

## Table of Contents

Acknowledgements.....	i
Declaration.....	ii
Ethics Clearance Certificate .....	iii
Ethics Statement.....	iv
Abstract.....	v
List of Tables .....	xii
List of Figures .....	xiii
CHAPTER 1 .....	1
OVERVIEW AND RATIONALE .....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND TO THE STUDY.....	5
1.3 RATIONALE FOR THE STUDY .....	8
1.4 PURPOSE OF THE STUDY .....	9
1.5 STATEMENT OF THE PROBLEM .....	10
1.5.1 Research question.....	11
1.5. 2 Sub questions .....	11
1.6 RESEARCH DESIGN .....	11
1.6.1 Qualitative method.....	11
1.7 EPISTEMOLOGICAL PARADIGM.....	12
1.7.1 Interpretivism .....	12
1.7.2 Phenomenological design .....	14
1.8 THEORETICAL FRAMEWORK .....	14
1.9 DEFINITION OF KEY CONCEPTS .....	15
1.9.1 Child .....	15
1.9.2 Child-headed household .....	15
1.9.3 Adolescence .....	16
1.9.4 Resilience .....	16
1.9.5 Risk factors.....	17
1.9.6 Protective factors.....	17
1.10 PERCEIVED THREATS TO THE STUDY.....	17
1.11 POSSIBLE CONTRIBUTIONS OF THE STUDY .....	18
1.12 CONCLUSION.....	18
1.13 OUTLINE OF THESIS CHAPTERS .....	18

CHAPTER 2 .....	21
LITERATURE REVIEW .....	21
2.1 INTRODUCTION .....	21
2.2 CONCEPTUALISING RESILIENCE.....	22
2.3 ORIGINS OF RESILIENCE RESEARCH .....	24
2.4 WAVES OF RESILIENCE RESEARCH .....	25
2.4.1 First wave .....	26
2.4.2 Second wave .....	26
2.4.3 Third wave.....	27
2.4.4 Fourth wave of resilience research on the horizon .....	29
2.5 GLOBAL PERSPECTIVES ON CHILD-HEADED HOUSEHOLDS.....	31
2.6 CHILD-HEADED HOUSEHOLDS IN ZIMBABWE.....	32
2.7 THE CHILD-HEADED HOUSEHOLD PHENOMENON .....	34
2.8 THE CHALLENGE OF DEFINING CHH .....	34
2.9 CHALLENGES FACING CHILDREN IN CHHS.....	36
2.10 MIGRATIONS AS A PRECURSOR TO CHHS .....	38
2.11 MIGRATION IN ZIMBABWE .....	39
2.11.1 Migration of parents as risk factor.....	40
2.11.2 Neglect by absentee parents as risk factor for adolescent learners .....	42
2.11.3 Living conditions in CHHS .....	43
2.13 ADVERSE EXPERIENCES FACING ADOLESCENTS LIVING IN CHHS.....	46
2.14 WHAT ARE RISK FACTORS? .....	47
2.14.1 Environmental risk factors .....	49
2.15 CONCEPTUALISING PROTECTIVE FACTORS .....	52
2.15.1 Social support as a protective factor .....	54
2.15.2 Social support as protective factor for children living in CHHS.....	55
2.15.3 School as a protective factor for promoting adolescent resilience .....	57
2.15.4 School as adolescent resilience-enhancer .....	59
2.16 RELIGION/SPIRITUALITY AND RESILIENCE.....	60
2.17 CULTURE AND RESILIENCE IN ADOLESCENTS .....	62
2.18 CONCLUSION.....	64
CHAPTER 3 .....	67
THEORETICAL FRAMEWORK .....	67
3.1. INTRODUCTION .....	67

3.2. RATIONALE FOR USING FRF .....	68
3.3 COMPONENTS OF THE FAMILY RESILIENCE FRAMEWORK .....	70
3.4 REVIEW OF KEY PROCESSES IN FAMILY RESILIENCE .....	74
3.4.1 BELIEF SYSTEMS .....	74
3.4.1.1 Meaning-making .....	75
3.4.1.2 Positive outlook .....	77
3.4.1.3 Transcendence and spirituality .....	78
3.4.2 ORGANISATIONAL PATTERNS .....	79
3.4.2.1 Flexibility .....	79
3.4.2.2 Connectedness.....	80
3.4.3.3 Social and economic resources.....	81
3.4.3 COMMUNICATION AND PROBLEM SOLVING.....	82
3.4.3.1 Clear, consistent messages .....	82
3.4.3.2 Open emotional expression .....	83
3.4.3.3 Collaborative problem-solving.....	83
3.5 CONCLUSION.....	84
CHAPTER 4 .....	85
RESEARCH METHODOLOGY .....	85
4.1. INTRODUCTION .....	85
4.2. ROLE OF THE RESEARCHER .....	86
4.3 EPISTEMOLOGICAL PARADIGM-INTERPRETIVISM .....	87
4.3.1 Philosophical assumptions of interpretivist research.....	88
4.3.2 Positivist research assumptions.....	89
4.3.3 Interpretivist research assumptions .....	89
4.4 Methodological Paradigm- Qualitative Approach .....	91
4.5 DEFINING RESEARCH DESIGN .....	93
4.5.1 Phenomenological research design .....	94
4.6 SELECTION OF PARTICIPANTS .....	95
4.7 DATA COLLECTION METHODS.....	97
4.7.1Defining Interview.....	97
4.7.1.1 Structured interview .....	98
4.7.1.2 Unstructured interview.....	98
4.7.1.3 Semi-structured interviews.....	98
4.7.1.4 Rationale for using semi- structured interviews.....	99

4.7.2 Focus group discussions (FGDs) .....	101
4.7.3 Field notes.....	103
4.8 DATA COLLECTION PROCEDURE .....	105
4.9 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA) .....	109
4.9.1 Rationale for using IPA.....	109
4.9.2 Single or multiple cases in IPA .....	110
4.10 DATA ANALYSIS .....	110
4.10.1 Data analysis process .....	113
4.11 ETHICAL CONSIDERATIONS .....	114
4.11.1 Informed consent or assent.....	115
4.11.2 Confidentiality and anonymity of participants .....	116
4.11.3 Protecting participants from harm .....	116
4.12 RIGOUR OF RESEARCH .....	117
4.12.1 Credibility.....	117
4.12.2 Transferability .....	118
4.12.3 Dependability.....	119
4.12.4 Confirmability.....	119
4.13 CONCLUSION.....	120
CHAPTER 5 .....	121
DATA PRESENTATION, ANALYSIS AND DISCUSSION .....	121
5.1 INTRODUCTION.....	121
5.2 DEMOGRAPHIC INFORMATION .....	122
5.2.1 Theme 1: Risks factors associated with life of adolescents in CHHs .....	128
5.2.1.1: Sub-theme 1.1: The burden of managing a home as a child. ....	128
5.2.1.2 Sub-theme 2: Poverty and challenges due to limited resources .....	135
5.2.1.3 Sub-theme 3: Adolescents’ engagement in strenuous un-childlike roles .....	141
5.2.1.4 Sub-theme 4: Adolescents living in CHHs’ perception of education and education-related challenges facing them .....	147
5.3 THEME 2: RESILIENCE-ENHANCING RESOURCES AND ADOLESCENTS’ AGENCY.....	155
5.3.1Sub-theme 1: Survival mechanisms employed by adolescents .....	155
5.4 Theme 3: CHHs as reservoirs of knowledge.....	185
5.4.1 Sub-theme 3.1: Lessons the community can draw from adolescents living in CHHs .....	186
5.5 WHAT ADOLESCENTS REQUIRE TO RUN THEIR HOUSEHOLDS .....	187
5.6 CONCLUSION.....	189

CHAPTER 6 .....	191
CONCLUSIONS AND RECOMMENDATIONS.....	191
6.1 INTRODUCTION .....	191
6.2 ANSWERING THE RESEARCH QUESTIONS .....	191
6.2.1 Which risk factors do adolescent secondary school learners living in CHHs associate with their family situation? .....	192
6.2.2 Which resources or protective factors do adolescent secondary school learners living in CHHs require?.....	198
6.2.3 How do adolescent secondary school learners cope with life in their households?.....	205
6.2.4 How do adolescent secondary school learners deal with educational challenges they face? ..	209
6.2.5 Answering the main research question: Which resilience processes do adolescent secondary school learners living in CHHs employ? .....	210
6.3 NEW INSIGHTS .....	214
6.4 LIMITATIONS OF THE STUDY.....	217
6.5 RECOMMENDATIONS.....	218
6.6 CONCLUSION.....	221
REFERENCES .....	223
APPENDICES .....	254

<b>List of Tables</b>	<b>Page</b>
<b>Table 1:</b> Key processes in family resilience.....	71
<b>Table 4.1:</b> Outline of research methodology.....	85
<b>Table 4.2:</b> Ontological and epistemological assumptions of the interpretivist paradigm.....	88
<b>Table 4.3:</b> Focus group participants' identities.....	107
<b>Table 5.1</b> Demographic profile of participants.....	124
<b>Table 5.2:</b> Themes and sub-themes.....	128
<b>Table 5.3:</b> Inclusion and exclusion criteria for sub theme 1.1.....	129
<b>Table 5.4:</b> Inclusion and exclusion criteria for sub-theme 1.2.....	136
<b>Table 5.5:</b> Inclusion and exclusion criteria for sub-theme 1.3.....	142
<b>Table 5.6:</b> Inclusion and exclusion criteria for sub-theme 1.4.....	148
<b>Table 5.7:</b> Inclusion and exclusion criteria for sub-theme 2.1.....	156
<b>Table 5.8:</b> Inclusion and exclusion criteria for sub-theme 2.2.....	177
<b>Table 5.9:</b> Inclusion and exclusion criteria for Theme 3.....	187

**List of Figures**

**Page**

**Figure 3.1:**

Recursive and synergistic transactional key processes in family resilience.....73

**Figure 4.1:**

Philosophical underpinnings of IPA.....108

**Figure 6.1:**

Relationship between main and sub research questions.....189

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# CHAPTER 1

## OVERVIEW AND RATIONALE

### 1.1 INTRODUCTION

The problem of child-headed households (CHHs) seems to be less prevalent in developed countries than in developing ones, especially developing countries on the African continent (Gaciuki, 2016; Ibebuike, Van Belkum, & Maja, 2014; Kurebwa & Kurebwa, 2014; Mavise, 2011). Political instability, harsh socioeconomic conditions, wars, ethical conflicts and displacements, poverty, abandonment, migration and separation are among some of the reasons proffered for the proliferation of CHHs (Zirima & Mtemeri, 2016; Nyawo, 2016; Rupande, 2014; Kotze, 2011). Other causes identified include road accidents, parental disability or chronic illness. The deaths of parents due to HIV and AIDS-related illnesses have been singled out as the major causes for the existence of CHHs (Magwa & Magwa, 2016). These factors, among many others result in the decline of the number of adults tasked with the responsibility of guiding, protecting, controlling and disciplining the growing children (Gaciuki, 2016; Ibebuike, Van Belkum & Maja, 2014).

Zimbabwe is ranked as one of the 10 worst performing countries in terms of governance, safety and security, and the protection of personal freedoms (The Africa Prosperity Report, 2016). Furthermore, in terms of the distribution of wealth among citizens, Zimbabwe has been ranked last out of 98 countries globally (The Wealth Report, 2015). Together, these reports paint a gloomy picture of the welfare of the Zimbabwean citizenry, and particularly of those who carry the burden of looking after families. The Wealth Report also highlights an anomaly with regard to the distribution of national wealth resulting in some people living without jobs and in perpetual poverty. In order to escape from such poverty, adults who are breadwinners flee to other countries in search of employment and better living conditions. The mass exodus of parents due to the economic and political crises results in the emergence of 'child-only' households even though the parents are still alive. Society relies on the family to provide for the economic and protective needs of children (Gubwe, Gubwe & Mago, 2015). Good child-rearing practices equip children with relevant and critical



life skills, norms and values necessary for them to fit into society. In the absence of parents who naturally serve as a source of support for children, a yawning void is created, one which exposes children to a number of psychological and social problems (Gaciuki, 2016; Mashavira, Mashavira & Mudhovozi, 2015). More specifically, the absence of parental guidance and attachments associated with positive parenting exposes children to different forms of abuse, one being their having to live in adverse conditions (Zhangazha, 2014).

Indications are that, the CHH problem is especially profound in Sub-Saharan Africa, Zimbabwe being a prime example of a country in the Sub-Saharan region that has witnessed the phenomenal evolution of CHHs due to several factors (Mavise, 2011). Although the number of orphans, and the consequent increase in CHHs, is reportedly increasing worldwide, there is an indication that 85% of the total numbers of orphans worldwide live in Sub-Saharan Africa (Kurebwa & Kurebwa, 2014). The escalation of orphanhood, particularly, in Sub-Saharan Africa, is a consequence of the devastating effects of HIV and AIDS according to a whole cohort of researchers (Mpofu & Chimhenga, 2016; Mutambara, 2015; Mavise, 2011; Nkomo, Freeman & Skinner, 2009). In Zimbabwe for example, one quarter of adults is HIV-positive, a situation contributing to the phenomenal rise in orphans (Mutambara, 2015; UNICEF, 2013).

However, even though many writers identify HIV and AIDS as major contributors to the emergence of CHHs, they are by no means the only ones (Ibebuike et al., 2014; Kotze 2011; Mavise, 2011). Less profound factors have also silently and subtly led to the disintegration of the traditional family. One of these factors relates to parents who left their homes in search of life opportunities, fleeing from the economic implosion at home (Gubwe et al., 2015). Some of the consequences of migration being divorce, abandonment of children and, consequently, the emergence of the CHH phenomenon, something assumed to have not been in existence in traditional African society (Jakachira & Muchabaiwa, 2015). Jakachira and Muchabaiwa support these claims with reference to the Zimbabwean socio-economic crisis of the years 2000-2009, which forced people to migrate to the 'diaspora' to look for work, resulting in divorce and/or death due to HIV and AIDS. The Zimbabwean land reform programme of 2000 also ushered in a new dispensation, one which saw some

parents migrating to farms to practise agriculture in order to eke out a living as urban life was biting due to the economic meltdown (Mavhunga & Mazodze, 2014). Furthermore, the economic challenges Zimbabwe faced over the past two decades has had debilitating effects on the capacity of the extended family to absorb orphans, leaving them without care and protection (Mutambara, 2015).

Together, these factors led to the phenomenal rise in the number of CHHs. 'Abandoned' children are vulnerable to a number of problems such as lack of parental guidance, physical abuse, lack of food, clothing, security and other harsh living conditions (Zhangazha, 2014). Viewed from a child development context, the emergence of the CHH phenomenon could, therefore, be ascribed to the weakened capacity of the extended family safety net to cope with orphans thus exposing children living in CHHs to untold suffering (Zirima & Mtemeri, 2016; Magwa & Magwa, 2016; Jakachira & Muchabaiwa, 2015). Defining CHH is not, however, an easy task because of its elasticity and fluidity (Jakachira & Muchabaiwa, 2015). Regardless of variations in the ways in which it is defined, most writers are, however, in agreement that a CHH is a household where practically everyone who lives in the household is under 18 years of age. Another element of the definition is that the head of the household is one of the children. The child head typically adopts not only a leadership role, but also carries the responsibility to provide for the economic needs of the household (Gaciuki, 2016; Ibebuike et al., 2014).

The most striking feature of CHHs is the shift that children have to make from being children to being children who have to assume parental roles of decision-making, taking care of, and providing for other children. In making this shift, these children take on the kind of responsibilities which are usually the preserve of parents or other adults (Mavise, 2011). In times gone by, households in the African cultural context have historically included parents, children and sometimes, grandparents and other relations but seldom, if ever, children alone (Ibebuike et al., 2014). In the current situation, where adult supervision is absent, children now have to find shelter for themselves, live in child-only households and provide for their own daily necessities (Ibebuike et al., 2014). It is this situation which prompted Gow and Desmond (2010) to add another dimension to existing definitions of CHHs. The authors characterise these as households where children are not under any direct adult supervision

because they have been orphaned, abandoned, or left on their own because the parents might be working elsewhere.

There is a general paucity of data on the every-day experiences of children living in CHHs, of how they manage their households despite the challenges they face (Francis-Chizororo, 2010). The few studies in Zimbabwe which have explored the existence and nature of CHHs, like most literature on this phenomenon, tend to focus on advocacy (Ciganda, Gagnon & Tenkorang, 2012). Incidentally, there is growing interest in the study of lives lived well despite conditions of hardship (Skovdal & Daniel, 2012). These include research on challenging childhoods and constructions of risk and resilience. This reveals that, children's experiences of HIV-related hardship start long before they are orphaned, starting when they take on caring and nursing roles as well as accepting the responsibility to sustain their households (Skovdal & Daniel, 2012). In addition to accepting these additional responsibilities, children associated in any way with HIV and AIDS have to cope with the likelihood that they will be stigmatised by their peers, family and/or community members. Such children also run the risk of malnutrition and the likelihood to either exit school prematurely or perform poorly academically (Mutambara, 2015; Guo, Li & Sherr, 2012; Madhavan & Townsend, 2007). Children orphaned by AIDS are, moreover, more prone to illness and find it difficult to access medical care (Foster & Heymann, 2010).

The degree to which orphaned children are able to cope with parental death and the challenges they subsequently experience depends not only on their developmental stage and intrinsic coping mechanisms. Such coping is also dependent on the availability of external support systems such as adolescent-focused schools (Theron, Cameron, Didkowsky, Lau, Liebenberg & Ungar, 2011). A stable home environment and supportive communities are also critical imperatives (Nkomo et al., 2009). Taking cognisance of these findings, I felt compelled to help fill the gap by adding to existing literature. I wanted to explore the resilience processes used by Zimbabwean adolescent learners living in CHHs in view of the dearth of qualitative research on this particular aspect. More specifically, I wanted to establish how these learners, despite their conditions, managed to continue going to school and successfully navigating their way through life challenges posed by their situation.

## 1.2 BACKGROUND TO THE STUDY

The impact of HIV and AIDS has had devastating consequences in that it has resulted in the emergence of CHHs not only in Zimbabwe, but also globally (Lethale & Pillay, 2013; Mavise, 2011; Francis-Chizororo, 2010; Nkomo, Freeman & Skinner, 2009). Since the first HIV case was reported in Zimbabwe in 1985, close to 1.1 million children have been orphaned due to this scourge (Francis-Chizororo, 2010; UNICEF, 2006). This experience has made 'child-only' households a painful and agonising reality in Zimbabwe. For families that are losing their breadwinners, they consequently use precious resources to care for the sick and orphaned children (Francis-Chizororo, 2010). Particularly distressing is the fact that, children as young as 10 or 11 are heading households, thus relinquishing their childhood to assume 'adult' roles (Francis-Chizororo, 2010). Since running a household is not without responsibilities, child heads in CHH assume adult-like responsibilities such as feeding and caring for other siblings. Providing emotional support to younger siblings adds to the strain caused by the burden of running the household because the child heads are themselves still children who also need guidance and protection (Nkomo et al., 2009). It is situations like these which raise questions like, "How can children look after other children?" and "Where has the 'child' in the child gone?"

Although extensive research has been conducted on how children grieve, and on the effects of parental death on children, not much has been researched on the resilience processes used by adolescents living in CHHs in Zimbabwe (Nkomo, 2006). Although the number of young people, who themselves need adult mentorship are having to assume adult responsibilities of looking after and providing for their siblings is on the increase in Zimbabwe (Mpofu & Chimhenga, 2016), little is known about how they manage to organise and sustain themselves after parental death, desertion or migration (Mavise, 2011; Francis-Chizororo, 2010). The sources of strength that sustain their well-being are not immediately apparent (Singh, Hays & Watson, 2011). While existing research literature suggests that children who live in CHHs live entirely on their own, it is argued that the role of the extended family is still important (Mavise, 2011). Literature indicates that, in practice, extended family support is still intact as one in every five (20%) orphans have been absorbed or get some form of assistance from family or community members (Mavise, 2011). Even if this was true, the fact remains that the majority of these children - 80% - remains

unabsorbed. Where do they go? Who looks after them if they are not accounted for? In fact, Francis-Chizororo (2010) reports that little is known about whether or not CHHs are operating entirely on their own or receive help from some or other extended family structure. Doubts have been cast regarding the nature of extended families' involvement in CHHs as well as about their capacity to absorb any children living in CHHs given these families' own economic constraints (Wild, Flisher & Robertson, 2011). Some writers have, in fact, indicated that the reality of the extended family and its ability to serve as a safety net for vulnerable children is under serious threat due to economic constraints (Ciganda et al., 2012). Reflected in these contradictory statements is a general lack of awareness and/or caring regarding the real challenges faced by CHHs. There is evidence that some faith-based, community-based, and non-governmental organisations (NGOs) do provide food, clothing and other essential services to the suffering children (Madhavan & Townsend, 2007). However, it has been noted that political interference, harassment, and migration have made humanitarian gesture in this regard very constrained and difficult (The Africa Prosperity Report, 2016; The Wealth Report, 2015; Madhavan & Townsend, 2007).

The factors mentioned in the preceding paragraph have placed support systems under increasing strain, thus making the plight of children living in CHHs even more unbearable and gruelling. The endemic poverty in Zimbabwe, coupled with the escalating number of CHHs, not only exerts a greater economic and social strain on a country that is already struggling economically, but also worsens the plight of children living in CHHs (Kufakurinani, Pasura & McGregor, 2014). Zimbabwe's depressed economy has seen many parents migrating to other countries to look for better employment opportunities or to farms to eke out a living through practising agriculture. This has had the effect of undermining and eroding the traditional family-parents plus children typical of most cultures in Zimbabwe. Since employment is not necessarily immediately available for those who migrate to foreign lands in search of better employment opportunities, remittances are not immediately guaranteed. This then forces children back home to assume un-childlike responsibilities where they have to fend for themselves as a way of making up for what they will be missing (Kurebwa & Kurebwa, 2014).

Economic implosion, natural disasters, movement of parents into the 'diaspora' and other factors affect the very fabric of society (Kurebwa & Kurebwa, 2014; Haroz, Murray & Bolton, 2013). As such these factors impinge on the livelihoods and moral frameworks of families in general and of children left behind by their parents in particular (Kanyenze, Kondo, Chitambira & Martens, 2011). Throughout Sub-Saharan Africa, family has been known to include relatives beyond biological parents and siblings who help care for other younger children (Kendrick & Kakuru, 2012). In South Africa for example, the AIDS scourge has resulted in a dramatic rise in the number of orphans predicted to have escalated to 2.5 million children under the age of 18 by 2015 (Wild, Flisher & Robertson, 2011). This staggering figure is indicative of the large number of children who are expected to experience serious challenges with regard to their ability to sustain themselves and/or their households in the absence of parents or adult figures. In Zimbabwe, like in most Sub-Saharan African countries, family structures are changing in the ways described in the afore-going paragraphs. Like in other countries, HIV and AIDS have been singled out as the major reasons for this change, although other factors already alluded to, have also led to the evolution of CHHs.

It is not, however, only the changes to family structures or the increase in CHHs which are matters of concern, but the effect that these changes have on the children affected by them. Children living in CHHs are deprived of their childhood and schooling (Ayieko, 2010). In addition, such adolescents also suffer damage to their cognitive and emotional development, have less access to education and become prone to the worst forms of child labour (UNICEF, 2015). Yet, despite all these challenges many of the children living in CHHs are able to withstand the pressures and strains they experience within their environments, remaining resilient and forging ahead with life (Walsh, 2016, 2012; Gunnestad & Thwala, 2011). The adolescents living in CHHs have no choice but to develop resilience and other adaptive mechanisms which enable them to forge ahead and emerge stronger (Ruiz-Casares, 2010).

### **1.3 RATIONALE FOR THE STUDY**

There is a persistent myth that the traditional family type is essential to healthy child development and normal functioning (Walsh, 2003). The fact that children living in CHHs, considered to be economically disadvantaged, continue to function and exist alongside other forms of families that may not be as disadvantaged, raises doubts about the authenticity of this myth. Research on healthy family functioning has provided a scientific grounding for the assessment of families in order to identify key processes that can be fostered during interventions in distressed families. In addition, it must be noted that empirical measures to determine these were based on studies of white middle-class families (Walsh, 2003). Furthermore, the families from which such evidence was culled were reportedly not to be under stress at all. It was thus important to find out what life is like for children living in CHHs which is characterised as burdensome and stressful, (adolescents acting as parent figures in particular). Another critical issue was to find out also how members of such 'families' manage to forge ahead with life in such circumstances. Such information could add significantly to a better understanding of the factors that contribute to normal or healthy child development.

Adolescence, characterised as it is by many challenges, is generally regarded as a critical developmental phase (Busso, 2014). The situation is even more challenging and demanding for adolescents living in unaccompanied CHHs. Typical adolescent challenges are, for example, exacerbated by the fact that they have to relinquish their childhood to assume adult roles. In such situations where children are left alone, they develop serious psychosocial problems which increase their susceptibility to negative developmental trajectories (Zirima & Mtemeri, 2016).

Presented with this scenario, I was motivated to study adolescents living in CHHs in order to understand, from their lived (phenomenological) experiences, the environmental factors which put them at risk. I felt, though, that it was also imperative to establish protective factors which could be nurtured towards the improvement and support of resilience in adolescents living in CHHs. I therefore decided also to study the resilience processes employed by adolescents living in CHHs. To achieve this purpose, I encouraged the adolescents to tell me about their experiences of living in CHHs, since such first-hand accounts are the only sources

which could be regarded as credible and authentic reports of their CHH life experiences. Understanding the critical factors associated with resilience could, I assumed, suggest strategies that could perhaps be instituted to promote the well-being of secondary school adolescent learners living in CHHs in general. Informing my assumption were questions about how adolescents living in CHHs managed to hold their own in schools attended by their peers who lived in traditional household arrangements, that is, with adult guidance and supervision. Thus, I intimated that it was critical for me to establish how they managed to attend school, pay fees and obtain other scholastic necessities regardless of their impoverished socio-economic backgrounds. In determining this, the findings of my study could contribute to the development of policies and the institution of evidence-based interventions which might improve the well-being and educational opportunities for adolescents living in CHHs.

Parents play an important role in their children's learning, much like apprenticeship models in which competent members provide scaffolding for less competent members of society (Kendrick & Kakuru, 2012). Parents serve as mentors to their children, gradually initiating the latter into adulthood through enforcement rules and discipline. I therefore, regarded as paramount, the need to understand what happens to adolescents who lack this apprenticeship due to parental absence or unavailability of adult carers. Given this missing link, the exploration of resilience processes employed by adolescent secondary school learners living in CHHs became even more compelling if I were to uncover what it was that really sustained them in the absence of adult guidance and supervision. Since very little research has to date been conducted on the life experiences or coping mechanisms of adolescents living in CHHs in Sub-Saharan Africa (Mmari, Michaelis & Kiro, 2009), I believed that it was important to explore the resilience processes employed by adolescents living in CHHs in Zimbabwe. I considered the exploration of such resilience processes fundamental as it could add significantly to filling this research gap (Nziyane & Alpaslan, 2012).

#### **1.4 PURPOSE OF THE STUDY**

By embarking on this study, I sought to explore and describe the resilience processes employed by adolescent secondary school learners living in CHHs from



their perspectives, that is, from the perspectives of the people who are experiencing the phenomenon. That these adolescents are thriving against all odds and despite living without parents or guardians in the same household suggests that CHHs should be recognised as a specific family type. Presumably, the inhabitants of these households or the members of this family type, employ specific coping and adaptive mechanisms which give them the strength to persevere and survive. The purpose of this study was to explore these coping mechanisms, with particular reference to the ways in which the affected adolescent secondary school learners construct meaning from their experiences of living in CHHs by listening to their voices as they shared and expressed their experiences. It is only by engaging those adolescents who experience the phenomenon that a true understanding of the resilience processes they employ can be established.

### **1.5 STATEMENT OF THE PROBLEM**

A range of studies has identified the emergence of a relatively new phenomenon – CHHs - in many countries, including Zimbabwe (Ruiz-Casares, 2010; Francis-Chizororo, 2010; Chigwenya, Chuma & Nyanga, 2008). Some of the studies have documented numerical increases in CHHs (UNICEF, 2015; Kurebwa & Kurebwa, 2014; Mavise, 2011; Francis-Chizororo, 2010, 2006; UNAIDS, 2006). Others focus on the multiple adversities faced by children in households like these and on the fact that, despite the problems presented by the situation they find themselves in, adolescents living in CHHs manage to forge ahead with life just like families headed by adults. They are able to fend for themselves, manage their households, and also attend school with their peers. Presented with such a scenario, questions are bound to emerge about the source of their strength and inspiration. What keeps them going? Why do they not collapse? What inspires them to forge ahead despite the challenges they experience in their households? Answers to these questions can only be found if these adolescents verbalise their life experience of the ways in which they navigate their situation. It is these verbalisations - the voices of actual CHH adolescents – that serve as the primary data source for this study. More specifically, it is in exploring and describing the resilience processes employed and narrated by adolescent secondary school learners that I, as the researcher, attempted to gain an in-depth understanding of these adolescents' experiences of living in CHHs.

### **1.5.1 Research question**

Which resilience processes do adolescent secondary school learners living in CHHs employ?

### **1.5. 2 Sub questions**

- Which risk factors do adolescent secondary school learners living in CHHs associate with their family situation?
- Which resources/protective factors do adolescent secondary school learners living in CHHs require?
- How do adolescent secondary school learners who live in CHHs cope with life in their households?
- How do adolescent secondary school learners who live in CHHs deal with the educational challenges they face?

