diagnosed as suffering from HIV/AIDS too. Her mother too tested HIV positive, but what surprised her up until now was the fact that her two junior brothers were declared negative coupled with the fact that her father's relatives said her mother killed her father. This made her to have strong empathy and love for her mother who was also her main support in building resilience. She looked calm but apprehensive wishing someone would have an answer to her problems. She was open-minded and ready to share all information to support this cause. She looked healthy and emotionally stable. She spoke brilliantly and that showed the epidemic had not affected her cognitively. She attended a science class in her bid to find a solution to the disease and help others. There seemed to be familiarity and good social relationship between her and the social workers of the organisation.

5.4.4.3 Ajoke

Ajoke's case elicited feelings of bathos, as she looked anxious to find a solution to her problems. She spoke Yoruba and explained how she left school in junior school three to learn a trade (tailoring) after she was impregnated and was forced to marry her husband at age 16. According to her, both of them tested positive to HIV including the child who later died. On a closer look at Ajoke, one could still see signs of regret, for abandoning her studies. She showed signs of trauma due to suffering from HIV but had finally accepted her fate, although occasionally tears dropped from her eyes revealing her emotional suffering.

This according to her was because of a lack of necessary support that according to her would have helped her and her daughters. She all the same started her interview session on a positive note exudingconfidence. Her physical appearance testified to her dire need of nutrition and support. She and her husband lived in an indigenous area of the city with low socio-economic resources. She however, looked calm and emotionally stable. Her only hope seemed to be her religious roots. She maintained a good rapport with the social workers at the organization and seemed secure with them.

5.4.4.4 Adijat

Adijat who is an Ibadan indigene bemoaned the fact that she never had the privilege to attend school, as her parents were also illiterates who had children at an advanced age. This low level of literacy, according to her, was responsible for all her suffering and HIV could consequently, not only be regarded as the culprit. Her father who was late however had 15 wives. All these circumstances caused her to learn a trade. She spoke uninterruptedly and profusely in strong self-defense. Her story was heart-rending and pitiful. Physically she looked malnourished but very agile and confident. This was evident in her narrative when she reported that some of her friends had committed suicide, because they could not cope well but she remained resolute in her decision to face the odds. She had a good control over her emotions and looked unperturbed although she appeared restless. She spoke without looking for words, which indicated that her cognitive ability was very good. She however confided in me by revealing that one of the social workers in the organization was also HIV positive and she had helped her financially on many occasions in her business.

5.4.4.5 Cecilia

Cecilia is happily married with her husband who was also HIV positive. They had one living child as the first child died after birth due to HIV. She was a very good example of a very resilient individual, as she showed no signs of the HIV disease. She looked well nourished and calm despite her state of pregnancy. Her socio economic status really helped her to face most of the challenges of HIV. Her husband landed her a thriving and robust business and they both resided in a fair area of the city. She sat down confidently and was chatting to the social workers when I entered. Her present pre-occupation was to rid people of ignorance about the disease. This she attempted at her convenience. The couple was quick to adjust to their present state and started attending counseling sessions and drug compliance. She spoke confidently in Yoruba. This participant was not in doubt of how she became infected.

Below are the key findings of my observations of participants and personal reflections from the field journals. They include:

- Relationship with social workers
- Involuntary body movements
- Subjective well being
- Self-compassion
- Anxiety about security and secure attachments

- Internal locus of control.

(a) Relationship with social workers:

All the participants maintained very close relationships with the social workers from the organization and in fact associated their resilience with them. According to them, the social workers not only counselled them but also gave them financial support at the most crucial period of their lives. They also helped them to treat their opportunistic infections like malaria and directed them to where they could receive medical help at government hospitals. They also helped to conceal their status and restored hope of overcoming the disease.

(b) Involuntary body movements

All participants exhibited some involuntary body movements like gesticulations, to express emotions such as apprehension, agitation, anxiety, and lack of support. The direct implication was that most of them internalised their problems due to their status coupled with the fact that women are not expected to be too expressive in the Yoruba culture. Cecilia seemed to be more relaxed than the other infected ladies, because of her high financial profile. They spoke with their bodies and hands with little scatches here and there on their noses, ears and eyes to demonstrate their emotions, and dispositions.

(c) Subjective well-being

All participants claimed to be healthy but on a closer look, Cecilia, Mary and Modupe looked healthier. This good health could be attributed to the fact that they received support from their parents or husbands. Ajoke and Adijat looked as if not well nourished mainly due to their lack of financial and psychosocial support. However, all of them were mentally alert and cognitively active.

(d) Self-compassion

All participants exhibited self-compassion as an adaptive way of coping when considering their difficult life challenges. The participants were able to hold their feelings of suffering with a sense of worth and concern by treating themselves with care and understanding not minding people's judgment about them. Mary and Modupe preservered in life by dedication to their studies and obedience to their parents' advice not to lose focus. Ajoke found solace in her pastor and the church and would not mingle with people in order not to get hurt. Adijat and Cecilia socialised with people around them not to feel the effect of stigmatization and loneliness.

(e) Anxiety about security and secure attachments

As HIV positive individuals, the participants craved security and secure attachment that were characterised by trust and comfort, for instance they were able to disclose their status to the researcher, because the fieldwork took place in an organization (NELA) which had been taking care of their needs. They felt secure and safe there, because they trusted the social workers and the organization. In terms of secure attachments, Mary, Modupe, and Cecilia secured attachment with their mothers, and husband respectively. Ajoke had a secure attachment with her husband too while Adijat could only secure attachment with some of her friends who were HIV positive.

(f) Internal locus of control

All participants exhibited internal locus of control on the inside as a way of coping with their stressors and emotional challenges. This was due to the fact that they took responsibility for their actions and tended to be less influenced by other people's judgements. Even though they were being condemned by people around them, they were not bothered but still had the will to perservere Some of Adijat's friends committed suicide but she refused to take her life. Ajoke believed in prayers while Modupe had succour from her mother and her future ambition. Cecilia, Modupe and Adijat showed more internal locus of control than the rest as they reported that their education and businesses were thriving. Cecilia and Modupe looked more physically healthy than the rest while Cecilia and Adijat looked happier and more independent than the rest.

5.4 4.6 Closing remarks

In conclusion, most participants shared the same traits and reported to be resilient (see section 4.3.3) as they met the criteria for being resilient. The most profound traits here are: relationships with social workers which were the pillars of their resilience, internal locus of control and subjective well-being.

5.4 5 KEY FINDINGS FROM SOCIAL WORKERS INTERVIEWS

Here I present key findings from my interviews with the two social workers from the centre (NELA). These interviews served to validate my research findings through triangulation by comparing data collected from participants with those collected from social workers to establish similarities of opinions or results that emerged from my data.

5.4.5.1 Social worker A

This social worker had been in the organisation for five years and had intensively been involved in the counselling and treatment of HIV positive adolescent girls. She reported that HIV positive individuals were referred to as clients at the centre and that when they first reported they used to have rashes, diarrhoea, malaria or tuberculosis but that after treatment especially adherence to drugs they changed rapidly physically. She also narrated how HIV positive adolescent girls used to face many challenges due to their age as adolescents; they feared disclosure of their status to friends and felt remorseful, avoiding attending school.

She reported that the centre gave them different kinds of support such as; home base counselling whereby they visited them at home and gave them psychological counselling and ongoing counselling whereby they tried to monitor and manage them well. The social workers also escorted them to government hospitals where they received anti-retroviral drugs. This was because NELA was just a point of call after they tested positive as they did not administer antiretroviral drugs but only treated opportunistic infections such as malaria and T.B, (Tuberculosis). The social worker revealed that they also counselled them on sexual matters by advising them to use condoms but in most cases asked adolescent girls to abstain from sex. This was because they realised that some of the clients confessed they could not do without sex although they appealed to the social workers not to let their parents know about this revelation. The social workers also encouraged them not to allow other people's opinion about them to weigh them down, but had to stay strong to fight the disease and its psychosocial effects. In addition they asked old clients for counselling and they shared their own stories of how they were able to overcome their challenges.

The HIV positive adolescent girl's parents especially mothers were counselled to be closer to their daughters and to give them emotional support. At the centre they also helped to prevent mother/child transfusions during pregnancy. They revealed to them that even one of the social workers was also HIV positive. The social workers also empathised with them, give them loans to start trades so that they were not redundant

but became relevant to the society as well as teach them how to make nutritional locally made drinks. She believed the participants who came for the interview were resilient and coping but suggested that government and the society, at large, should encourage them to go to school, find a job and afford them their rights. She reported that some of them have solace in churches and strong faith in God.

5.4.5.2 Social worker B

This social worker referred to their profession as health caregivers. She also corroborated what the first social worker reported in her account. She narrated how devastated, depressed and sick the HIV positive adolescent girls were at their first visit to the center but after counseling and health education they became happy, healthy and bounced back to normal life. According to her they gave pre-test counselling and after they had tested HIV positive, they also gave them post-test counselling. Here they told them of the confidentiality of their status at NELA and assured them they would not reveal their status to anyone. They are also treated for opportunistic infections such as malaria and TB.

On how they received feedback, she narrated how they normally collected HIV positive adolescent girls' names and phone numbers and asked them to give feedback. If for any reason they did not report back, the social workers visited them at home. On what conditions helped them to bounce back to normal life, she responded that HIV positive adolescent girls attended support group meetings where social workers distributed condoms, and counselled them to abstain from sex and also move closer to God noting that if there were the fear of God many would not indulge in such acts. They also admonished mothers to give their daughters sex education and give them emotional support. She however appealed to government to send these HIV adolescent girls back to school as this would help them to improve their livelihood.

She reported that adolescent girls needed to take their drugs regularly and eat good nutritional food in order to be able to bounce back to normal life. The center helped in this direction by giving them food support home base care where they helped them wash clothes and even cooked for them. She also mentioned that these HIV positive adolescent girls suffered a lot of stigmatization from the community but that the social workers encouraged them by telling them they could still live long and even eat with people and that the only way to contact HIV was through contaminated blood. She revealed that some of them were bosom friends with the social workers as they offered them nutritional and financial support to start petty trading.

Interviews with the social workers reveal that:

- HIV positive adolescent girls received emotional, financial and psychosocial support at the center.
- They attended support group meetings regularly for counseling and treatment of opportunistic infections.
- They also received home based counseling.
- They used their drugs regularly and thereby bounced back to normal life as soon as possible.
- They needed more nutritional support due to their age as adolescents from parents and Governments.
- They felt very free and secure whenever they visit the center and voice out their challenges such as stigmatization.
- They attended churches and have faith in God that one day they will receive healing.

5.4.5.3 Closing remarks

In conclusion, the interviews with the social workers enriched my understanding of the experiences of the HIV positive adolescent girls. It shed more light on how the HIV positive adolescent girls were able to navigate their well-being thus becoming resilient.

5.4.6 THEMES AND CATEGORIES

In this section, I presented the results that emerged from the data by identifying themes and categories which are significant in the data. I employed the use of open coding which is the analytic process of examining data either line by line or paragraph by paragraph for significant events, experiences, feelings, and so on which are designated as concepts (Strauss & Corbin, 1998). The researcher or analyst sometimes names the concept while other times the participant's words are descriptive enough that they can stand for concepts. Expressions which are related to and support experiences of participants are categorised according to pre-defined categories derived from the literature. I constantly reflected on my use of the IPA in forming my patterns of themes and categories because although IPA seeks patterns from data but they are often theoretically bound (Braun & Clarke, 2008).

This study is exploring the experiences of HIV positive adolescent girls in Nigeria in order to identify factors that impact on their resilience. After a rigorous data collection

series, I reflected on the data collected and how to sort them into meaning units. I first labelled meaningful units, which were derived from my findings from the data as domains. These were sorted into five major themes which reflect factors that enhance participants' resilience. I later compressed the three themes into three categories. As a typical flexible IPA study, the meaning units that were used as headings for my findings were both derived from the participants' descriptions, narratives and my field journal as well as preconceived concepts from the literature. For example, headings such as attitudes towards friends, attitudes towards family or social workers were derived from data collected from participants while headings such as subjective well-being, self-efficacy and self-compassion were derived from literature and resilience domains. The meaningful units were constantly compared until all data were sorted. These domains will naturally describe different aspects of the phenomenon. I then sorted them into themes and I employed the use of delineation of relationships to sort out differences and similarities of categories. My themes describe and interpret the whole resilience phenomenon as contained in the data. I later sorted the themes into categories that also reflect the domains of resilience. Finally, in order to grasp the essence of the resilience phenomenon, I presented the relationships between the domains, themes and categories in the diagram below.