## **1.6 RESEARCH DESIGN**

### **1.6.1 Qualitative method**

This study is guided by the qualitative paradigm which allows for the analysis of the experiences of individuals or a group of people under study (Silverman, 2013). The main goal of qualitative research is to ‘unpack’ the ways in which people construct their world and make sense of their experiences in an insightful manner (Barbour, 2007). Thus, qualitative research methods are used to establish the socially constructed nature of reality (Strydom & Bezuidenhout, 2014). In this regard, the focus of this study is on adolescent secondary school learners who live in CHHs and are experiencing the phenomenon under study. The emphasis is on getting an insider’s view of situations and events, that is, how those experiencing the phenomenon – my research participants in this case - give meaning to their experiences. This can only be appropriately examined within a qualitative research paradigm (Merian, 2009).

Only qualitative research methods allow the researcher to explore participants’ experiences and the ways in which they attach meaning to those experiences because qualitative approaches are sensitive to the true context in which people live. They are commonly more exploratory and descriptive in nature and interpretation is

based on the participants' lived experiences rather than on measured facts and truths as is the case in quantitative approaches. Qualitative research utilises natural, holistic and inductive processes and is generally engaged with exploring, describing and interpreting the personal and social experiences of participants (Smith et al., 2009; Durrheim, 2006). I used qualitative methods to determine adolescents' inner meanings of their experiences of living in CHHs. Getting the story from the people who are experiencing the phenomenon helped me to understand their feelings, perceptions, attitudes and reasons for behaving in the manner they do. In this regard, qualitative research enabled me to explore and describe the resilience processes used by adolescents living in CHHs in Chinhoyi.

## **1.7 EPISTEMOLOGICAL PARADIGM**

### **1.7.1 Interpretivism**

The worldview underpinning this study is interpretivism. It is a perspective which is marked by three schools of thought in social science research - phenomenology, ethnomethodology and symbolic interactionism which emphasise human interaction with phenomena (Chan, Morris & Wilton, 2016). Interpretivist paradigm is sometimes referred to as constructivism, owing to its emphasis on individuals' ability to construct meaning (Mack, 2010). Interpretivism seeks to understand the world in which people live through the examination of the perceptions and experiences of those being studied (Thanh & Thanh, 2015). The core belief of interpretivism is that of seeking to understand, not only a particular context, but also how reality is socially constructed within a specific cultural context. Based on the assumption that reality is constructed by social actors, interpretivism assumes that such construction is plural and subjective (Bhattacharjee, 2012). This relates to the fact that social facts and interpretation are ever-changing and therefore unstable (Reshetnikov & Kurowska, 2017).

Unlike positivism which accepts single answers, interpretivism is inclusive: it accepts the multiple perspectives on a single phenomenon of different individuals or groups, thus viewing reality through "a series of individual eyes" (Thanh & Thanh, 2015, p. 27). Furthermore, interpretivism accepts that social research is value-laden and that

the researcher is therefore as much part of the research process as the researched are (Carcary, 2009). It is reported that reality is multi-layered; a single phenomenon can have different and varied interpretations (Chan et al., 2016). Since it is believed that acceptance of different viewpoints leads to a better and comprehensive understanding of the phenomenon under consideration, all interpretations are taken as 'truths' and, therefore, valid in their own right (Morehouse, 2011).

Subjective reality is determined by human experiences in their social and cultural contexts. Finding it difficult to separate social reality from social settings, interpretivist researchers engage in interpretation (hermeneutics) of the phenomenon under study (Bhattacharjee, 2012). In their effort to understand phenomena as experienced by people, they (interpretivist researchers) focus on how individuals construct their social world through shared meanings as they relate and interact with each other (Thanh & Thanh, 2015; Chan et al., 2016).

In terms of research methodology, interpretivism emphasises qualitative methods which use the words of participants as opposed to numbers to describe phenomena (Carcary, 2009). Interpretivist qualitative researchers therefore use qualitative research methods such as phenomenology, ethnography, case study and grounded theory to access participants' inner, subjective experiences (Reshetnikov & Kurowska, 2017). Following the interpretivist tradition, they use qualitative designs, data collection and interpretation consistent with specific methodologies. These may include interviews and focus groups with open-ended questions being utilised to obtain rich data regarding participants' idiographic experiences (Phothongsunan, 2010). As discussed earlier, interpretivism focuses on grounded knowledge generated from the field in which a social phenomenon is studied in its cultural, social and situational context (Luttrell, 2010). Acting on this understanding, researchers are recommended to use interpretivist research for studies that seek to unravel data in complex situations, such as resilience processes used in adolescent secondary school learners living in CHHs (Bhattacharjee, 2012).

### **1.7.2 Phenomenological design**

Phenomenology is a research method that emphasises the study of conscious experiences as a way of understanding reality (Chan et al., 2016). Researchers who opt for a phenomenological design have as purpose the uncovering of the meanings which individuals attach to a phenomenon as they experience it on a daily basis (Langdrige, 2007) - the experience of living in CHHs being an example of such. The main goal of phenomenology is to study a phenomenon as it is experienced by people in particular contexts (Merriam & Tisdell, 2016; Creswell, 2012; Hays & Singh, 2012). Thus, researchers who use phenomenological design are interested in determining the essence of a particular phenomenon as it is played out by the people experiencing it (Christensen, Johnson & Turner, 2010).

Phenomenologists are convinced that every day experience of phenomena is a valid way to understand the world. This is discussed in detail in Chapter 4. Phenomenology, being descriptive in orientation, is interpretative only in the way it is implemented (Smith et al., 2009). Thus, to understand a phenomenon in its entirety, phenomenology needs to be combined with hermeneutics (interpretation) in order to encompass both a descriptive and interpretative account of the experiences concerned (Eddles-Hirsch, 2015; Smith et al., 2009). The phenomenological research design adopted in this study is discussed in detail in Chapter 4.

### **1.8 THEORETICAL FRAMEWORK**

The theoretical framework underpinning this study is the Family Resilience Framework (FRF). I regarded the framework as relevant since it is firmly grounded in how families forge ahead and sustain themselves in the face of life challenges (Walsh, 2012). Since CHHs, as a family type, exemplify families like these, I regarded FRF as relevant in foregrounding the study of resilience processes or strategies used in CHHs. In the first instance, the FRF would help me to identify and describe key interactional processes which enable CHHs to “withstand and rebound from disruptive life challenges” (Walsh, 2006, p. 3). In the second instance, the FRF lends itself particularly well to the study of resilience because it is premised on the idea that all families have the potential to do well regardless of family type or the magnitude of the adversities they face. In the third instance, the FRF is strength-

rather than deficit-based, drawing together findings from numerous resilience studies, taking from them important aspects and blending them into three key processes of family functioning. The three key processes are belief systems, organisational patterns, and communication and problem-solving processes (Walsh, 2012). Having analysed the FRF, and assuming that adolescents living in CHHs most likely use its three key processes to navigate and sustain their lives in order to forge ahead, I judged it adequately mature, tried and tested enough to use in the foregrounding of my study. The details of this theoretical framework are presented and discussed in Chapter 3 of my report.

## **1.9 DEFINITION OF KEY CONCEPTS**

While people attach different meanings to certain concepts, the meanings attached to them in my research report are the ones described hereafter and readers should thus interpret what they read in terms of my definitions.

### **1.9.1 Child**

Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) (1989) defines a child as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. Zimbabwe, being a signatory to the Convention, fully abides by its mandates and statutes, one of which is to uphold the rights of the child, that is - a boy or girl under the age of 18 years - in terms of the Constitution of Zimbabwe 2013 amendment number 20. It is this definition of a child which I used in reporting the processes and findings of my study.

### **1.9.2 Child-headed household**

In defining a CHH, Sloth-Nielsen (2004) applies the term to any household where a child up to or under the age of 18 years is called upon to perform care-giving responsibilities. Mavise (2011), defining CHH somewhat more broadly, applies it to a household in which children and young people under the age of 18 years look after themselves or others, assume overall responsibility for the making of decisions and the provision of family members' basic material, social and psychological needs. In

my study, a household headed by a young person who is under 18 years and still attending formal secondary school is regarded as a child-headed household.

### **1.9.3 Adolescence**

Adolescence is commonly regarded as the period between the onset of puberty and age 21 (Degner, 2006). Characterised by rapid social, psychological and biological change, it compels adolescents to make some or other forms of adjustment to their lives even when they are in good health (Ferguson & Walker, 2014; Pienaar, Swanepoel, van Rensburg & Heunis, 2011). The adjustments they make are also indications of adolescents' attempts to establish who they are by shaping their own, unique identities, a process influenced by their particular way of perceiving things and coping with the world around them (Ferguson & Walker, 2012). It is during adolescence that an individual is expected to define who he or she is, what his or her values are, and which direction he or she chooses to pursue in life. In this study, adolescence refers to a period during which the children concerned are still formally attending a secondary school (Form 1- 6).

### **1.9.4 Resilience**

The construct, 'resilience', has been defined in many ways. Resilience is dynamic, multi-level and process-oriented in outlook; it reflects people's strength to cope with adversity and their agency in engaging with protective factors that reduce their vulnerability (Masten & Monn, 2015; Evans, 2012). These protective factors or resources strengthen the resilience of the children, their families and their wider social environments (Wild et al., 2011). In short, resilience is the individual's capacity to recover from, adapt to, and remain strong in the face of adversity (Boyden & Cooper, 2007). Informed by these and other definitions of resilience, it is conceptualised in this study as a dynamic process involving adolescents living in CHHs' ability to overcome the negative effects of risk exposure, coping successfully with traumatic experiences and avoiding the negative trajectories associated with risks (Fergus & Zimmerman, 2005).

### **1.9.5 Risk factors**

Risk factors are biological, psychological and/or socio-cultural stressors that test an individual's capacity to develop in optimal ways (Busso, 2014), and usually have cumulative effects on a child's development (Ungar, 2008). In this study, risk factors refer to adverse life experiences that could steer adolescents towards a negative developmental pathway.

### **1.9.6 Protective factors**

Protective factors are conceptualised in literature as strengths that enable individuals to successfully navigate stressful events (Mampane & Bouwer, 2011). Such protective factors play a critical role in neutralising and protecting the individual from risks conferred by the environment (Alvord & Grados, 2005). In this study, the term 'protective factors' refer to both an adolescent's internal and external resources, including any cultural assets and resources that support him or her to buffer adverse life experiences.

## **1.10 PERCEIVED THREATS TO THE STUDY**

The findings of this study cannot and will not be generalised to the country as a whole because of many factors, mainly because financial and time constraints made it impossible to use a large sample of participants. Only 14 participants (adolescents living in CHHs), drawn from a single secondary school, were purposively selected as research participants, thus making this a contextual study. While the findings are thus, strictly speaking, applicable only to this school, they could be more generally significant in the sense that they shed light on resilience processes typically used by adolescents living in CHHs.

Inferences could thus be made from this study to inform policy and intervention strategies aimed either at lessening the impact of risk factors impinging on adolescents living in CHHs and/or at identifying protective factors that could be harnessed and nurtured to this effect. I believe, moreover, that the contribution my findings could make to literature on resilience processes used in CHHs would broaden the literature base on resilience in the country and globally.



Data gathering involved interview and focus group discussions in which participants shared their stories individually and personally. Aware of the fact that methods like these might trigger emotions related to the pain of living alone as children which could, in turn, affect the production of rich phenomenological data, I tried to be sensitive, while at the same time employing strategies aimed at minimising the possibility of collecting emotionally-imbued data.

### **1.11 POSSIBLE CONTRIBUTIONS OF THE STUDY**

As indicated in the section preceding this one, the findings of this study would, firstly, add to the minimally available local research on resilience processes used by adolescents living in CHHs in Chinhoyi in particular and Zimbabwe in general. The results of the study could lead to a more informed understanding of how adolescents who live in CHHs navigate their way through and out of challenges, thus demonstrating their resilience. This study could also serve as basis for the development of intervention strategies aimed at mitigating or ameliorating the challenges faced by adolescents living in CHHs.

### **1.12 CONCLUSION**

In Chapter 1, I gave an overview of the research problem and its setting. In doing so, I outlined the research problem, stated the research questions, indicated the background to the study, gave the rationale for the study, and highlighted its possible contributions and limitations. As such, it represents a brief summary of the research design and theoretical framework. What follows is an outline of chapters in this report.

### **1.13 OUTLINE OF THESIS CHAPTERS**

This report consists of six chapters and what follows are brief summaries of these, and the sequence in which they appear in the report.

#### **Chapter 1: Introduction, rationale, research design and chapter planning**

This chapter served as an introduction to the study. Consequently, it comprised a background to the study, the rationale for the study, the problem statement and

research questions. It also briefly outlined the theoretical framework, research methodology, quality criteria, ethical considerations, and gave a brief overview of the purpose and content of the rest of the chapters.

## **Chapter 2: Literature review**

This chapter summarised findings and conclusions of research studies as discussed in existing and relevant literature pertaining to the resilience processes employed in CHHs. Included in the literature review are references to narrations by adolescent secondary school learners living in such households as well as a discussion of literature related to what scholars across the world write about life lived by adolescent secondary learners living in CHHs.

## **Chapter 3: Theoretical framework**

It is considered important at the beginning of any research study to have “a relevant theory underpinning the knowledge base of the phenomenon to be researched” (Sinclair, 2007, p. 39). The theoretical framework to be used as a map for the research journey is discussed in this chapter.

## **Chapter 4: Research methodology**

This chapter is devoted to the presentation of the methodology followed in the exploration of the CHH phenomenon in a specific secondary school context in Chinhoyi, Zimbabwe. Included in the presentation are descriptions of the research approach and design, data collection and analysis procedures. Issues pertaining to the assurance of rigour in research are also addressed.

## **Chapter 5: Analysis, interpretation and discussion of results**

This chapter includes the presentation, analysis, interpretation and discussion of the research findings. Results obtained in the study are linked to the literature review and the theoretical framework. Connections between the findings of the study and the research questions are also made and the contributions, new insights as well as limitations of the study are highlighted.

## **Chapter 6: Conclusion and recommendations**

Conclusions and recommendations for future research are made in this chapter.

In Chapter 1, I gave an overview of the research problem and its setting. In doing so, I outlined the research problem, stated the research questions, indicated the background to the study, gave the rationale for the study, and highlighted its possible contributions and limitations. As such, it represents a brief summary of the research design and theoretical framework. The next chapter reviews literature related to the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter reviews literature related to the study. The goal of the study was to explore and describe the resilience processes employed by adolescent secondary school learners living in CHHs. This study intends to illuminate those processes that enhance resilience in CHHs and thus help to sustain their households, allowing them to forge ahead in life. Since this study aims to explore resilience processes with particular reference to adolescent secondary school learners living in CHHs, a common understanding of the meaning of the construct, 'resilience', is critical. To this purpose, it is also necessary to take cognisance of the origin, development and findings of resilience research in general.

The development of resilience research occurred in four 'waves' each feeding into the other, with the findings of pioneering researchers associated with the first three waves' forming the basis for changes to and extensions of the definition of resilience in the fourth wave (O'Dougherty-Wright, Masten & Narayan, 2013; Masten, 2007; Masten & Obradovic, 2006). The family resilience framework (Walsh, 2016, 2012) – an outcome of the 'fourth wave' of resilience research - hinging on strength-based rather than deficit-based notions of resilience, illustrates the ways in which adolescents living in CHHs organise themselves and forge ahead in life without adult supervision.

The framework has three key elements, namely, family belief systems, family organisational patterns, and communication and problem-solving processes. These key processes are critical to an understanding of the ways in which adolescents living in CHHs navigate social and contested terrains. The inclusion of an analysis of these three elements as a means of understanding how the adolescents concerned deal with their situation is very critical. In addition to this, international as well as Zimbabwean perspectives on CHHs are reviewed to help explain the prevalence of the CHH phenomenon. The relationship between risk factors (harmful life circumstances that impinge on individuals' developmental paths) and protective

factors (resilience-enhancing resources) in the resilience matrix on adolescents living in CHHs is also reviewed. This is done in order to suggest ways of building and nurturing resilience in at-risk adolescents. To this purpose, my main task as researcher in this chapter of my research report is to describe and explore resilience processes employed by CHHs as encapsulated in existing literature on the topic in order to arrive at a clear conceptualisation of resilience as a construct.

## **2.2 CONCEPTUALISING RESILIENCE**

There are as many definitions of resilience as there are authors. The term, 'resilience', refers to a dynamic process enabling individuals or groups to overcome the negative effects of risk exposure, successfully cope with traumatic experiences, and avoid negative trajectories associated with risks (Fergus & Zimmerman, 2005). Embedded within the construct of resilience are two conditions: (a) being exposed to a significant threat or adversity, and (b) being able to forge ahead despite experiencing challenges that disturb the affected party's health or development (Mmari et al., 2009). Informed by the definition of resilience as a dynamic process, I argue that both protective and risk factors are dynamic, change in response to contextual demands resulting in different outcomes for different individuals (Mampane, 2014; Walsh, 2003).

Defining resilience as the ability to handle stress, to regain strength and lead a normal life after traumas or crisis, Gunnestad and Thwala (2011) developed a model of protective factors which could, according to them, help to reduce the effect of risk factors. The three main groups of protective factors are: (a) network factors, which include social support, abilities and skills; (b) children's inborn or acquired resources, and (c) meaning, values and faith related to existential and spiritual support.

Multiple meanings attached to the term, 'resilience', are reflected in the way it is used (Ungar, 2008). However, regardless of whether it is used to describe developmental outcomes, a set of competencies or coping strategies, there is common agreement amongst users of the concept that it always emerges in the presence of adversity. Based on this conceptualisation, Ungar (2008) contends that resilience research involving children, youth and families should explore the health-enhancing

capacities, individual, family and community resources and developmental pathways of vulnerable children and youth. In concurrence, it is argued that the presence of protective and risk factors alike are necessary to the achievement of positive outcomes and the reduction of negative outcomes (Ungar, 2008; Fergus & Zimmerman, 2005).

Implied in all the conceptualisations of resilience is the notion that it is influenced by the child's environment (Ungar, 2008). The extent to which outcomes could be regarded as positive depends on the interaction between individuals and their social ecologies, with cultural variations being an important determinant of children's resilience (Ungar, 2008). In this regard, Gilligan (1999), cited in Ungar (2008, p. 221) writes:

*While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience.*

Implied in the preceding citation is the notion that resilience is context-dependent. This means that children need resilient families and other social support systems in the communities to be able to forge ahead with life (Ungar, 2008). In support, Mampane and Bouwer (2011) add that indications from resilience literature are that resilience is systemically embedded. In this regard, adolescents living in adverse developmental contexts, like those living in CHHs could benefit from protection or social support in their efforts to overcome obstacles and adversities (Mampane, 2014). Such support goes a long way towards enhancing adolescents' capacity for resilience within their particular environment. In other words, although resilience is intangible, it can be inferred from the behaviour of the individual relative to the environmental circumstances in which he or she is part (Masten, 2007).

Allied to these views on resilience are transactional-ecological conceptualisations, in terms of which resilience is defined as a reciprocal process, embedded in a given social ecology which relies on culturally appropriate interaction between youths and their particular social ecologies (Ungar, 2011). Transactions that are reportedly

integral to such bi-directional understandings of resilience include constructive attachments as well as self-regulation to fit the demands of a given ecology, to make meaningful sense of challenges, to be able to find solutions to threatening events and to be goal-oriented (Masten & Wright, 2010).

Implied in these conceptualisations is the suggestion that a sound understanding of resilience is culturally and contextually embedded. On this perspective, Theron, Theron and Malindi (2013) argue against generic conceptualisations of resilience across contexts and cultures, postulating that resilience are a dynamic construct, informed by context, and enmeshed in culture. This is reflected in Ungar's (2008, p. 225) culturally and contextually sensitive definition of resilience which is given as follows:

*...resilience is both the capacity of individuals to navigate their way to health sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways.*

As indicated in the definition above, resilience is both a process of the child's navigation towards, and his or her capacity to negotiate health resources on their own terms (Ungar, 2008). The emphasis is on the processes by means of which individuals and groups secure for themselves the psychological, social and physical resources that make human development more likely to succeed in contexts of adversity (Ungar, Ghazinour & Richter, 2013). I find this definition particularly appropriate to my study because it enunciates and articulates several attributes that reflect the resilience of adolescents living in CHHs. Moreover, it emphasises the role that the personal attributes of individuals facing hardship and the social support systems in individual adolescents' environments (contexts) play in enhancing resilience. It is this definition which becomes the working definition in my study. Having explored the definition of resilience, it is also, as indicated earlier, of significance to trace the development of resilience research, to which I now turn.

### **2.3 ORIGINS OF RESILIENCE RESEARCH**

Indications are that the origins of resilience research lie in the medical field and that resilience research in the behavioural sciences only recently came into being

(Masten, 2011, 2007; Cicchetti, 2006; Masten & Obradovic, 2006). In this regard, the efforts of pioneering scientists studying resilience in relation to issues concerning the welfare of children was a direct response to the neglect suffered by children and was aimed at understanding, preventing, and enabling recovery from negative mental health as a result of such neglect (Masten, 2011). Thus, "...resilience research emerged from the studies of children at risk for psychopathology as investigators recognised the wide-ranging outcomes of individuals" (Sapienza & Masten, 2011, p. 267). On the other hand, it was the lack of research that catapulted pioneering researchers to engage in resilience research from the 1970s in order to fill the gap on this phenomenon in literature (Masten, 2007).

Since the 1970s, scientists have taken up the challenge of resilience research, aiming to determine what exactly resilience actually entails. The atrocities that befell children during World War 2, with many of them dying in horrific conditions or being orphaned, injured and/or starved focused global attention on the plight of children. Referring to these atrocities, mention is made of Norman Garmezzy, a soldier who witnessed the devastating effects of war, Ermy Werner, who survived the devastation of Europe as a young girl, and Michael Rutter, who not only survived the devastation of Europe but also personally experienced the support derived from internal relief efforts (Masten, 2014). These three, having been personally exposed to these occurrences, later played leading roles in resilience science (Masten, 2014).

## **2.4 WAVES OF RESILIENCE RESEARCH**

As indicated earlier, resilience development research resembled the occurrence of three 'waves', each building on the preceding one (Masten, 2014; Lee, Cheung & Kwong, 2012; Zolkoski & Bullock 2012; Masten & Obradovic, 2006). Each of the three waves was informed by a different resilience research need. Pioneering scientists in Psychiatry and Psychology, realising the importance of understanding resilience for practice and policy, initiated the fourth wave of resilience research (Masten, 2007). Characterising this research 'wave' was a shift in thinking towards a strengths-based model which acknowledged the capacity of at-risk children to do well in life despite their having encountered serious survival challenges. This shift, articulated in Werner and Smith's (1992), a 30-year longitudinal study, shows that



about 70% of adolescents earlier identified as at-risk demonstrated resilience despite adversity. Supporting this finding was evidence that even though adolescents living in CHHs face a multiplicity of challenges, they have great potential to overcome such adversities and emerge stronger than before.

#### **2.4.1 First wave**

During the first wave of resilience research, researchers primarily investigated ways in which psychopathology could be avoided (Masten, 2011; Masten & Obradovic, 2006). Initial research work was largely descriptive, the main objective being to determine what made a difference in the lives of children who appeared to do well even in difficult circumstances (Masten & Obradovic, 2006). The goal of early research was to identify guidelines which could be used in efforts to improve the life chances of children at risk. Indications from these early research studies were that children had both the potential and the capability to live well despite having to face adverse life circumstances; that, despite their being subjected to extreme adversities, children successfully navigating through these circumstances become productive individuals. Emerging from this first wave of research was a 'short list' associated with resilient children and youths (Masten, 2006, 2004; Richardson, 2002). Due to the good descriptions of resilience phenomena as well as the identification of concepts and methodologies yielded by this first wave of research, the original list of potential assets or protective factors has not changed much, having been corroborated in numerous subsequent studies (Masten, 2007). The findings of early research, igniting researchers' interest in the resilience phenomenon thus constitutes the bedrock for subsequent resilience research waves.

#### **2.4.2 Second wave**

Following initial, 'first wave' of resilience research, second 'wave' researchers focused on the determination of protective factors or developmental assets (Richardson, 2002) that enhanced resilience in children (Masten & Obradovic, 2006). The second wave of work thus moved beyond the description of processes to probing processes for factors that might account for the differences between resilient and non-resilient children identified during the first wave (Masten, 2011). Using the resilience correlates identified during first wave research, second wave researchers

set out to determine the processes which accounted for the observed correlates leading to the establishment of the “short list”. Informing second wave research was a general consensus amongst researchers that the mere identification and listing of resilient characteristics typifying first wave research was not sufficient: what was prudent was for researchers to speak to the developmental aspect of their research endeavor. The thrust of this phase was, therefore on the processes that led to resilience, that is, on determining how the qualities identified by first wave researchers could be attained or achieved. Much of second wave resilience research was therefore focused on the effect of attachment relationships and family interactions as protective factors and/or stress regulators (O’Dougherty Wright, Masten & Narayan, 2013).

Arguing that a mere list of resilient qualities would not help in the quest for knowledge about ways to enhance resilience in individuals facing challenges of varied nature, their aim was to find answers to the question, ‘*How are resilient qualities acquired?*’ Answering this question, however, required research at yet another level, thus initiating a third wave of mostly ‘experimental’ resilience research.

### **2.4.3 Third wave**

The move to designing and conducting experiments on the efficacy of interventions, though relatively slow, began to generate “hypothesised processes” that could promote resilience (Masten, 2011, p. 493). Included in these ‘hypothesised processes’ were prevention, intervention, and policies that could be assumed to promote or protect the mental health and development of children living with adversities (Zolkoski & Bullock, 2012; Sapienza & Masten, 2011). Many of the people they studied demonstrated “significant resilience and positive adjustment even under severe adversity” (Zolkoski & Bullock, 2012, p. 2296). This confirmed that adolescents, whose lives may be characterised by several challenging experiences because they live in CHHs, also had the propensity to be resilient. This finding suggests that there is nothing extraordinary about resilience, that all individuals are endowed with the capacity to adapt to the challenges of life and to realise positive outcomes (Masten, 2011). Even so, the consequences of major threats to development could not be ignored: where systems were incomplete, for example,

children's ways of adapting to the situations they find themselves in are compromised, hence, increasing the risks to their development (Masten, 2011).

In the experimental investigation of resilience, these pioneers (Manfred Bleuler, Lois Murphy, Irving Gottesman, Michael Rutter, Norman Garmezy, and Emy Werner) acknowledged that effective functioning of families was dependent on the quality of care-giving rendered to children in particular (Masten, 2011). This realisation, as well as their increasing awareness of the mediating role that specific protective processes played in this regard, were the results of their experiments in prevention and intervention science (Luthar, 2006). A key finding in this regard was that, the most widely observed correlates of resilience in young people were (a) positive relationships with caring adults (attachment); (b) effective care-giving and parenting (attachment; family); (c) intelligence and problem-solving skills (learning and thinking systems: central nervous system); (d) self-regulation skills (executive function skills); (e) achievement motivation (mastery motivation: reward systems); (f) positive friends or romantic partners (attachment, peer and family systems); (g) faith, hope, spirituality (religion, cultural systems); (h) belief that life has meaning (religion; cultural systems), and (i) effective teachers and schools (education systems) (Sapientza & Masten, 2011).

It is undoubtedly the enduring efforts of the pioneering scientists which highlighted many of the negative assumptions and deficit-ridden perspectives about children living under adversity (Masten, 2001). The body of knowledge generated by their experiments had a transformative effect on theory, research and practice, resulting in a shift from a primarily deficit-based perspective to one which was strength-based (Masten, 2014, 2011). Put differently, due to the efforts of these pioneers, the focus of research shifted from individuals with mental health problems to those who were doing well, even in high risk categories (Masten & Monn, 2015).

That the efforts of these pioneer researches have influenced the course of resilience research today cannot be disputed. Current research of this phenomenon was, to a large extent, stimulated by the visions, collaborations and influences of these pioneers and the efforts they and their contemporaries made to understand and treat, but also to prevent mental health problems (Masten, 2007). The experiments

conducted in the third wave contributed immensely to the growth of resilience research as well as the application of theoretical knowledge on resilience. This body of knowledge became the basis for interventions aimed at supporting individuals facing various challenges in life by way of instituting research-based interventions. These interventions would be backed by policies crafted on the basis of enduring research effort by committed researchers.

Another critical contribution of the third wave was the development of multidisciplinary prevention and intervention programmes (Welch & Harrist, 2017). Professionals from various Psychology disciplines such as community, clinical, education, and others began to test resilience-associated ideas in prevention and intervention experiments (Krasny, Lundholm & Plummer, 2011). There is evidence to the effect that the moderating role of specific protective factors in resilience literature were actually culled from the experiments conducted in Wave Three.

Based on the preceding discussion, I conclude that the third wave was both more productive and more refined than the two waves preceding it. The results of the third wave led to the collaboration of different professionals as well as spurring researchers in other disciplines to undertake further research on resilience, thus signaling the birth of the fourth wave of resilience research.

#### **2.4.4 Fourth wave of resilience research on the horizon**

The fourth wave of resilience research is focused on establishing understanding and integrating resilience on different levels of analysis (O'Dougherty Wright et al., 2013). It became clear that the assimilation of knowledge gained from the initial three waves would form the basis for the then rising fourth wave of resilience research (Masten, 2007). Unlike the first three waves, though, fourth wave researchers are utilising “new technologies and the synergy from integrative theory and methodology” for research purposes (Masten, 2007, p. 923). Anchored as it is in multilevel dynamics, the various processes used in fourth wave research link genes, neurobiology, brain function, human behaviour and the impact of context at different levels (O' Dougherty Wright et al., 2013; Davydov, Stewart, Ritchie & Chadiou, 2010; Masten, 2007). In doing so, it is not only adding to knowledge gained during earlier waves, but also combining

research advancements in biological and brain sciences and technologies with statistical advances in order to explain the nature of the adaptive processes inherent in the development of resilience.