Table 5.2: Domains, themes and categories

Domains	Themes	Categories
Internal factors	HIV positive Yoruba adolescent girls' perceptions	• Perceptions about risk and vulnerability • Perceptions about education • Perceptions about Yoruba culture • Perceptions about resilience and subjective well being
	HIV positive Yoruba adolescent girls coping mechanisms	• Self-efficacy • Spirituality • Willingness to help others • Self-compassion • Internal locus of control • Involuntary body movements
Challenges and stressors	Experiences and challenges of HIV positive Yoruba adolescent girls	• Fear of disclosure or status • Stigmatization • Challenges from frustrated psychosocial needs • Anxiety about security and secure attachment

External factors	HIV positive Yoruba adolescent girls' socialisations	• Relationships with family • Relationships with friends • Relationship with social workers
	HIV positive Yoruba adolescent girls' ambitions	• Hard work and optimism about life • Hopeful for a better future

5.5 CONCLUDING REMARKS

In this chapter, I presented the findings from data collected during fieldwork according to the qualitative mode of enquiry. The research process began with the discussion of the anecdotal narrative of gaining access and data collection. Next I showcased how I maintained trustworthiness, followed by my data analysis that was presented participant by participant. Participant's biographical details and key findings from data gathered were elucidated. Finally I provided a description of the procedure I employed in codifying and categorizing data for identification of domains that matched my themes and categories. The analysis was presented in a table form for easy clarification. During the course of my interaction with participants in this study I discovered that their cultural perspectives play significant roles in shaping their behaviours thereby creating stressors and challenges. I also noticed that each participant employed different means of dealing with her challenges in order to become resilient.

In chapter 6 the interpretation of the themes and categories which emerged from the analysis will be presented.

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CHAPTER 6
DATA INTERPRETATION

6.1 INTRODUCTION

In the last chapter I gave a comprehensive analysis of data collected and concluded with a table of the analysis (see Table 5.2) which reflects participants' experiences and the manner with which they respond to both internal as well as external factors within. Stressors that pose risk factors to the participants were also elucidated. Both the internal and external factors buffer against the risk factors which enable them to become resilient.

In this chapter, I present a comprehensive interpretation of the data analysis by following the sequence of themes and categories as sorted within the three domains. The domains reflect resilience concepts in order to have a better understanding of the dynamic nature of the phenomenon. The meaning of the data will be interpreted with reference to literature findings (see sections 2.2, 2.3, 3.2, 3.3, 3.4); the theoretical framework (see section 1.9), the original problem statement and research questions that guided the study (see sections 1.3 and 1.4). The purpose of this study is to explore into detail the lived lives of HIV positive Yoruba adolescent girls in Nigeria so as to be able to explain and describe the key factors that enhance their resilience. The interpretation will therefore provide a holistic understanding of the resilience phenomenon as experienced by the participants.

6.2 INTERPRETATION OF THE THEMES AND CATEGORIES PERDOMAIN

The five themes identified in this study will form the basis of the discussion of the results and findings. These themes and the categories represent the voices of the participants. Figure 6.1 represents themes 1&2 and the categories followed by their interpretation.

6.2.1 DOMAIN 1: INTERNAL FACTORS

I identified two themes in this domain. They are as follows.

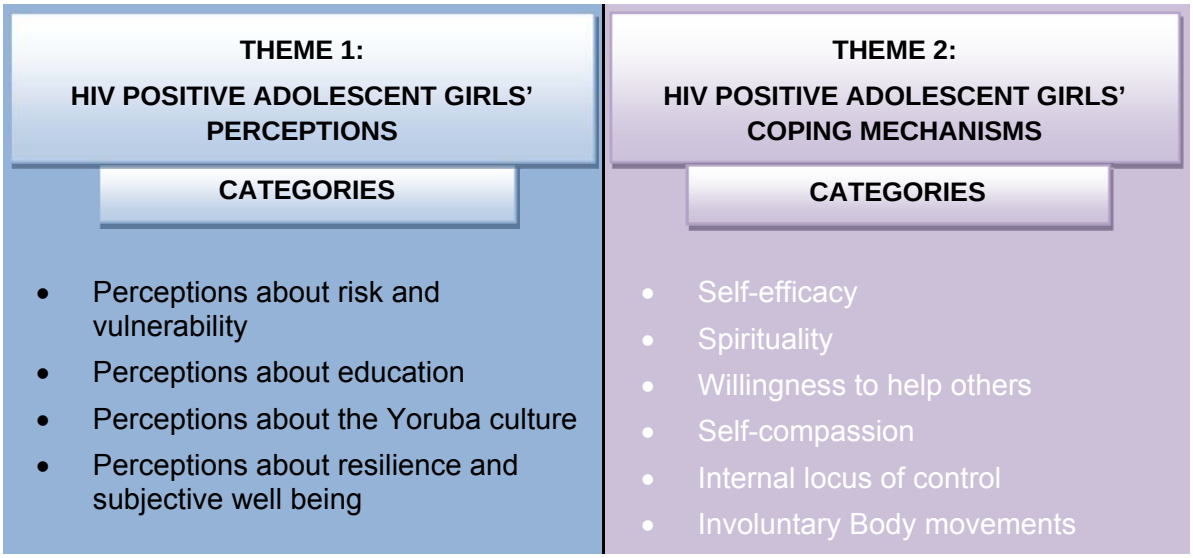

Figure 6.1: Themes and categories in domain 1

In this section I discuss the results from the data relating to the internal factors that are indicative and enhance resilience in HIV positive adolescent girls. Fergus and Zimmerman (2005) posit that research on resilience on adolescents focuses more on the assets and resources that help them to overcome the negative effects of risk exposure. The assets according to Fergus and Zimmerman (2005) are the positive factors that reside inside the individual. It is also established in literature that adolescent girls tend to internalise their problems more than boys (Brown, 2011). This is due to the fact that adolescent girls' voices are not meant to be heard by the society, especially in Africa where men dominate all matters. This domain is supported by two themes of issues, which will be discussed. They are: HIV positive Yoruba adolescent girls' perceptions and HIV positive adolescent girls coping mechanisms. The 10 categories that represented the themes in these categories described how participants made sense of their experiences as a journey through inward perceptions of their lived lives, which may be termed as risks, to developing a strong internal strength of character (Theron, 2004, 2011) to boost their resilience.

6.2.1.1 Theme 1: HIV positive Yoruba adolescent girls' perceptions

In this section I present the four (4) categories that represent the perceptions of HIV positive Yoruba adolescent girls and how they had direct impact on their resilience.Renn (2004) posit that people construct their own reality and evaluation of risk according to their subjective perceptions. In other words, risk is a mental process that spring from people's ideas and common sense.The participants in this study had feelings of risk (Devorshak 2012) experienced as vulnerability to opportunistic infections, and even death due to the disease. According Slovic (2010) risk perceptions are linked to cultural

identities. This is made evident from the fact that people within the community perceive HIV disease as a death sentence. At the initial awareness of their status, participants reported that they thought they would soon die. They also perceived rape or sexual abuse as a risk or vulnerability; hence Mary for instance was warned to desist from boys. In spite of these threats to their lives they seemed to know how to cope and proffer solutions to them. Obeying counselling from social workers was one way of navigating these threats. In order to curtail these perceptions, participants also cultivated the habit of strict adherence and complicity to the use of their anti-retroviral drugs, eating of nourishing foods and attending meetings regularly at the center for counseling to boost their morale and the way they perceive themselves. They were also careful of immoral acts such as risky sexual activities that could compound their problems. In addition, they strived hard to earn a good living.

The second category is participants' perception of education. They all perceived education as the best way to fight the HIV epidemic and its effects. This was due to the fact that the Yoruba culture placed ahigh priority on education (see section 2.2.1).Education is regarded as an investment and prestige expenditure by training children (Macintyre, 2007). Illiteracy is viewed as a chronic disease that is even worse than the HIV epidemic and people who are not educated seem to have a low self-perception. This is why, for instance, Mary would want to be a journalist not only to spread the news about HIV, but also to boost her morale and self-esteem. Modupe had the perception that when she became a medical doctor her life would change for the better. There were many songs and additions in the Yoruba custom that supported education as a self-esteem booster while illiterates or rather half-baked educated people (school dropouts), were often frownedupon. Adijat who never went to school blamed her parents for her woes as she believed she would have had more opportunities to resource the opportunities open for her to become resilient. Ajoke and Cecilia believed their course of life would have been different if they did not drop out of school. Nevertheless, the culture also encouraged hard work through learning a trade, which Ajoke, Cecilia and Adijat had done to boost their morale and self-esteem. In spite of their HIV status they were able to engage themselves in profitable trades to navigate their resilience.

The third category is the participant's perceptions about the Yoruba culture and how it affected the manner they perceived themselves. In section 2.2.1, I discussed how culture according to Detert, Schroeder and Mauriel (2000) is viewed as a system of shared values and norms which delineate important and appropriate attitudes and behaviours that guide a group's way of life. It also acts as a screen or lens through which

the world is viewed (Stoll, 1998:9). In many African societies like in the Yoruba culture the formal operation stage (Piaget, 1972) is developed through folklores, stories and instilling of the cultural norms. During these processes the adolescent girl in particular learns about the history of her people and cultural taboos and myths. She is put on a platform of informal education to sharpen her logical thinking, which enables her to solve her problems independently. All participants believed that the Yoruba culture was sacred and had to be obeyed as it taught modesty, abstaining from sex, keeping of virginity until marriage and respect for elders.

These teachings are believed to help individuals to keep away from HIV infection. It is believed that when youths have achieved a high level of ethnic identity (Erikson, 1968a) it will act as a protective enhancing factor during high levels of stress in HIV positive adolescent girls. According to my problem statement (see 1.3), Yoruba adolescent girls' sexuality was neither discussed nor addressed as sex was a sacred topic in society and anyone who fell prey to HIV infection was labelled as one with loose morals (Alo, 2008; Adejumo, 2011; Aderinto, 2010). This posed a problem to Yoruba adolescent girls, as they were unable to discuss their sexual problems with their parents and vice versa.

Yoruba adolescent girls therefore become marginalised (Price & Hawkins, 2007) from the society, because the freedom of expressing, exploring and experiencing sexuality and fertility is never in the possession of the individual but within the jurisdiction of the group or community (Agunbiade, 2013). This was expressed by Ajoke, Adijat, and Cecilia who advocated that even though the Yoruba culture taught modesty and abstiness it should not try to overlook the sexuality of adolescent girls, in particular those diagnosed with HIV and who have been branded as immoral. This implies that Yoruba adolescent girls just like their counterparts all over the world belong toa youth culture in the field of sexuality which must be reckoned with as advocated by Izugbara (2005), Onyeabochukwu (2007) and Okonofua (2012).Even though all of the participants seemed to favour the Yoruba culture particularly with reference to respect for elders, the neglect of their sexuality posed a big concern to them.

Nevertheless HIV positive adolescent girls were able to navigate their resilience within the culture through their indigenous knowledge of the Yoruba cultural norms and values through counselling sessions with their parents. Local knowledge was identified as the way of dealing with everyday situations (Agrawal, 1995).Cultural capital (Bourdieu, 1989, 1994) is also very important here as it includes education and indigenous knowledge (see section 1.9). Some of these participants employed the use of their knowledge of the Yoruba culture especially with regard to sexual abstinence to remain resilient by not involving in loose morals. The social workers at the organisation attested

to this fact that they instructed parents to be closer to their adolescent girls as they needed their advice and sexual education during this period.

The fourth category under this theme is participants' perceptions about resilience and subjective well-being. The manner with which participants perceive resilience and subjective well-being is supported in the body of literature by researchers such as Linley andJ oseph (2004) and Diener (2000) who believe that subjective well-being, is also known as happiness and very vital to resilience process and outcome. Ferreira and Ebersöhn (2012) and Mohangi (2008) support the idea that positive psychology plays an important role in resilience as it focuses on notions of well-being, happiness emotional intelligence and personal growth of the adolescent. Resilience should be viewed through the adolescent's perception of her notion of well-being, happiness and personal growth or achievement. Theron (2013) also posits that positive adjustment means internal adaptation such as in an absence of pathology, or psychological well-being and external adaptation such as social and/or academic achievement as defined by the society, and engagement in age- appropriate and other suitable social activities

The participants in this study claimed to be resilient and healthy from their own subjective point of view. In other words their resilience was tied to taking their drugs regularly and believing that they were well. They claimed to be happy and at peace with their disposition because, according to them, theHIV epidemic had solutions which were feeding well and drug compliance. It is also believed that since they all participated in all activities which other people who were HIV negative, they too were healthy and became resilient. Modupe and Mary are currently in school and apparently doing well. Ajoke secured a job as a cleaner while Adijat and Cecilia are engaged in their trading businesses.

6.2.1.2 Theme 2: HIV positive adolescent girls' coping mechanisms

In navigating for their resilience the participants reported to using the following coping mechanisms that were also part and parcel of the internal factors, which were responsible for their resilience. In this section I present the categories, which represent their coping mechanisms. Self-efficacy is a trait that enables them to overcome their emotional challenges (Daniel & Wassell, 2002; Ferreira & Ebersöhn, 2012). This trait was exhibited by all participants in spite of their predicaments. They were bold to tell their stories even though some burst out with emotions such as tears running down their faces. These did not deter them from expressing their feelings. This trait also helped them to search for solutions to their problems and attend meetings regularly for counselling instead of brooding about their plight.

In terms of spirituality, all participants hoped that one day God would heal them and even eradicate the disease. Ferreiraand Ebersöhn (2012) affirm that positive institutions such as schools, parents and faith-based organisations buffer against adversities, hence they help in building resilience. To this effect Ajoke was a dedicated churchgoer and Adijat converted into Christianity in order to receive miracles. All participants attended churches and had a spiritual connectedness to God. This had instilled hope in them and helped to cope emotionally against the negative effects of the HIV epidemic.