Since adaptation is inherently multi-level in nature, explaining the adaptive processes involved in resilience not only requires integrative research across multiple levels of analysis, but in order to learn as much as possible from as many professionals as possible, collaboration across disciplines has become an imperative (Masten, 2007). Fields of research on resilience that were once independent and polarised have had to come together in order to effectively respond to several mishaps facing humanity. Responses to humanity challenges required an integrative effort (Masten & Obradovic, 2008). The earlier waves were effectively dominated by psychosocial studies with a particular slant on individual behaviour - slight attention only being paid to relationships, families, peers, schools or other community systems (Masten, 2007; Luthar, 2006). However, in addition, the fourth wave research also focused on the contribution that families, peers, schools and other community systems make to the development of resilience in individuals (Cicchetti, 2010).

This shift in emphasis is the result of increasing “calls for greater attention to resilience at other levels of analysis” (O’Dougherty Wright et al., 2013, p. 30). Consequently, the fourth wave resilience research arena is characterised by a great deal of cross-disciplinary exploration of multi-level resilience development (O’Dougherty Wright et al., 2013). Not only are these synergised research endeavors creating a wealth of knowledge on the nature and development of resilience in those experiencing adversities, but also on ways in which the development of resilience could be enhanced.

Finally, instead of looking at resilience at the individual level, fourth wave researchers operate within a systems worldview and makes use of digital technologies to measure and analyse multiple levels of functioning (Lee, Cheung & Kwong, 2012). Unlike the preceding three waves, the fourth wave is characterised by the use of an integrative approach to the study of resilience, taking into account biological, psychological and social issues. Informing this approach is the assumption that the collaboration of professionals from different fields and systems is critical to the

development of research-based knowledge. Research findings on the ways in which genes, cells, brain function and the central nervous system enhance resilience in individuals is a major contribution of fourth wave resilience research. More specifically, the results of researchers studying the smallest unit (cells) to find out how they could facilitate individuals' ability to adapt to circumstances provided humanity with valuable information on ways in which resilience could be nurtured. It would, therefore, be safe to infer that the greatest contribution of fourth wave resilience research had been the extent to which it has advanced knowledge on the concept of resilience and identified pointers on ways in which resilience in individuals could be promoted.

## **2.5 GLOBAL PERSPECTIVES ON CHILD-HEADED HOUSEHOLDS**

While CHHs is still a fairly new phenomenon, it is global in nature (Li, Chi, Sherr & Stanton, 2015). Emerging in the late 1980s, CHHs were "first reported in Uganda, in the Reikai District" (Chigwenya, Chuma & Nyanga, 2008, p. 264), and in 1991 in the Masaka District (Nelson Mandela Trust Fund, 2001). Large numbers of CHHs in Tanzania, Zambia and Zimbabwe were also reported later in the 1990s (UNAIDS, 2006). By the end of 2011, about 17.3 million children under the age of 18 had lost one or both parents to AIDS, with millions more likely to face the same predicament (UNICEF, 2015). In 2013, the number of children affected in this way was estimated at 17.8 million, 85% of them residing in sub-Saharan Africa (UNAIDS, 2013). Indications are that the numbers are increasing all over the African continent – in South Africa (Masondo, 2006), Rwanda (Horizons, 2005), and Kenya (Masondo, 2006), where the increase in orphaned children has become phenomenal and has been characterised as a social problem.

A survey carried out in Uganda established that about 3% of orphaned families were below seventeen years (Plan Finland, 2005), indicating an increase in the number of CHHs. In response, the Ugandan government formulated the National Orphans and Vulnerable Children Policy (NOVCP) as a means of supporting such households. In Rwanda, the extended family, the community and even the government of Rwanda were to adequately provide for the protection and care of children in CHHs (Horizons, 2005). In Kenya, where CHHs are reportedly on the increase, children are

left to fend for themselves, hence both their living conditions and their health are deteriorating (Masondo, 2006). In South Africa for example, the number of orphaned children increased to such an extent that CHHs have been identified as a social problem (Masondo, 2006).

In a study on the psychosocial experiences of children living in CHHs, Masondo (2006) collected the children's stories of self-sacrifice, emotional turmoil, role changes and increased responsibility. Illustrated in these stories were problems related to poverty, exploitation, discrimination, educational failure and lack of supervision, all of which disrupted their normal childhood life and adolescence. The study uncovered that, despite the challenges encountered, children living in CHHs managed to survive, continuing their lives alongside children in 'normal' households, where they are supervised by parents or other adults. Indications from the study were that, in some cases, children living in CHHs performed well in school and ordinary life activities, thus raising questions about what it was that helped them manage their life well under difficult conditions.

## **2.6 CHILD-HEADED HOUSEHOLDS IN ZIMBABWE**

As the AIDS scourge grew in most sub-Saharan African countries, Zimbabwe included, the extended family initially acted as the safety net for orphaned children (Ciganda, Gagnon & Tenkorang, 2012; Mavise 2011). However, due to the continuous increase in HIV and AIDS orphans – approximately 1,1 million since the first case of HIV and AIDS was reported in 1985 (Francis-Chizororo, 2010) - communities' capacity to absorb and take care of orphaned children has been stretched. Due to community resources strain, it has become impossible to care for all the affected youngsters, hence the emergence of 'child-only households. Indicative of the weakening of a once vibrant traditional safety net in Zimbabwe (Ciganda et al., 2012), the increase of CHHs, especially in Zimbabwe's mining and farming areas were unprecedented (Francis-Chizororo, 2008). Although the percentage of CHHs in Zimbabwe (3% of all households) was lower than in other African countries like Zambia (7%) and Rwanda (13%) (Bequele, 2007), the actual number of children living in CHHs was staggering: approximately 23 000 in 2005, projected to rise to 25 000 by 2010 (UNAIDS, 2006). The actual number of children

living in CHHs in 2010 was, in fact, even higher - 318 000 (Catholic Relief Services, 2010). These figures show a runaway upward trend, a demonstration that CHHs are phenomenally on the increase.

Different reasons have been proffered for the proliferation of CHHs. HIV and AIDS has been singled out as the major cause for the growing number of CHHs, not only in Zimbabwe, but also in the rest of sub-Saharan Africa and the world in general. In Zimbabwe, CHHs will continue to grow given the increasing number of AIDS-related deaths among the young and middle aged (Francis-Chizororo, 2008). In addition, the natural death of grandparents who have traditionally accepted the responsibility to look after their orphaned grandchildren worsens the already dire situation in Zimbabwe, thus compromising individuals' extended families' and communities' coping systems and resulting in the seemingly permanent feature of CHHs (Mavise, 2011; Chigwenya et al., 2008). The extended family, traditionally serving as a safety net for orphaned children, can no longer hold: everyone has been overwhelmed (Wild et al., 2011; Francis-Chizororo, 2008). It follows that the continued disintegration of the extended family and community support networks increases the vulnerability of children, especially orphans in CHHs whose survival depends on their own resilience, coping and survival strategies (Walker, 2002). The question that remains unanswered is: *What it is that enables these children to survive life's challenges in the absence of adult guidance, support and supervision?*

This said, an interesting observation is that, in Zimbabwe, the prevalence of CHHs may not necessarily be due to the extended family's failure to absorb orphaned children, but to orphans' own choice, opting to stay on their own with their siblings because they do not want to be separated from one another (Chigwenya et al., 2008; UNICEF, 2001). Zimbabwe's 'economic meltdown' has also been identified as a causal factor. The whirlwind and runaway inflation, the erosion of livelihoods, food insecurity and the inability of the public sector to deliver basic social services, has had a dramatic impact on the overall well-being of children and women in Zimbabwe (UNICEF, 2010). Many of the 'orphaned' children might not, in the strict sense of the word, be orphans (Jakachira & Muchabaiwa, 2015), as their parents might simply become 'economic refugees', having relocated – temporarily or permanently – to other countries where the possibility of finding work and earning money seems better



(Gaciuki, 2016; Jakachira & Muchabaiwa, 2015; Gubwe, Gubwe & Mago, 2015; Kurebwa & Kurebwa, 2014). Whatever their 'orphan' status may be, the absence of an adult in the household means that one or more of the children in a CHH must assume duties otherwise reserved for an adult head of a household.

## **2.7 THE CHILD-HEADED HOUSEHOLD PHENOMENON**

As indicated in the preceding section, the preliminary literature review points to the fact that the phenomenon of CHHs is a reality in Zimbabwe. One of the consequences of an unprecedented increase in morbidity and mortality rates among adults is an increase in the number of orphans and vulnerable children. Adult mortality and morbidity result from the HIV and AIDS pandemic, tuberculosis, car accidents migration of parents and many other factors (Jakachira & Muchabaiwa, 2015; Ibebuike, Van Belkum, & Maja, 2014; Mavise, 2011; Tsegaye, 2007; UNAIDS, 2006). The rapid rate at which orphan-hood and destitution is increasing makes it difficult for families and communities to respond in the traditional manner that is, accommodating these children in extended families (Mogotlane, Chauke, van Rensburg, Human & Kganakga, 2010). In that vein, a new type of family structure, the CHH, a household led by one of the affected children emerged (Tsegaye, 2007).

This child-headed household phenomenon "is complex and multi-faceted in that it impacts on the societal framework and has profound and ripple implications on the well-being of children and the realisation of their rights" (Mogotlane et al., 2010, p. 25). In disrupting family and community functioning, it also negatively affects the rearing and development of children (Mogotlane et al., 2010).

## **2.8 THE CHALLENGE OF DEFINING CHH**

Age-based and socially constructed interpretations or definitions of childhood make it difficult to define CHH in exact terms (Mavise, 2011); hence different authors define the concept differently. Some scholars use age as the only basis for their definition; others take cultural and contextual definitions into account. As a result, there is little agreement about the exact age at which childhood ends. While 18 is most commonly accepted as the age threshold, there are those who argue that the threshold could be anywhere between the ages of 15 and 25. A CHH is any household where a child

up to, or under the age of 18 years, is called upon to perform care-giving responsibilities (Sloth-Nielsen, 2004). Bequele (2007, p. 1) defines a CHH as one in which “practically everyone ... is 18 years or younger and the head of the household is one of these children who is responsible for providing leadership and sustenance for the household.” Furthermore, Germann (2006) defines a CHH as a household in which parents or adult caregiver(s) are permanently absent leaving a person who is less than 20 years in charge of running the household. As can be seen, there is no agreement to the definition of CHH.

The reason for lack of consensus on a common definition is that “there is no rationale or scientific justification for the selection of a particular age threshold ... even among the United Nations itself” (Mavise, 2011, p. 322). While Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) (1989) defines a child as a person below the age of 18, it does acknowledge that different countries might set different legislated age thresholds thus leaving the definition of child open to differential interpretation by individuals and countries. Zimbabwe, like many nations globally, being a signatory to the Convention has to fully abide by its mandates and statutes, hence the constitution was crafted in such a way that the rights of children – defined as boys or girls “under the age of 18 years” – are protected. However, due to circumstances, high school learners who may, due to certain circumstances, still be in school way after the age of 18 will still carry the ‘child’ tag and be entitled to claim the ‘rights’ to which children are entitled. In this study, though, the term, ‘child’, is reserved to persons below 18 years of age and still attending secondary school. In addition, a household is a single individual under 18 years or living with others.

Indications are that, regardless of different definitions of childhood, scholars agree that a CHH is a household in which a child takes the lead and accepts responsibility for its day-to-day running (Mavise, 2011). Who this child is, is also, however, a moot point among researchers. While it is commonly assumed to be the oldest child in the household who provides care and leadership to his or her younger siblings, this is not always the case (Sloth-Nielsen, 2004). In this regard, van Dijk and van Driel (2009) caution against assuming that the structure of authority in CHHs is necessarily hierarchical. It is insinuated that the way in which power is negotiated in such households is intricately complex and dynamic as it is not given that the eldest

child will always assume headship of the family (van Dijk & van Driel, 2009). One study confirms that, due to fundamental gendered contributions girls could make to the household, younger girls may be in charge even when older boys are present (Foster, Mafuka, Drew & Kralovec, 1997).

Informed by these and other findings, Mavise (2011, p. 323) proposes a definition of a CHH as “a household in which children and young people under the age of 18 look after themselves and others and assume overall responsibility of decision making, provisioning of basic material, social and psychological needs of the members.” On the other hand, a definition which takes cognisance of the context in which changes occur in the composition, structure and function of a family has been proposed (Mogotlane et al., 2010).

## **2.9 CHALLENGES FACING CHILDREN IN CHHS**

A number of studies indicate that the evolution of CHHs is primarily the result of the HIV and AIDS pandemic (Ibebuike et al., 2014; Evans, 2012; Mavise, 2011; Mogotlane et al., 2010; Pillay & Nesengani, 2006; Cluver & Gardner, 2007; Freeman & Nkomo, 2006; Donald & Clacherty, 2005). The HIV and AIDS epidemic is known to aggravate the socio-economic burdens faced by families and communities in Sub-Saharan Africa (Freeman & Nkomo, 2006). In South Africa for example, indications were that 1.2 million children under the age of 18 had by 2008 lost a mother to AIDS (UNAIDS, 2006). These figures could, however, be underestimates, as some children, fearing victimisation and stigmatisation, may be secretly living in CHHs (Nkomo et al., 2009).

Children living in CHHs all had to live through the traumatising experience of seeing and dealing with parental illness (Nkomo et al., 2009). Coping with parental death is not only dependent on the child's developmental stage and inborn coping mechanisms, but also on the availability of external resources such as social support a stable post-bereavement home being critical and indispensable to their psychological recovery (Freeman & Nkomo, 2006). All children who go through this experience have to deal with their distress. Doing this in CHHs, in the absence of parents or without the support of other adults is even more difficult, especially for those children who have become the 'parent figures' in CHHs. Having to provide

emotional support to siblings adds to the strain of their own distress and ability to survive (Nkomo et al., 2009). If parents often complain about the challenges of raising children, how difficult would it be for children to look after each other? As a pseudo-adult, the adolescent caregiver has to perform typical parental functions: working to support siblings, obtaining food, clothing and shelter. In addition to this, they have to concern themselves with the emotional well-being of other CHH inhabitants, their siblings, in most cases. Added to these challenges are threats to their own education including their siblings' (due to poverty), hassles in obtaining food and shelter and vulnerability to all forms of abuse. These challenges include child prostitution, difficulties getting birth registration, health care and property grabbing by greedy relatives (Maqoko & Dreyer, 2007).

To indicate the magnitude of problems faced by orphans, a study done in Eastern Zimbabwe involving 40 orphans confirmed that all of them experienced stress, anxiety, discrimination, exploitation, stigmatisation and isolation (Howard, Matinhure, McCurdy & Johnson, 2006). In a similar study with 41 Tanzanian children orphaned by AIDS, higher levels of depression, pessimism and anxiety compared to 41 matched non-orphans were found (Makame, Ani & Grantham-McGregor, 2002). Some of the experiences of HIV and AIDS orphans in CHHs include the psychological trauma of witnessing parents' illness, of dealing with death, the absence of adult guidance and mentoring and the unmet need for love and security (Sloth-Nielsen, 2004). Such children's schooling is compromised, making it extremely difficult for adolescents who themselves are still in transition to adulthood to assume "adult responsibilities of raising younger siblings after the death of the primary care-giver" (Maqoko & Dreyer, 2007, p. 725).

Some studies also reveal that psychological distress in children who experience HIV and AIDS-related parental illnesses is more severe than the distress experienced by children whose parents died of other causes (Cree, Kay, Tisdall & Wallace, 2006; Malinga, 2002). In this regard, it is reported that parental death resulting from AIDS marks a major crisis in the already existing trauma of illness, emotional devastation, economic decline and stigmatisation (Cluver & Gardner, 2007). In addition to the internalised anger, resentment, reduced self-esteem, hopelessness, helplessness and depression of all orphaned adolescents (Makame et al., 2002), those whose parents died as the result of HIV and AIDS-related illnesses also faced social

stigmatisation (Watkins, Sello, Cluver, Kaplan & Boyes, 2014). Consequently, such children faced an increased risk of poverty, homelessness, curtailed education, discrimination and loss of life opportunities (Li et al., 2015).

There is concurrence that children orphaned by AIDS suffer cumulative traumas (Li et al., 2015; Howard et al., 2006). The traumatic and devastating experience begins with the onset of parental illness: not only do they experience loss of love, guidance and skills transfer by their parents, but also increasing impoverishment and poor nutrition, especially since their parents usually die in quick succession. It is further noted that the orphans left behind usually have to endure stigmatisation, isolation, interruption or termination of schooling (Howard et al., 2006). Sometimes they have to migrate to new homes, causing separation from their friends and siblings (Maqoko & Dreyer, 2007; USAID, 2004; Makame et al., 2002).

Studies done in Africa and the West indicate that, notwithstanding the range of challenges they have to face, not all orphaned children become dysfunctional. Some studies point to the potential of mitigating factors that may strengthen children's resilience in the face of great hardship (Howard et al., 2006). Included in these mitigating factors are parents informing their children about their illness or their plans to relocate to other countries, preparing them for what they would happen.

## **2.10 MIGRATIONS AS A PRECURSOR TO CHHs**

As indicated earlier on, migration, too, is a precursor to the evolution of CHHs, not only in Zimbabwe, but, elsewhere in the world. Migration occurs in two forms. The two forms are 'internal migration' (i.e. migration which involves the movement of people within a country, and 'transnational migration' (i.e. migration which entails the movement of people across the borders of their own country (Owusu, 2013; Coe, 2012). Furthermore, Coe (2012) adds that migration is a human phenomenon which is part of life, with transnational migration being the most common, often from developing to developed countries. This type of migration is precipitated by unfair resource distribution and the opportunities for a higher standard of living available in the receiving countries (Zirima & Mtemeri, 2016).

## 2.11 MIGRATION IN ZIMBABWE

It is believed that migration has since time immemorial been used by households to increase their income and thus not only escape from poverty, but also to flee from persecution, conflict and/or seriously subdued economic conditions (Zirima & Mtemeri, 2016; Dzingirai, Egger, Landau, Litchfield, Mutopo & Nyikahadzoi, 2015). Migration in Zimbabwe can be divided into the old and the new, roughly corresponding to two historical periods, pre- and post-independence. It is the second period that is most relevant to the concerns of this study. Migration during this period could be ascribed to the government's chaotic land reform strategy which led to the collapse of Zimbabwe's economy in 2008 (Dzingirai et al., 2015). During this time, Zimbabwe's inflation rate was sky-high, more than 70% of the population was unemployed and the GDP plummeted by 50 % (Zimbabwe Country Analysis Report, 2014). Together, these factors motivated large numbers of people to migrate out of the country en masse. The 2008 Zimbabwe elections were, moreover, characterised by violence, causing a mass exodus to various destinations by parents or guardians (Rupande, 2014). The ensuing economic meltdown and political persecution sent people trekking mostly to South Africa and other neighbouring countries which were deemed 'safe' havens. Since then, migration by thousands of Zimbabweans to South Africa continues unabated; partly due to the existence of porous borders as some of trekkers do not possess proper documentation to use legal entry points (Mashavira, Mashavira & Mudhovozi, 2015).

As indicated earlier on, migration can also be internal. This was also the case in Zimbabwe. In addition to people crossing the borders to neighbouring countries, Zimbabweans moved around in their own country for reasons that are more or less similar to those that precipitated transnational migration. Fast-track land reform programme (FTLRP) was one of the reasons for internal migration by Zimbabweans (Nyawo, 2016; Mashavira et al., 2015). Commencing in the year 2000, the FTLRP had a triple aim, namely (a) to decongest the rural population; (b) to address land distribution imbalances caused by the colonial regime, and (c) to increase food security in the country (Nyawo, 2016; Mavhunga & Mazodze, 2014). Many people from both rural and urban areas migrated to these 'productive' pieces of land for these reasons. Another reason was the opening of mining concessions to blacks which saw people rushing to different parts of the country where they could be

involved in mining activities. One of the consequences of these internal migrations was that parents, particularly men, left their families or their children behind alone to fend for themselves hence the emergence of the CHHs which are the focus of this study (Nyawo, 2016; Mashavira et al., 2015).

### **2.11.1 Migration of parents as risk factor**

The movement of people is necessitated by many push and pull factors. Observations of this phenomenon indicate that it is Zimbabwe that, in recent years, has experienced the largest mass exodus of people in Africa South of the Sahara (Polzer, Kiwanuka & Takabvirwa, 2010). While it is documented that Zimbabweans migrated in large numbers to various destinations across the globe, exact statistics of the number of exiting citizens remains elusive (Dzingirai et al., 2015). The lack of consensus on the exact number of Zimbabweans who have migrated to foreign countries may indicate that the number could be staggering. It is estimated that between 3 and 5 million Zimbabweans migrated to foreign countries in the last 10 years alone, with approximately 2 to 3 million Zimbabweans working and living in the diaspora (Dzingirai et al., 2015; Zanamwe & Devillard, 2009).

When such large numbers of people decide to leave their motherland for foreign lands, one could assume that it was because they had run out of other options. Deciding to leave the country must therefore have been a hard and painful choice, especially considering that they were leaving behind families, including children. The decision to leave the country was, however, triggered by many factors. One of the reasons which catapulted migration was the crisis Zimbabweans experienced since 2000. Prevailing circumstances in Zimbabwe at the time undoubtedly made the decision to migrate plausible: many people who had been formally employed lost their jobs; political violence escalated leaving parents with no option but to seek better life opportunities elsewhere (Kufakurinani, Pasura & McGregor, 2014). There might be a strong relationship between migrants' decision to migrate and their poverty levels at the time, levels referred to as endemic (Dzingirai et al., 2014; United Nations, 2014).

The effects of the crumbling economy forced many Zimbabweans to migrate to countries as far away from their own as possible, as far afield as Canada, the United

Kingdom, New Zealand and Australia (Dube, 2014; Zimbabwe Country Analysis Report, 2014). Others opted to remain in the region, trekking to Namibia, Botswana and South Africa, with the largest contingent - constituting about two thirds of Zimbabwean migrants – opting to move to South Africa (UNDP, 2009).

The migration of adults only, with children being left behind on their own, had serious ramifications for the latter, even in cases where extended families and paid maids who were left behind were designated to care for children whose parents had migrated. It was established, for example, that children who are left in the custody of paid maids do not always respect their surrogate caregivers and were especially uncooperative in the absence of authority figures, such as fathers (Dzingirai et al., 2014; Kufakurinani et al., 2014). Adolescents who were left alone to live in CHHs loathed education, engaged in substance abuse, impregnated and were impregnated at a tender age. In addition, they were inordinately rude, challenging, defaming and undermining school authorities, particularly their own teachers (Kufakurinani et al., 2014). Such behaviour, not only reflected the anti-social behaviour of Latin American teenagers' drunkenness, wanton expenditure of remitted money, lack of interest in schooling, ill-discipline, arrogance and promiscuity, but also a susceptibility to depression, isolation, aggression and rebelliousness (Zentgraf & Chinchilla, 2012). In addition, one study has found that children left behind to live alone took drugs and other mind-altering substances, thus exposing themselves to risky behaviour, including risky teen sexual experimentation (UNICEF, 2010).

Referring to a study done on adolescents who live alone without parental or adult supervision in Mexico's Mexita City, it is noted that the adolescents suffered from heightened depression, hated their parents for leaving them behind, performed worse academically than their counterparts who lived with their parents and had no meaningful educational aspirations (Kufakurinani et al., 2012). Furthermore, that the probability of adolescents who live alone dropping out of school was high since they felt abandoned and powerless resulting in their susceptibility to serious problems which may include not only poor school attendance, but also dropping out altogether (Kufakurinani et al., 2014; Zentgraf & Chinchilla, 2012). Since these feelings were the result of adult behaviour, it was common for such children to dislike or rebel against adult authority, including authority figures at school whose mandate is to 'mould' adolescents' personalities (Zentgraf & Chinchilla, 2012).



In Africa, the 'moulding' of the adolescent's personality would include instilling in children the African philosophy of *unhu/ubuntu*. Adolescents without this "African" trait would therefore be labeled "deviant or anti-social" (Kufakurinani et al., 2014, p. 120). The findings by Dzingirai et al. (2014), namely that adolescents living in CHHs engage in behaviour detrimental to their health - substance abuse, unhealthy sexual relationships and, amongst girls, teenage motherhood, which forces them to prematurely relinquish their childhood – are therefore a matter of concern. Findings by Zentgraf and Chinchilla (2012) as well as UNICEF (2010), reiterate this concern, indicating that, instead of a sense of African belonging – the heart of *unhu/ubuntu* – adolescents in CHHs experience emotional turmoil (depression, anxiety, loneliness, and low self-esteem).

While children of migrant parents are privileged to receive several benefits that come their way from diaspora remittances, they run the risk of experiencing emotional disturbances as a result of separation from parents (Gardner, 2012; Dreby, 2007). If the results of the above-mentioned studies are anything to go by, these benefits are outweighed by the risk of negative developmental outcomes. Two important questions that need to be asked, therefore, are (a) Considering the cultural variance in parenting styles between Western and African parents in general and Zimbabwe in particular, can adolescents living in CHHs experience such negative developmental personality traits? (b) Can adolescents living in CHHs in Zimbabwe be trapped in a vicious cycle of negativities due to absence of parents? It is these two questions that are the focus of the sub-section which follows.

### **2.11.2 Neglect by absentee parents as risk factor for adolescent learners**

One of the reasons why parents migrate to other countries is to find better employment opportunities to keep the family out of poverty. In terms of wellbeing and provisions, households without migrants do not match households with migrants (Anich, Crush, Melde & Ouchu, 2014; Crush, Chikanda & Tawodzera, 2012). This is because the latter gets remittances which are important financial resources for the sustenance of these households. However, in some cases, those who migrate, particularly men, literally forget their responsibilities back home, thus, exposing their spouses and children to serious neglect. In other cases, they even stop communicating with those left behind altogether. Under such a scenario, children are

bound to experience emotional difficulties and a sense of abandonment which can be even more disabling when no money for their upkeep is forthcoming. A study on children of migrants which was done in Zimbabwe reveals dire situations of neglect to the extent that some of the migrants' own children back home are constantly being chased from school for non-payment of fees (Kufakurinani et al., 2014). Such behaviour by migrant adults is in stark contrast to the reasons for migrating to foreign lands, that is, to fend for the family, particularly children. Continuously being asked to leave class is frustrating on the part of the learners who may be driven to drop out due to constant embarrassment in the classroom. Dropouts can be forced to engage in anti-social activities as compensatory behaviours.

Parrenas (2005b) cautions against generalisation of the impact of the separation of children from their parents as a recipe for negative experiences. It is argued against the assumption that when a child separates with a parent, it results in the latter suffering long lasting emotional challenges. Such conclusions, in the view of Zentgraf and Chinchilla (2012) are based on Western cultural biases and assumptions particularly about the nature of attachment and parent-child bonding. This observation has led Mazzucato and Schans (2008) to interrogate the deterministic supposition that lack of parent-child bonding results in adverse psychological impact. These authors point to the fallacy of assuming a Western nuclear family model without explaining the culturally relevant notions of family that influence family relationships. In view of this argument, the phenomenon of CHHs is reportedly well established to the extent that, such children are being recognised as care providers rather than care recipients. This alone, may indicate that adolescents living in CHHs are capable of living successful lives where they look after themselves, with every member in such households contributing positively to their wellbeing.

### **2.11.3 Living conditions in CHHs**

Literature suggests that CHHs is an abnormal care arrangement because it lacks the supervision of adults, hence, it is a sign that the traditional safety net is collapsing (Roalkvan, 2005). Literature indicates that the living conditions of children in CHHs has been described as very poor since there is almost always lack of basic human necessities as well as meaningful educational attainment (Ibebuike et al., 2014). Commenting on the living conditions in CHHs, Tsegaye (2007) reveals that the glue

that binds families, communities and nations is fast weakening. Social disintegration and moral decadence have resulted in a population with reduced life expectancy (Tsegaye, 2007). This has negatively affected economic growth in many ways than one (Ibebuike et al., 2014; Tsegaye, 2007). In the past, it was reported that many families comprised parents, children, and, to a larger extent, grandparents, but this composition is fast disappearing away. Resultantly, children as young as 8 have been left to head households, which situation is described as abnormal, disturbing and has been labeled a social problem (Ibebuike et al., 2014). Due to parental death, lack of absorption by effective alternative care arrangements, abandonment, migration of parents in search of fortunes, such children are forced to look for shelter and other critical provisions for themselves. Adolescents living in CHHs have to face the world without adult guidance and live in traumatising conditions (Ibebuike et al., 2014). This scenario is because the extended family is no longer responsive to the needs of children left to live on their own due to economic constraints.

## **2.12 WHY ADOLESCENTS ARE OF INTEREST**

Adolescents' age range is assumed to be between 13 -18 years. In Zimbabwe, this age range spans the entire high school period from Form 1 - 6. Children in this age range typically experience some adjustment problems even if they are in perfect health (Busso, 2014). The rapid social, psychological and biological changes associated with adolescence and the emotional and cognitive changes associated with puberty are normal features of this developmental phase (Ferguson & Walker, 2014; Pienaar, Swanepoel, Van Rensburg & Heunis, 2011). How adolescents handle these 'problems' depends on the adolescent concerned and the circumstances in which he or she finds himself or herself. If these 'problems' are regarded as opportunities, they could present the adolescent concerned with new possibilities for self-growth, self-reflection, goal-directed behaviour and mastery. If, on the other hand they make the concerned adolescent feel vulnerable, they could have undesirable psychological and educational outcomes (Busso, 2014).