In another category is self-compassion and willingness to help others, which are attributes which resilient individual's exhibit. Linley and Joseph (2004) affirm that a resilient individual should have a positive opinion of self, fairness to oneself and others have a unifying philosophy of life, a capacity for reverence and utmost stills, democratic, creative, modest and possess a non-hostile sense of humour and a deep compassion for others. To this end these adolescent girls treated themselves with care by not allowing other people's judgment such as stigmatisation to deter their progress. They were also willing to help other adolescent girls not to fall victim of the disease. For instance, Mary vowed to be a journalist so as to help other adolescent girls from contracting the disease. Modupe too would like to be a doctor to help others eradicate the epidemic. Cecilia counselled and educated people around her about the HIV epidemic.

Internal locus of control is another category that embraces self-esteem and self-worth which resilient individuals possess (Mohangi, Ebersöhn & Eloff, 2011). Daniel and Wassell (2002:24) (see section 3.3.3.1) identify three major qualities that can strengthen resilience in youths which are, a secured base such as strong relationships, good self-esteem such as self-worth and competence as well as self-efficacy, mastery of and control of the situation and personal strengths and limitations. They further include education, positive values, talent and interests. All participants exhibited these qualities as they had a good perception of themselves regardless of other people's judgments about their status. They believed they could beat the odds and become more resilient. They were in control of their situation and ready to find means of surviving. The fact that they agreed to this empirical study including the taking of their pictures, is indicative that they possess these traits.

Piaget's (1972) cognitive theory, reveal that the adolescent finds herself in the functional operative stage of cognitive development whereby she can think rationally and make logical decisions about her future as theyhave entered a 'formal operational' stage of functioning. Therefore the adolescent is capable of making positive decisions and operate with a high level of emotional and social cognition for making crucial moral

judgments. Some notable researchers (Kitano & Lewis, 2010; Werner, 2000) also believe that there is a link between level of intelligence and resilience. Werner (2000) for instance believe that although not all resilient children are highly intelligent or gifted but at least they are of average intelligence which can act as factors to promote resilience.

With reference to this study, Mary and Modupe were purposefully chosen for this empirical study due to their brilliance and high academic performance in school. Modupe for instance pursued science subjects in school. Both of them attended very good private schools. This assisted them to become more resilient. Even though Mary was still in her early adolescent stage and her cognitive development was not really established, she seemed to know what she wanted in life and that was to become a journalist. She was actually unable to respond cognitively well to some of the questions from the interview due to this fact, but she was able to express herself well in good English when asked to describe her photograph. Modupe was in her middle adolescence and could therefore speak and express herself better. Ajoke, Adijat and Cecilia were in their late adolescence and therefore were able to think and present their stories in a more abstract and logical sequence. They presented more detailed stories.

The last category of coping mechanism is participants' exhibition of involuntary body movements as observed by the researcher. This is because of the fact that they were unable to express their feelings and problems due to their status and the fact that society overlooked their sexuality and feelings (Izugbara, 2005; Martins, 2003). They therefore used gestures to describe or show their annoyance, fright or disgust either the society or shrugs as a sign of accepting their fate. The Yoruba participants often used gestures, to reinforce their verbal communication.

6.2.2 DOMAIN 2: THEME 3: CHALLENGES AND STRESSORS

There are four categories under this theme. These are regarded as risk factors that pose as adversities to the participants. Resilience studies emerged primarily when some notable researchers discovered that some children under risk or adversities were able to bounce back to normal life and even thrive (Garmezy & Rutter, 1983).Research on resilience, must therefore logically focus primarily on those outcome domains that are most threatened by the "risk factor" studied (Luthar, 2006; Luthar & Brown, 2007; Luthar, Cicchetti & Becker, 2000). In this study the HIV epidemic is a primary risk factor that poses many challenges to the participants. In measuring resilience, risk and competence are the two constructs that the methodology that is applied, must address. This is why theme three is very crucial to this study. Adolescence is a turbulent stage

loaded with challenges as they are termed as at risk population characterised by risky behaviour. Luthar, Cicchetti and Becker (2000) posit that when adolescents exhibit resilience, they demonstrate competence instead of succumbing to the vulnerabilities of exposure to stress and adversity in life. They face their challenges in order to resist mental health problems, school failure and other psychosocial behaviour. The study of risk factors that pose challenges to resilience is also important for policy makers and intervention programmes.

The effects of the HIV epidemic on the emotional and psychological as well as socio-economic development of HIV positive adolescent girls will be addressed as part of this theme. The categories have been discussed, as they all form a threat or risk to the participants' resilience process. They were able to navigate these threats with other factors from both the internal and external factors, thereby strengthening their resilience.They are:

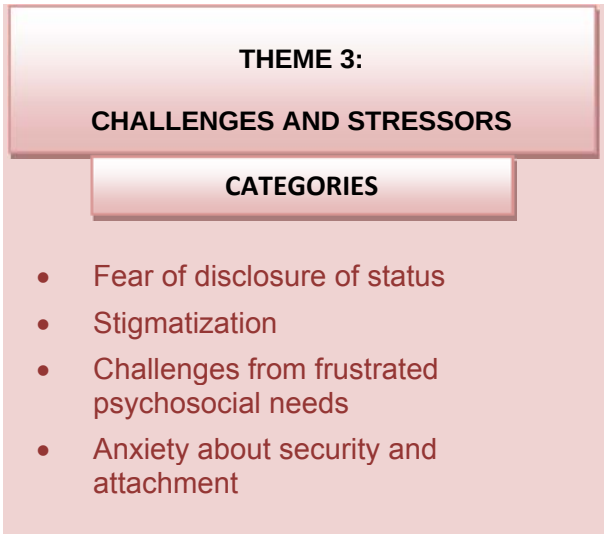

Figure 6.2: Themes and categories in domain 2

The first category of the challenges HIV positive adolescent girls have is the fear of disclosure in order to avoid discrimination. It is firmly established in literature thatdiscrimination due to stigmatisation is one of the negative experiences of HIV positive individuals and in particular adolescent girls (Ferreira & Ebersöhn, 2012). Mary and Modupe, had feelings of risk due to vulnerability (Slovic, 2010) hence they were careful of the opposite sex. To this effect, Slovic (2010) affirms that risk perceptions are linked to cultural identities and this is related to the Yoruba culture, which prohibits discussion of sex especially by adolescents. This is why Mary and Modupe could not really ascertain how they got infected and had to rely on their parents' information on the subject. Mary and Modupe who were students were afraid of disclosing their status

because according to them, people would not play or be friendly with them. In fact, Modupe mentioned that one of her challenges was the fact that she was not able to disclose her status to anyone. Adijat, Ajoke and Cecilia also exhibited this fear and this is why they only disclosed their status to their spouses. Adijat could not disclose her status to her mother for fear that she might collapse and die. It seemed participants kept their status a secret to avoid stigmatisation and tostay emotionally balanced and happy within themselves.

According to Marcia (1966; 1967; 1980) Modupe, Ajoke, Adijat and Cecilia moved away from identity diffusion to identity foreclosure and identity moratorium (see figure 2.2). This is why they were able to narrate their story vividly and opened up to the researcher. Mary was still more in the identity diffusion stage than the foreclosure stage, because she is still grappling with the fact that she was HIV positive and it had just been revealed to her a year ago. To top it all she was still in early adolescent stage where her cognitive ability was still developing. However, Adijat and Cecilia according to my judgement entered the identity achievement stage, as the two of them provided a full detailed story of their lived lives and were not fearful of narrating their stories. Louw and Louw (2007) maintain that adolescents who are in the identity foreclosure stage are more resilient, because they are ready to open up and disclose their problems to people who can help them.

Stigmatisation, which forms the second category, is part of the challenges and stressors experienced by the participants.Cluver and Gardner, (2006) assert that apart from the trauma of the disease HIV positive individuals suffer more emotionally and psychologically from the effects of the disease of which stigmatization is the worst factor. Ajoke narrated how they were being stigmatised by the hospital staff at the onset of their diagnosis with HIV. She has also suffered stigmatisation from her neighbours who would abuse and mock her with the epidemic. Her parents who also learnt of the disease would not want to be closer to her anymore. Modupe too suffered stigmatisation from her fathers' relatives who abandoned her and her mother due to their HIV status. Adijat was not omittedfrom this category, as she too suffered stigmatisation from her husband who was HIV negative. Her husband used to abandon her for several weeks without coming home in order to avoid contact with her. These challenges had not deterred these participants from losing focus of their future goals. Rather, it strengthened them to work harder and beat the odds in their lives. Challenges from psychosocial needs, posed as stressors to some of these participants. Erikson (1959, 1968b) posits that during the adolescence developmental course, they face numerous challenges such as an identity crisis and self-doubt.

They are therefore in need of a psychosocial support system, due to their new sense of self-consciousness and sexual feelings. It is evident that lack of support systems militates against resilience among adolescents (Chabillal, 2010).Ajoke and Adijat belonged to this category as they were still in need of more psychosocial and financial support. Still this did not deter them from being resolute in their bid to become resilient. Mary and Modupe were doing well at school and enjoyed psychosocial and financial support from their parents, while Cecilia was supported by her husband. They all appealed to the Nigerian government to help them, which showed they were willing to work and become resilient. In fact Ajoke, Adijat and Cecilia in their report, berated the Government of Nigeria for its nonchalant attitude towards the plight of HIV positive adolescent girls in Nigeria. According to them, the government only rolled out antiretroviral drugs to people living with HIV/AIDS without taking into consideration the financial and other psychosocial needed such as financial assistance. They therefore wallowed in poverty and had to use their social competence and intelligence to navigate their resilience.

Piaget (1972) believes that the provision of a suitable environment will enhance the cognitive development of the adolescent girl and her logical and hypothetical-deductive reasoning such as the ability to grapple with the problems and extract relevant information to form her assumptions. These assumptions will guide her to arrive at a logical conclusion and to steer her towards resilient processes and support systems. To these assumptions Mary, Modupe and Cecilia, who had a better and suitable environment especially with regards to their living conditions, seemed to have a better logical conclusion as to how to steer towards resilient resources. They also chose better future goals for themselves. All participants reported this trait in their interviews that it was better to keep their problems to themselves than to be laughed at by neighbours. According to them only few people could sympathise with them as the majority would hate and laugh at them. Anxiety about security and secured attachment was another challenge that posed as stressors to the participants.

As mentioned earlier in section 3.3.3.1, Daniel and Wassell (2002:24) identify three major qualities that can strengthen resilience in youths of which a secured base such as strong relationships is paramount. Participants in this study yearned to have close friendships with people simply because people who learnt about their status seemed to run away from them. In order to explain this category in detail, Erikson's theory of identity formation will be employed to elucidate why they are anxious for secured relationships. Erikson (1968b), Brown (2011), Louw (2009) and Neff and McGehee (2010) have identified adolescence as a turbulent period marked with physical and emotional

development that shape their identity formation and self-esteem. Erikson (1968a) affirms that adolescents' relationships with peers facilitate the process towards establishing a secure and integrated personal identity for the adolescent. During this time the capacity to interact effectively with peers and to find satisfaction in companionship and closeness with friends provides support for psychosocial development and adaptation throughout life (Newman & Newman, 2006). In addition, parents continue to be an important source of reassurance and support (Newman& Newman, 2006) even though there is also a strong need to find membership and acceptance among their peers (group identity vs. alienation).

With reference to my study, all participants resorted to this group (adolescence) and one of their challenges was finding a secure attachment for both psychosocial support and resilience. This is why Mary and Modupe were so attached to their parents and they as a result looked well sustained and psychologically balanced. Ajoke and Cecilia were strongly attached to their spouses while Adijat was strongly attached to her friends with the same HIV status as herself. These attachments gave them a sense of reassurance, love, emotional and financial support. They still yearned to have more friends as a sign of acceptance and this is why attendance of counselling sessions at the centre was very vital for their resilience. The anxiety to have close relationships was also why they always came for meetings at the NELA canter to have close relationships with people who are of the same status. The social workers are a great source of support and acceptance. They also met other HIV positive adolescent girls at the centre with whom they shared their views and challenges and sought solutions.

According to Erikson (1968a) adolescent's search for self-identity in matters such as sex, social skills and self-admiration or self-concept often leads to mistakes such as risky behaviour which could lead them to vulnerability and susceptibility to HIV infection. It is unfortunate that HIV infection that is a severe epidemic is a great challenge and stressor to these participants coupled with other developmental stressors such as physical and psychological developments. This is why adolescent girls need direction for their purpose in life at this period in time. Resilience, according to many researchers such as Masten and Obradovic (2006), Frederickson and Tugade (2003), means competent adaptation in the face of adversity. In other words, resilience cannot function without adversity or risk factors, which, have been interpreted, as the challenges the participants in this study are facing.

6.2.3 DOMAIN 3: EXTERNAL FACTORS

In this domain, I discuss HIV positive Yoruba adolescent girls' externalbehaviour, which I have conceptualised as external factors in enhancing their resilience. According to Fergus and Zimmerman (2005) adolescents do not only exhibit internal factors to become resilient, they also rely on external factors such as external resources and assets which act as protective factors and buffer against their adversities. I have classified two themes from external forces, which from the experiences of HIV positive adolescent girls, helped them bounce back to normal life. There are two themes identified under this domain. They are:

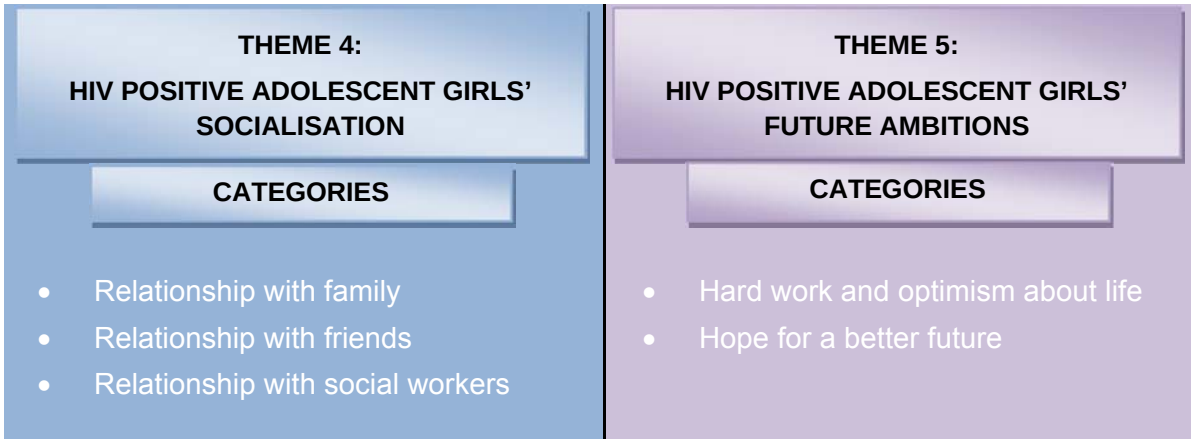

Figure 6.3: Themes and categories in Domain 3

6.2.3.1 Theme 4: HIV positive adolescent girls' socialization

Socialization is a major factor that helps these participants to bounce back to normal life. This is mainly because of the fact that social competencies developed through interaction with others and serves to build a social support network (Daniel & Wassell, 2002; Gullotta, Adams & Markstrom, 1999). There are threecategories under this theme and they are relationships with family, friends and social workers. Bourdieu's field theory and his concepts of habitus and capitalswill be used to elucidate these categories as they help in fostering participant's resilience.Bourdieu introduced the concept of social field" to refer to the configuration of social positions held by individuals or organizations. According to Bourdieu (1989, 1990) individuals' (and with special reference to the participants in my study), belong to a "habitus" or social world which shapes the way they behave. They have their own values and belief systems that drive them and help them to overcome their adversities and adjust to normal life.

Obrist, Pfeiffer and Henley (2011) posits that adolescents' access to economic, social and cultural capital in the field is crucial to a multi-layered social resilience framework. He is also of the notion that a social field helps to capture the idea that actors have differential packages of capitals and power and that they are differently exposed to the same hazard, and thus face different constraints and opportunities in building resilience. In line with this thinking, the role of access to capital in specific social fields defines relationships of domination, subordination or equivalence among actors.

Education is another form of cultural capital that some participants (Mary and Modupe) employed to remain resilient. In other words the participants were exposed to different levels of capitals that determined their resilience. For instance, Mary and Modupe had access to education, which is a form of cultural capital and parental support that is a form of social capital. Ajoke had access to her job, her husband's and her church pastor's support, that are forms of social capital. Adijat had access to strong friendship support and her job that were also social support systems. Cecilia had strong attachment with her husband, and she had a good job as part of her social capitals. All participants had strong social and community support from the social workers in the organization that counselled them emotionally and treated them medically.

Their regular attendance at the meeting of people living HIV (PLWH) was an indication that they all belonged to this habitus where they shared their views, values and perceptions. The researcher had to meet them at their habitus to listen to their voices, and aspirations. The participants were able to share their views with the researcher at their habitus where it was easy for them tell their stories particularly with regards to the Yoruba culture. They believed the culture was against some of their perceptions especially with regards to sexual matters. For instance Ajoke, Adijat and Cecilia appealed to the culture not to think all HIV positive adolescents are "prostitutes with loose morals. The diagram below is my representation of how the participants navigate their resilience within their social world according to data collected.

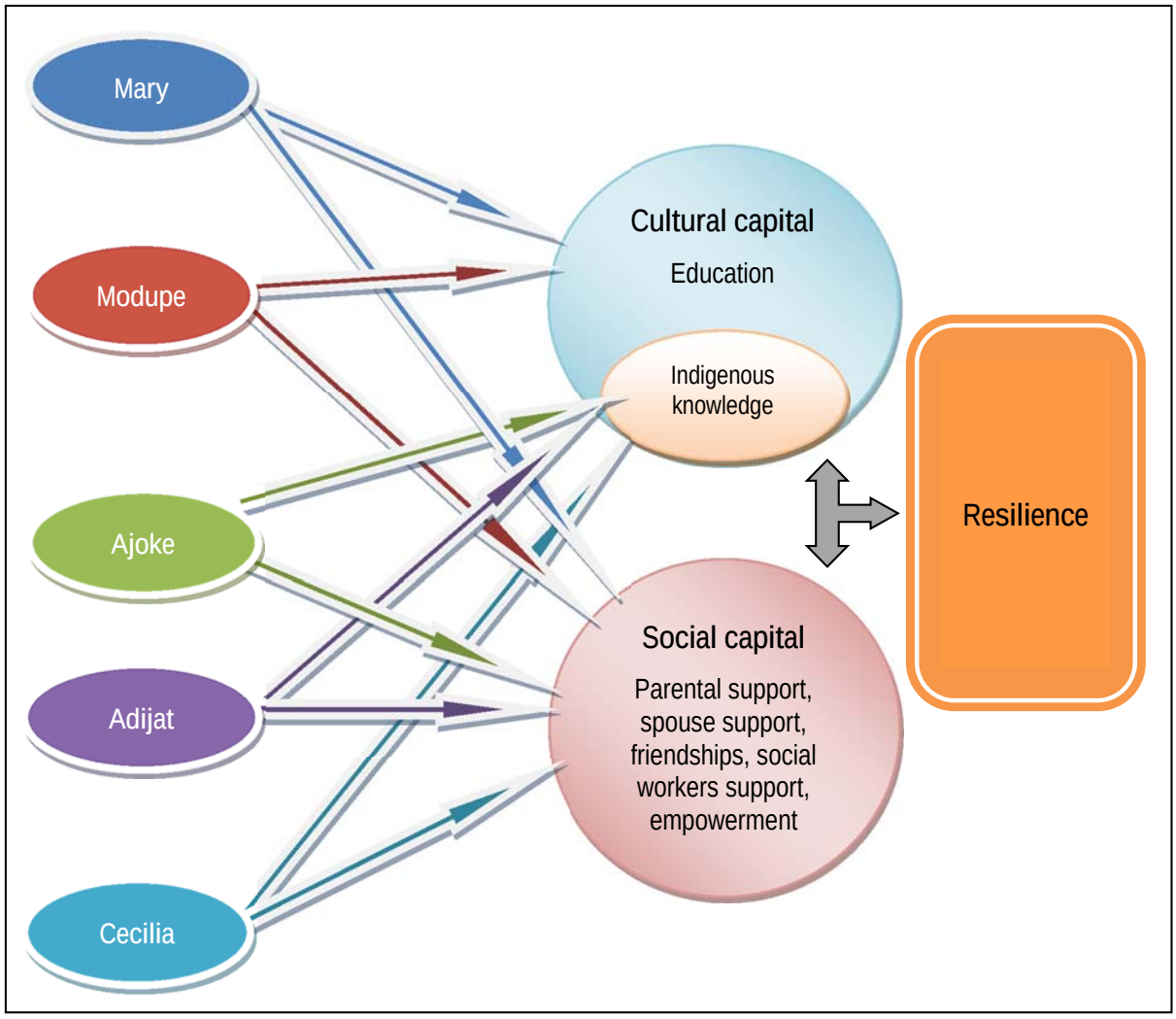

Figure 6.4: My illustration of the contribution of Bourdieu's field theory to the study

My empirical studies show that all participants employed both cultural and social capitals in different forms but social capital was the most common power the participants employed to navigate their resilience as indicated in the above figure. Mary and Modupe employed education as a cultural capital supported by social capital in their relationships with their parents and friends to become resilient. They were still in their early and middle adolescent years and therefore relied on their parents' support. They hoped that with a good education their emotional and psychosocial problems would soon be a thing of the past. Ajoke, Adijat and Cecilia employed the use of indigenous knowledge of the Yoruba culture and social capital in form of relationships with their spouses and friends to navigate their resilience.

Because they were in their late teens they were able to cognitively apply their indigenous knowledge to navigate their resilience more effectively than Mary and Modupe who solely relied on their parents' support for steering towards support systems

such as education, going for counselling at NELA centre and financial support. Adijat in particular relied mainly on social capital for her resilience as she had secured many friendships especially with people in power within the community to help her secure a profitable job. Her mother was old and must not learn of his status while her husband was hostile to her. But she had successfully surrounded herself with friends who were either HIV positive or negative to bounce back to normal life. For instance her present job was learnt through a friend and even the former trade she learnt was through another friend. With these capitals they were able to secure employment and trade for financial support. This is due to the fact that all cultural and social capital could be converted to economic power that involved money. The more capitals they had they more resilient they became.

All participants maintained strong and secured relationships, either with their parents, husband, friends or social workers. The strong attachments facilitated their resilience (Goldstein & Brooks, 2013). They all maintained good relationships with the social workers a fact that the social workers attested to by confirming that they had friends among them. The social workers also gave them both home counselling and pre and post-test counselling in addition to giving them financial support. They maintained positive relationships with friends for instance, Modupe and Mary socialised with other students at school even though they might not disclose their status. This also indicated that they had a special bond not only with their parents, but with schooling. Ajoke enjoyed a close and loving relationship with her husband and members of her church. She also had a special bond with the pastor of the church who offered special prayers for her and her family. Cecilia also enjoyed the same relationship with her husband as well as made friends within the neighbourhood. Adijat confessed she had many friends especially where she sold her local drinks but she was careful of whom to divulge her status to and was closer to those with whom she shared the same status.

6.2.3.2 Theme 5: HIV positive adolescent girls' ambitions

This theme comprises two related categories, which were hard work and optimism about life embracing hope for a better future. For adolescents to become resilient, Theron and Donald (2012:12) maintain that it depends largely on their effort to steer towards bolstered resources or to be able to bargain and negotiate a better position for them, while simultaneously making efforts to gain maximum positive assistance from such opportunities. This implies their willingness to steer towards resources such as social support and become resilient against the background of their adversity. According to a resilience Youth development model by Rew and Horner (2003) youths are to possess

not only internal assets such as optimism, co-operation, self-efficacy and problem solving skills, they also need to set goals for themselves and have future aspirations.

According to this theme, this has two categories namely hard work and optimism about life embracing hope for a better future, all participants showed signs that they were working hard. They had clear goals for the future and believed the future would be better. Apart from Mary and Modupe who were already in school and aspiring to become a journalist and medical doctor respectively, Adijat, Ajoke and Cecilia all had hope for the future despite their status. In fact their status was never a determinant of their future aspirations as they were striving hard to beat all odds and become resilient. According to Daniel and Wassell (2002), part of the domains of resilience is having talents and interests. Participants exhibited their interests and talents individually by choosing goals that were worthy and achievable. Mary was reported to be a very brilliant girl in her class and Modupe left no stone unturned to become a medical doctor. This is why she was in a science class in her school.

Even though Ajoke could not practise her tailoring she still had hope to start and settle down to it one day as the job she was engaged with then might not be sufficient for her and her family. Her husband who was also HIV positive tried his possible best to make ends meet. Adijat also nursed the same idea of starting her local dress making business one day. Despite Adijat's status, she continued hawking her local drinks at a taxi rank. Cecilia hoped to increase her stock of kitchen utensils to become a big business woman. Modupe believed that if she became a medical doctor people would not look down on her as an HIV positive individual but respect her profession. Ajoke too believed that if she managed to improve her financial status she would become more resilient. All these traits attest to the fact that HIV positive Yoruba adolescent girls were more than ready to face the odds and become resilient.

6.3 CONCLUDING REMARKS

In this chapter I presented the interpretations to the results of the study according to themes and categories under the three domains of resilience with reference to the literature findings on resilience, as well as Bourdieu, Erikson, and Piaget's theories. The interpretation addressed the purpose of the study, which is exploring and explaining the experiences of HIV positive Yoruba adolescent girls in Nigeria with the aim of identifying the key factors that enhance their resilience. My contextual and conceptual frameworks were very useful in this exercise. This is due to the fact that resilience is context specificand culturally defined (Ungar, 2011). According to Bronfenbrenner (1979:22), a system is not a single and static entity but surrounded by physical settings, activities

and reciprocal interactions between the individual and his/her environment.HIV positive adolescent girls will have to focus on conditions, contexts, mechanisms or factors that can buffer resilience outcomes.