Describing adolescence as a period when adolescents not only experience increased developmental risks but also acquire new life skills, Haroz, Murray and Bolton (2013) suggest that it is the resilience of the individual concerned which will determine whether or not he or she succumbs to his or her vulnerabilities. It is

maintained, moreover, that it is the way in which young people perceive or respond to their environment and interact with broader social and cultural contexts which ultimately shape their identities (Ferguson & Walker, 2014). By implication, the quality of relationships adolescents form is critical to their meaningful and positive adjustment to and development in life.

Focusing on risk factors, Pienaar et al. (2011) argue that these tend to be more prevalent in specific populations - children living in poverty, for example - or developmental periods - such as adolescence. By implication, the circumstances in which adolescents find themselves could either increase or mitigate risk factors associated with this developmental phase. In this regard, Pillay and Nesengani (2006) argue that children are dependent upon their parents for socialisation, affection and education. Being their children's primary caregivers, parents are responsible for their children's social, education and self-actualisation; hence their absence during a child's adolescence could have serious ramifications. Since adolescents are bombarded with a plethora of different challenges in their residential contexts, the absence or poor quality of normal support structures could enhance the possibility of these challenges becoming risk factors (Mampane & Bouwer, 2006). Protective social factors and individual characteristics strengthen a person's resilience during stressful periods (Mampane & Bouwer, 2006). While risk factors transcend age, Pillay and Nesengani (2006) believe that adolescents are more vulnerable to succumb to them, being at a stage of life often characterised by identity and role confusion. Mampane and Bouwer (2006, p. 443) concur by describing adolescence as "so intensely experienced and so wide open to many choices on many fronts, (that) challenges may come to be perceived as insurmountable, and adversity calamitous." Adolescence being characterised by the presence of risk and protective factors, development could be either adaptive or maladaptive (Mampane & Bouwer, 2006). While risk factors could disrupt development, their effect could be modified by the presence of protective factors, thus enhancing adolescents' resilience.

Families are the most proximal and fundamental social system influencing human development, providing protection, sanctions and critical entry points for effective and lasting changes in behaviour. In circumstances where social support systems

such as parents are unavailable, orphaned adolescents are likely to engage in early sexual debuts (Richter, Sherr, Adato, Belsey, Chandan, Desmond & Wakhweya, 2009). Furthermore, it is observed that, adolescents who live in CHHs where parents are absent are more likely than their accompanied peers to engage in premature and dangerous sexual conduct, thus risking exposure to HIV and AIDS (Youngblade, Theokas, Schulenberg, Curry, Huang & Novak, 2007). These threats are compounded if children are living in CHHs where adult supervision is literally unavailable and life is full of significant challenges.

The susceptibility of orphaned adolescents to social ills in Zimbabwe was investigated in two studies, respectively conducted by Gregson, Nyamukapa, Garnett, Wambe and Mason (2005) and Birdthistle et al. (2008). These studies found out that female orphans were more likely than their non-orphaned peers to have been impregnated, to be HIV-positive, or to have contracted sexually transmitted diseases (STIs) at one stage or the other. Implied in these findings is an urgent need to further research on the welfare or quality of life of adolescents living in CHHs with a view to improving these where possible. Such studies should at least be aimed at determining (a) what becomes of orphaned adolescents when they are left to fend for themselves in the absence of adult care, and (b) who will provide the mentoring and supervision that these adolescents so rightfully deserve and desire?

### **2.13 ADVERSE EXPERIENCES FACING ADOLESCENTS LIVING IN CHHs**

In growing up, children and adolescents are reported to encounter numerous negative life experiences detrimental to their development (Noltemeyer & Bush, 2013). Such experiences could emanate from several sources whose levels of intensity and manifestation could vary. Some of these experiences are of human creation, such as family misunderstandings, civil wars, homelessness, food shortage, and child maltreatment. Others are conferred by chronic illness, bereavement, and natural disasters. All these, however, have the propensity to disrupt the normal development of the children or adolescents. Pienaar et al. (2011) posit, for example that the death of a parent due to AIDS presents adolescents with a range of stressful situations. Included in these are the disintegration of the family structure (Nyamukapa, Gregson, Lopman, Saito, Mohasch & Jukes, 2008),

compounded by poverty, violence, substance abuse, family discord and illness among a multiplicity of negative trajectories (Zolkoski & Bullock, 2012). The potential that such challenges could negatively affect the development of adolescents has raised concern among researchers that the adolescents would consequently have little chance of attaining their full potential as adults. Informing this concern is the assumption that adolescents who are at risk may find it hard to properly support themselves and relate productively with others in later life (Zolkoski & Bullock, 2012).

Despite these fears about the potential impact of the challenges that adolescents and other children who live in adverse conditions have to face, many of those affected emerge from these situations in positive ways. What this suggests is that many children possess the ability to forge ahead despite the challenges they encounter (Alvord & Grados, 2005). This confirms observations that such children show resilience through normal development in the face of many life challenges because they possess certain strengths (Noltemeyer & Bush, 2013). It is these strengths which serve as protective factors which help the adolescents not only to overcome adverse conditions, but to thrive on them (Zolkoski & Bullock, 2012).

## **2.14 WHAT ARE RISK FACTORS?**

The concept of risk has its roots in the medical field, only emerging in the behavioural sciences recently (Zolkoski & Bullock, 2012). Concern for the plight of children encountering problems of varied nature and magnitude by researchers in the latter field arose from indications that divorce, teenage pregnancy, and poverty were steadily increasing. Of particular concern were issues to do with performance at school, behaviour, physical and mental health (Zolkoski & Bullock, 2012). These are some of the negative life challenges or risk factors facing children and adolescents during the process of growth and development. Risk factors have been conceptualised as “harmful life circumstances or adverse experiences that place a person on a negative developmental trajectory” (Pillay, Dunbar-Krige & Mostert, 2013, p. 313). Negative life trajectories inhibit or curtail children’s ability and resilience, thus exposing them to poor life outcomes (Zolkoski & Bullock, 2012; Mampane & Bouwer, 2011). It has been observed that, it is especially during adolescence that the high probability of multiple risk factors negatively affecting their

path to adulthood is strongest (Brooks, 2006).

The hardships some children experience as part and parcel of their lives could cause irreparable damage, putting them at risk of failing in life thus, as mooted by Alvord and Grados (2005), it is important to identify and understand not only the factors in these children's environments that put them at risk but also those that could protect them. The latter – protective factors – having been identified, could then be harnessed to nurture or support the development of resilience. Among the risk factors found to impinge most severely on children and adolescents is poverty. Singled out as the most severe and devastating risk factor affecting adolescents (Nyamukapa et al., 2008), indications are that there is a strong relationship between the presence of poverty and adolescent problems like school failure, pregnancy, and violent crime. Evidence of these relationships has led Richter (2010) to speak of the threat and potentially devastating impact of poverty, not only in terms of it as encompassing deprivation of resources, but also as extending across the physical, emotional and intellectual domains of those affected by it. Informed by the existence of these relationships, chances for maladaptive outcomes increase when adverse conditions are continuous or when opportunities for support are few (Richter, 2010).

Support in the form of family, peer, school and religious institutions are absolutely necessary when adverse conditions are observed. It is assumed that all individuals possess the mechanisms required for positive outcomes (Masten, 2001). The assumption is that every child intrinsically has the potential to develop appropriately even if challenged. However, it has been found out that vulnerability or risks increase in cases where a child's basic adaptation systems are compromised following a challenge (Masten & Narayan, 2012). In this regard, it has been observed that distress from orphan-hood and abandonment may, for example, be exacerbated by a lack of financial resources (Cluver, Gardner & Operairo, 2009). Since poverty is the most pervasive of all the challenges that adolescents living in CHHs have to face, it can therefore be inferred that it has the propensity to compromise development, resulting in poor emotional, cognitive, social and other outcomes.

### **2.14.1 Environmental risk factors**

Although children may be born healthy, environmental factors such as poverty, the educational level of their parents, and family conflict could pose risks for their development and life outcomes, as could negative life experiences like maltreatment, abuse, violence, abandonment and neglect (Brooks, 2006). It has been observed that children living in severely distressed neighbourhoods are proportionately disadvantaged, with reduced accessibility to social support, community services, employment opportunities, and high-quality schools (Zolkoski & Bullock, 2012). When such problems occur together, the outcomes for adolescents are negative (Brooks, 2006; Masten, 2001). It has been argued that such problems may include violent behaviour, poor academic achievement, and dropping out of school (Brooks, 2006; Fergus & Zimmerman, 2005). Without the encouragement of parents who may be absent because they are either working in the diaspora or far away in resettlement farms, adolescents run the risk of pursuing negative trajectories. Some of these negative pathways include becoming poor academic performers, teenage mothers, and juvenile criminals. At the worst, adolescents living in CHHs may develop mental health disorders and emotional distress simply because they lack adult supervision (Brooks, 2006).

Children living in CHHs are especially likely to face the challenges described here, given that they typically live in unaccompanied households which, if the children's parents are still alive, are seldom visited. However, although the risk potential for susceptibility to negative outcomes is high, indications are that it is possible for them to circumvent these (Brooks, 2006; Werner & Smith, 2001). The sub-section which follows focuses on one of the factors – adolescents as active agents - which could facilitate such circumvention.

### **2.14.2 Adolescents as active agents**

Children living in CHHs have often been viewed as passive victims of their situation hence they have been viewed as a 'modern' social problem, one which had not existed before (Payne, 2012; Mavise, 2011). Studies on this phenomenon have been viewed through a coping strategy lens. Focusing on CHHs in which adults or guardians are unavailable for guidance, provision of material and emotional needs,



these studies have, highlighted adolescents' ingenuity to solve challenging situations (Evans, 2012; Germann, 2006). Such adolescents have been described as extraordinary survivors or resilient and competent actors involved in the daily struggle to live well (Payne, 2012). In doing so, these studies have ignored the inherent vulnerability of child and adolescent victims forced to live in CHHs because they have no other choice (Payne, 2012). This said, Payne (2012) concurs with Mavise (2011) that evidence of children living in CHHs being able to make critical decisions, looking after each other and sustaining their households warrant their descriptions as social actors responsible for their own survival in the matrix of life. Instead of depending on other people to make decisions for them, they accept responsibility for their own decisions, thus determining the quality of their livelihood regardless of whether or not their decisions are socially approved (Lee, 2012).

There is a growing recognition in literature that some of the children in CHHs are competent, active agents who adopt their own survival strategies in the face of adversity (Evans, 2012; Mavise, 2011). To this purpose, they employ a range of social and economic survival tactics by which they use to unlock opportunities for their lives. It is this ability to think 'outside the box' as it were, which helps them navigate their social and economic terrains to be able to sustain their households, challenging conceptions that they are merely victims of the hardships they face (Lee, 2012; Ward & Eyber, 2009).

Children's active involvement and participation in charting their destiny and development regardless of social approval, referred to as 'agency' has changed perceptions of them as victims or passive recipients of handouts (Lee, 2012; Payne, 2012; Ward & Eyber, 2009). Instead, they are now regarded as competent and active members of society who are not perpetually entangled in hardships (Lee (2012; Ward & Eyber, 2009). A study conducted by Payne (2012) found out that children living in CHHs were happy to undertake responsibilities traditionally considered to be the preserve of adults. Not only are they able to shape their own destiny, but they make use of original and creative means to sustain themselves, thus demonstrating their inherent resilience in coping with adversity.

Regardless of this evidence, Payne (2012) argues that they are still children like their peers who live in 'normal' households they, too, need the guidance and protection of

adults. In their efforts to survive, they could engage in activities that may be detrimental to their well-being (Ward & Eyber, 2009). Adolescent girls, for example, may engage in transactional sex to get money to support the households. A study done in Uganda found out that some adolescent girls who head households engage in casual commercial sex to generate household income (Luzze, 2002). Similarly, boys could engage in criminal activities, such as stealing, which could result in them being incarcerated. Ideally, children should adopt survival strategies which are socially and culturally acceptable, but in the absence of plausible survival alternatives, they adopt whatever option is feasible. The consequences of their engagements become immaterial as long as these enable them to survive.

Resilience or vulnerability is defined in terms of the relationship between individual characteristics, risks and protective factors in the environment - at individual, household and broader social systems levels in which the child lives (Masten & Monn, 2015; Ward & Eyber, 2009). Risk and protective factors function together. It follows that vulnerability and resilience are dynamic processes, with the interaction of various environmental factors and personal characteristics changing over time. Various factors may impact the course of these processes - the child's degree of confidence, the presence of a caring adult, the household's economic security, access to educational opportunities, the presence of peer support, and community participation in a faith group, for instance, (Ward & Eyber, 2009). While the simultaneous occurrence of multiple risk factors could compromise adolescents' ability to form and engage supportive social networks, thus undermining their self-esteem and self-worth, the presence of protective factors could enhance both their resilience and their ability to employ positive coping mechanisms in future. Through assistance that recognises and builds on their capabilities and coping strategies, adolescents' resilience can be enhanced (Ward & Eyber, 2009).

Adolescents are socially competent, demonstrating the kind of ingenuity and resourcefulness that helps them cope and develop their personal capacities when faced with stressful situations (Boyden, 2003). Coping strategies are enhanced by their ability to think critically, an ability which reflects their resilience in the face of hardship. Coping has been defined to encompass anything that helps to increase the survival chances of the child in totality (Ward & Eyber, 2009). Implicit in this definition is the notion that, as adolescents struggle for survival, they may engage in socially

unacceptable coping mechanisms that may be detrimental to their well-being. In other cases, coping mechanisms could be positive, ameliorating the effect of risk. Children facing severe life challenges or being forced to deal with the impact of multiple stressors could find it difficult to cope. In an effort to survive, they may resort to employing negative and potentially harmful coping mechanisms such as working as domestic servants. In the case of girls, they may engage in prostitution to raise money to buy food as well as pay for accommodation (Ward & Eyber, 2009). As a matter of fact, adolescents living in CHHs and having to work under difficult conditions are often exploited as labourers (UNICEF, 2003b). In a study of children living in CHHs, Lee (2012) describes situations like these, where children work for both kin and non-kin, getting virtually nothing in return for their labour. Such treatment of children makes the need to protect them even more compelling, failing which may further exacerbate their vulnerabilities. In view of this observation, it becomes important to identify protective factors that serve to lessen and/or ameliorate the risk factors altogether.

## **2.15 CONCEPTUALISING PROTECTIVE FACTORS**

Protective factors are conceptualised in literature as strengths that enable individuals to successfully navigate stressful life events or as resilience building blocks through which additional strengths develop (Smith, 2006; Alvord & Grados, 2005). Essential to the development of resilience is a balance between risk and protective factors in adolescents living in CHHs' environment (Ungar, 2008; Boyden & Cooper, 2007). While risk factors threaten resilience, protective factors enhance it (Benzies & Mychasuk, 2009; Alvord & Grados, 2005; Fergus & Zimmerman, 2005). Protective factors have the effect of moderating risk and adversity in such a way that their occurrence nurtures an individual's ability to cope with negative life experiences (Pillay et al., 2013; Zolkoski & Bullock, 2012). Furthermore, Phillips, Turner and Holt (2014) posit that protective factors not only weaken the effects of risks to minimal levels, but sometimes eradicate them altogether. In short, by neutralising a particular risk, protective factors could implicitly help to shield the individual from subsequent risks (Mampane & Bouwer, 2011).

Sweeping statements about the potential of protective factors to buffer risk factors should, however, be used cautiously since both types have both protection and risk

potential. While youngsters with superior intelligence could, for example, use it to protect themselves from delinquency, the behaviour of those adolescents with high intelligence when exposed to the same level of risk as their peers with lower intelligence is often more problematic than that of the latter (Vanderbilt-Adriance & Shaw, 2008; Condly, 2006). It is critical, therefore, to determine under which circumstances a factor would manifest as a protective or a risk factor when tailoring protective interventions (Erikson, Cater, Andershed & Andershed, 2010). In this regard, it is important to also distinguish between internal and external protective and risk factors.

Protective factors operate at different levels (Ward & Eyber, 2009; Evans & Pinnock, 2007). Some protective factors are internal (residing in a person – adolescents, in terms of my study) while others are external (found in family, school, and community resources) (Alvord & Grados, 2005). Problem-solving skills, high aspirations, positive peer relationships and intelligence could be classified as internal protective factors while family characteristics (caring and supportive relationships or the existence of secure base and a sense of belonging) could be classified as external protective factors. It is the latter - protective factors which include families and their wider social environments – which most often facilitate the development of resilience (Wild, Flisher & Robertson, 2011). It was also found out that effective social support from friends and adults outside the family protected adolescents experiencing challenges in life against potential risks (Hough, Brumitt, Templin, Saltz & Mood, 2003).

The importance of caring and supportive primary caregivers, extended families, friends and community members being present cannot be overemphasized as a factor contributing towards the well-being of adolescents living in CHHs (Cluver & Gardner, 2007b). The wider social context as a source of protective factors typically serves as or provides external support or resources. One of these support resources is the school, which should be an environment which supports the growth and development of children (Mampane, 2014). Schools which fail to fulfill the function for which they were created, create adverse conditions, making learners vulnerable to all kinds of negative outcomes (Mampane, 2014). This supports the argument that adolescents living in protective or supportive environments have a greater chance of overcoming adversities (Mampane, 2014). Children's networks are also mentioned as potential sources of informal social support which have the capacity to protect a

child from adversity (Gilligan, 1999).

In short, indications from literature are that, the presence of strong social support networks is an important factor in promoting children's resilience (van der Mark, 2015; Skovdal & Daniel, 2012; Evans, 2012; Ebersohn & Ferreira, 2011; van Dijk & van Driel, 2009). Activating all levels of support for adolescents simultaneously is, in essence, the most effective way of responding to their needs in a holistic manner (Luthar & Cicchetti, 2000).

### **2.15.1 Social support as a protective factor**

Indications are that there are increasing concerns about the well-being of children living in CHHs, hence the need for research aimed at understanding all the facets of this phenomenon (Yendork & Somhlaba, 2015). Research evidence suggests that certain protective factors such as individual attributes like intelligence and perceived social support (from family, peers, and significant others), are documented to function as a buffer against stressful experiences. Such attributes could help adolescents living in difficult circumstances to cope and thrive (Bandura, 2002). In this regard, Pinkerton and Dolan (2007) point out that everyone needs both emotional and social sustenance to cope with daily life challenges. It is argued that social support is particularly critical during adolescence because it is a time of transition during which youngsters or adolescents have to grapple with a range of physical, emotional and social challenges (Busso, 2014; Pinkerton & Dolan, 2007).

Evidence spanning three decades suggests that social support plays a crucial part in successful coping, assisting resilience, and aiding positive mental health (Pinkerton & Dolan, 2007). Healthy adolescent development in a variety of cultures is associated with experiences of connectedness, that is, of loving and supportive relationships with significant others (Barber, Stolz & Olsen, 2005). Wild et al. (2011) found, for example, that adolescents' functioning in different social contexts (family, peers, school, and neighbourhoods) is related to the conditions mentioned above. In concurrence, Barber et al. (2005) add that, deficits in experience in one context could be compensated for by experience in other contexts, thus playing complementary roles in enhancing adolescents' resilience. Families could, however, also be a source of stress for adolescents, exposing them to various forms of conflict

or abuse which would affect them psychologically (Pinkerton & Dolan, 2007). By implication, there is a need for professional help to mitigate situations stressful to adolescents, the focus of the next sub-section.

### **2.15.2 Social support as protective factor for children living in CHHs**

The importance of attending to the psychosocial needs of children left without the protection and nurturing typically provided by families and/or communities is undeniable. Children and adolescents in Africa are in particular need of this kind of protection, confronted as they are by a myriad of challenges resulting from the HIV and AIDS epidemic, war, poverty, abandonment and migration (Gubwe et al., 2015; Thurman, Snider, Boris, Kalisa, Mugarira, Ntagarira & Brown, 2005). For children to become functional and productive, they need access to supportive social systems or resources in difficult times (Thurman et al., 2006). The degree to which individuals are connected to supportive social systems would determine the extent to which they could function as a buffer against stressful experiences (Haroz et al., 2013; Tyler, 2006). Individuals' access to social systems and resources serves as a signal of the extent to which they feel connected to, accepted and loved, cared for, valued, and esteemed by others. These feelings, in turn, either increase or decrease the adolescents' levels of stress and/or well-being. Since social support systems work together to determine the course of development for adolescents, psychosocial support might, when other social resources are limited, help compensate for missing links necessary for enhancement of resilience in adolescents living in CHHs (Masten, 2014). Findings from her study on high-risk black township schools demonstrated that social support is fundamental to fostering resilience in adolescents who may be facing adversity (Mampane, 2014).

Another factor critical to an individual's belief in his or her capabilities and, in particular to the well-being of orphans is self-efficacy (Kiyiapi, 2007). Not only does self-efficacy enable individuals to persevere in the face of perceived difficulties, but it promotes resilience by fostering competence and self-worth in the face of adversity (Yendork & Somhlaba, 2015; Hamill, 2003). Self-efficacy also helps adolescents living in CHHs to summon their internal resources to deal with stressful events (Kiyiapi, 2007). Self-efficacy is more likely to be the result of people feeling that they belong in a specific context, system or relationship than an individual attribute

(Evans & Pinnock, 2007). This does not, however, mean that individual attributes are subservient in the resilience matrix; rather, it implies that children's networks, as sources of social support, could protect them against the negative effects or adversity in their lives and build their resilience (Erikson, Cater, Andershed & Andershed, 2010). Literature claims that protective factors have the capacity to evoke other protective factors and work together against risk or adversity (Luthar, Sawyer & Brown, 2006). Findings by Erikson et al. (2010) confirm that adolescents surrounded by or with access to numerous social protective factors have the potential to do better and have fewer behavioural problems than those with limited social support systems. Protective social support - comfort, assistance, or information received from individuals or groups - could be emotional or instrumental (Earnshaw, Lang, Lippitt, Jin & Chaudoir, 2015). Whereas emotional assistance refers to the expression of positive feelings and empathetic understanding, instrumental support relates to provision of material support or behavioural assistance. An adolescent who relates well with teachers may, for example, have a positive attitude towards school leading to improved academic achievement and pro-social attitudes towards peers (Erikson et al., 2010).

Knowledge about social support available to adolescents living in CHHs could contribute to a better understanding of conditions that promote or hinder their psychosocial well-being, consequently enriching our understanding of community care-giving initiatives and practices (Thurman et al., 2005). It is postulated that the psychosocial functioning of individuals in a community is to some extent determined by the level of social capital available (Thurman et al., 2005). Included in social capital are social relationships that facilitate collective community action for the mutual benefit of members (Thurman et al., 2005). A study done in Ghana found out that material and emotional support from friends, extended families, significant others, communities and organisations are critical imperatives in enhancing resilience in adolescents living in CHHs (Adu, 2011). As reported by Francis-Chizororo (2010), most orphans in Africa are absorbed by their extended families. The unprecedented increase in CHHs is, however, making it increasingly difficult for them to do so, resulting in what could be regarded as 'traditional social capital' gradually becoming less and less accessible to African orphans. Also, research evidence suggests, moreover, that CHHs face considerable stigma and social

isolation in their communities (Kurebwa & Kurebwa, 2014).

Against this background, it would be interesting to find out what it is that motivates adolescents living in CHHs to continue forging ahead with life when stakes are high for them. Resilience as a personality characteristic also relates to well-being in children (Yendork & Somhlaba, 2015). Resilience is viewed as qualities embedded in children that buffer them against the adverse effects of stress and promote positive adaptation in the face of difficulties (Brooks, 2006). The attributes of children who show adaptive behaviour have been reported as including an easy temperament, self-mastery, self-efficacy, problem-solving skills, personal competence and acceptance of self and life in general.

### **2.15.3 School as a protective factor for promoting adolescent resilience**

Schools play an important part in the overall development of children, being particularly well placed to neutralise the effects of risks facing adolescents in their environments as well as nurturing adolescent well-being (Cahill, Beadle, Farrelly, Forster & Smith, 2015). In essence, schools should, therefore, play a protective role, taking cognisance of research evidence suggesting that all individuals are capable of overcoming risks in their environment and consequently develop into competent and resilient individuals (Zimmerman, 2013; Fergus & Zimmerman, 2005; Richardson, 2002).

There is also evidence to the effect that supportive and safe school environments have the propensity to mitigate the effect of disturbing situations by providing protective factors and promoting resilience in learners (Mampane, 2014; Lee et al., 2012; Mampane & Bouwer, 2011). In view of this observation, Bronfenbrenner (1979) argues that, schools as part of the many micro-systems of the maturing individuals should play a leading role in enhancing adolescent resilience. Positive school experiences are therefore vital to the fostering of resilience in learners. Numerous studies testify that the nature of school experiences and the quality of relationships they make, should have the effect of buffering risk factors. By implication, the school environment should nurture positive experiences which could act as protective factors to all learners (Tolland & Carrigan, 2011). Inability to form nurturing relationships may well lead learners to being exposed to a multiplicity of



adversities (Mampane, 2014; Ebersohn & Ferreira, 2011).

Since the concept of resilience emphasises the importance of environmental protective factors, schools are part of the external environment which impacts on the well-being of children as well as their social competence (Tolland & Carrigan, 2011; Cicchetti, 2010). These authors point to the notion that, the atmosphere prevailing at a school is critical in enhancing children's social and emotional well-being. A school climate and culture that fosters social competence, encourages warm relationships, active participation and communicates clearly what is expected of children with regard to their conduct is very important (Tolland & Carrigan, 2011).

A study conducted on youth's perspectives on educational resilience found out that, supportive school-based relationships are critical in enhancing resilience (Williams & Bryan, 2013). Such relationships which are characterised by warmth, concern, openness and understanding contribute to learners' engagement and positive school performance. Resilience literature claims that school personnel who genuinely mentored their learners, assisted their navigation through their school experiences enhance their academic performance and consequently their resilience (Williams & Bryan, 2013).

Supportive school environments, adolescents' peer relationships and supportive social networks are fundamental to building resilience in learners (Evans & Becker, 2009). Healthy peer relationships nurture the formation of companionship, social acceptance, and intimacy, all of which are crucial variables of adolescents' emotional being (Li et al., 2015). The same authors further argue that, in comparison with young children, adolescents are more dependent on friends than on their parents to satisfy their psychosocial needs. Thus, the role played by peers can be seen as very powerful in enhancing adolescents' resilience. In view of the observation that parent roles are less important than friends', children facing adversities like those living in CHHs need positive peer relationships to foster their own positive feelings of worth and psychological well-being (Du, Li, Chi, Zhao & Zhao, 2014). Peer relationships are realised through sharing experiences or disclosing mutual fears and insecurities with others in similar situations. By sharing experiences with other adolescents in the same predicament, adolescents realise that they are not alone in facing problems. They can then come to conceptualise the

challenges they are facing as a normal and passing phase in which they feel supported by others (Li et al., 2015).

A school-oriented peer culture where close friendships among peers who face similar life challenges yet value education is important in enhancing resilience in adolescents. Such invaluable connections serve a motivational function in that it encourages enhanced academic achievement, even in the midst of serious adversity (Williams & Bryan, 2013). In fostering academic resilience in adolescents in schools, providing support, setting high but realistic expectations and involving adolescents in school activities and decisions are some of the factors to consider in an effort to foster adolescents' resilience (Mampane, 2014).

#### **2.15.4 School as adolescent resilience-enhancer**

Simply acknowledging that schools must be reservoirs of adolescents' positive experiences is not enough. It is also of paramount importance to determine how schools can positively contribute to the overall enhancement of adolescents' resilience. One way of doing so is to engage adolescent learners in a number of curricula-based educational activities and programmes. Lee et al. (2012) opine that such programmes require collaboration between school personnel and adolescent students, enhancing the latter's resilience by targeting critical competencies inherent in individuals. Moreover, positive social norms and cultural values have the potential to engender pro-social attitudes and a positive outlook in adolescents, thus contributing to their resilience (Shek & Sun, 2010). Attachment to other adults, not necessarily their parents or guardians, is positively linked to adolescents' resilience to adversity. Adolescent learners living in CHHs would therefore benefit immensely from a situation in which they could form healthy relationships with responsible adults in their schools, be they teachers, coaches and any other adults with whom the adolescents would choose to interface (Cahill et al., 2015).

In support of these views, it is argued that children who bond with school teachers increase their academic performance, thus, schools are encouraged to develop a culture that promotes and fosters close affective relationships between teachers and learners (Lee et al., 2012). This initiative cushions adolescents living in CHHs from succumbing to the weight of risks bombarding them, with schools becoming buffers

against the risk factors those adolescents may be experiencing. Teachers could, for example, arrange for students living in CHHs to be actively involved in co-curricular activities where they have to mix with and learn from other learners. Furthermore, Lee et al. (2012) suggest that the adoption of whole-school programmes that involve different stakeholders - family and community, for example - would result in the collective nurturing of adolescents' resilience.

In view of the problems facing children living in CHHs, it is advised that adolescent learners need to solicit support from teachers (Ebersohn & Ferreira, 2011). Teachers who work with such children in the school would thus be able to appropriately respond to their varied needs (Li et al., 2015). Teachers who interact with their students on different situations provide the much-needed social support to at-risk adolescent learners (Du et al., 2014). Support should come in many forms, among them, good teaching, and teaching lessons that are related to learners' personal interests (Cahill et al., 2015). In addition, learning should be experiential in nature to ensure that it is perceived as meaningful and relevant. Such pedagogical methods are known to help motivate students to fully engage in school thereby allowing them to forge ahead even when they know that they are facing challenges (Williams & Bryan, 2013). A study conducted by Williams and Bryan (2013) found that, teaching methods that were characterised by student fun increased children's school attendance, stimulated their interest in school work and consequently improved learning outcomes. In the process, the resilience of adolescent learners living in CHHs was strengthened as they could see the value of going to school (Williams & Bryan, 2013).