Bourdieu's field theory and his concepts that are rooted in my main theoretical framework, act as keys to answer the research questions and illuminate how participants were able to navigate their resilience in this study. I found the whole empirical work very interesting and a fact finding exercise as I discovered new insights into how these participants live their lived lives such as their experiences, challenges, yearnings, aspirations and even failures. The methods I employed were able to reveal the resilience phenomenon as it operates in the lives of these individuals thereby giving voice to the voiceless.

From the results of the findings from this study I regard the participants as possessing the potential for resilience and discovered that there was interplay between internal factors and external factors within the environment, that were responsible for their resilience. Furthermore the presence of risk factors that are represented by their challenges and stressors indicates that the participants are an identified group to develop specific difficulties that are associated with HIV positive individuals. However, there has been a dynamic process between these five themes that has resulted in a balance to produce positive and resilience factors. It follows that, the internal and external factors that are deemed to be resilient, act to buffer or cushion the effect of the challenges and stressors which HIV positive adolescent girls experience in general.

Finally, the results also indicate that resilience can never be uniform or automatic but that it may wax stronger in some individuals and decrease in others depending on the contextual variables which have been discussed in each theme and the manner each participant responds to them (Tusaie & Dyer, 2004).

In the next chapter I shall present the overview of the chapters from the study as well as discuss the findings according to my research questions. The recommendations for further studies and methodological recommendations will follow next.

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CHAPTER 7
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This research was done in order to achieve the following aims (see section 1.5):

- To develop a contextual knowledge-based resilience framework for HIV positive adolescent girls;
- To explore the experiences of Yoruba HIV positive adolescent girls in Nigeria, with the aim of identifying the different forms of challenges and adversities they face due to their status;
- To explain the impact of Yoruba belief systems on its members attitudes and values;
- To explore the impact of social, cultural and economic factors on HIV positive adolescent girls' idea or perceptions of sex and sexuality in the light of Bourdieu's field theory.

This final chapter synthesises the results of the research in relation to the above-mentioned aims. I firstly summarize my findings from both the literature and empirical findings. In addition I provide the research conclusions as answers to the original research questions (see section 1.4). Finally I provide my recommendations and suggestions for future research on HIV and adolescent girls' resilience as well as discuss the strengths and limitations to the study.

7.2 OVERVIEW OF CHAPTERS

In this section, I present an overview of the preceding six chapters by highlighting the areas that are of particular relevance to the findings of the study.

7.2.1 CHAPTER 1

In this chapter I presented the background to the study, which elaborated on the upsurge of the psychological and emotional impact of HIV epidemic among adolescents, in particular, adolescent females, as well as the need to navigate for resilience. I also presented a detailed rationale for the study, the problem statement, research questions, assumptions and definition of key concepts. Furthermore, I presented a brief literature review on the HIV positive adolescent girls' predicaments in Nigeria, an overview of

resilience and how these girls were able to navigate their resilience within their social world. The study is embedded in Pierre Bourdieu's field theory (1989, 1994) as its theoretical framework as well as the developmental theories of Piaget (1932, 1952) and Erikson (1963, 1977). Finally I outlined the research design, data collection strategies, data analysis and interpretation, ethical clearance considerations which were aimed towards achieving a credible empirical study.

7.2.2 CHAPTER 2

This chapter discussed in detail, the contextual and theoretical frameworks of the study. The contextual framework studies underpin culture as a determinant of behaviour and in particular the Yoruba cultural perspective with regards to HIV prevention. Adolescence as a critical period of development and associated risky behaviour were also discussed in order to explain why HIV is prevalent among this group. The rights of the child in Nigeria as enacted by the Child Rights (CRC) and adopted by the Organization of African Unity (OAU) in 1990 were discussed to ascertain to what extent the adolescent girl in Nigeria benefits from such rights.

I outlined Bourieu's field theory (1989, 2004) as the theoretical framework that underpins the study as it illuminates the perceptions of the Yoruba adolescent girl within her social world and through which she could navigate her resilience through the mobilising social capital and social networks. Erikson's (1963, 1977) developmental theory of identity formation helps to explain the identity crises the adolescent encounters during this critical period of their lives. An in-depth understanding of the context of HIV is important in order to form a holistic understanding of the identity formation of an adolescent girl living with HIV. Piaget's (1932, 1952) cognitive theory was used to explain the HIV infected cognitive ability with regards to her coping capacity. By exploring this stage it explained how adolescent girls make tough decisions about their health and social cognition.

7.2.3 CHAPTER 3

In this chapter I explained and explored the comparative research efforts on the different perspectives and concepts on risk such as psychosocial and social factors that impose risks or explain risk behaviour. Furthermore, I highlighted and reviewed literature studies that focused on the concept and the definition of the resilience phenomenon as well as various perspectives and research trends on resilience. Resilience was also linked with risk, psychological well-being, the context of the HIV positive adolescent girl and the theoretical framework that underpins my study. Bourdieu's field theory and his thinking

tools or concepts (see section 2.3.1) helped to elucidate the position of the HIV positive adolescent girls in Nigeria within the culture and socio economic background of the society. Lastly I employed the use of Erikson's (1963, 1977) identity formation theory and Piaget's (1932, 1952) cognitive theory to highlight resilience in HIV positive adolescent girls with reference to their cognitive and behavioural development such as coping strategies following stressful life events.

7.2.4 CHAPTER 4

This chapter discussed the qualitative research methodology employed to carry out the empirical study. The research is situated within the interpretivist paradigm that allows for gaining a holistic insight into the world of the HIV positive adolescent girls through well-structured research methods. I described the philosophy that guided my consideration of the ontological and epistemological view that aligned my study to the Interpretative phenomenological analysis (IPA) which I employed to explore the experiences of HIV positive adolescent girls in Nigeria. From my choice of the phenomenological case study research design I was able to interpret how the HIV positive Yoruba adolescent girls become resilient after data collection on their adversity through the photo voice technique, semi-structured interviews and field journal as my methods of inquiry. I also addressed the issue of credibility and trustworthiness in order to ensure that the study is accurate, comprehensive and reliable. Finally due to the sensitive nature of the study, issues of ethical considerations were discussed such as, informed consent, confidentiality and anonymity, privacy and empowerment as well as caring and fairness.

7.2.5 CHAPTER 5

This chapter discussed the data analysis strategies and process which I employed to explore the key factors that enhance the resilience of HIV positive Yoruba adolescent girls in Nigeria. I started with anecdotal process of gaining access to the research site to description of participants. I described how the data was organized and the procedure for identification of the themes and categories that were sorted into the three main domains, that alsocomprise the resilience domain in order to make sense and give meaning to data in chapter 6 and to answer the research questions in chapter 7. I reported participants' responses in verbatim quotations and reflected on their contributions during our interactions. Data were reported participant by participant for easy analysis and clarity. The report on the results of the study was presented through analysis of participants' data using open coding, using themes, categories and domains.

By exploring the experiences of the participants I was able to identify the factors that could enhance their resilience.

7.2.6 CHAPTER 6

In this chapter I gave a comprehensive interpretation of the data from chapter 5 by following the sequence of identified themes and categories. The transcribed data were analysed using the IPA. The IPA requires the researcher's reflective engagement in a dialogue with the participants' narrative and meanings. The five themes and various categories generated were interpreted with reference to the research questions, problem statement, theory and literature review which are relevant to the discussion of the results of this study. Data interpretation involved the process of attaching meaning and significance to the data I collected to identify the key factors that enhance the resilience of HIV positive Yoruba adolescent girls in Nigeria. The participants' voices were reflected in my interpretations in particular their perceptions, coping strategies and resilient factors.

7.3 SUMMARY OF KEY FINDINGS

In this section I present a summary of literature findings in chapters 2 and 3 and findings from the empirical work in chapters 5 and 6 as these form the bases for the conclusions in this study.

7.3.1 SUMMARY OF LITERATURE FINDINGS

Various research findings indicate that the socio-cultural context in which youths at risk develop is fundamental to how they navigate resilience. In the same vein, culture has been acknowledged as a vital determinant of how people perceive illness and also navigate resilience (see section 2.21). In sub-Saharan Africa and in Nigeria in particular cultural norms and customs remain a challenging issue between parent-child sexual communications and have served as an impediment to how the girl child perceives her sexuality as well as navigates her resilience (see section 2.2.2). Studies also further revealed that stigmatisation of women and girls living with HIV was firmly entrenched in the Yoruba culture and have led such people to be marginalised.

Policies that focused on protecting the rights of the child did not take into consideration all the socio-cultural and economic problems of the African child with particular reference to African traditional views which conflict with children's rights such as child marriage, parental rights and obligation (see section 2.2.3). This has resulted in the girl child's perception of her social world in a negative manner. She is often at a

disadvantage, marginalised and discriminated against by the traditions in relation with other members of her society.

In order to understand the HIV positive Yoruba adolescent girl's context and to interpret resilience within these circumstances, Pierre Bourdieu's field theory (1989, 1990; 2004) is used as a framework. Bourdieu (1989, 1990, 2004) believes that social reality (the way we behave and what we belief) is shaped by how we are raised in the society (see section 2.3.1). Bourdieu's concepts such as "habitus", "field" and "capital" are used to illustrate the relationship between these perceptions. Social capital (connections, membership of a group) has been identified as to enable the HIV positive adolescent girl to have better access to information services and support.

The crucial period for identity development are adolescence and Erikson (1963, 1977) explored three aspects of identity development during adolescence which are the ego identity(self), personal identity (the personal habits that distinguish a person from another, and the social/cultural identity (the collection of social roles a person plays in the society). The HIV positive Yoruba adolescent girl faced various challenges of having to make sense of her illness and come to form a healthy understanding of who she was as an individual. These experiences informed their identity formation. The concepts of culture, self-esteem and self-concept were incorporated in the identity formation of the adolescent (see section 2.3.2).

Piaget's theory (1932, 1952) considers adolescence as a stage of life when the ability to engage in higher order reasoning begins to emerge and he refers to the commencement of this stage as the formal operational stage starting from age 11 to adulthood (see section 2.3.3). Adolescents at this stage shift from concrete thinking to developing a capacity to think in an abstract manner, engage in logical reasoning, and devise plans to solve problems (see section 2.3.3). Adolescents' interaction with their social environments is essentially influenced by their cognitive development. In dealing with adversities and managing stressors, adolescents also need cognitive competence to promote a stable and self-regulating flexible thinking.

There have been comparative research efforts on the differing perspectives and concepts on risk such as psychosocial and social factors that impose risks or explain risk behaviour (see section 3.2.1). These analyses lead towards steps to unravel the complexities involved with adolescents' risky sexual behaviour and vulnerabilities that exposed her to the HIV virus. Resilience as a concept, its differing views, definitions and research trends were highlighted as well as examined in order to understand the strength of character exhibited by the resilient HIV positive adolescent girl in breaking

the barrier through her adversity and setting up a new world which is part of the motivation for this study (see section 3.3). The links between resilience, risk, context and psychological well-being, were explored and explained with special reference to my study (see sections 3.3.1, 3.3.2 and 3.3.3).

Lastly, I highlighted resilience by linking the concept with the theoretical framework which underpins my study (see section 3.4 and figure3.4). The accumulation of "capital" and in particular social capital, that could impact or promote resilience among HIV positive adolescent girls in practical terms as described by Bourdieu (1989, 2004) was explored (see section 3.4.1). Bourdieu's theory is supported by Erikson's (1968a, 1977) identity formation theory and Piaget's (1932, 1952) cognitive theory to highlight resilience in HIV positive adolescent girls with reference to their cognitive and behavioural development such as coping strategies following stressful life events.

The literature review highlighted many issues and factors, which were researched and illuminated to cast light on the plight of the HIV positive adolescent girls in Nigeria. Even though the study is not intended to highlight the challenges these girls faced within their community they nevertheless provided useful information and deep insights into the resilience phenomenon among this group of people as well as the degree of coping strategies they employ in order to become resilient.

7.3.2 SUMMARY OF EMPIRICAL FINDINGS

The participants in this study were purposefully sampled (see sections 4.3.1 and 5.4.1) to reflect the resilience phenomenon. They also attended the same centre for counselling and treatment where they have a special bonding with the social workers who offer such services. The participants narrated their stories through the photo voice technique by taking pictures of what they perceived to reflect their resilience. I also employed the use of semi-structured interviews (see section 5.4.3) where my research participants expressed their views and experiences within the community. Their narratives and observations,as obtained from my field journal, revealed thateach participant had her unique way of navigating her resilience and well-being. In addition, although each participant possesses resilience potential nevertheless the interplay between individual, environmental and socio-economic factors is responsible for the level of resilience exhibited. I also interviewed two social workers (see section 5.4.5) who buttressed the views expressed by the participants.

Among other things I discovered that my girls participants are still struggling with some emotional stressors and challenges associated with their HIV status. A particular

challenge is the fact that participants came from a culture that expected girls to be submissive and shy away from discussion of sexual matters (see section 2.2.1). These challenges or psychosocial stressors have been recognised by notable researchers such as Liebenberg and Ungar (2009) who affirm that resilience has been used to describe both positive development and thriving under stress. Nonetheless, the participants all portrayed resilient traits especially in terms of education, future orientation, spirituality, socialisation and self-efficacy (see table 5.2). Findings from all data were synthesised into themes that reflect resilient concepts. The results of the study were obtained through open coding of participants data into themes, categories and domains (see table 5.2). The domains were subdivided into three namely internal factors, external factors, challenges and stressors. The domains reflect resilience concepts in order to have a better understanding of the dynamic nature of the phenomenon.

The data were interpreted with reference to literature findings (see sections 2.2, 2.3, 3.2, 3.3, 3.4); the theoretical framework (see section 1.9), the original problem statement and research questions that guided the study (see sections 1.3 and 1.4). The internal and external factors that are regarded as resilient factors have acted to buffer or cushion the effect of the challenges and stressors that the HIV positive adolescent girls experienced. The results also indicate that resilience can never be uniform or automatic but that it may wax stronger in some individuals and decrease in others depending on the contextual variables which have been discussed in each theme and the manner each participant responds to them (Tusaie & Dyer, 2004). Hence each participant employed the use of different types of “capital” (Bourdieu 1990) with different degrees of intensity to navigate their resilience and well-being (see figure 6.4.).

The data interpretation reveals that many factors such as perceptions about oneself, self-efficacy, spirituality, internal locus of control, social interactions, hard work and optimism about future aspiration, enhance the resilience of HIV positive Yoruba adolescent girls in Nigeria (see figures 6.1 & 6.3).In addition HIV positive adolescent girls are faced with many challenges and stressors such as fear of disclosure of status, stigmatisation, anxiety about security and secured attachment and challenges arising from frustrated psychosocial needs (see figure 6.2). In spite of these challenges the participants in this study were able to construct their lives positively, have aspirations and continued believing to achieve their dreams. Furthermore, participants had a sense of strong attachment with a family member, a spouse or a pool of friends around them, self-worth and self-esteem as well as their emotional needs being met by their network

of relationships. These aforementioned traits reflected in the study and therefore make the study relevant to resilience enhancing factors among HIV positive adolescent girls.

The interpretation provided a holistic understanding of the resilience phenomenon as experienced by the participants. The empirical data provided useful insights into how HIV positive adolescent girls were able to become resilient against all the odds and adversities they experience first and foremost as an adolescent girl and within the context of the Yoruba culture.

7.4 RESEARCH CONCLUSIONS

In this section I present the research conclusions as answers to my original research questions (see section 1.4). I firstly address the sub questions before presenting my main research conclusion as answers to my main question.

7.4.1 RESEARCH SUB-QUESTION 1

How does the Yoruba culture impact the belief system and behaviour of its members?

The Yoruba culture has a great impact on the belief systems and behaviours of its members particularly on HIV positive adolescent girls' perceptions of themselves. The culture has shaped their identities, personalities and the way they respond to resilience factors.

Firstly the Yoruba cultural norms, customs and traditions expect girls to be passive, forbid the discussion of sex among adolescents and lay emphasis on virginity for girls before marriage. Any behaviour outside the norms of the society is termed to be irrational. HIV positive adolescent girls in particular are believed to have engaged in risky sexual behaviour and are subsequently labelled as immoral people. Findings from the study reveal that participants avoided the discussion of sex and claimed to be virgins before marriage. Participants also expressed the belief that they did not contract HIV disease through promiscuity. The participants therefore expressed their bitter concerns over these beliefs, which have resulted in discrimination due to stigmatisation. The stigmatisation of people living with HIV is firmly entrenched in the culture and serves as a major challenge and stressors.

Yet, in another sense, the Yoruba culture has impacted positively on the perceptions of its members. Participants in this study perceived themselves first and foremost as Yoruba indigenes and believed if they adhered to the Yoruba cultural norms they would be able to realise their future ambitions. The Yoruba are well known for solving their

problems from their environment hence HIV positive adolescent girls have the self-efficacy and optimism to beat the odds and face their adversity to become resilient. To this end, participants displayed a high sense of spirituality and believed in the existence of the power of God. This helped them to possess an internal locus of control and the inner strength to navigate their resilience and well-being within their social world. All participants are devoted church members.

In terms of matters concerning education, the Yoruba culture cherishes and regards education as an investment in their children. Hence the participants perceived education as a means of boosting their ego, self-esteem, personality, as well as confidence in efforts at navigating their resilient pathways. Those who dropped out of school still believed their inability to further their educations was responsible for their low socio-economic and other psychosocial problems because they found it difficult to resource better job opportunities around them. They however still hoped to further their education so as to be able to resource more opportunities within their environment.

7.4.2 RESEARCH SUB-QUESTION 2

How can the impact of the social, cultural and economic factors on HIV positive adolescent girls be understood in the light of Bourdieu's field theory?

Bourdieu's field theory and his concepts shed more light on how HIV positive adolescent girls navigate for resources to become resilient. They rely mostly on their social, cultural and economic "capitals" to remain resilient.

Social capital refers to networks of relationships therefore, the closer they were to other people with the same HIV status (people who are knowledgeable about the epidemic such as the social workers and their immediate family), the more they were able to receive information, care, as well as support necessary for their resilience. They all reported that they attended counselling sessions with other adolescent girls at the Network for ethics and law for AIDS centre (NELA) where social workers not only gave them emotional, psychosocial, financial and nutritional support, but also treat their opportunistic infections such as T.B, malaria and rashes. It also came to the fore that two participants enjoyed strong parental bonds and played with other school children of their age; others enjoyed strong spousal bonding and love. All participants enjoyed church attendance as a means of spiritual connectedness and fellowship with other people. As narrated in (see figure 6.4) the network of friends, family and social workers form their social capital network.

In terms of the cultural capital, (see figure 6.4) symbolised by education and indigenous knowledge, HIV positive Yoruba adolescent girls reported to have used their cultural capital to navigate their resilience and subjective well-being. Participants who were in school were happy and nurtured future ambitions as well as their hope for resilience. Their mastery of the indigenous knowledge which is the Yoruba cultural norms also impacted on the participants' developmental trajectories and resilience. The fact that they listened to their parents and the social workers who counselled them, is also noted in the study.

Participants in this study were able to convert their social and cultural capitals to economic capital to become resilient. Those participants who were supported by their families and were financially buoyant exhibited higher levels of resilience. In conclusion the more capital they were able to acquire the more power they used to resource the available support, materials, money and consequently navigate their resilience.

7.4.3 RESEARCH SUB-QUESTION 3

How do HIV positive Yoruba adolescent girls respond to contextual factors to become resilient?

HIV positive Yoruba adolescent girls respond to contextual factors to become resilient according to their gender, developmental trajectories and the influence of their environment and in particular culture. The contextual variables have been mentioned in table 5.2 as themes and categories and Yoruba adolescent girls will respond to them firstly according to their perceptions, network of socialisations with family and friends, cultural identities and cognitive abilities. They are capable of rational and logical thinking which enables them to navigate their resilience within their environment.

From literature and empirical findings there are indications that intrinsic and extrinsic motivating forces enhance resilience. In addition resilience is implicitly influenced by the culture and the context in which it is found. In another dimension, gender has always been a strong determinant of behaviour and adolescent girls will respond in most cases by those internal factors mentioned in table 5.2.

For instance, participants responded to contextual factors through their perceptions such as perceptions about education, the culture, resilience and subjective well-being. Education to some participants will boost their self-esteem and thereby people will not look down on them or discriminate against their HIV status. All participants claimed to be resilient both physically and cognitively because they were conscientious like all

other people who are not HIV positive and were rational like them. In other words they were competent physically, mentally and socially even in the face of their adversities.

HIV positive adolescent girls' exhibited strong coping mechanisms such as: self-efficacy enabling the adolescent girl to portray strong personal traits, which include the ability to face challenges and beat the odds. They also exhibited confidence particularly in their ability to succeed in their chosen careers and resource some opportunities around them to become resilient. This trait is strongly associated with spiritual connectedness as all participants believed they would receive divine healing from God. They attended church to strengthen their faith and boost their resilience.

It is also evident that when youths have achieved a high level of ethnic identity it will act as a protective enhancing factor during high levels of stress (Erikson, 1968b). Adolescents therefore look forward to relationships with peers and wish to establish a secure and integrated personal identity for themselves. From my empirical findings, participants yearned for secured relationships and attachments in other to become resilient. The Yoruba girls were attached to their parents, spouses and friends from school and work places which helped to enhance their resilience and navigate their well-being. These attachments helped to shape their identity and provided psychosocial needs such as emotional and financial needs.

Furthermore Piaget's (1932, 1952) cognitive theory also reveals that the adolescent is capable of rational thinking, making positive decisions and also operates with a high level of emotional and social cognition for making crucial moral judgments. It has been established in literature that there is a link between the level of intelligence and resilience (see section 3.4.3). Adolescents also depend on their parents for psychosocial needs due to their age (early and mid-adolescence).

7.4.4 MAIN RESEARCH QUESTION

What are the components of a resilience framework which can be applied to assist the HIV positive adolescent?

Ensuing from my research conclusions, the components of a resilience framework, which can be applied to assist the HIV positive adolescent girl are three components namely: her life context, the powers in her "habitus" and her individual developmental trajectories.

I now present these important components or factors in figure 7.1 below.

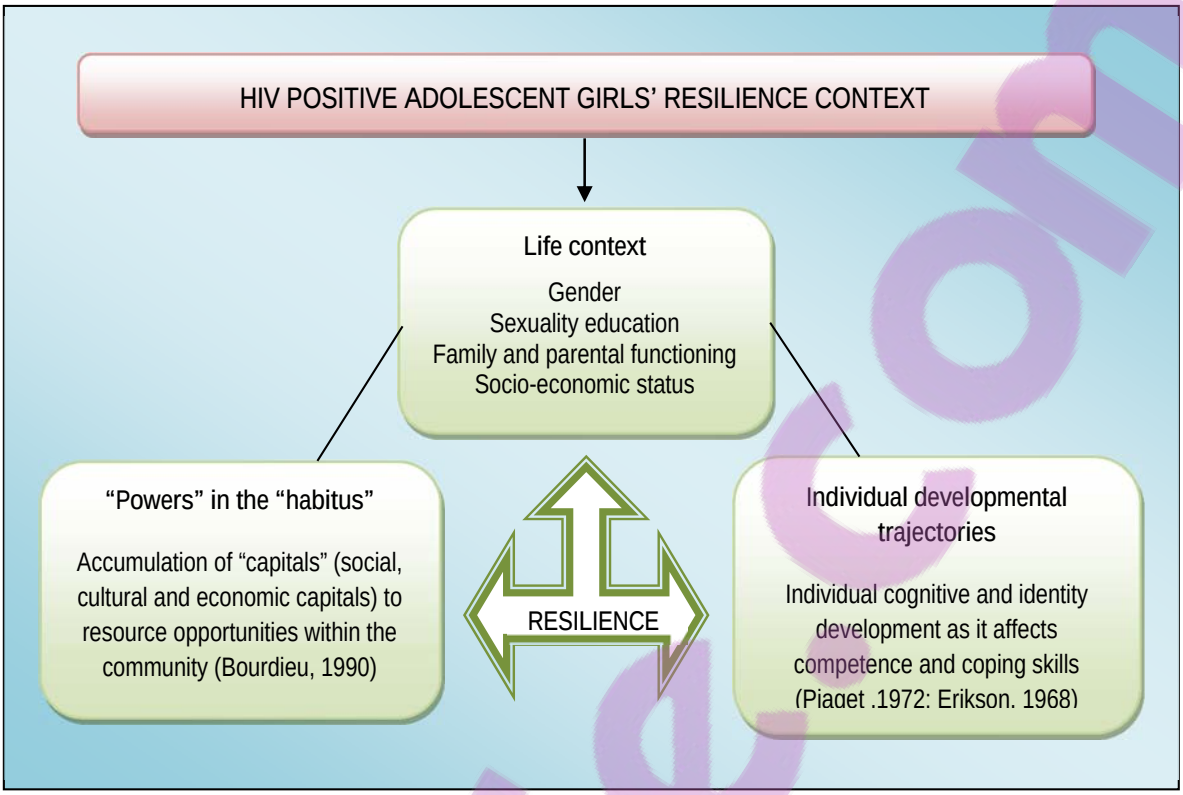

Figure 7.1: A resilience framework for HIV positive adolescent girls

From figure 7.1it is evident that for an HIV positive adolescent girl to become resilient, the context surrounding her life circumstances such as her gender, have to be taken into consideration as well as her cultural context that forms her perceptions. She must be well equipped with sex education and supported by her family, as maximum parental functioning is essential to her bouncing back to normal life. The socio-economic status of the HIV positive adolescent girl should also be considered as it may reflect in her family income, occupation and educational attainment. The effective functioning of her life context largely depends on her ability to accumulate many types of "capital" which serve as powers within her "habitus" coupled with the recognition of her individual developmental trajectories since they affect her coping skills, personality development and competence in the face of her adversities. These factors will help to improve health outcomes, promote protective resources and assets within the community as well as reduce the risk factors (see figure 6.2) which HIV positive girls experience as challenges and stressors.

My empirical investigation has clearly indicated that a resilience framework has three distinctive components, namely her life context, the "power" or "capitals" she employs in her "habitus" and her individual developmental trajectories as presented in figure 7.1.

These components are responsible for the structuring of HIV positive adolescent girls' experiences and resilience pathways.