## **2.16 RELIGION/SPIRITUALITY AND RESILIENCE**

Community support systems operating outside the family such as the school and the church also contribute to enhancing resilience in adolescents living in CHHs. While all adolescents, including those living in CHHs, face a whole range of challenges on a day to day basis, those faced by the latter are more wide-ranging (Gaciuki, 2016). Including rejection, stigmatisation, having to drop out of school due to lack of fees, and separation from friends due to relocation, these additional challenges have the potential to impact negatively on adolescents living in CHHs, the absence of parental or adult guidance enhancing their vulnerability (Mutambara, 2015). The only support

potentially available to them is provided by religious and spiritual organisations (Benzies & Mychasiuk, 2009; Alvord & Grados, 2005).

Adolescents' involvement in religious or congregational activities seems to help them to view life challenges as windows through which personal growth occurs (Pienaar, Swanepoel, van Rensburg & Heunis, 2011). In addition, Kassen, Wickramaratne, Gameraff and Weissman (2012) indicate that attending religious activities fosters in adolescents, the kind of resilience which enables them to cope with adversity. Evidence regarding the importance of religiosity was gathered in a study by Ni Raghallaigh and Gilligan (2010) from a sample of high-risk unaccompanied children who indicated that their involvement in religious activities was one of the strategies which they used to relieve stress and make meaning of suffering. Also, regular church attendance or church membership is metaphorical 'passports' to the services and resources offered by the church concerned (Daud, af Kinteberg & Rydelius, 2008).

With regard to adolescents in particular, Huculak and McLellan (2010) point out that, being part of a religious group serves as a buffer against negative adolescent experiences. In the view of Kasen et al. (2012), it is especially true if group activities involve going to church, taking part in reading and studying the Bible and getting involved in individual prayer and intercession. These activities are associated with a reduction in the impact of adolescent challenges in general. It is reported that adolescents who lean towards religiosity not only tend to relate better to friends, school, and family, but also recover more quickly from adversity than their counterparts who are not religiously inclined (Sawatzky, Gaderman & Pesut, 2009). A study by Jones, Simpson, Briggs and Dorsett (2015) found that the impact of violence on a group of African-American children was mitigated by their involvement in religious activities.

Implied in these findings is the possibility that religion and spirituality have the potential to help adolescents make meaning of their painful experiences, enabling them to view challenges as opportunities that can enhance resilience rather than as threats to their livelihood (Skovdal & Daniel, 2012). One of the religious activities seeming to be particularly helpful in this regard is prayer. This might be because of the belief that one's prayers are heard, irrespective of whether one prays for oneself

or whether someone else prays for one (Gunnestad & Thwala, 2011). Most of the orphaned and vulnerable children (OVCs) in a study by Thwala (2008), for example, cited prayer as an important protective factor that helped them cope with grief.

In addition to prayer and intercession, Bible reading, study and interpretation as well as congregational gatherings provide a platform from which adolescents make meaning of challenges by getting support through interaction with others. The church thus provides anyone who needs support with a network of people who demonstrate their fellowship by helping each other in troubled times through giving spiritual, moral, material and social support (Gunnestad & Thwala, 2011). Having someone to trust gives one hope that good things might come from adversity or life challenges. It is this future-oriented focus that makes one feel that whatever challenges one is experiencing, a solution will be found and things will become manageable, that is if one does not give up.

## **2.17 CULTURE AND RESILIENCE IN ADOLESCENTS**

Culture plays an important part in the development and/or strengthening of resilience (O'Dougherty Wright, Masten & Narayan, 2013). Representing the collective conventions, values and practices indigenous to, socially constructed and endorsed by groups of people (Van der Walt & Bowman, 2007), culture buffers resilience in contextually nuanced ways (Ungar, 2012). Although Theron, Cameron, Didkowsky, Lau, Liebenberg and Ungar (2011) indicate that there is a paucity of research data on the ways in which culture enhances resilience, Masten (2016) is adamant that the availability of universal culturally sanctioned ways enhances resilience. One of the reasons for this might be the incorporation of extended families, religious structures and ethnic social systems in the adoption of cultural strategies which mitigate the effect of risk factors (Masten, 2016). An example cited by Mararike (2001), can be drawn from Zimbabwean Shona culture, where the concept of *Zunde raMambo* (King's Granary), a traditional collective community safety mechanism that protects the vulnerable from hunger is practised. *Zunde raMambo* is the agricultural practice where community members collectively grow crops which are kept by village heads to assist the vulnerable members of given communities. The proceeds from *Zunde raMambo* are meant to feed vulnerable community members, who include the elderly, people living with disabilities, orphans and children living in CHHs (Mapfumo,

Mtambanengwe & Chikowo, 2010; Mararike, 2001).

Family and external support systems, being cultural structures, play important roles in fostering resilience in adolescents facing difficulties in life (Phillips et al., 2014). Adolescents who show resilience are adept at reaching out to other social support systems that help them to navigate negative life experiences. Adolescents who lack parental support and guidance could therefore tap into their external support resources to fill the gap created by absent parents or adults. In the view of O' Dougherty Wright et al. (2013), cultural traditions, religious rituals, ceremonies and community support resources provide a wide variety of protective functions. Depending on the nature of the challenges adolescents living in CHHs face, they may summon culturally specific traditions, beliefs or support systems to neutralise the effects of risks they may be facing. The valuing of human interdependence, harmony, spirituality and humanitarianism, a philosophy prevalent in many African cultures, for example, foster resilience in some adolescents (Masten, 2016). This philosophy of *Unhu/Ubuntu* is known to be the bedrock of humanism requiring adherence to the dictates of African cultural standards of humanness. These standards include being kind, respectful, friendly, disciplined, moral uprightness, responsible and duty-bound among other critical attributes. In concurrence, Nziramasanga (1999) and Sibanda (2014) add that, if a person fits the description above, he or she possesses *unhu/Ubuntu* which is considered the glue that binds the African people together. Contravention of the spirit of oneness as enshrined in the said philosophy by a member is considered a disgrace to the whole community and attracts culturally appropriate sanctions (Ndondo & Mhlanga, 2014). Consequently, adherence to the said philosophy could instil resilience in adolescents during times of difficulty (Sibanda, 2014).

However, it has been pointed that *Unhu/Ubuntu* has suffered a tremendous decline in recent years, arguing that this is due to cultural pluralism brought about by globalisation and technological advancements (Ndondo & Mhlanga, 2014). Technology has exposed young children to various forms of ills that come with the internet. Where this philosophy still holds strong, social sanctions will immediately be imposed on an individual whose behaviour contradicts it. Respect for the principles of *Unhu/Ubuntu* could thus keep adolescents resilient since anything that befalls them

is quickly dealt with by the community who are the custodians of *Unhu/Ubuntu*. The philosophy encourages oneness and teaches people to respect each other so that they can help each other in times of need such as during illness and funerals (Ndondo & Mhlanga, 2014; Munyaka & Motlhabi, 2009).

## **2.18 CONCLUSION**

This chapter introduced and discussed literature on resilience processes employed in CHHs. The focus of the literature review was on adolescent secondary school learners as a special population which is susceptible to a number of developmental challenges as they mature into adulthood. Many writers concur that, as a developmental period, adolescence is typified by a lot of uncertainties caused by the process of growth and development (Busso, 2014). Despite the challenges they face, challenges compounded by orphan-hood due to parental death, chronic illness, abandonment or migration, adolescents in CHHs have been described as possessing the strength to recover from adverse situations and forge ahead with life in their households. Literature reviewed in this chapter testifies to the fact that many studies conducted on adolescents' resilience found adolescents' capacity to rebound and recover from the effects of adverse situations. This ability by many adolescents to develop into healthy, well-functioning and adaptive adults has been described as an impressive phenomenon (Haroz, et al., 2013).

Resilience research, through the efforts of pioneering scientists and their students, indicate the developmental milestones realised in resilience research as evidenced by the four waves. The effort of each wave informs subsequent ones, leading to a detailed understanding of the construct. As resilience research evolved, the definition of the construct became more encompassing, elaborate, fluid and elastic, including "concepts that work across systemic levels and disciplines that focus on different kinds of levels of systems" (Masten, 2011, p. 494). From a multi-level analytic perspective, resilience was defined more broadly as "the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Masten, 2011, p. 494).

While the phenomenon of CHHs is a fairly recent one, its effect has been felt globally like earth tremors (Li et al., 2015). Research evidence to the effect that households

headed by children are on the increase is abundant, suggesting that the phenomenon is by no means a passing one (UNICEF, 2015). HIV and AIDS have been singled out as the major causes of orphan-hood, leading to the emergence of 'child only' households. However, literature also indicates that there are a number of other reasons for the emergence of CHHs. These include accidents in their varied forms, inability by extended families to absorb more children into their families due to economic constraints, abandonment and internal or external migration.

The global picture concerning the emergence of CHHs as a family type translates to the situation prevailing in Zimbabwe which, like most sub Saharan African countries, has also been affected (Mavise, 2011; Francis-Chizororo, 2010; Nkomo et al., 2009). Research evidence points to failure by the extended family to absorb orphans as the main cause (among other reasons) of the establishment of CHHs in Zimbabwe. The migration by parents in search of greener pastures has also been identified as a factor contributing to the emergence of CHHs. Literature indicates that, in some cases, children as young as 12 years or even younger live in CHHs, a situation which has been described as distressing (Mavise, 2011).

The process-oriented view of resilience indicates the dynamic interaction between risk factors and protective factors. Protective factors are those resources that alleviate or remove the effects of risk and adversity in the environment (Pillay et al., 2013; Mampane & Bouwer, 2011). Risk factors, on the other hand, are seen as harmful life circumstances that place an individual on a negative developmental path. It was observed that different social institutions offered valuable assistance in varied forms such as informational, material, and emotional to CHHs. The contributions that the family, community, school and peers can make regarding social support to adolescents living in CHHs were also highlighted.

The ecological perspective on resilience argues that while individual and family resources promote resilience in adolescents, resources outside the family, such as schools, are central to promoting resilience (Ebersohn & Ferreira, 2011). Vulnerable children (as is the case with adolescents living in CHHs) view both teachers and schools as resources that buoy their resilience. Ebersohn and Ferreira (2011) highlight the importance of schools as environments that strengthen resilience. School environments were found to enhance resilience in adolescents by providing



protective factors that buffer the effect of risk factors (Lee et al., 2012; Mampane, 2014), with peers providing the valuable human social capital that plays a critical social support role, serving as a buffer against adolescent adversity thereby enhancing positive mental health (Li et al., 2015; Du et al., 2014; Williams & Bryan, 2013). Positive teacher attitude towards adolescent learners living in CHHs sends messages that the learners are part of the larger school system. This leads to a feeling of acceptance and belonging which is important for enhancing adolescent resilience.

In conclusion, while every human being is tested for resilience at one point in life, many resilience researchers agree that all individuals have the capacity to recover from adversity given the necessary supportive environment. The next chapter presents the theoretical framework informing this study.

## CHAPTER 3

### THEORETICAL FRAMEWORK

#### 3.1. INTRODUCTION

In Chapter 2, I positioned this study within an existing body of literature by conducting a literature review on studies relevant to mine. In this chapter, I present the theoretical framework underpinning my study. Although I realise that an exploration of CHHs can be conducted from different perspectives, such as the Bio-ecological Theory and Pathways Model, my study is primarily informed by the Family Resilience Framework (FRF). I therefore start this chapter by explaining the rationale for choosing the FRF. I then describe each of its components before reviewing the framework as a whole.

Although the FRF is Eurocentric in origin, it is applicable to a variety of cultural settings and different types of family structures in the world because whatever the composition or culture of a family, all families have the obligation to fulfil certain needs and execute certain functions. Since the FRF does not prescribe specific outcomes for families, it is equally applicable to families in all cultures. What is important about the FRF as a theoretical framework is not its origin, but its concern with the desired outcomes within family structures and cultural beliefs (Ryan, Epstein, Keitner, Miller & Bishop, 2005). While children thrive in a variety of family arrangements, the processes that foster resilience in those who are experiencing adversity are significantly similar (Walsh, 2006).

In addition to using a Eurocentric theoretical framework, I also used primarily Western theories to explain the resilience of the African adolescents who participated in my study because these are the only theories that lend themselves to the explanation of the resilience processes typifying CHHs. Also, as indicated earlier, families exist in all cultures and races (Walsh, 2012) hence theories on family characteristics – resilience included – are as applicable to the Zimbabwean as Western contexts. In this study, the key processes which characterise the framework are, however, used within the context and culture of African children in Zimbabwe; hence they could be regarded as culturally and situationally contextual.

### **3.2. RATIONALE FOR USING FRF**

My choice of the FRF as the theoretical framework to inform this study was informed by a number of reasons. First, through careful literature review on studies done on CHHs in Zimbabwe, I noted that no researchers had previously used the FRF as a guiding theoretical framework in studies relating to Zimbabwean conditions. Previous studies on CHHs in Zimbabwe have employed Bronfenbrenner's Bio-ecological Theory as frame of reference (Magwa & Magwa, 2016; Kapesa, 2015) or did not use a theoretical framework at all (Mpofu & Chimhenga, 2016; Zirima & Mtemeri, 2016; Gubwe et al., 2015; Kurebwa & Kurebwa, 2014; Ciganda et al. 2012; Rupande, 2014; Mashavira et al., 2015; Francis-Chizororo, 2010). My study is therefore the first one in Zimbabwe to use the FRF to inform a study on CHHs. It is against this background that I first regarded the use of the FRF theoretical framework as appropriate to my study.

Second, the framework itself is the product of a careful synthesis of three decades' worth of resilience research data collected from varied populations in diverse cultural contexts. Being the result of extensive evidence-based resilience research, it is a robust, meaningful and comprehensive theory. The key processes informing the framework emerged from a careful synthesis of a large body of resilience research literature, resulting in the identification of three domains of family functioning (Walsh, 2012). Critical issues constituting the framework were sifted from mounds resilience research data derived from varied adversarial situations, populations, socio-cultural and developmental contexts (Walsh, 2016). In addition, the FRF is grounded in empirical knowledge which can be utilised as the basis for practice (Werner, 1993). This is important since, as Walsh (2008) posits, the framework was meant to guide families experiencing varied difficulties towards practical intervention and prevention. The experiences of adolescent secondary school learners living in CHHs in Zimbabwe as well as the strategies they use to navigate themselves through various challenges towards resilience could therefore be understood in the context of FRF.

Third, while the framework is Eurocentric, it describes how families all over the world, including CHHs in Zimbabwe, forge ahead in times of adversity. All families, relative to what they value, their structure, supportive resources and context, have the propensity to recover from the effects of any challenges regardless of their magnitude (Walsh, 2008). The implication is that, all family forms, including CHHs, have the ability to

respond positively even under immense adversity (Walsh, 2012). The use of the framework in my study therefore cuts across all family types and cultures. Also, the value of this particular framework to my study is that it is strength- rather than pathologically based. The theory describes the whole spectrum of experience, from seeing families as ruptured and damaged through perceiving them as challenged by adverse experiences to describing them as emerging victorious. Although, as Walsh (2012) argues, resilience may not be the same for all adolescents living in CHHs due to the different contexts in which they live and grow, it is important to note that FRF confers every family type with the potential to develop resilience and witness positive growth. Of particular note is the fact that even families such as CHHs who experience multiple adversities due to their situation, have the capacity to move out of distressing situations. Since the focus of the FRF is similar to the focus of my study, namely the potential of all family types to emerge resilient from adversity, I considered FRF as the most appropriate theoretical framework to inform and guide my investigation of resilience processes in CHHs in Zimbabwe.

Fourth, the FRF responds to both worlds - Eurocentric and Afrocentric - in terms of research guidance. The transactional resilience processes identified by Walsh (2016, 2012) - belief systems, organisational patterns, communication and problem-solving - are not the preserve of Eurocentric families: their application cuts across racial boundaries, including Africans in general and Zimbabwean adolescents living in CHHs in particular. Having to organise themselves in the wake of adversity, these adolescents could use the core resilience processes of the FRF in navigating through their particular challenges. It is argued that every family including CHHs who live without adult supervision, regardless of its structural composition, is capable of coming out of adversity victorious and strengthened (Walsh, 2012). It is therefore, also, because of its generic applicability to a wide range of family structures who reside in diverse sociocultural contexts that I chose the FRF as my theoretical framework.

Fifth, I established that a number of international researchers (Pienaar et al., 2011; Pillay et al., 2013; Ungar et al., 2013; Tolland & Carrigan, 2013) and a handful of Zimbabwean researchers (Magwa & Magwa, 2016; Kapesa, 2015; Mutambara, 2015), investigating CHH-related issues have over the years used the Bio-ecological theory to locate their studies in broader literature. Although the bio-ecological theory represents

a unique theoretical lens through which CHH experiences can be viewed, the issues it addresses are, according to me, subsumed and embedded in FRF. The micro-level of the Bio-ecological theory, which deals with individuals' interaction with family, friends, classmates, teachers and neighbours, is also articulated in the FRF albeit under the key process of communication and problem-solving, both of which emphasise positive interaction and supportive relations. Support systems such as peer, school, community and other social systems in bio-ecological theory, are addressed in the FRF under the key belief system processes which emphasise relational resilience issues. The issues that are dealt with at a (systemic) macro-level - the outermost layer in the adolescent's environment - such as cultural values and customs are also catered for in key processes of belief systems and organisational patterns which adolescents living in CHHs can tap into. Tapping into these key protective processes helps these adolescents to effectively respond and adapt to their challenges (Czyszczon & Lynch, 2010). Its comprehensive nature and appropriateness to my exploration of the resilience processes used by adolescent secondary school learners living in CHHs further convinced me to adopt the FRF.

Regardless of all its appropriateness to my study and the opportunities it offers me as a researcher, the FRF does not represent the only or absolute way in which families could develop resilience. Rather, it is a roadmap of dynamic processes representing different strengths and resources which families in general (including CHHs) could use to enhance their own resilience.

### **3.3 COMPONENTS OF THE FAMILY RESILIENCE FRAMEWORK**

Acting on the basis of her meta-analysis of resilience research literature on family adaptability, together with her own studies, Walsh (2016) suggests nine key transactional processes that enhance family resilience. The key transactional processes she identified are mutually interactive and synergistic within each domain and across domains (Walsh, 2016). In constructing the framework, three overarching key processes of family functioning were used, each one of them supported by three sub-constructs (Walsh, 2016; 2012).

The first overarching key process is Belief Systems and is supported by three sub-constructs which are: making meaning, positive outlook and transcendence and

spirituality. These indicate how families could use their belief systems to understand adversity and forge ahead with life. The second overarching process is Organisational Patterns, its sub-constructs being flexibility, connectedness and social support. The sub-constructs of the third and final overarching process -Communication and Problem-solving – are clarity, open emotional expression and collaborative problem-solving. Table 1, which follows, represents a detailed summary of the overarching FRF key processes and their sub-constructs.

**Table 1: Key processes in family resilience**

Belief Systems	Make meaning of Adversity	<ul style="list-style-type: none"> <li>• Relational view of resilience</li> <li>• Normalize, contextualize distress</li> <li>• Sense of coherence: View crisis as meaningful, comprehensible, manageable challenge</li> <li>• Facilitative appraisal: Causal/explanatory attributions: future expectations</li> </ul>
	Positive Outlook	<ul style="list-style-type: none"> <li>• Hope, optimistic bias; confidence in overcoming odds</li> <li>• Courage/encouragement; affirm strengths; focus on potential</li> <li>• Active initiative and perseverance (can-do spirit)</li> <li>• Master the possible; accept what can't be changed; tolerate uncertainty</li> </ul>
	Transcendence and Spirituality	<ul style="list-style-type: none"> <li>• Larger values, purpose</li> <li>• Spirituality; Faith, contemplative practices, community; connection with nature</li> <li>• Inspiration: Envision possibilities; life dreams; creative expression; social action</li> <li>• Transformation: Learning, change and growth from adversity</li> </ul>
Organizational Patterns	Flexibility	<ul style="list-style-type: none"> <li>• Open to change: Rebound, reorganize, adapt to new conditions</li> <li>• Stability to counter disruption;</li> </ul>

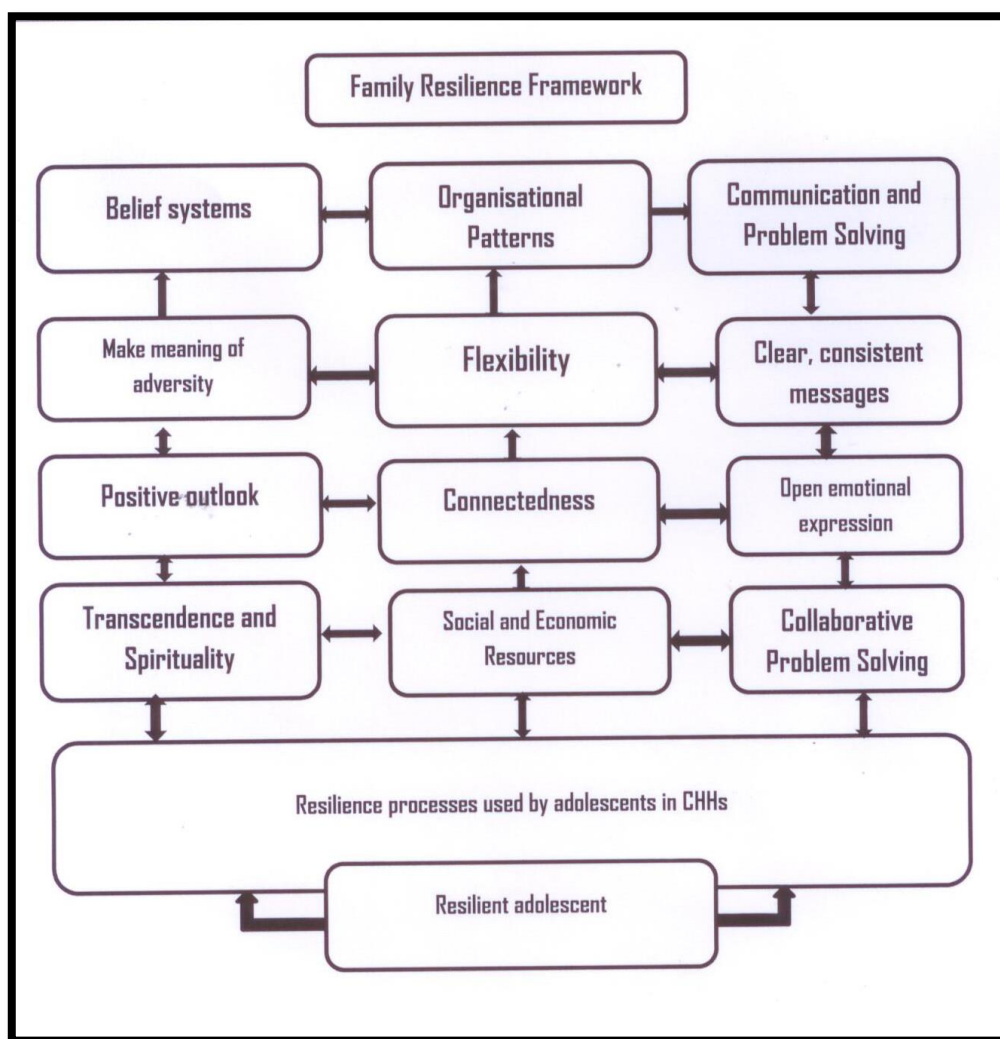
		<p>Continuity, dependability, predictability</p> <ul style="list-style-type: none"> <li>• Strong authoritative leadership; nurture, guide, protect</li> <li>• Varied family forms: Cooperative parenting/caregiving teams</li> <li>• Couple/co-parent relationship: Mutual respect: equal partners</li> </ul>
	Connectedness	<ul style="list-style-type: none"> <li>• Mutual support, collaboration, and commitment</li> <li>• Respect individual needs, differences</li> <li>• Seek reconnection, repair cut-offs, grievances</li> </ul>
	Social and Economic Resources	<ul style="list-style-type: none"> <li>• Mobilize kin, social, and community networks; models and mentors</li> <li>• Build financial security; balance work/family strains</li> <li>• Larger systems: Institutional, structural supports</li> </ul>
Communication/problem solving	Clear, Consistent Messages	<ul style="list-style-type: none"> <li>• Clarity ambiguous information; truth seeking</li> </ul>
	Open Emotional Expression	<ul style="list-style-type: none"> <li>• Share painful feelings; empathic response; tolerate differences</li> <li>• Pleasurable interactions, humour; respite</li> </ul>
	Collaborative Problem Solving	<ul style="list-style-type: none"> <li>• Creative brainstorming: resourcefulness</li> <li>• Share decision making; repair conflicts; negotiation; fairness</li> <li>• Focus on goals, take concrete steps: build on success; learn from failure</li> <li>• Proactive stance; Preparedness, planning, prevention</li> </ul>

Adapted from (Walsh, 2012, p. 406)

Depending on the gravity or intensity of the challenge being experienced, each of the constructs may be used independently or in conjunction with other key processes and sub-constructs (see Figure 3.1). All the key processes and their sub-constructs, being

mutually interactive, recursive and synergistic in their operation, could work together (Walsh, 2016). This transactional and synergistic relationship between and among the processes is illustrated in Figure 3.1. For instance, shared meaning among family members of a CHH enables clear communication between and among family members in a crisis situation. Clear communication, in turn, enables free emotional expression, decision-making and collective problem-solving, thus easing shared meaning-making (Walsh, 2016).

**Fig 3.1: Recursive and synergistic transactional key processes in family resilience**



All the key processes indicated in Figure 3.1 have the potential to foster resilience in adolescents living in CHHs as they deal with challenges. Different adversities might require different processes and the manner in which the processes are applied may be



determined by the concerned individual's or group's cultural norms, contexts, situations and environmental dictates. It would therefore be a fallacy to adopt a universal conceptualisation of resilience (Theron, Theron & Malindi, 2013). Due to the dynamic nature of resilience, the challenge(s) concerned, the values to which they subscribe, and the nature of available resources in their varied forms, the routes that adolescents living in CHHs take to become resilient will differ (Walsh, 2016). It follows that resilience can be explained in terms of context (where the children are) while taking cognisance of the fact that, even though they may be in the same environment, not all individuals may respond to challenges in the same way. Put differently, the sociocultural contexts in which adolescents reside dictate the resilience processes to be utilised by individual adolescents at any given time (Theron & Theron, 2014). Different adolescents may, therefore attempt different ways of navigating their way out of adversity, adapting mechanisms in ways that suit their personality, culture, context, value system, present level of resilience, etc. Even so, researchers agree that, in navigating through different forms of adversity, adolescents living in CHHs gradually become more resilient regardless of the route they take. Also, while some adolescents may respond positively to challenges, others may not, thus not further developing whatever resilience they might already have (Morrison, Nikolajski, Borrero & Zickmund, 2014).

### **3.4 REVIEW OF KEY PROCESSES IN FAMILY RESILIENCE**

As indicated earlier, the FRF comprises three key family resilience processes each of which has three sub-constructs supporting it (Walsh, 2016, 2012). Thus, in essence, there are nine underlying processes to Walsh's Family Resilience Framework, each of which is reviewed in the sub-sections which follow. These constructs are presented in such a way that they are interactive in nature and speak to each other in many ways. Evidence of the interactive nature of the framework can be found in the many studies whose findings are recorded in resilience literature (Masten & Monn, 2015).

#### **3.4.1 BELIEF SYSTEMS**

There is abundant authoritative literature on important mechanisms that promote people's capacity to adjust well to adverse situations and/or conditions (Theron & Theron, 2010; Masten & Wright, 2010). This capacity is termed resilience and is forged by shared beliefs that help family members make sense of crisis situations. One such

critical generic resilience-promoting mechanism identified by Theron and Theron (2010) is meaning-making, an active and participatory process of making sense of adversity and trying to learn something positive from the adverse experience.

The ways in which individual families make sense of adversity are determined by their belief systems hence belief systems could be said to constitute the 'heart and soul' of resilience (Fanash & Bani-Khaled, 2011; Wright & Bell, 2009). Encompassing, as they do, values, concerns, attitudes, biases and assumptions (Walsh, 1998), belief systems have the potential to provide people who are going through difficult times with possible reasons for their occurrence. This enables people to make sense of them, especially when it is difficult to understand why they are happening (Gwindi, 2013). In the process of understanding adversity, families, including adolescents living in CHHs, therefore have the opportunity to share the reality of their situations through their engagement with common cultural and spiritual beliefs.

Put differently, belief systems provide families with pathways of living (Masten & Monn, 2015). The adoption of collective approaches not only enable families to respond positively to challenges that may potentially disrupt family cohesion and confer vulnerability, but also accepting joint responsibility for adverse situations could (Walsh, 2012). Such a stance helps families to effectively solve problems and consequently recover from the effects of the challenges they had to overcome. Adolescents living in CHHs may also appeal to their spiritual values and connections in order to navigate their way through adversity (Walsh, 2012).

The sub-sections which follow explain how the sub-constructs underpinning the overarching key process, Belief Systems, contribute to its synergetic fostering of resilience.