7.4.4.1 Life context

Within the components of her life context are issues of her gender that in many societies leave girls to be treated differently from boys as they are assumed to be subservient, passive, and shy and with constrained gender roles. In terms of sexuality education, girls have limited autonomy over sexual and reproductive decision making due to their social positions. Sexuality education is very important for adolescent girls to remain resilient as she must be well equipped with relevant information and allowed to take decisions regarding her body. From literature and my empirical findings, culture has always been an impediment to resilience pathways for vulnerable youths as people behave the way they were raised. Societies need to imbibe an attitudinal change towards people living with HIV to reduce stigmatisation and labelling of HIV positive adolescent girls as promiscuous.

Family and parental functioning is an important factor as HIV positive adolescent girls need emotional, financial and psychological support during this period, because they suffer not only from the chronic pain of the disease, but also from stigmatisation within the community. The dearth of a strong parental or family attachment may hinder her bouncing back to normal life. The socio economic status of the HIV positive adolescent girl is also key to her becoming resilient. In the same vein, the socio cultural norms in her society, which make her inferior to resource economic and educational opportunities like her male counterparts may result in her fighting a losing battle with HIV, low self-esteem, poverty, narrow life choices and in particular navigating her resilience successfully. The strengthening of the positive factors within her life context will go a long way in enhancing her resilience.

7.4.4.2 "Powers" in the "habitus"

In order to navigate her resilience successfully, Bourdieu's field theory (1989, 2004) and his concepts are used to interpret her resilience within her social world. The HIV positive adolescent girl needs to be well equipped with enough "capitals"or"powers" within her social world or "habitus". The three major types of capital namely cultural capital known as indigenous knowledge and educational attainment in this study; social and economic capital such as relationships and money are necessary powers, which will buffer against the negative circumstances within her life context. Social capital for instance, which is the association of relationships with parents, loved ones, friends, community members,

HIV/AIDS service providers, go a long way in helping these girls resource for opportunities around them. Examples of such opportunities abound in the form of medical, financial, sex education, skills acquisition, counselling as well as psychological and emotional regulating functioning.

7.4.4.3 Individual developmental trajectories

The individual cognitive and identity developments as they affect competence and coping skills are also important factors in navigating for resilience among these at-risk youths. Identity formation (Erikson, 1963, 1977) is very crucial at this stage of their development as HIV positive adolescent girls are in a period of dramatic transition, which places them between childhood and adulthood roles as well as in a position of vulnerability in the society. Findings from literature and my empirical findings revealed that there are strong relationships between identity, culture, gender and vulnerability which act as crucial elements in shaping their personality, perceptions and resilience process. Attaining a well-balanced identity development, therefore will inevitably affect her social competence, coping styles, relationships, interactions, and resilience process.

The cognitive development of the adolescent girl is also vital in enhancing her resilience process. This is due to the fact that the adolescent girls' brain is still developing (Piaget, 1932, 1952) and therefore needs a co-regulation that could govern her developmental trajectories and in particular her course of behaviour. This will help her with her interaction within the various settings in her environment or life context and increase her accumulation of "capitals" (Bourdieu, 1989, 2004) which are like powers in her "habitus" to navigate for her resilience. From literature and my empirical findings, a high cognitive ability will boost HIV positive adolescent girls' coping skills in the face of their adversities. It will also enhance their good intellectual functioning (education) and socioeconomic status which are the key factors associated with competence and consequently resilience.

This framework is primarily intended for all agencies that are in the business of supporting the HIV positive adolescent girls in the process of becoming resilient as it reveals the factors that can enhance their resilience as well as reveal the benefits of strengthening the links to issues such as their context, socializations and identity as well as cognitive developments.

7.5 RECOMMENDATIONS

This study reveals that the key factors that enhance the resilience of HIV positive adolescent girls are mainly internal factors such as their perceptions, coping skills, future ambitions and social interactions even though they face pertinent challenges and stressors due to their status. The findings yielded new knowledge, which fills a gap in literature concerning the experiences of HIV positive adolescent girls, as well as provide novel ideas in initiating a resilient framework for infected girls.

The federal state and local governments drive the development and implementation of relevant policies and programs in Nigeria. They also remain the largest provider of health and educational services that can potentially reach most of the young people of Nigeria with HIV prevention and care services. Hence, the following recommendations are directly made for widespread implementation by the three tiers of government.

- **RECOMMENDATION 1**

The Minister for Health at the Federal level, through the Commissioner for Health at the state level and the Health and Social Welfare Officers at the Local Governments should urgently increase the quality and depth of FLHE (Family life and Health Education) programme delivery to school-attending youths. They should scale up collaboration with programme officers from NGOs (Non-governmental organizations) and CBOs (Community based Organizations) to widely reach out-of-school youths with comprehensive and functional FLHE using community-based platforms. The motivation for this is the pervasive low level of comprehensive knowledge about HIV, poor sexual health seeking behaviours among adolescents which negatively affects their resilience building process in Nigeria.

- **RECOMMENDATION 2**

The Federal legislative Council and the state house of assemblies headed by the speakers of both assemblies should give the public sector such as medical personnel and social workers from the ministry of health and programme officers from HIV service providers, appropriate legislative backing. They should support them to budget for FLHE (Family life and Health Education) activities on a regular basis and coordinate such activities for enhanced impact. This measure is to guide against corruption and enhance FLHE activities among youths particularly HIV positive adolescent girls.

➢ **RECOMMENDATION 3**

The Ministers for Environment, Social Development and Health should empower programme managers and counsellors from HIV service providers such as NGOs, CBOs and the FLHE to build more HIV/AIDS outlets and render services which can create enabling environment especially for HIV positive adolescent girls where they can air their views by telling their stories and attend to their problems.HIV service providers' programme managers and counsellors are expected to adequately plan for and deliver high quality, confidential, non-discriminatory and client centred services to young adolescents, and married adolescents who are living with HIV infection.

➢ **RECOMMENDATION 4**

NGOs, CBOs and FLHE should include in their training for programme officers, social workers and counsellors, resilience enhancing programmes, skills such as problem solving skills, cognitive competence, positive self-perceptions, optimism, emotion regulation, aptitudes and characteristics valued by the society e.g. (talents, skills, interests and attractiveness) as well as hard work. The programmes should address the experience of the HIV positive adolescent girls who should also be involved in the development of such programs. This is because stigma and discrimination towards these sub-populations remain all-encompassing and very acute and could hinder their bouncing back to normal life. .

➢ **RECOMMENDATION 5**

Youth-directed ICT platforms, which appeal to the youth should be explored and treated as resources for HIV and AIDS education in their own rights. Programme officers from the ministry of youth development and other HIV service providers (NGOs and CBOs) should take such educative programmes directly to where youths are most likely to be found and spend most of their time. Such platforms are Internet cafes, open markets and shopping malls, sporting events, cell phones/SMS, cinemas and video viewing centres, social media platforms, musical shows, disco parties, hair salons, village squares, cultural festivals, churches and mosques.

➢ **RECOMMENDATION 6**

It is recommended that the Ministers for Education, Youth and Social Development at the federal level through the Commissioner at the state level, Education and Social Development officers at the Local Government Level should see to the effective implementation of the Non-Formal Education policy of the Ministry of Education. They

should avail themselves to create more centres to reach at-risk youths such as HIV positive adolescent girls. The purpose of the Non-Formal Education Division of the Ministry of Education by the government was to furnish individuals who dropped out of school with functional skills in the domains of life skills, occupational skill and civic awareness. The effective enforcement of this policy (non formal education) will go a long way in providing empowerment opportunities to HIV positive adolescent girls thereby enhancing their resilience.

- **RECOMMENDATION 7**

Faith based organisations such as churches, mosques; spiritual and traditional healers should reach out to adolescents to support as well as encourage acceptable good moral behaviour. This will go a long way to boost efforts at reducing the HIV epidemic among vulnerable youths and girls in particular.

- **RECOMMENDATION 8**

The Federal Legislative Council and the States House of Assemblies should give legislative backing to provide social grants for HIV positive adolescent girls while the ministries of youth, social development, local and community developments should collaboratively put in place procedures, which will allow these girls to access such grants. HIV positive adolescent girls need support to enable them bounce back to normal life.

- **RECOMMENDATION 9**

The Minister for Youth and Social development through the Commissioners at the state level and the Social Welfare, Counsellors and Health officers should, through legislation and collaboration with faith religious bodies as well as parental consents, initiate and enforce the formation of an HIV positive adolescent girl's representative body. This body will assist the HIV positive adolescent girls to air their views such as their opinions on challenges, yearnings and support their ambition, which could enhance their resilience. From this representative body, it will be possible for the government and NGOs and CBOs to target this at risk population for financial assistance and empowerment.

- **RECOMMENDATION 10**

Given that my study has identified resilience enhancing factors among HIV positive adolescent girls, it is recommended that the framework which I have developed (see figure 7.1) be adopted into programmes aimed towards enhancing resilience among

HIV positive adolescent girls' by Governments, policy makers, HIV service providers and other stakeholders. This will go a long way in not only curbing the HIV pandemic but re-orientate HIV positive adolescent girls back into the societal stream where they will live as responsible adults.

7.6 RECOMMENDATIONS FOR FUTURE STUDIES

Its evident that the findings in this study have revealed numerous factors that enhance the resilience of HIV positive adolescent girls in Nigeria. Yet, during the course of the study, many questions that could lead to future studies arose. They are:

- How could society in general and Yoruba community in particular address the issue of discussion of sexual matters among adolescent girls?
- How do policy makers both from international and national levels bring social support systems closer to HIV positive adolescent girls?
- How do various stakeholders address the issue of disclosure of status among HIV positive adolescent girls particularly in sub-Saharan Africa?
- How could comparative studies begeared towards exploring and explaining the similarities and differences in resilient coping strategies among HIV positive adolescent girls from other countries to include their support systems and experiences within their cultural settings.

7.7 LIMITATIONS OF THE STUDY

During the research process and the writing of my thesis I identified possible limitations of the study. I became aware that my participants might have wished to discuss the issue of adolescent sexuality, which was not part of the interview schedule. This limitation also led to the researcher not being able to dig deeper into how the HIV positive adolescent girls got infected with HIV epidemic as their explanations were shrouded in mystery because they fear disclosure.

I also realized that the issue of resilience goes broader than including only girls and that my study could perhaps have included HIV positive adolescent boys. Notwithstanding this study's motivated focus on resilience of HIV positive adolescent girls, theresilience framework (see figure 7.1) is also relevant to HIV positive adolescent boys.

7.8 CONCLUDING REMARKS

This research was carried out with a lot of thoroughness and reflections and at the end it has expanded my scope of reasoning and worldview. The study is of optimal importance to me not only as a researcher but a mother as it afforded me the opportunity to listen to the voices of these at risk young population and bring their stories forward to the public. I therefore consider myself a fortunate beneficiary of the findings of this study particularly my research approach, which is qualitative and the methods I employed to illuminate my research purpose. The small number of participants sheds immeasurable light on the HIV positive adolescent girls' perceptions, emotions, experiences, coping skills and other variables such as culture, gender, identity development and cognitive capabilities.

While this study provides a good signal for assisting HIV positive adolescent girls it was not without its challenges. During the fieldwork I encountered situations which were thought-provoking and I was filled with empathy as I witnessed how these girls narrated their resilience pathways in a society where they are being marginalized. Before I embarked on the study I had my own opinions and dispositions towards this group but as I interacted with them I discovered new realities about their lived lives and social world. Even my previously discussed preliminary literature review about this topic was not enough to prepare me for the new realities about the experiences of these HIV positive adolescent girls.

One of the reflections from this study is the issue of people's attitudes such as stigmatisation towards this at risk population due to their status. Occasionally I could not help but disclose my surprise and sympathy at these revelations, but what struck me most was the unpretentious manner coupled with resoluteness of purpose with which they portrayed their optimism about their resilience. Spiritually, they believed all their problems were already solved, and that they did not care a hoot about what the public thinks about them as far as they worked hard, took their drugs regularly and came for counselling sessions as these are important the ingredients of their endeavour to bounce back to normal life. This gave me a sense of succour and then I became relaxed. Hence I was able to discuss with participants about their coping skills, dreams and future ambitions as these made them feel they were also an integral part of the society. My interaction with them also increased their confidence and self-esteem, which paved way for an easy rapport during the interviews. I also discovered evidence in this study that the HIV positive adolescent girls were happy but still yearned for the right to be heard especially concerning sexual matters.

The participants in this study were not only crucial for the useful information they yielded, but were also a representative of a population at risk whose unfortunate circumstances brings to the fore the gravity of the HIV pandemic that has gripped the global world. As mothers of future generations, it is noteworthy that taking cognisance of gender issues could be considered as a possible strategy for enhancing well-being and resilience**.** What this study calls for is a holistic well-being and resilience of HIV positive adolescent girls, as they will in turn nurture responsible children and an improved environment.

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Appendix A

Key participants Interview Protocol

Date of Interview……..Duration…….

Place –

Interviewer -

Participants' Demographic Characteristics

1. Pseudonym -
2. Age –
3. Ethnic group –
4. Religion -
5. Last school attended with class –
6. Present School -
7. Present Occupation –
8. Parents Occupation –
9. Marital Status –
10. No of Children –
11. Living Condition –

In-depth Interview

1 How do you feel about yourself?

2 Have you disclose your HIV status to anyone? How did it (disclosure or no disclosure) affect you?

3 What are your perceptions of disclosing one's HIV status?

4 How do you experience (past and present) your community and your socialization within the community?

6 Does you community's culture and traditions affect you? Explain.

5 What are you currently doing and why?

6 What opportunities are available to you to improve your life? If any, do you make use of these opportunities?

7 Do you have any ambitions? If so, what are you doing about achieving your ambitions/goals?

8 Tell me about your social and emotional experiences and challenges and what you have done about it/ to overcome it.

8 Do you get any form of support and how did it influence your life?

10 What coping mechanisms do you employ, if any?

11 Tell me about your successes and achievements and the factors that influenced your successes.

Appendix B

Social workers Interview protocol

Pseudonym of Social worker……

Interviewer……

Place……

Date ……Duration……

1. What kinds of signs of physical and psychological well-being do you notice in HIV positive adolescent girls when they bounce back to normal life?
2. What kinds of treatment /counselling do you give them in your organization?
3. How do you get feedbacks from them?
4. What do you think are the conditions that enhance or facilitate the health or wellness of these HIV positive adolescent girls?
5. From your experience as a social worker, how do you think PLWHA (People living with HIV/AIDS) navigate threats to their health or overcome adversity?
6. What is successful coping?
7. What types of help do you think HIV positive adolescent girls need or want when the epidemic exceeds their adaptive resources?
8. How can health professionals or social workers best provide help?

Appendix C

Photo-Voice and Narratives

Date …… Duration……..

Place……

Role of Researcher:-

I will organize an information session with the participants after they have been identified and verbally inform them about the study. I will give them a camera each to take home and snap pictures with (objects/people/buildings/images) which they consider symbolic with their ability to become resilient or what they consider have enhanced their resilience process within their community. A time frame of two weeks will be given to each participant to perform this activity.

Activities:-

I will organize another activity session with the participants after they have taken the pictures. In this activity session each participant will be given the opportunity to narrate the key issues that enhanced their resilience in connection with the photographs. This is will be done on a one on one basis with the researcher. I will inform them that their participation in this research will give them the opportunity to provide detailed descriptive account of their experiences and circumstances as HIV positive adolescent girls which will reach policy makers locally, nationally and internationally. The interaction session will be written and (or) audio taped according to participant's choice.

Comments or remarks:-

The researcher will take down field notes of what she observers while interacting with the participants.

Appendix D

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

The Executive Director,
NELA Consortium,
17, Temidire Housing Estate
Old Ife Rd, P.O Box 15063,
Agodi Ibadan.

Department of Early Childhood Education
Faculty of Education
University of Pretoria
Date

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT MY RESEARCH IN YOUR ORGANIZATION

I am a Ph.D. student in the Faculty of Education at the University of Pretoria. I hereby wish to seek for your permission to conduct a research in your organization. My research project will involve five HIV positive Yoruba adolescent girls who give evidence of resilient behaviour, in other words, girls who are HIV positive but show positive adaptation to their circumstances. My research topic is “Key factors in enhancing the resilience of HIV positive adolescent girls in Nigeria”.

Your participation in this study will involve that you allow your organization to be used as the setting where interviews can be conducted with two of your social workers. The whole research activity will last three – four months. The interviews will last for more or less an hour for each participant. Most importantly, it will require that the five HIV positive adolescent girls are selected from your organization. They will be interviewed within the organization and will also be required to take photographs with what is symbolic with their ‘bouncing back’ to normal life thus becoming resilient within their community. The identity of all participants will be protected in the sense that they will be assigned pseudonyms. Only my supervisor and I will know their real names. The information received from participants will only be used for academic purposes. Collected data will be in my possession or my supervisor’s and will be locked up for safety and confidential purposes. After completion of the study, the materials will be stored at the Early Childhood Education Department, University of Pretoria according to the policy requirements.

It is my presumption that the research findings will make a creditable contribution towards identifying different strategies, techniques and methods of helping HIV adolescent girls bounce back to normal life by becoming resilient.

If you agree, please fill in the consent form provided below. If you have any questions, do not hesitate to contact my supervisor or me at the numbers given below, or via Email.

_____	_____
Signature of student	Signature of Supervisor
Mrs Catherine.O. Adegoke	Dr M.G Steyn
+27749424507	mg.steyn@up.ac.za
golden2xyz@yahoo.com.	

Consent form

I, _____ (your name), agree / do not agree (delete what is not applicable) to take part in the research project titled**: Key factors in enhancing the resilience of HIV positive Yoruba adolescent girls in Nigeria**.

I agree to the following:

- That my organization be used for the conduct of the research.
- That two of my staff be interviewed for more or less an hour and at a time that suits them.
- That the five HIV positive adolescent girls will be interviewed from my organization for more or less an hour at a time that suits them.
- That the five HIV positive adolescent girls will be required to takes photographs with what is symbolic with their 'bouncing back' to normal life thus becoming resilient within the community.

I also understand that:

- Any participant can withdraw at any stage.
- Their real names will not be used but a pseudonym will be used instead.
- The interviews will be audio taped.
- The five adolescent girls will be asked to take photos and narrate their stories.
- The research is voluntary and that they shall be able to withdraw at any time without any punitive results.

I understand that the researcher subscribes to the principles of: voluntary participation in research, implying that the participants might withdraw from the research at any time.

Signature: _____ Date: _____

Appendix E

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

The Executive Director,
NELA Consortium,
17, Temidire Housing Estate
Old Ife Rd, P.O Box 15063,
Agodi Ibadan.

Department of Early Childhood Education
Faculty of Education
University of Pretoria
Date

Dear Madam,

REQUEST FOR YOUR PARTICIPATION IN MY RESEARCH IN YOUR ORGANIZATION

I am a Ph.D. student in the Faculty of Education at the University of Pretoria. I hereby request that you participate in my research which will take place in your organization. My research project will involve five HIV positive Yoruba adolescent girls who give evidence of resilient behaviour, in other words, girls who are HIV positive but show positive adaptation to their circumstances. My research topic is “Key factors in enhancing the resilience of HIV positive adolescent girls in Nigeria”.

Your participation in this study will involve that you will be interviews for more or less an hour on your observations and experiences with HIV positive adolescent girls and how they were able to adapt to their circumstances and become resilient. Most importantly it will require that you help in the selection of the five HIV positive adolescent girls from the organization. They will be interviewed within the organization for an hour or less and they will also be required to take photographs with what is symbolic with their ‘bouncing back’ to normal life thus becoming resilient within their community. The identity of all participants will be protected in the sense that they will be assigned pseudonyms. Only my supervisor and I will know their real names. The information received from participants will only be used for academic purposes. Collected data will be in my possession or my supervisor’s and will be locked up for safety and confidential purposes. After completion of the study, the materials will be stored at the Early Childhood Education Department, University of Pretoria according to the policy requirements.

It is my presumption that the research findings will make a creditable contribution towards identifying different strategies, techniques and methods of helping HIV adolescent girls bounce back to normal life by becoming resilient.

If you agree, please fill in the consent form provided below. If you have any questions, do not hesitate to contact my supervisor or me at the numbers given below, or via Email.

_____	_____
Signature of student	Signature of Supervisor
Mrs Catherine.O. Adegoke	Dr M.G Steyn
+27749424507	mg.steyn@up.ac.za
golden2xyz@yahoo.com.	

Consent form

I, _____(your name), agree / do not agree (delete what is not applicable) to take part in the research project titled**: Key factors in enhancing the resilience of HIV positive Yoruba adolescents girls in Nigeria**.

I agree to the following:

- That I am willing to participate in the conduct of the research at the NECAIN (NELA Consortium).
- That I will be interviewed for more or less an hour and at a time that suits me.
- That I will help in the selection of the five HIV positive adolescent girls from NECAIN (NELA Consortium) where I work as a social worker.
- That I am aware that the five HIV positive adolescent girls will be interviewed and required to take photographs with what is symbolic with their 'bouncing back' to normal life thus becoming resilient within the community.

I also understand that:

- All the participants can withdraw at any stage.
- Their real names will not be used but a pseudonym will be used instead.
- The interviews will be audio taped.
- The five adolescent girls will be asked to take photos and narrate their stories.
- The research is voluntary and that I shall be able to withdraw at any time without any punitive results.

I understand that the researcher subscribes to the principles of: voluntary participation in research, implying that the participants might withdraw from the research at any time.

Signature: _____ Date: _____

APPENDIX F

Department of Early Childhood Education
Faculty of Education
University of Pretoria
Date

Dear Participant,

I am a Ph.D. student of the University of Pretoria and conducting a study entitled: “Key issues in enhancing resilience among HIV positive adolescent girls in Nigeria”. I would like to ask you whether you will be willing to participate in this research.

Your participation in this study will involve that you will be interviewed for more or less an hour. You will also be required to take photograph with what is symbolic with your resilience process within your community. This process will take within two weeks period for each participant. It will take place in Ibadan at NELA consortium where some of the People Living with HIV/AIDS (PLWHA) has been receiving counseling and treatment. The identity of all participants will be protected in the sense that you will be assigned a pseudonym. Only the director of the organization, the two social workers, my supervisor and me will know your real names as pseudonyms will be used in the research report.

The information received from participants will only be used for academic purposes. Collected data will be in my possession or my supervisor’s and will be locked up for safety and confidential purposes. After completion of the study, the materials will be stored at the Early Childhood Education Department, University of Pretoria according to the policy requirements.

It is my presumption that the research findings will make a creditable contribution towards identifying different strategies, techniques and methods of helping HIV adolescent girls bounce back to normal life by becoming resilient.

If you agree to take part in this research, please fill in the consent form provided below. If you have any questions, do not hesitate to contact my supervisor or me at the numbers given below, or via Email.

Signature of student

_____	_____
Signature of student	Signature of Supervisor
Mrs Catherine.O. Adegoke	Dr M.G Steyn
+27749424507	mg.steyn@up.ac.za
golden2xyz@yahoo.com.	

Consent form

I, _____ (your name), agree / do not agree (delete what is not applicable) to take part in the research project titled: Key Issues in enhancing the resilience of HIV positive Yoruba adolescent girls in Nigeria.

I agree to the following:

- To be interviewed for more or less an hour at the office of NELA consortium in Ibadan and at a time that suits me.
- To take photographs of myself with what is symbolic with my resilience process within my community.

I also understand that:

- Any participant can withdraw at any stage.
- My real name will not be used but a pseudonym will be used instead.
- The interviews will be audio taped.
- I will be asked to take photos and narrate my stories.
- The research is voluntary and that I shall be able to withdraw at any time without any punitive results.

I understand that the researcher subscribes to the principles of: voluntary participation in research, implying that the participants might withdraw from the research at any time.

Signature: _____ Date: _____

Appendix G

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Early Childhood Education
Faculty of Education
University of Pretoria
Date

Dear Parent / Guardian,

I am a Ph.D. student in the Faculty of Education at the University of Pretoria. My research topic is “Key factors in enhancing the resilience of HIV positive Yoruba adolescent girls in Nigeria”. My research project will involve five HIV positive Yoruba adolescent girls, who give evidence of resilient behaviour, in other words, girls who are HIV positive but show positive adaptation to her circumstances. I hereby wish to ask permission to involve your child/ward in my research.

Your child’s participation will involve being interviewed for more or less an hour. She will also be required to take photographs with what is symbolic with her ‘bouncing back’ to normal life thus becoming resilient after her adversity within the community. This process will take about 2 weeks for each participant in Ibadan at NELA consortium where she has been receiving counselling and treatment. The identity of all participants will be protected in the sense that she will be assigned a pseudonym. Only the director, the social workers my supervisor and I will know the real names. The information received from participants will only be used for academic purposes. Collected data will be in my possession or my supervisor’s and will be locked up for safety and confidential purposes. After completion of the study, the materials will be stored at the Early Childhood Education Department, University of Pretoria according to the policy requirements.

It is my presumption that the research findings will make a creditable contribution towards identifying different strategies, techniques and methods of helping HIV adolescent girls bounce back to normal life by becoming resilient.

If you consent that your child/ward should take part in this research, please fill in the consent form provided below. If you have any questions, do not hesitate to contact my supervisor or me at the numbers given below, or via Email.

_____
Signature of student
Mrs Catherine.O. Adegoke
+27749424507
golden2xyz@yahoo.com.

_____
Signature of Supervisor
Dr M.G Steyn
mg.steyn@up.ac.za

Consent form

I, _____(your name), agree / do not agree (delete what is not applicable) to allow my child/ward to take part in the research project titled**: Key factors in enhancing the resilience of HIV positive Yoruba adolescents in Nigeria**.

I agree to the following:

- That my child/ward will be interviewed for more or less an hour at the office of NECAIN (NELA consortium) in Ibadan and at a time that suits them.
- That she takes photographs of herself with what is symbolic with her 'bouncing back' to normal life after her adversity within the community.

I also understand that:

- Her real name will not be used but a pseudonym will be used instead.
- The interviews will be audio taped.
- The research is voluntary and that she shall be able to withdraw at any time without any punitive results.

I understand that the researcher subscribes to the principles of: voluntary participation in research, implying that the participants might withdraw from the research at any time.

Signature: _____ Date: _____

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