#### **3.4.1.1 Meaning-making**

The first sub-construct underpinning belief system is meaning-making (Walsh, 2016, 2012). Referring to a family's ability to contextualise and normalise any form of distress, it involves accepting occurrences in the family which are regarded as challenges that must be dealt with in a collective and understandable manner. In normal everyday life,

people derive a sense of security from belonging to a group with whom they share beliefs, attitudes and values (Gwindi, 2013). Thus, meaning-making assumes a situation where individuals are able to see the benefits flowing from experiencing adverse situations. It allows family members to view adversity as a manageable passing phase which could result in change and growth.

Meaning-making is critical to people's ability to adjust well to situations that make them feel vulnerable (Theron & Theron, 2010). In a study on the effect of parental divorce, it was found that resilient adolescents found benefits in the divorce of their parents than when they lived together (Theron & Dunn, 2010). The findings of this study illustrate one way of making meaning of adverse situations. Having reviewed studies of resilience done in South Africa between 1990-2008, Theron and Theron (2010) noted the ways in which adversity contributed to the development of the kind of resilience necessary to cope with human life. Based on these observations, Theron and Theron (2010) point out that meaning-making depends on people's ability to make sense of their situation thereby realising the benefits to be derived from it. In this sense, meaning-making could be viewed as a pathway towards resilience, hence the value of continuously seeking meaning in occurrences. When adolescents living in CHHs make sense of their challenging situations, they do so without shaming and blaming each other.

Another study by Theron and Theron (2014) demonstrates that constructive meaning-making contributes to the development of resilience. People who fail to make meaning of their situations could lead to developing pathological problems (Park, 2011). With regard to adolescents living in CHHs, the ability to make meaning of their circumstances is important in the sense that it helps them to understand the need to adopt different approaches to addressing specific challenges in order to cope with adversity in its totality. In their personal communication with Susan Falkman (19 September, 2011), Theron and Theron (2010) report that meaning-focused coping mechanisms nurture resilience. Experiencing adversity does not necessarily mean that the person affected by negative life experiences will automatically collapse under its weight. This is true even for adolescents living in CHHs. Engaging in constructive meaning-making of bad situations, which would help them better understand their situation, could enable them to devise strategies that could mitigate the effects of difficulties. Critical to constructive meaning-making, though, is the adoption of a positive outlook of the crisis situation.

### **3.4.1.2 Positive outlook**

The term, 'positive outlook', refers to a person's ability to accept the occurrence of a distressing event as something that will pass. Having adopted this attitude, the person experiencing the crisis is able to look forward with hope, envisioning a better future, and persevering in the midst of the distressing situation within which he or she finds himself or herself. Adopting positive outlook enables people to rise above issues that may be causing disturbances (Walsh, 2012). In the case of adolescents living in CHHs, this implies that they should not allow the fact that they are staying alone to confer helplessness or hopelessness on them. They (adolescents) rather should adopt a "can do it" attitude which will allow their 'spirit' to rise above the circumstances. Tapping on resources available at their disposal would thus signify their acceptance that what is happening will eventually pass (Walsh, 2012). In a study aimed at analysing the concept, 'family resilience', Oh and Chang (2014) found that a positive outlook on life was one of the many attributes of family resilience. In addition to the role that hope plays in resilience, Benavides (2014) explains that the forward-looking perspective generated by hope during times of adversity enables the people concerned to better understand and manage the situation in which they find themselves.

Applied to the situation in which adolescents in CHHs find themselves, these findings suggest that the adoption of a positive rather than a pathological perspective on the situation would enable them to view distressing situations as challenges which, if they could get out of them, would make them stronger and/or more resilient. Consequently, as Mavise (2011) contends, adolescents living in CHHs would become not passive victims of their suffering, but active agents capable of charting their own destiny by squarely facing whatever challenges come their way. The important factor here is a conquering spirit, the belief that life will be better in the immediate future. Critical to the development of such a spirit is perseverance, which is, maintaining a positive and hopeful outlook regardless of what happens. Adolescents without hope and faith may find it difficult to navigate their way through adverse situations, consequently suffering under the weight of adversity.

In some cases, those experiencing adversity try to find meaning and purpose beyond themselves, turning to transcendence and spirituality as a means of cushioning

themselves from adversity (Walsh, 2012). It is the use of this resilience strategy that is the focus of the next sub-section.

### **3.4.1.3 Transcendence and spirituality**

Prayer and intercession help to clarify difficult situations, create peace of mind and transform situations (Gunnestad & Thwala, 2011). In appraising the role of spirituality in fostering resilience, Kress, Newgent, Whitlock and Mease (2012) affirm that adaptive coping in individuals experiencing difficulties is powerfully nuanced by religiosity or spirituality. Indications are that spirituality or religiosity can neutralise the effects of adversity on people. Adolescents who participate in religious and spiritual activities often enjoy better relationships with family, friends, and school than less spiritual individuals do (Sawatzky, Gaderman & Pesut, 2009). Spirituality or religiosity serves as protective buffers against negative life experiences, thereby enabling transformation and positive growth (Walsh, 2012).

Families tend to find solace in adversity by seeking guidance, strength and comfort in connections with their cultural and religious and/or spiritual traditions (Walsh, 2012). Spiritual resources such as faith, prayer, and engaging in congregational activities have been found to nurture resilience. In situations of extreme difficulty, adolescents may pray as individuals, seeking divine protection and guidance, or they may find someone to lay hands on them in prayer (Gunnestad & Thwala, 2011). They may involve themselves in congregational activities where they join hands with others of like minds in doing community humanitarian projects. These are methods which adolescents may resort to as coping strategies in order to mitigate the effects of difficulties they may be facing. Notwithstanding the structure of their household, adolescents living in CHHs can always appeal to their transcendence and spirituality to imagine that situations may change for the better (Walsh, 2003).

What is not known for sure is what happens to adolescents who do not participate in religious and spiritual activities. Do such children perish or do they adopt other contextually appropriate coping strategies relative to the resources available to navigate adverse situations? In situations of crises, do families organise themselves in ways that allow them to collectively tackle challenges being faced? In this case, family

organisational patterns are of utmost importance in fostering resilience.

### **3.4.2 ORGANISATIONAL PATTERNS**

In situations of crises, families often organise themselves in ways that allow them to deal with the situation. In order to do so effectively, they typically utilise established structures to enable them to better navigate their way through adversity. For these structures to work, they need to use well-defined organisational patterns. As indicated earlier, CHHs are now an accepted and recognised family type. The use of organisational patterns typically used by traditional families during times of adversity could, therefore, also assist adolescents living in CHHs to cope with adverse situations. For such adolescents, organisational patterns may include remaining coherent as families (as defined by their household) or tapping into resources outside of their families - supportive teachers, close friends, peers, and other caring elders, for example (Lethale & Pillay, 2013).

The presence of the three sub-constructs of the overarching FRF key process, family organisational patterns, namely flexibility, connectedness, and social and economic resources are critical to the effectiveness of family organisational patterns as crisis management tools. The manner in which each of these FRF sub-constructs enhances resilience is described in the sub-sections which follow.

#### **3.4.2.1 Flexibility**

The concept, 'flexibility', when used with reference to families' resilience refers to their ability to accept and adapt to whatever befalls them and to be open and willing to change. Implied in this attitude is the adoption of a flexible structure which can be easily modified to respond to new needs and challenges as they come. Put differently, families should be able and willing to, not only accept challenges resulting from an existing crisis or adverse situation, but also to use these as basis for the reconstruction of something new. The flexibility of the situation is determined by the extent to which family members assist one another – not by judging, but by demonstrating both their understanding of the situation by availing the affected parties with well-defined support structures, connectedness (using social supports) and available economic resources.

In the same way, adolescents living in a CHH family structure could tap on social support systems to help them navigate their way through challenges. In situations where there are siblings in a household, the oldest child is normally forced by prevailing circumstances to provide leadership and protection to the younger siblings (Zirima & Mtemeri, 2016; Jakachira & Muchabaiwa, 2015; Mavise, 2012). This being the case, he or she has the responsibility to support and ensure the security of younger siblings by guiding them through the dynamics of socio-economic life. Critical in this regard, is the imperative for them to convey correct messages about specific challenges if and when they occur. Unless this kind of family cohesion is established, the chances of the CHH 'family' accepting collective responsibility for the tackling of challenges is unlikely and, unless there is cohesion among family members there is little chance that the resilience of the family will be sufficient for it to survive adversity.

#### **3.4.2.2 Connectedness**

As indicated in the preceding sub-section, family cohesion or connectedness is critical to the development and enhancement of relational resilience (Walsh, 2011). Indications from research are that most crises reported to have shattered and disempowered families were due to a lack of cohesion (being together for it) amongst family members. Implied in these findings is the need for family members to rally behind each other during times of crisis by offering social support and collectively dealing with the challenges that need to be faced. Family resilience studies are full of such terms as 'family solidarity' and 'cohesion', an observation which illustrates the importance attached to collective response to distressing situations (Oh & Chang, 2014). Collective responses to challenges allow the affected to make meaning of their situation, thus preparing them for similar challenges in the future.

The implication of these findings is that family resilience is enhanced if and when family members work in collaboration with one another, remaining united during the course of disturbance in order to effectively deal with challenges. Where these attributes are not present or available, families may collapse under the weight of adversity and experience heightened vulnerability. It can therefore be inferred that, in the context of serious challenges which have the potential to disrupt normal functioning, connectedness between and among members is a hallmark of resilience since it enables family

members to collectively rebuff challenges as and when they occur.

In trying to cope with adverse situations, families need both social and economic resources to help them navigate through their challenges. This is as true for CHHs as it is for traditional family structures. Regardless of their age, or whether they live alone or with other siblings, children living in CHHs can, and should, tap on their external support systems to help them weather the effects of whatever adverse situations they may be experiencing. It is on these sources that the next sub-section focuses.

### **3.4.3.3 Social and economic resources**

Social and economic resources are essential to the fostering of resilience in families, especially during periods of turbulence. This is particularly true of children living in CHHs: they, too, need supportive relationships through social and institutional policies and practices that foster their ability to thrive (Walsh, 2012).

CHH 'families' are not necessarily left without any support systems, albeit in the form of extended families, social network systems such as peers, friends, or neighbours and community groups or church congregants. School personnel, such as teachers and coaches of various sporting activities, constitute an important social support component for adolescents living in CHHs. Networks like these are known to provide different forms of support with a view to enhancing the resilience of adolescents living in CHHs (Walsh, 2012).

The social support systems available to adolescents living in CHHs are the lifeblood of their existence and, by implication, of their resilience. Not only do they provide social and emotional support, but they could also contribute to greater financial security to CHHs. Financial security is critical to the survival of CHHs, without which they will be unable to buy food, pay school fees or cover possible medical expenses.

In most CHHs, there is a persistent lack of financial resources, mostly due to the absence of parents (Mutambara, 2015; Motha & Frempong, 2014), but also because, for various reasons, the children themselves cannot be gainfully employed. Even so, many of these households survive, sometimes without any finances or supportive social



relationships. The question is, 'How do they do it?' It was mainly to find answers to this question that I embarked on this study.

### **3.4.3 COMMUNICATION AND PROBLEM SOLVING**

Communication, which is of critical importance to the effective conveying and clarifying of distressful situations in the household, should be direct, clear, specific, consistent and honest, allowing members to understand the nature of the crisis being experienced. Moreover, that it is important to keep communication processes open, allow free emotional expression and engage in collective problem-solving (Walsh, 2012). Creating an environment where problems, issues and hardships are subjected to collective brainstorming allows for the consideration of different options, resources as well as collaborative-problem solving and preparedness (Garfat & Bockern, 2010). Open collaborative discussion of issues not only promotes a sense of belonging, but also contributes to the mastery of skills required to tackle challenges. In short, a context conducive to an open discussion of events or situations empowers family members to view and use the tackling of challenges as a learning process (Garfat & Bockern, 2010).

It can therefore be inferred that the effectiveness of the overarching communication and problem-solving process in adverse situations depends on the presence or not of its three sub-constructs - clarity, open emotional expression and collaborative problem-solving. The key processes identified in this review do not operate independently of each other (Walsh, 2012). The three key processes and their underlying sub-constructs reciprocally influence and are influenced by one another, making them mutually inclusive and, therefore, synergistic in nature (Walsh, 2016). The specific contributions that each of these make to this key process are indicated in the three sub-sections which follow.

#### **3.4.3.1 Clear, consistent messages**

This sub-construct refers to the family's ability to send clear, direct, specific, consistent, and congruent messages about any situation affecting its members either verbally or by way of actions. Why is this necessary? What exactly is the role of clear communication in the event of a crisis?

In the first instance, clear communication ensures that every family member is fully

aware of and understands what is happening. Issues must therefore be explained as they appear, without exaggeration and without hiding anything. Critical to this phase is that emotions and painful feelings must not only be honestly and openly shared but that the expression of the whole range of feelings should be allowed, acknowledged, and respected (Walsh, 2012).

It is this kind of open communication which distinguishes resilient families from their less resilient counterparts (Oh & Chang, 2014). It is suggested that adolescents living in CHHs should, in trying to understand their situation, do the same (Walsh, 2012). Keeping one another informed about a given situation or development would ensure that all those forming part of the CHH concerned would be equally informed about the situation and would, therefore be able to make informed decisions.

#### **3.4.3.2 Open emotional expression**

Even though difficult situations are part of life, they could overwhelm individual family members and/or the entire family (Walsh, 2003). The presence of challenges in families could heighten misunderstandings, hatred and conflicts, especially if family members do not freely express their emotions. It is the family's responsibility to create a nurturing environment that allows children to express multiple emotions freely because the adoption of such an approach allows family members to accept and deal with challenges as part of a learning process (Garfat & Borkern, 2010).

#### **3.4.3.3 Collaborative problem-solving**

Problem-solving is a human attribute which must be practised by those facing challenges. Collaborative problem-solving, in particular, enables a family faced by a problem situation to organise and reorganise the problem in order to devise alternative ways of solving it. Collaborative problem-solving requires a proactive approach to impending challenges (Walsh, 2008). The ability to think of, and the willingness to listen to and consider alternative solutions to a problem ensures that every member of the family feels that his or her contribution matters, thus enabling the family as an entity to decide on a plan which involves and is acceptable to all its members (Oh & Chang, 2014).

Adolescents living in CHHs can employ the same approach to solving problems. Clearly communicating their own feelings, thoughts and perspectives and being resourceful and proactive in difficult situations is vital. This would not only help adolescents living in CHHs a better understanding of their situation, but might also enable them to take necessary and discernible steps towards coping with it (Walsh, 2012). Put differently, communication processes employed by adolescent secondary school learners living in CHHs could enable them to forge ahead with life and thrive in the face of adversity.

### **3.5 CONCLUSION**

The family resilience framework, resulting from the careful sifting of three decades of resilience research data collected in different contexts can be usefully applied to research studies on many family types, CHHs included. The key transactional, recursive and synergistic processes identified in the framework, viz. belief systems, organisational patterns, and communication and problem-solving can be used to explain how CHHs as family types could organise themselves in difficult situations.

Notwithstanding the fact that the theoretical framework is Eurocentric, it could easily be applied to resilience research in the Zimbabwean context because it accommodates different types of family arrangements in different cultural contexts, enabling them to tap into the key resilience processes. Since the framework is strength-based, it provides a positive and practical guide to intervention regardless of the confines of the culture of those affected. Even CHHs, although being a new type of family arrangement, have the potential to recover from the effect of adversity or seemingly insurmountable challenges as long as they are able to utilise appropriate key processes.

The research methodology I used in this study to investigate the processes which secondary school adolescents in CHHs use to overcome their life challenges and the factors contributing to their resilience is described in the next chapter.

## CHAPTER 4

### RESEARCH METHODOLOGY

#### 4.1. INTRODUCTION

In Chapter 3, I presented and reviewed the theoretical framework informing this study. In Chapter 4, I explain the research methodology and strategies used in the research process. I then present a justification of my decision to use an interpretivist epistemology and qualitative research as my methodological paradigm. I also describe my phenomenological research design as well as my data collection, analysis and interpretation procedures. Finally, I describe the quality criteria measures I took and the ethical imperatives to which I adhered during the entire research process. Table 4.1 outlines the research methodology and processes I followed.

**Table 4.1: Outline of research methodology**

Research question	Which resilience processes do adolescent secondary school learners living in CHHs employ?	
Sub-questions	<ul style="list-style-type: none"> <li>• Which risk factors do adolescent secondary school learners living in CHHs associate with their family situation?</li> <li>• Which resources or protective factors do adolescent secondary school learners living in CHHs require?</li> <li>• How do adolescent secondary school learners living in CHHs cope with life in their households?</li> <li>• How do adolescent secondary school learners living in CHHs deal with the educational challenges they face?</li> </ul>	
Epistemological paradigm	Interpretivism	
Methodological paradigm	Qualitative approach	
Research design	Phenomenological design	
Selection of participants	Purposive sampling	<ul style="list-style-type: none"> <li>• Purposive sampling with help from school head and teachers identify participants in the age range 14-17 years</li> </ul>
Data collection and documentation	<ul style="list-style-type: none"> <li>• In-depth interviews</li> <li>• Focus group discussions</li> <li>• (FGDs)</li> </ul>	<ul style="list-style-type: none"> <li>• Verbatim statements of audio recordings made during interviews and FGDs</li> </ul>

Data analysis	Thematic analysis/ Interpretive phenomenological Analysis (IPA)
Ethical considerations	<ul style="list-style-type: none"> <li>• Informed consent/assent</li> <li>• Confidentiality and anonymity</li> <li>• Protection of participants from harm</li> <li>• Reflexivity</li> </ul>
Quality criteria of the study	<ul style="list-style-type: none"> <li>• Credibility - prolonged engagement in the field; peer review.</li> <li>• Dependability - audit trail and crystallization.</li> <li>• Transferability - thick description, purposive sampling.</li> <li>• Confirmability - crystallization and reflexivity</li> <li>• Authenticity - member checking and audit trail.</li> </ul>

#### 4.2. ROLE OF THE RESEARCHER

The success of qualitative research is dependent on the researcher as an instrument. Whereas in quantitative research the researcher's role is almost insignificant, this is different in qualitative research (Pettigrew, 2012). In qualitative research, the researcher is an instrument through which data are mediated hence, without the human instrument qualitative research is impossible. This attribute is unlike quantitative research where data collection can proceed in the absence of the researcher, with participants completing questionnaires or inventories without researcher mediation (Xu & Storr, 2012).

To fulfil the instrumental role in qualitative research, I kept a research diary in which I wrote notes about my personal observations, reactions and reflections on the behaviour of participants and the research context during data collection. Furthermore, to gain deeper understanding of participants, I used probing questions which became the basis for further probing of participants' experiences of living in CHHs (Barrett, 2007). I deliberately set aside my preconceived ideas about what life was like living in child-only households; taking cognisance of the fact that individual CHHs are different hence the uniqueness of each participant in the study had to be respected. Bearing this in mind, I allowed each participant to independently tell their stories about their experiences of living in CHHs. Thus, I treated each participant as an experiential expert who had knowledge about the phenomenon under investigation (Eatough & Smith, 2017).

### **4.3 EPISTEMOLOGICAL PARADIGM-INTERPRETIVISM**

Interpretive research is a research paradigm based on the notion that social reality is multiple and subjective and is therefore shaped by experiences and social contexts in which people live (Bhattacharjee, 2012). To understand these subjective experiences, human beings are studied within the natural contexts in which they experience the phenomenon under investigation by bringing together the unique and individual interpretations for various participants.

The emphasis in interpretivist research is to understand rather than explain phenomena. In view of this, Phothongsunan (2010) explains that, interpretive researchers are aware that objective reality does not exist in qualitative research, that they are part of the research as meaning-makers, sharing the research process with other meaning makers who, in this case, are participants. Interpretive engagement results in co-construction of meaning between the researcher and participants (Chan et al., 2016; Phothongsunan, 2010).

Interpretive researchers perceive social reality as enmeshed within and difficult to extricate from its socio-historic context (Bhattacharjee, 2012). This is in stark contrast with positivist researchers who view social reality as independent of the social context. Thus, whereas positivist researchers make use of objective measures, interpretivist researchers engage in a sense-making process, viewing reality through “a series of individual eyes” (Chan & Farmer, 2017, p. 285). Focusing on people’s subjective experiences as they construct and share meanings of the social world, interpretivist researchers interpret the reality they are investigating.

The interpretivist movement, often referred to as anti-positivist or naturalistic inquiry (Chan et al., 2016), evolved as a reaction to the positivist paradigm (Mack, 2010). Informing the latter is the view that the acquisition of genuine knowledge is only possible through sense observation and experimentation (Cohen, Manion & Morrison, 2007). Interpretivism is also sometimes referred to as constructivism, owing to its emphasis on the ability of humans to construct meaning of their experience of phenomena (Mack, 2010).

The interpretivist paradigm is strongly influenced by phenomenology and hermeneutics (Mack, 2010). Whereas hermeneutics is concerned with meaning-making and

interpretation, the focus of phenomenology is on the critical role that subjectivity plays in the interpretation of human experiences (Chan et al., 2016). The interpretive paradigm rests on the assumption that reality is varied and multiple, hence people’s perceptions of the same phenomenon could be very different. It follows that a single phenomenon would lend itself to several interpretations (Chan et al., 2016). Put somewhat differently, reality, through the eyes of an interpretivist researcher is neither absolute nor objective: it is subjective and multi-layered (Chan et al., 2016), seen “through the eyes of different participants” (Cohen et al., 2007, p. 19). In accepting several viewpoints, interpretivist researchers signal their position about reality, namely that the same natural phenomenon is liable to different interpretations in different spatial and temporal contexts (Reshetnikov & Kurowska, 2017). This gives them an in-depth and detailed understanding of a phenomenon (Morehouse, 2011). The ontological and epistemological assumptions on which the interpretivist paradigm is based are summarised in the Table 4.2, which follows.

**Table 4.2: Ontological and epistemological assumptions of the interpretivist paradigm**

ONTOLOGICAL ASSUMPTIONS	EPISTEMOLOGICAL ASSUMPTIONS
<ul style="list-style-type: none"> <li>• Reality is indirectly constructed, based on individual interpretation, and is subjective.</li> <li>• People interpret and make their own meanings of events.</li> <li>• Events are distinctive and cannot be generalised.</li> <li>• There are multiple perspectives on one incident.</li> <li>• Causation in social sciences is determined by interpreting meaning and symbols.</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge is gained through a strategy that respects the differences between people and objects of natural sciences and therefore requires the social scientists to grasp the subjective meaning of social action.</li> <li>• Knowledge is gained inductively to create theory.</li> <li>• Knowledge arises from particular situations and is not reducible to simplistic interpretation.</li> <li>• Knowledge is gained through personal experience.</li> </ul>

Source: Adapted from Mack, 2010, p. 8

### 4.3.1 Philosophical assumptions of interpretivist research

It must be noted that all research subscribing to either the positivist or interpretivist paradigm is founded on some specific philosophical underpinnings. Each research

tradition is informed by its own distinct philosophical assumptions (Carnaghan, 2013; Reshetnikov & Kurowska, 2017); hence, as argued by Schwartz-Shea and Yanow (2013), philosophical assumptions guide and shape the research design. By implication, when a researcher undertakes a study, he or she is in essence subscribing to the underlying philosophical assumptions of that research tradition, whether positivist or interpretivist (Carnaghan, 2013).

#### **4.3.2 Positivist research assumptions**

Positivist researchers are guided by their own unique philosophical assumptions which differ profoundly from what interpretivist researchers use. Positivists subscribe to the view that true scientific knowledge is gained through the senses; hence plausible research should satisfy criteria set in the natural sciences, such as objectivity and replicability (Reshetnikov & Kurowska, 2017; Creswell, 2013). One of the assumptions informing positivist research is that social reality should be stable to allow for the replicability and generalisability of findings to other settings and contexts. Yet another assumption is that the researcher, whose aim is to minimise bias and obtain objectivity if procedures of the natural sciences are strictly followed, is an external observer of phenomena (Phothongsunan, 2010).

#### **4.3.3 Interpretivist research assumptions**

The positivist assumptions are refuted by Schwartz-Shea and Yanow (2013) who argue that their criteria of objectivity and replicability do not apply to social reality because it differs from the natural world in many ways. Interpretivists are not overly concerned with issues of generalisability, but seek to attach meaning that is grounded in participants' voices to a particular phenomenon (Chan et al., 2016).

For qualitative researchers, reality is viewed through multiple lenses; hence multiple forms of evidence are explored from different individual perspectives and experiences (Thanh & Thanh, 2015; Carnaghan, 2013; Creswell, 2013). Qualitative researchers conducting studies which are phenomenological in nature report on these multi-layered "truths" by using individual participants' actual words as data (Moustakas, 1994). In this study, I adopted a phenomenological design, sampling 14 participants from whom I



obtained different views on their experiences of living in CHHs. Since my research participants were the people experiencing the phenomenon and knew exactly what it was like to live the phenomenon under investigation I treated them as experts.

Conducting qualitative research entails interacting with, and getting as close to the research participants as possible to understand the meaning they attach to a phenomenon thus stepping into shoes of participants and getting empathic understanding of participants (Kreiner, Hollensbe & Sheep, 2009). The epistemological assumption of interpretive research relates to how researchers gain knowledge of something (how researchers know what they should know). Thus, in order to learn as much as possible about participants' experiences, researchers are urged to conduct their studies in the field where the participants are contextually embedded (Lincoln, Lynhan & Guba, 2011). Furthermore, researchers are advised to stay in the field for a considerable amount of time with participants thus maximising on bridging the distance between the researcher and the researched. In order to understand participants' experiences of living in CHHs, I conducted individual face to face interviews with participants at their school where they felt safe and secure to participate freely.

The aim of interpretive research is to make meaning of what participants are saying. To this purpose, researchers engage in an interpretative process of participants' experiences (Schwartz-Shea & Yanow, 2013). Axiologically speaking, the investigation may be influenced by the researcher's personal values (Creswell, 2013). Qualitative researchers could therefore base their research on certain assumptions or presumptions which are likely to affect the way they interpret data and result in a biased reporting of issues (Chan et al., 2016). To prevent, or at least minimise this possibility, qualitative researchers are therefore obliged to declare and make known these values in their research reports (Carnaghan, 2013).

My study is inductive, emerging and resulting from my experience as researcher as I collected and analysed data (Creswell, 2013). Since the adopted methodology must conform and speak to the philosophical assumptions of qualitative research, I used interpretative data collection and analysis methods in accordance with my choice of a phenomenological design. Phenomenological, semi-structured interviews and focus

group discussions were used to collect data and used interpretative phenomenological analysis (IPA) to analyse these.

#### **4.4 Methodological Paradigm- Qualitative Approach**

This study is guided by a qualitative approach. Qualitative research uses interpretive approaches for the study of social phenomena (Saldana, 2011). Defining qualitative research is not an easy task because there are no methods exclusively belonging to it (Ritchie, Lewis, Nicholls & Ormston, 2013; Denzin & Lincoln, 2011; Yin, 2011). Within the broad spectrum of qualitative research, there are a number of qualitative research approaches, included amongst these being ethnography, phenomenology and symbolic interactionism (Chan et al., 2016).

Qualitative research is research that does not use any statistical measures or other forms of quantification (Rahman, 2017). Other authors define qualitative research as research that gives meaning to the information that participants bring to research (Masood & Newton, 2010). There is, however, a general consensus amongst researchers that qualitative research emphasises understanding of social phenomena as it unfolds in its natural world, with people (research participants in this case) using their own language to share their experiences (Rahman, 2017; Nziyane & Alpaslan, 2012; Masood & Newton, 2010). In addition, Rahman (2017) points out that, qualitative research does not depend on a single reality; rather, it adopts multiple perspectives which are all taken as 'truths, with everything that is said having value and nothing being taken for granted. It does not use objective and 'stable' statistical methods to explain social phenomena as quantitative research does (Masood & Newton, 2010).

The most profound characteristic of qualitative research is its ability to describe phenomena while seeking to understand what participants say and do. It is not concerned with the generalisation of findings to other populations but studies phenomena to understand them in detail (Masood & Newton, 2017). In addition, Mack, Woodsong, MacQueen, Guest, Namey (2012) indicate that qualitative research employs open-ended questions which function as probes to allow participants to respond in their own ways while Mack et al. (2012) attest that meaningful and culturally salient, rich and explanatory responses can be solicited through the use of qualitative research methods.

The flexibility of the researcher to probe and pursue emerging and interesting threads of thinking from participants is the preserve of qualitative research; a characteristic quantitative method is devoid of (Mack et al., 2012). The greatest value of qualitative research is its ability to expose the 'humanness' of an issue, something which is critical to gaining the essence(s) of a phenomenon as it is experienced by people. Quantitative research, on the other hand, is preoccupied with issues of generalisability (Hennink, Hurtey & Bailey, 2012). Contrary to quantitative research, qualitative research is sensitive to and respects many ways of interpreting human experiences and events, hence its use of multiple data collection methods (Yin, 2011).

A qualitative research approach permits researchers to identify issues from the viewpoints of participants, enabling researchers to understand the meanings and interpretations that the participants attribute to behaviour, events or objects (Hennink et al., 2012). The purpose of qualitative research is to explore and describe phenomena as they unfold in their natural contexts by providing rich and complex textual descriptions of participants' experiences of these phenomena (Nziyane & Alpaslan, 2012; Mack et al., 2012). I took advantage of the explorative and descriptive nature of qualitative research to explore and describe the resilience processes used in CHHs. Given qualitative researchers' concern with the generation of rich data obtained from purposively selected participants experiencing the phenomenon under investigation, I made use of purposive sampling, a non-probability sampling technique to select participants who were experiencing the phenomenon of living in CHHs (Nziyane & Alpaslan, 2012). I regarded the purposively sampled participants as experts who had knowledge about what it meant to live in CHHs and was best able to share their experiences regarding the issue as the data collection requires an in-depth study of human experience (Eddles-Hirsch, 2015).

Qualitative research enables researchers to analyse the experiences of individuals or a group of people under study (Silverman, 2013). The main goal in qualitative research is to unpack how people construct and make sense of their experiences in an insightful manner (Nziyane & Alpaslan, 2012; Barbour, 2007). In my study, the purpose was to make sense of the resilience of adolescent secondary school learners living in CHHs in Chinhoyi, Zimbabwe, the emphasis being on getting the emic view of situations and events by exploring and describing how the phenomenon is interpreted by those who

were experiencing it. The adoption of a qualitative research approach allowed me to capture participants' viewpoints and to provide vivid descriptions of the contextual and environmental conditions within which participants lived, an attribute which other methods have difficulties satisfying (Yin, 2011). The trustworthiness of qualitative research findings is affirmed by the triangulation of data sources and methods (Yin, 2011). To this purpose, I triangulated data collected from interviews, focus group discussions, notes and observations jotted down in my research diary.

Finally, I adopted the qualitative research approach because of its sensitivity to interpretivist research benchmarks. Being sensitive to a people's social, political, economic and cultural context, qualitative research enables contextually nuanced interpretations of the phenomena under study (Rahman, 2017; Chan et al., 2016). Qualitative research approaches are exploratory and descriptive in nature, with interpretation based on research participants' lived experiences rather than on measured facts and truths as is the case in quantitative approaches (Creswell, 2013). The use of its multiple methods of data collection enables methodological triangulation which, in turn, increases trustworthiness of research findings. I used qualitative methods to uncover the inner meanings which participants attached to their lived experiences in CHHs. This helped me to understand how it felt to live in CHHs as well as to explore and describe the participants' resilience processes in this regard.

#### **4.5 DEFINING RESEARCH DESIGN**

Issues of life as experienced by individuals and/or groups are best investigated by interacting with these individuals in their natural settings. The research design which best lends itself to such interaction is a phenomenological one (Nziyane & Alpaslan, 2012). Also, since the features of phenomenological research designs are consistent with those of qualitative research, I regarded it as particularly appropriate to my study (Creswell, 2014).

A research design is defined as a strategy used to conduct research (Denzin & Lincoln, 2011). It is also referred to as a well thought out, overarching plan for collecting, measuring and analysing research data (Gray, 2014). Other authors have called it a blueprint or detailed plan, structure and strategy which enables the investigator to get

answers to the phenomenon being investigated in a study (Cauvery, Sudha-Nayak & Girija, 2016; Punch, 2014). Yet for others, it is termed a road map that guides investigators through the entire research process (Taylor, Bogdan & DeVault, 2016; Kumar, 2014). Implied in all of these definitions is the suggestion that a research design directs the researcher through the entire research process - sampling of participants, data collection, data analysis and reporting procedures - towards the achievement of the research purpose (Creswell, 2014; Bryman, 2012; Punch, 2012).

While the research design informs or directs the investigator about the processes and procedures to follow throughout the entire research journey, a qualitative research design is not a final blueprint; rather, it evolves as the study progresses (Muchenje, 2014). This implies that, the researcher has to remain sensitive, open and responsive to any changes that may occur during the qualitative research process, making adjustments in accordance with the unfolding of the study (Lewis, 2008).

#### **4.5.1 Phenomenological research design**

Phenomenology belongs to epistemology, a branch of philosophy dedicated to the study of knowledge (Cox, 2010). The purpose of phenomenology is, therefore, to describe phenomena as they manifest in order to understand them. Such understanding emerges from the execution of two functions – *epoche* and *eidetic intuition* (Cox, 2010).

*Epoche* (Greek word meaning to ‘stop’ or ‘hold back’), as applied to research, requires phenomenological reduction which is achieved by ‘bracketing’. Bracketing is a process by means of which researchers ‘suspend’ the desire to make judgments and presuppositions about the phenomena they are studying so that they can view these without any preconceived ideas (Gray, 2014). This process allows phenomena to manifest and speak for themselves in an unadulterated form (Cox, 2010). *Epoche* having been achieved, *eidetic* intuition has to be applied because it allows the researcher to uncover the meaning of phenomena.

Used in this way, the combination of *epoche* and *eidetic intuition* not only presents the researcher with an objective picture of the phenomenon under scrutiny, but enables him or her to view it holistically (Cox, 2010). In disagreement, Heidegger (1927) cited in Horrigan-Kelly, Millar and Dowling (2016) argues that, undistorted truth cannot be

guaranteed by human interpretation. The thinking is that, because humans—researchers included - bring their own experiences and assumptions into their attempts to understand a phenomenon of interest through interpretative engagement (Chan et al., 2016; Gray, 2014). By implication, phenomena cannot be understood from description alone: it also requires an interpretation of participants' experiences (Bradbury-Jones, Sambrook & Irvine, 2009).

Informed by these interpretations as well as by the unique characteristics of interpretive qualitative research, I adopted a phenomenological research design which is the brainchild of Edmund Husserl (1859-1938) (Smith & Osborn, 2015; Piekiewicz & Smith, 2014; Cox, 2010). Phenomenology reflects a mix of research approaches derived from philosophy and psychology which allows the researcher to give a description of the lived experiences of individuals being researched (Creswell, 2014). Given this flexibility, I regarded a phenomenological design to be particularly appropriate to the exploration and description of resilience processes used in CHHs, which was the purpose of my study.

#### **4.6 SELECTION OF PARTICIPANTS**

While qualitative researchers are not in agreement as to what should constitute a sample in qualitative research, there appears to be a general agreement among them that small samples are more appropriate to the collection of data for the in-depth study of human experience (Eddles-Hirsch, 2015). Small samples of participants who share similar experiences are purposively chosen in most Interpretative Phenomenological Analysis (IPA) studies (Noon & Hallan, 2017; Chan & Farmer, 2017; Eddles-Hirsch, 2015; Smith & Osborn, 2008; Brocki & Wearden, 2006). Participants' knowledge of the phenomenon being researched is a key factor to consider when doing phenomenological research (Thanh & Thanh, 2015; Padilla-Diaz, 2015; Pietkiewicz & Smith, 2014). Phenomenological samples should as far as possible, reflect homogeneity since this enables researchers to interrogate a phenomenon as collectively shared by a particular group (Clarke, 2009).

Representativeness is not a requirement in qualitative research sampling (Abrams, 2010). The most critical thing in qualitative phenomenological studies is not representativeness or generalization, but careful analysis of cases (Smith & Osborn,

2015). Qualitative research is not about quantity but quality, thus, small samples are consistent with the execution of an in-depth study of participants' experiences (Noon & Hallan, 2017; Eddles-Hirsch, 2015).

Following the phenomenological tradition, I selected participants who were experiencing the phenomenon under investigation through purposive sampling (Eddles-Hirsch, 2015; Larkin & Thompson, 2012; Smith et al., 2009). Purposive sampling entails the selection by the investigator of individuals and sites that can purposefully inform an understanding of the research problem and the central phenomenon in the study (Padilla-Diaz, 2015; Creswell, 2007). Purposively selected samples consist of participants who, because of their knowledge of the phenomenon being investigated, could significantly contribute to the achievement of the purpose of the study (Babbie, 2013). The primary consideration in purposive sampling is the judgment of the researcher as to who can provide the best information to achieve the objectives of the study (Chan & Farmer, 2017; Kumar, 2005). It is from such information-rich informants that the researcher can learn most about the phenomenon being investigated (Pillay & Nesengani, 2009).

Since the participants in my study were adolescents living in CHHs, I purposefully selected only those who were living and experiencing the phenomenon. In accordance with the qualitative research focus on the richness of data, I selected a small number of participants whose experiences could yield such data (Noon & Hallan, 2017; Durrheim, 2006). In doing so, I also adhered to the qualitative phenomenological principle of understanding a small number of participants' experiences of a particular phenomenon instead of trying to test a preconceived hypothesis on a larger sample as does quantitative research (Durrheim, 2006; Reid, Flowers & Larkin, 2005). While qualitative phenomenological studies emphasise use of small samples, there is need to recruit a sufficient number of participants from whom a lot can be learnt so that different experiences of a phenomenon are provided (Moustakas, 1994). Informed by this requirement, I purposively selected a sample (n=14) participants who were living in CHHs, it being an integral part their life experiences and were willing to participate in the study (Chan & Farmer, 2017; Cohen, Manion & Morrison, 2007). In addition to these two considerations, selected participants had to be younger than 18 and still attending high school (Form 1-6).

## **4.7 DATA COLLECTION METHODS**

Data collection in qualitative phenomenological research studies involves using different but complementary methods. The most frequently used data collection method is the semi-structured interview (Eddles-Hirsch, 2015; Padilla-Diaz, 2015; Clarke, 2009). This is followed by focus group discussions, diaries and online methods (Smith & Eatough, 2006). For my phenomenological qualitative study, I used semi-structured interviews and focus group as data collection methods in addition to a diary in which I wrote notes on observation I made throughout the research process.

All research methods are informed by distinct philosophical underpinnings which determine data collection and interpretation procedures (Knox & Burkard, 2009). The 21<sup>st</sup> century research has witnessed a paradigm shift from positivist and post-positivist philosophical orientations to constructivist-interpretivist worldviews (Charmaz, 2005). This shift has compelled researchers to work with participants towards an understanding of the phenomenon under study rather than using participants as research subjects. To satisfy this requirement, qualitative researchers make use of interviews which enable them to engage in dialogue with participants allowing for and gaining an in-depth understanding of their experiences.

As a research method, the interview belongs to the qualitative phenomenological research family and is commonly used in qualitative data collection (Alase, 2017; Jones, 2016; Padilla-Diaz, 2015). Researchers can use a variety of interviews forms which are differentiated by their level of structure. I now turn to identify and describe these different forms of qualitative interviews on the basis of their level of structure. I used interviews in this qualitative study because they generate quality data, the hallmark of qualitative research (Bullock, 2016; Terry, Hayfield, Clarke & Braun, 2014).

### **4.7.1 Defining Interview**

An interview is a verbal interaction between one person (the interviewer) and another (the interviewee) with a view to obtaining information which will help the researcher to gain an understanding of the experiences of the interviewee (Rowley, 2012). The form that the interview takes is typically determined by the way in which it is structured (Rowley, 2012) but basically social scientists use three types of interviews- structured,



unstructured, and semi-structured (Alshenqeeti, 2014; Edwards & Holland, 2013; Qu & Dumay, 2013).

#### **4.7.1.1 Structured interview**

A structured interview generally consists of a few pre-determined questions which are asked in the same order for all the participants taking part in the study (Rowley, 2012). Since it is 'structured', this kind of interview is rigid and fixed; it lacks flexibility because questions are asked in exactly the same way and in the same order. Such rigidity is likened to the way questionnaires are responded to, except that in the case of the interview, the interviewer controls data collection, thus ensuring a response rate which is higher than that of questionnaires given that their return is determined by participants rather than researchers (Rowley, 2012). The advantages of using structured interviews are that researchers have control of data gathering, the reliability of data is high since all participants are subjected to the same format, and data are collected speedily and efficiently (Smith & Osborn, 2010). Structured interviews are predominantly used by quantitative researchers because it elicits quick and short answers to predetermined questions (Alshenqeeti, 2014).

#### **4.7.1.2 Unstructured interview**

The unstructured interview differs profoundly from the structured format. It is characterised by greater flexibility as regards data collection, primarily because the interviewer is at liberty to probe, ask for elaboration, seek clarity and, follow up interesting and emerging strands of thinking as data collection proceeds (Dornyei, 2007). The researcher encourages interviewees to discuss a given topic or theme with him or her, adapting questions in relation to what is emerging from participants' responses (Bryman, 2012). By implication, unstructured interviews demand great skill and experience from the researcher because they generate data that may be difficult to analyse (Rowley, 2012).

#### **4.7.1.3 Semi-structured interviews**

Semi-structured interviews consist of an interview schedule comprising a list of questions which is used flexibly (Bullock, 2016; Edwards & Holland, 2013; Rubin &

Rubin, 2012). The purpose of the list is to ensure that the interviewer retains his or her focus on the purpose of study, but follow up questions are based on participants' responses. While all the questions should ideally be asked to all participants, they need not be asked in the same order hence the flexibility of semi-structured interviews. The advantages of and suitability to qualitative research, of a semi-structured interview, is that: It facilitates rapport, allows greater flexibility of coverage and allows interview to go into novel areas, and it tends to produce richer data (Smith & Osborn, 2010).

Semi-structured interviews are commonly used in qualitative research because they allow both the researcher and the participants to engage in a dialogue that permits probing of emerging and interesting strands of ideas (Rowley, 2012; Smith & Osborn, 2010). Depth of data is achieved through probes which elicit further elaboration to gain understanding of salient issues raised by participants. When probes are used during data collection, participants' responses can be expanded upon allowing for deeper understanding of participants' experiences of the phenomenon under investigation.

Implied in the above are advantages as well as disadvantages to the use of semi-structured interviews. In using this method as the main data gathering method, I was mindful of both but used semi-structured interviews because they speak to the qualitative nature of this study, the purpose of which was to explore and describe adolescent secondary school learners' experiences of living in CHHs.

#### **4.7.1.4 Rationale for using semi- structured interviews**

Qualitative researchers should use data collection methods that "invite participants to offer a rich, detailed, first-person account of their experiences" (Smith, Flowers & Larkin (2009, p. 56). In this study, I used semi-structured interviews as my primary data collection method not only because of the advantages mentioned earlier, but also because they had the potential to generate sufficient rich, in-depth data from a relatively small sample of participants involved (Eddles-Hirsch, 2015; Padilla-Diaz, 2015).

In using this interview method, I also took a leaf from Blaxter, Hughes and Tight (2006) who recommend the use of semi-structured interviews for the potential they have to uncover information not easily accessible by other methods, such as questionnaires.

Another reason for my choice of semi-structured interviews was that they went beyond being a simple research tool to naturally enabling interaction between and among people. I exploited this natural attribute, allowing my participants to talk like they do in everyday situations in order for me to understand the phenomenon as experienced by the participants themselves (Qu & Dumay, 2013).

The major focus of the phenomenological interview is describing the meanings of phenomena (Rubin & Rubin, 2012). Since events are not always observable, talking to people experiencing the phenomenon is the best way of obtaining information in their natural settings (Alshenqeeti, 2014; Qu & Dumay, 2013). In view of the purpose of this study, I found semi-structured interviews the most appropriate primary method of collecting data because it lends itself particularly well to the exploration of people's inner feelings and attitudes about a phenomenon (Dilshad & Latif, 2013). In using semi-structured interviews, I was able to rephrase, follow threads of interesting and emerging strands of thinking and accordingly adjust my questioning to dig deeper into participants' inner world of living in CHHs.

Taking Dornyei's (2007) advice to audio-tape record the interviews, with permission of the participants of course, allowed me to accurately capture information encapsulated in the responses given by participants as opposed to writing down notes which could result in missing some critical data. Additionally, using a recording device gave me enough time to concentrate on reading social cues, such as the voice intonation and body language of participants, these being important sources of valuable research data (Opdenakker, 2006). Participants' facial expressions, gestures and other para-verbal communications enrich the meaning of the spoken word which I recorded in my field diary (Knox & Burkard, 2009).

Finally, I preferred semi-structured interview for collecting data over other methods because of its ability to uncover information which other methods such as questionnaires cannot (Wellington & Szczerbinski, 2007). It allowed me to probe and prompt participants' line of thinking, views, feelings and perspectives and obtained valuable information which could not be accessed by document analysis as data collection method (Babbie, 2013; Wellington & Szczerbinski, 2007).

#### **4.7.2 Focus group discussions (FGDs)**

A focus group discussion is a method of collecting qualitative data from multiple participants at the same time (Braun & Clarke, 2014; Kumar, 2014). Also called a group interview, a focus group discussion is essentially a qualitative method that uses interactions among participants as a source of data (Leedy & Ormrod, 2015; Braun & Clarke, 2014; Babbie, 2013; Qu & Dumay, 2013; Willig, 2009). Being a qualitative method, it utilises semi-structured or unstructured interviews and allows the researcher as moderator to guide participants' discussion among themselves (Babbie, 2013).

As a qualitative data gathering method, focus groups give participants who share some common experience regarding a situation like is the case with adolescents living in CHHs, the opportunity to share their diverse opinions and perspectives on a topic (Kumar, 2014). Furthermore, a focus group provides a setting that is less artificial than the one to one interview, resulting in gathering rich data that is insightful and informative (Qu & Dumay, 2013; Willig, 2009). The advantage of using focus groups is that they are naturalistic; participants talk like they do in everyday conversational situations and have a chance to learn how others feel, think, and react to issues on experiences on some topic or theme (Finch et al., 2014). Succinctly captured by Hess (2012), the advantages of focus group interaction are synergism, snowballing, stimulation, security, and spontaneity. Data produced through this method are considered rich in detail that is unusually possible with other research methods. Furthermore, focus groups have the ability to generate a wide spectrum of data in comparison with other data gathering methods such as face to face interviews (Marshall & Rossman, 2010). This does not imply that interviews are not important; they are in their own right. Being a qualitative phenomenological method of data collection, focus group fits very well into this qualitative study of exploring resilience processes in CHHs as they have the capacity to generate rich and informative data for the researcher (Leedy & Ormrod, 2015; Kumar, 2014).

Where focus groups are employed, the qualitative researcher purposively selects participants who possess certain characteristics in common (Leedy & Ormrod, 2015; Dilshad & Latif, 2013; Benavides, 2012). It is a research technique that is used to generate data through interaction by a relatively homogenous group who discuss issues

or themes posed by the researcher (Flick, 2014; Bagnoli & Clarke, 2010; Descombe, 2010). Being inherently participatory in nature, focus groups are capable of generating detailed information on a topic such as adolescents' experiences of living in CHHs (Winlow, Simm, Marvell & Schaaf, 2013). I exploited the participatory attribute of focus groups by using focus group discussions as a method of data collection in this study. Since focus groups rely on the interaction of group members, the method is collectivistic in nature: the data generated does not belong to individual participants but to the group (Dilshad & Latif, 2013; Bagnoli & Clarke, 2010). Participants generate data by revealing multiple perspectives through group members' interaction as they question and debate issues with each other rather than interacting with the researcher (Bagnoli & Clarke, 2010). In this regard, focus groups effectively tap into multiple realities of people's experiences that often provide researchers with "tiny glimpses of the world" they would not normally experience (Winlow et al., 2013, p. 300).

My decision to employ focus group discussions in this study resulted in the generation of minor but salient issues about adolescent secondary school learners' perceptions on, feelings and emotions about and experiences of living in CHHs. Since all of these were expressed in the participants' own words (Nziyane & Alpaslan, 2012; Liamputtong, 2011), my use of focus group gave participants a 'voice', the opportunity to share their views with regard to their experiences of living in CHHs (Liamputtong, 2011; Barbour, 2007).

Acting on the advice that the familiarity of the environment is paramount when engaging school children as participants in research, I conducted my focus group interviews at the participants' school since it was a familiar environment which offered them a sense of security to interact freely (Liamputtong, 2011; Patton, 2002). I also considered accessibility of participants as it was easy to invite them from within the school to participate in the focus group. The focus group discussion was conducted after school hours as agreed to avoid disturbing participants' learning. Prior to engaging the participants, I asked for their permission to tape-record the discussion (Liamputtong, 2011).

Focus group discussions generate extensive qualitative data, hence the suggestion that no more than six participants should be involved (Willig, 2009). Other suggestions were of using between 5 and 15 (Babbie, 2013) or 6 and 8 discussants (Finch, Lewis &

Turley, 2014). Regardless of lack of consensus on the exact number of participants that ideally should constitute a focus group, it is clear that focus groups should be reasonably and manageably small and that the exact number of participants would be determined by the research purpose. Morgan (2013) cautions against the use of large focus groups because of the possibility of participants engaging in multiple conversations which may be unrelated to the intended focus of the discussion, thereby derailing the research focus. Thus, I used a small focus group because large groups are difficult to control (Morgan, 2013).

Bearing these considerations in mind, I decided to use a sample (n=6) participants the group size being small enough to manage but large enough to generate sufficient information to enhance my understanding of the resilience processes used by those experiencing the phenomenon (Alase, 2017). I managed to get these 6 participants because they were off session (not attending lessons at that time) on the day I was doing focus group discussion. The other 8 were in session and I could not disturb their learning. The 6 focus group participants were selected on the basis of their availability and are identifiable in Table 5.1. In using a small focus group, I embraced Morgan's (2013) advice that focus groups must be relatively small and homogenous enough to yield diverse data. As Onwuegbuzie, Dickinson, Leech and Zoran (2009) point out, large groups often overshadow and stifle other participants who may want to participate hence the use of only 6 participants in focus group in this study.

I conducted one focus group discussion only, thus mitigating the disadvantages while at the same time maximising the advantages of focus group discussions. Mindful of my role as researcher, I kept the discussion focused on the topic concerned, encouraging participants to collectively contribute to the discussion rather than allowing a few individuals to dominate these (Liamputtong, 2011). In doing so, I mitigated bias and inconsistency (Roller, 2017). The focus group discussion was conducted after all in-depth interviews were completed.

### **4.7.3 Field notes**

Field notes, referred to as scratch notes in the 1990s, have always been used in qualitative research (Emmerson, Fretz, & Shaw, 2011). Until in the 1980s, field notes

were regarded as researchers' private notes; since then they have come to be regarded as sources of research data. Field notes are critical to the building of thick and rich descriptions of the study context, encounters, interviews and focus group deliberations in qualitative research (Phillippi & Lauderdale, 2017). Throughout the data collection process, I jotted down notes about participants' behaviour, including non-verbal behaviour. Participants' profiles were captured in my research diary during the course of the research study (Hamilton & Corbett-Whittier, 2013), enabling me to later write vivid, rich and thick descriptions of their behaviour, feelings, thoughts and attitudes (Phillippi & Lauderdale, 2017). Also included in my research diary was additional contextual information about physical settings and incidents occurring during the research process. Including these in my report enabled me to transport readers to the research context thus facilitating their understanding of research participants and the means they used to cope with their situation.

Field notes, like interview or focus group data, lend themselves to analysis and interpretation thus yielding valuable insights not accessible through other data collection methods (Phillippi & Lauderdale, 2017). Researchers are currently urged to keep and use field notes (Woll, 2013). In addition, field notes have fewer recall errors than other methods of data collection such as questionnaires; hence their inclusion as data could be seen as a means of adding rigour to qualitative research processes (Creswell, 2013; Mulhall, 2003). Allied to this is the fact that the keeping of field notes reduces the time researchers have to spend on retrospection, trying to remember what happened in the time lapsing between an experience and its accounting. The observational short notes which I jotted enabled me to remember what transpired during interview and focus group discussion enabling me to expand collected notes into narratives after every encounter with participants (Phillippi & Lauderdale, 2017). I was mindful not to lose focus and concentration on the topic under discussion during note-taking, since maintaining engagement with participants is critical to the capturing of vital data as it is played out by participants during interviews and focus group discussions (Phillippi & Lauderdale, 2017). Since verbal data were audio-taped, the focus of my note-taking was on participants' reactions and non-verbal messages and the emergence of unexpected themes and/or other subtle issues during my interaction with participants and as participants interacted amongst themselves.

#### 4.8 DATA COLLECTION PROCEDURE

Prior to data collection, I obtained approval to conduct the research study from the University of Pretoria, Faculty of Education Ethics Committee (See Ethical Clearance Certificate). To collect data in schools, I obtained permission from the Ministry of Primary and Secondary Education, Zimbabwe. I also obtained permission from the Provincial Education Director, Mashonaland West Province, as well as the District Education Office under which the research site fell (See Appendices). At each level I was given a letter granting me permission to proceed with the study.

It was due to these permission-granting letters that I was granted access to the research site. The school head (at the research site) tasked two senior staff members to assist me in identifying potential study participants. These senior teachers used school data base of vulnerable students to identify adolescents living in CHHs, eighteen of whom initially indicated their willingness to participate in the study. However, two of the participants did not to turn up on the day when I explained the purpose of my study. Another two fell by the way side prior to data collection, effectively remaining with 14 participants.

Informed consent to involve these learners in my study was obtained from the school head who acted *in loco parentis*. This was necessary because the adolescents indicated that they did not live with any adults in their households. In addition, participants individually agreed verbally and in writing (assenting) to take part in the study.

Consent, assent and information forms were available in English. However, in order to facilitate understanding of the purpose of the study, I explained the contents of the forms in vernacular (ChiShona) before giving potential participants the forms to read on their own. I allowed them to ask questions to seek clarification on any issues related to the study if they had any. I also explained their roles as participants as well as mine as researcher in the study. Having read and understood information regarding their role in the study, participants individually signed assent forms, agreeing in principle to participate in the study. This is in line with Creswell's (2013) advice that, in phenomenological studies, it is crucial to solicit participants' written permission to



participate in a study. I also ensured that I had participants' permission to tape-record both interview and focus group discussion prior to data collection and that they were aware of the fact that I would be taking down notes during the course of these.

Conducting research with humans demands that researchers adhere to a strict ethical code (Babbie, 2013). To fulfil this important requirement, I assured my research participants that I would observe, as far as I could, all ethical issues regarding the conduct of research with them. I undertook to respect their privacy and maintain confidentiality by making sure that taped interviews would not be identified by their names and that these would be kept secure by my supervisor in compliance with the policy guidelines of the University of Pretoria. I informed participants that their participation was voluntary, and that they had the right to withdraw participation at any time, without any consequence, should they wish to (Braun & Clarke, 2014: Kumar, 2014). I also advised them that, while there would be no monetary incentives for taking part, they would receive a drink and a snack during focus group discussion, just to keep them going, since these could be fairly long.

To safeguard their confidentiality, participants' names were not recorded; instead they are identified by a participant number (Thurman et al., 2006). The numbers allocated to them during interviews ranged from 1 to 14 - Participant 1 [P.1] to Participant 14 [P.14] (see Table 5.1). The 6 focus group participants (2 male and 4 female) are identified as indicated in Table 4.3 below.

**Table 4.3: Focus group participants' identities**

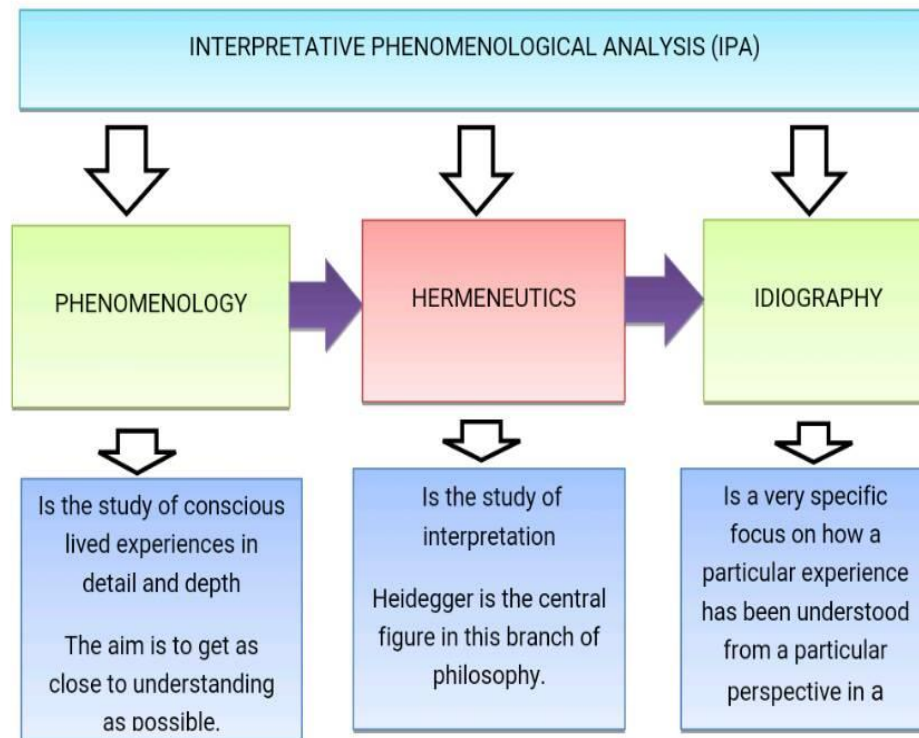
Focus Group Participant[FGP]	Participant Gender	Participant Identity
1	Female	FGP.1(F)
2	Female	FGP. 2(F)
3	Female	FGP. 3(F)
4	Male	FGP. 4(M)
5	Female	FGP. 5(F)
6	Male	FGP. 6(F)

I personally conducted all the in-depth interviews with a sample of fourteen (14) participants (8 male and 6 female) whose ages ranged from 15 to 17 years (see Table 5.1 in the next chapter for participants' profiles). Interviews were conducted face to face, using the same set of open-ended questions throughout (Benavides, 2012). I conducted the interviews in ChiShona to enable participants to confidently articulate and express their life-worlds. This concession allowed participants to freely share their experiences from their own perspectives without having to struggle with a language not their own, thus facilitating the collection of authentic data from multiple participants (Benavides, 2012). I then translated all ChiShona interviews to English which I would then use for analysis and writing my research report.

Each interviewee represented a different CHH. The interview dates, times and places were determined by the participants although changes in itinerary were inevitable at times (Jeong & Othman, 2016). With one exception, all the interviews were conducted at the school, during school days and at times agreed upon by the participants when they were not in session. The school practices a double session system with half the school attending classes in the morning to noon and the other half from noon to late afternoon. Depending on the session in which participants had to be at school, interviews were done either before classes started or after lessons. I conducted one interview at a participant's home - at his request - since he wanted to go home early to check on his two younger siblings.

On average, each interview lasted of 40 minutes. I used my Smartphone to audio-record the interviews, personally transcribing them later to ensure that the transcription correctly and accurately captured the exact words of individual participants. Using the IPA system, I systematically coded, analysed, collated and organised the qualitative data in each transcript into key emergent themes. In each case, these themes formed the basis for my eventual narrative of adolescents' accounts of their life worlds (Ferguson & Walker, 2014; Finlay, 2012). Data collection through interviews lasted three weeks and focus group discussion was done in a single day.

**Figure 4.1: Philosophical underpinnings of IPA**



Adapted from Smith, 1996

IPA rests on three important qualitative research pillars, namely phenomenology, hermeneutics and idiography, each making a specific contribution to the quality of findings of the research venture (Smith, Flowers & Larkin, 2013; Shinebourne, 2011). Phenomenology establishes the essence of experiences but does not lend itself to an analysis of the descriptions provided: its concern is with the generation of rich, detailed descriptions of the “what” and “how” of individual participants’ experiences of the phenomenon being studied (Callary, Rathwell & Young 2015; Eddles-Hirsch, 2015). Therefore, phenomenology ends at just giving descriptions of phenomena.

Hermeneutics, being a theory of interpretation, is concerned with making interpretation of textual meaning of what is said by participants, thus going further than just describing phenomena (Smith et al., 2013). Hermeneutics gives an interpretative account of the intentions of participants within specific cultural contexts, thus adding value to the descriptive account offered by phenomenology (Smith, et al., 2013).

Idiography, the final position of IPA, entails the researcher's commitment to an in-depth analysis of a phenomenon (Eatough & Smith, 2006). Idiography ensures that data analysis in each case is valued in its own right before a cross-case analysis for convergence and divergence is undertaken (Smith et al., 2009). In addition, Smith et al. (2013) explains that idiography facilitates an in-depth analysis of small cases as a way of developing understanding of individuals' experiences of a phenomenon under investigation. Thus, researchers are urged to follow the idiographic approach as a way of looking closely at similarities and differences between participants' shared experiences with a view to holistically understand a given phenomenon (Tuffour, 2017).

#### **4.9 INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS (IPA)**

The method of analysis termed Interpretative Phenomenological Analysis (IPA) is a qualitative research approach reflecting a psychological interest in how people make sense of their experience (Smith et al., 2009). In view of the foregoing observation, Larkin and Thompson (2012) posit that, to make sense of participants' experiential world, qualitative researchers are obliged to collect detailed, rich, first-person accounts of lived experiences from participants. In emphasising the first-person accounts of participants, IPA makes a deliberate attempt 'to give them voice', to narrate their lived experiences of phenomena in order to make sense of these.

Data obtained for IPA studies require verbatim accounts generated through semi-structured interviews and focus groups (Palmer, De Visser, Larkin & Fadden, 2010). IPA's main thrust is to collect rich and detailed data on what is hidden in the stories participants share. Since IPA emphasises richness of data, the number of participants involved in IPA should be small. Each study sample is determined by factors such as aims of the study, content of the research and availability of resources which include the time factor to undertake the study (Smith et al., 2009).

##### **4.9.1 Rationale for using IPA**

In adopting IPA in this study, I was motivated by the advantages which this approach offers to qualitative research. IPA is useful in studies where participants must play active roles, such as being involved in interviews and group discussions. In this study, participants told their stories through interviews and focus group discussions on their

experiences of living in CHHs, thus making them active participants in the process (Smith, 2004).

It has been argued that IPA lends itself to the close examination and in-depth understanding of the unique and particular experiences of each participant (Eatough & Smith, 2008). I considered IPA to be appropriate to this study because of its responsiveness to the idiographic concerns of the study. Aligned to the hermeneutic (interpretative) tradition, the main thrust of this approach is also to interpret participants' experiences (Jeong & Othman, 2016). I also exploited Smith and Osborn's (2007) argument that IPA gives comprehensive interpretative accounts of each case, emphasising depth rather than breadth, due to its use of small samples.

#### **4.9.2 Single or multiple cases in IPA**

Regarding whether IPA should use single or multiple cases, Smith and Osborn (2010) argue that the approach can only be conducted with small samples. Such samples are consistent with IPA's commitment to provide a comprehensive account of individual participants' lived experiences. In the past, IPA reportedly used single case studies (Smith, 2004). It was only quite recently that it began to utilise multiple cases (Smith & Osborn, 2008; Eatough & Smith, 2006). In this regard, Smith and Osborn (2007) caution against the use of samples which are too large since the mounds of qualitative interview and focus group data they generate might overwhelm the researcher. Furthermore, Smith and Osborn (2010) contend that vast amounts of data produced by large samples may be unproductive unless they are properly interrogated, hence resulting in an analysis that may not reflect significant meaning or insight. The implication is that, ideally, IPA should utilise homogenous, manageable, small samples that lend themselves to an in-depth understanding of phenomena under investigation. Put differently, this means that IPA works best with small samples of meaningful data which can be analysed with relative ease. Since my study is a multiple case study involving 14 participants, the use of IPA seemed most appropriate.

#### **4.10 DATA ANALYSIS**

Data analysis is a process of ordering and structuring masses of collected data (Marshall & Rossman, 1999). Qualitative data analysis is a search for general

statements about relationships among categories of data (Marshall & Rossman, 1990). In order to make sense of data in this study, I used a qualitative analytic method called interpretative phenomenological analysis (IPA). In the view of Larkin, Smith and Clifton (2008), IPA is a qualitative data analysis approach which helps a researcher understand participants' experiences of a phenomenon so that he or she can describe what it is like to experience the phenomenon within a given context. In addition to describing phenomena, it is argued that IPA "makes sense of participants' lived experiences by developing an interpretative (hermeneutical) analytic account of the description relative to social and cultural contexts." (Callary et al., 2015, p. 63). Given the qualitative nature of my study and its phenomenological focus on the investigation of the ways in which people experience a particular phenomenon (Creswell, 2013; Hays & Singh, 2012), I deemed the use of IPA appropriate to the analysis of my data.

It is argued that IPA was developed to enable the rigorous exploration of idiographic subjective experiences of participants from their own individual perspectives (Biggerstaff & Thompson, 2008). Arguing that first-hand information as told by people experiencing the phenomenon is paramount to understanding how they make meaning of their experiences. As argued by Giorgi and Giorgi (2008), IPA recognises that exploration of participants' experiences include the researcher's own views of the world as well as the nature of the interaction between the researcher and participant. The phenomenological analysis with which a researcher may come up is therefore an interpretation of the participant's lived experiences (Thanh & Thanh, 2015; Willig, 2009).

In a similar vein, Smith (2003) contends that IPA is an attempt to uncover the meanings contained in accounts through a process of interpretative engagement with texts and transcripts. As argued by Willig (2009), the rigour of its analytic process and the provision of detailed descriptions of the analytic processes mean that IPA is an appropriate method of data analysis. This is because data analysis systematically follows a series of steps for identifying themes which are integrated into meaningful clusters to produce a holistic picture of the phenomenon under investigation.

In order to make sense of data, the key process of qualitative data analysis is coding, that is, classifying and categorising individual pieces of data into meaningful information (Alase, 2017; Chan & Farmer, 2017). Since the aim of phenomenological analysis is to

explore the quality of experience and obtain a better understanding of what it is like to live a particular moment or situation (Willig, 2009), it fits well with the purpose of my study, namely to explore the resilience processes employed in CHHs.

In analysing and interpreting data, I looked for patterns from individual semi-structured interviews and focus group data. All the interviews as well as the focus group discussions were audio-taped and transcribed verbatim. The central analysing task in which I engaged was the identification of common themes in individual participants' descriptions of their experiences (Clarke, 2009; Biggerstaff & Thompson, 2008). I chose to use IPA not only because of its preference for small participant samples, but also because it facilitates the description of participants' experiences from the participants' perspectives.

The strength of IPA is that it utilises a “double hermeneutic, whereby the researcher is trying to make sense of the participant trying to make sense of what is happening” (Jeong & Othman, 2016, p. 559). I focused on individual participants' scripts to produce individual accounts of themes before moving to the collective. I was able to see similarities and differences in data among participants' personal accounts of experiences of living in CHHs. Thus, since the hallmark of good IPA work is premised on convergence and divergence of participants' perceptions of a phenomenon, IPA was ideal for my study (Smith, 2011).

The IPA data analysis method is a cyclical process and proceeds through several iterative stages (Biggerstaff & Thompson, 2008; Braun & Clarke, 2006). I used an IPA data analysis procedure proposed by Smith (1995) which acted as a guide, not a prescription, and comprising the analytic steps outlined below.

Step1: Interview scripts were read and reread multiple times to obtain a general sense of participants' accounts. During this stage, I made notes of themes and reflected on my experience of the interview itself.

Step 2: The text was re-read to identify and organise emergent themes.

Step 3: At this stage I focused on the themes themselves, defining them in detail and establishing how they were interrelated, a stage involving the condensation of data.

Step 4: During this stage I dealt with focus group data, repeating the same process as in the first two steps, identifying themes that fitted into the ones already identified. The themes that emerged from focus group data were fed into the existing cluster of themes initially identified from interview data.

Step 5: This stage involved organising the shared themes to formulate consistent and meaningful statements which contributed to an account of the meaning and the essence of participants' experience grounded in their verbatim statements (Smith & Osborn, 2015).

Data analysis followed the themes and sub-themes which emerged from the interview and focus group transcripts, with themes being discussed in relation to the existing literature.

#### **4.10.1 Data analysis process**

It is important to note from the outset that, IPA being both iterative and inductive, is a cyclical approach to data analysis (Larkin & Thompson, 2012). As a first step in the analysis of my data, I read the first transcript three times. Multiple readings of the first case fully immersed me in the data, thus making me step "into the shoes of participants as far as possible" (Pietkiewicz & Smith, 2012, p. 366). By repeatedly reading the first transcript and writing down emergent themes in the right-hand margin, I familiarised myself with the verbal content while also reliving everything that transpired during the interview. In addition, I carefully listened to the audio recordings of interviews while reading them, a practice which enables researchers to gain a sense of the essence of participants' shared experiences (Noon & Hallan, 2017; Padilla-Diaz, 2015).

The second step of data analysis required the clustering of themes emerging from the analysis of each case. To this purpose, I repeated the procedure I followed in the first case in each of the remaining thirteen cases. By merging related data from the reading of the other cases into the themes I identified in the first case these were expanded. Remaining open for new themes that emerged from the subsequent cases, and taking into consideration all insightful information (Jones, 2016; Jeong & Othman, 2016), I noted new themes and clustered related ones (Padilla-Diaz, 2015; Lester, 1999). This was consistent with doing a detailed case-by-case analysis aimed at understanding a



particular group of participants' experiences rather than making generalised claims (Wagstaff & Williams, 2014). After reading all the transcripts, extracting and clustering related themes, I constructed a summative table of all the identified themes (Jones, 2016).

As a third step, I analysed the transcripts of my focus group discussion, using the same procedures I used in the identification of the themes emerging from the interviews. Themes emerging from the focus group transcripts were fed into the initial set of themes to produce a comprehensive cluster of themes which, together, described the experiences of adolescent learners living in CHHs.

The fourth step involved writing down the list of themes identified throughout the entire data analysis process, noting similarities and differences. Field notes from my research diary were also analysed and infused into the already existing thematic structure, thus creating a comprehensive, robust picture of participants' experiences of living in CHHs. The identified themes served as basis for the presentation and analysis of data. Remaining mindful of other issues that emerged, but did not quite fit provided me with insightful information.

#### **4.11 ETHICAL CONSIDERATIONS**

Since qualitative researchers have a distinct obligation to the people they study, they should abide by a code of ethics. Babbie (2013) opines that anyone who is involved in social science research needs to be aware of what is proper and improper conduct in scientific inquiry. I agree with Willig (2009) and Kvale and Brinkman (2009) who concur that ethical issues and concerns cannot be addressed and 'solved' at once during the planning stage of the research. As a researcher, I remained ethically vigilant throughout the entire research process, being aware of the possibility that ethical dilemmas could surface at any stage during the research process.

To ensure that I complied with the ethical research code, I obtained ethical clearance from the University of Pretoria's Faculty of Education Ethics Committee (See Ethics Clearance Certificate). I also asked and received permission from the Ministry of Primary and Secondary Education in Zimbabwe to conduct my study in schools.

Permission was also sought from the head of the school where participants were enrolled (See copies of permission letters- Appendices Section).

#### **4.11.1 Informed consent or assent**

Research with human beings requires their willingness to participate (Leedy & Ormrod, 2015). Social research is based on the major principle of informed consent or assent from participants without deceiving them (Braun & Clarke, 2014; Webster, Lewis & Brown, 2014). The ethical principle of consent arises from the need to demonstrate respect for persons (Marshall & Roseman, 2011). In essence, seeking informed consent or assent is a mechanism for ensuring that participants know what it means to participate in a research study so that they are aware of what their involvement entails. The issue of informed consent or assent requires a continuous re-negotiation of participants' involvement throughout the research journey (Marshall & Rossman, 2011). It is therefore important to communicate the research purpose, source of funding and the role of the individual conducting the study to participants. In addition, there is need to emphasise participants' right to withdraw their participation at any time during the research process without consequence to them (Braun & Clarke, 2014; Webster et al., 2014).

To ensure that participants were aware of what their participation entailed, I explained the goals of my study in detail through verbal means. The informed assent form (Appendix B) explained key aspects of the research, including its purpose, participants' role in the study, procedures to be undertaken (such as interviews and focus group discussion with participants), time periods, and risks and benefits that could result from participation. This allowed participants to consciously decide whether or not to participate. I also informed participants of their right to withdraw from participating at any stage of the research process if they no longer wished to continue (Webster et al., 2014; Braun & Clarke, 2014), and presented them with informed assent forms which described the nature of the research project and of their participation (Leedy & Ormrod, 2015). Participants had the opportunity to read these forms individually after I had explained the contents, before they signed these. I countersigned the form to acknowledge that participants' rights would be observed and protected throughout the

research process (Creswell, 2009). The school head who acted *in loco parentis* signed on the participants assent forms to endorse his agreement for their participation.

#### **4.11.2 Confidentiality and anonymity of participants**

Coupled with the involvement of human participants in research is the requirement that they should be protected from harm. In adhering to the principle of confidentiality of research participants, I identified them by means of codes rather than their real names during data collection and analysis (Leedy & Ormrod, 2015), thus ensuring their anonymity (Magwa & Magwa, 2015; Punch, 2014). I did not document identifying information such as the names, surnames and addresses of the participants and deleted all information that would render participants traceable and identifiable (Magwa & Magwa, 2015; Kumar, 2014). The learners' names, the name of the school and other descriptors pointing to the study participants and location were substituted by letters and numbers (Punch, 2014) throughout - with stored, analysed and presented data. I also informed participants that anonymity would be maintained during the entire research process, urging them to keep what would have been discussed confidential even though no mechanisms existed for monitoring this outside the study. Participants were also informed about the steps that would be taken to retain their anonymity in the reporting of my research findings (Ferguson & Walker, 2014; Punch, 2014).

#### **4.11.3 Protecting participants from harm**

Researchers are obliged to protect human participants from unnecessary physical or psychological harm (Leedy & Ormrod, 2015). Participation in research should not result in loss of self-esteem or any human subjugation. Adolescents living in CHHs experience many stressful situations in their daily lives, which, when rekindled, could disturb their emotional state (Gaciuki, 2016; Mashavira et al., 2015; Kufakurinan et al., 2014; Zhangazha, 2014). Talking about experiences of living in CHHs could rekindle memories about their suffering, which could affect them negatively. With this in mind, I assured participants that, should they feel uncomfortable during interviews or focus group discussions, a qualified counsellor would be on standby to assist with free professional counselling services (Leedy & Ormrod, 2015). I thus remained vigilant and cognisant of potential psychological risks that could arise and was mindful of the possible impact of the research on the participants. The debriefing I engaged in helped

to prepare participants for what to anticipate in the research project. However, during the research process and in my interaction with participants, none of them showed signs of distress that warranted the services of a counsellor.

#### **4.12 RIGOUR OF RESEARCH**

Compared to traditional quantitative research, qualitative research is often criticised for its lack of rigour (Cypress, 2017). From a positivist perspective, qualitative research is criticised for being impressionistic and subject to researcher bias. It is also criticised for lacking reproducibility (that there is no guarantee a different researcher may come to the same conclusions) and that there is no generalisability of findings to other populations. The basic strategy to ensure rigour in qualitative research is, however, based in its systematic and self-conscious research design, data collection, interpretation, and communication (Cypress, 2017).

Qualitative research cannot, like quantitative research, be judged in terms of its validity, reliability, generalisability and objectivity (Bisman & Highfield, 2012). In an effort to find alternative criteria through which to judge the goodness of qualitative research, Lincoln and Guba (1985) posit that issues of trustworthiness and authenticity must be considered. Although qualitative researchers do not necessarily use such terms as validity and reliability, they make every effort to present convincing information regarding research conduct in the qualitative paradigm (Leedy & Ormrod, 2015). Trustworthiness deals with the degree to which one can depend on, believe and trust in given research findings (Leedy & Ormrod, 2015; Kumar, 2014; Marshall & Rossman, 2011). In view of this, Lincoln and Guba (1985) identified credibility, dependability, transferability, and confirmability as criteria for ensuring trustworthiness in qualitative research. In the section that follows these quality imperatives are discussed relative to how I ensured them.

##### **4.12.1 Credibility**

Credibility is critical to the establishment of trustworthiness in qualitative research (Taylor, 2013). It validates the authenticity, believability and truthfulness of findings from the participants' viewpoints (Bisman & Highfield, 2012; Trochim & Donnelly, 2007). To

ensure credibility, several activities are undertaken by the researcher, one of which is prolonged engagement in the field (Cypress, 2017).

Triangulation of data collection methods and member checking helped to ensure the research believability, truthfulness and authenticity of this study (Trochim & Donnelly, 2007). I allowed participants an opportunity to verify the interview transcripts. Methodological triangulation in which I used focus group in addition to interviews, exploited the benefits of the methods when they are used in conjunction with each other (Bisman & Highfield, 2012).

#### **4.12.2 Transferability**

The concept of transferability explains how results of a qualitative study can be transferred to another setting (Braun & Clarke, 2013). To convince subsequent consumers of research with regard to the transferable nature of research, researchers have to create vivid descriptions of the research context, participants, setting and circumstances (Braun & Clarke, 2013; Bisman & Highfield, 2012). Such detail allows other users to determine whether or not rigorous processes were undertaken so as to determine the extent to which the rigour that warrants the application of the results to similar contexts or participants (Braun & Clarke, 2013; Marshall & Rossman, 2011; Trochim & Donnelly, 2007). In view of these quality criteria imperatives, it is critical that a researcher clearly articulates the research setting, important characteristics of research participants as well as the research process, quality mechanisms which allow the researcher to clearly indicate the limitations as well as the parameters of the study (Bisman & Highfield, 2012).

To satisfy the said imperatives in this study, I used two methods of data collection (interview and focus group discussion). In addition, I also used field notes in which I captured non-verbal behaviours I observed and recorded during the entire research process. I addressed the issue of transferability by supplying sufficient detail about the research context, processes and the research participants so that readers have a clear and proper understanding of the phenomenon under investigation.

### **4.12.3 Dependability**

Dependability relates to the consistency of findings although qualitative studies may not necessarily be repeatable (Taylor, 2013). The exact methods of data gathering, analysis and interpretation in qualitative research must be described in minute detail (Shank, 2006). To ensure dependability, researchers need to undertake several activities which include, among others, thick description of the exact research methods used to collect, analyse and interpret data, triangulation, and peer validation (Loh, 2013; Lincoln & Guba, 1985).

In this study, triangulation was enhanced through using multiple methods of data gathering which included in-depth interviews and focus group discussions and field notes. To ensure dependability, member checking was done as a way of ensuring that the data gathered were generated by participants not the researcher (Carlson, 2010). Thus, the methods used to collect, analyse and interpret data in order to achieve the criterion of dependability were described in detail.

### **4.12.4 Confirmability**

In qualitative research, the concept of confirmability explains how the results of a study can be corroborated by other researchers (Trochim & Donnelly, 2007; Shenton, 2004). Confirmability deals with the details of the methodology used (Shank, 2006). In enhancing confirmability, steps should be taken to ensure that, beyond any reasonable doubt, the findings resulted from the experiences of the participants and not the characteristics and preferences of the researcher. Many activities can be done to enhance confirmability. These include methodological triangulation (Magwa & Magwa, 2015; Morrow, 2005; Shenton, 2004), and detailed methodological description (Morrow, 2005; Shenton, 2004). In an effort to enhance confirmability, I used two data gathering methods in addition to research notes I jotted. I made a detailed description of the research process. To support analysis and interpretation of the findings, I provided ample documentation as evidence that supports my research claims.

#### **4.13 CONCLUSION**

This chapter presented the research methodology that I used to obtain and analyse data for this study, the purpose of which was to describe and explore resilience processes employed in CHHs in Chinhoyi. The chapter discussed the interpretive meta-theory within the qualitative methodological paradigm. The use of interpretivism was justified, the phenomenological research design explained, and the sampling procedure, data collection methods and analysis strategies explicated. The chapter ended with a description of the steps I took to ensure that ethical requirements were adhered to and the quality and veracity of the study ensured. The next chapter presents the research findings in relation to the themes and sub-themes that emerged from data analysis.

## CHAPTER 5

### DATA PRESENTATION, ANALYSIS AND DISCUSSION

#### 5.1 INTRODUCTION

The previous chapter outlined the research methodology that I employed to generate data in this study. In this chapter, I present the findings of the study. The main research question to be answered in the study was '*Which resilience processes do adolescent secondary school learners living in child-headed households employ?*' The findings of the study have been organised in themes and sub-themes. The themes together with their accompanying sub-themes emerged from the data collected from participants during in-depth semi-structured interviews and focus group discussions. In conducting focus group discussion (n=6) the intention was to further explore and triangulate the thematic findings indicated in individual interviews conducted with participants (Sigh, Hays & Watson, 2011). Only one focus group was conducted. The findings represent more or less similar themes derived from interrogating both the individual and focus group interview transcripts (Singh et al., 2011).

Member checking was conducted with 5 focus group participants in order to verify the accuracy of the findings. All participants who availed themselves for member checking engaged and agreed with the themes. They all affirmed that the themes represented their views, feelings and experiences of living in CHHs. No changes were suggested, but further clarification was provided, especially regarding Figure 5.1 (demographic information) where one participant changed the period of living in CHHs from the initial 7 to 5 years. The themes were thus passed as authentic.

The discussion of findings is grounded in and supported by insights gained from my literature review. To substantiate the results of the study, excerpts in the form of verbatim statements from individual semi-structured interviews and focus group discussions are presented in support of the findings. Thus, each of the identified themes and sub-themes is supported by quotations derived from the transcribed interviews and focus group discussions (Nziyane & Alpaslan, 2012).



## 5.2 DEMOGRAPHIC INFORMATION

The field work for this study was conducted in Chinhoyi urban area, the provincial capital of Mashonaland West, which is one of the ten administrative provinces of Zimbabwe. The said provincial town is located north-east of the capital, Harare. It is a small town surrounded by commercial farms. It is in this town where the school which participated in the study is located. The student population of this secondary school is 2500 and runs from Forms 1 to 6. Due to inadequate classrooms, the school employs a double shift schooling system, with half the school attending classes in the morning (Morning Session) and the other half from noon until late afternoon (Afternoon Session). Participants were drawn from this large pool of students.

**Table 5.1 Demographic profile of participants**

<b>PARTICIPANT</b>	<b>A G E</b>	<b>GENDER</b>	<b>SECONDARY EDUCATION LEVEL</b>	<b>OTHER HOUSE- HOLD MEMBERS</b>	<b>ACCOMODATION USED, PERIOD OF LIVING ALONE</b>	<b>STATUS OF PARENTS</b>
1	15	Male	Form 2	None-stays alone	Rents a single room, 2 years	Parents live at a farm far from town.
2	15	Female	Form 3	None- stays alone	Parents' house, uses one room, 3 years.	Father works in South Africa, mother lives in the rural area.
3	17	Male	Form 5	None- stays alone	Parents' house, uses one room, 5 years	Parents deceased. Gets rentals from lodgers
4	17	Male	Form 3.	None- stays alone	Rents single room. Has difficulty paying rent, 3 years.	Mother deceased, Father just left for South Africa. Employment status unknown
5	17	Female	Form 5	Younger brother (age 14) in Form 1.	Rents two rooms, 3 years	Parents stay in another town far away from where child learns

6	17	Female	Form 5	None-stays alone	Parents' house, 5 years	Parents deceased. Gets rental money from lodgers
7	16	Male	Form 4	Younger sister (age 10, in Grade 5 )	Rents a single room, 2 years.	Parents live at a farm far away from town
8	16	Female	Form 3.	None-stays alone	Rents a single room, 3 years	Parents are migrant workers in South Africa.
9	15	Male	Form 1.	Younger brothers(ages 8 & 10, in Grades 2 & 3)	Live in dilapidated wooden cabin, 1 year	Father deceased, mother taken away ill to rural home by her relatives. State of mother unknown
10	15	Male	Form 2.	None-stays alone	Rents a single room, 2 years	Parents are migrant workers in South Africa.
11	17	Female	Form 4	Younger brother (age 8) in Grade 3,	Rents two rooms, 5 years	Parents work in South Africa.
12	15	Female	Form 2	Twin brother also in Form 2.	Parent's house 5 years.	Parents deceased.
13	17	Male	Form 4.	Younger sister (age 15)	Rents a single room, 4	Parents deceased

				in Form 2.	years	
14	17	Male	Form 4	None- stays alone	Rents single room, 4 years	Parents stay far away in another town

Table 5.1 gives a summary of the general characteristics of the child-headed households from which the participants were drawn. To ensure the anonymity and confidentiality of participants, each one of them was allocated a participant number such as P.1 or P.14 where P stands for participant. All 14 participants (8 male and 6 female) took part in in-depth interviews. Similarly, the 6 participants (2 male and 4 female) who took part in focus group discussion were also given participant numbers. Participants were identified with letters FGP, a number and a letter showing participants' gender such FGP 4 (M) if male or FGP 1 (F) if female. FGP stands for focus group participant. Focus group participants were chosen on the basis of their availability since they were the ones who were out of session on the day I intended to conduct focus group discussion. The other 8 participants were attending classes and I could not disturb their learning but had to work with those who were available. Table 4.3 gives the identities of those participants who took part in focus group discussion. All 14 participants were full-time learners at the same secondary school.

All participants were in secondary school and heading their households. However, their reasons for staying alone and the duration of these stays differ: 64.29% of participants' parents are still alive; 21.42% are double orphans, while 14.29% are single orphans with either a deceased father or mother. In terms of the nature of accommodation used, 28.57% of participants live in their parents' houses, 64.29% live in either a rented room or two rooms, while 7.14% live in a dilapidated wooden cabin for which no rent is paid. In terms of household composition, 57.14% of participants live alone in their households while 42.86% live with their younger siblings who are also attending school. Of those participants who are staying with siblings, 50% are going to secondary school while the remaining 50% are primary school-going children. As mentioned earlier, the duration of participants having lived alone differed due to different circumstances surrounding each household, ranging from one year to five years. Participants constituting 7.14% had been living alone for one year, 21.43% for two years, 28.57% for four years, 14.29% for two years, 21.43% for three years and 7.14% for five years. A closer look at participants' demographic profile shows that those who lived alone in CHHs for five years or more are orphans having lost both parents. This suggests that some of the participants started living alone at a very tender age. For instance, Participant 12 is 15 years old

and has lived alone for five years. Two other double orphans started living alone when they were twelve years old, again at a tender age for children to be living alone and heading households for that matter. This tells a story about what adolescents living in CHHs go through in their lives. It appears that once both parents pass on, the deceased's children are just left to look after themselves. However, it is important to note that, while these children were living alone, they had relatives who came to check on them occasionally and they assisted here and there.

## 5.2 Findings, data analysis and discussion

Three themes and their sub-themes emerged from data gathered during semi-structured interviews and focus group discussions. The themes emerged as a result of thematic analyses. The discussion of the research findings is presented under each main theme and its related sub-themes. The themes and sub-themes (see Table 5.2) are aligned to the main research question of the study.

**Table 5.2: Themes and sub-themes**

Theme	Sub-themes
1. Risk factors associated with life of adolescents in CHHs.	1.1 Difficult living conditions and the burden of living in CHHs. 1.2 Poverty challenges due to limited resources. 1.3 Adolescents' engagement in un-childlike duties in CHHs. 1.4 Adolescents' experiences of education-related issues in CHHs.
2. Resilience-enhancing resources and adolescents' agency in CHHs.	2.1 Survival tactics employed by adolescents living in CHHs 2.2 Creativity and ingenuity used by adolescents living in CHHs
3. CHHs are reservoirs of knowledge.	3.1 Lessons the community can draw from adolescents living in CHHs

### 5.2.1 Theme 1: Risks factors associated with life of adolescents in CHHs

This theme describes the risks that adolescents living in CHHs encountered on a day-to-day basis. Throughout the interviews and focus group, participants described the risks they encountered and endured in CHHs. It is evident that they encountered a multiplicity of risks and challenges due to living without adult support and guidance. The transcripts highlight sub-themes on difficult living conditions, challenges of limited resources and insufficient food due to poverty, adolescents' engagement in un-childlike duties in CHHs, and experiences related to educational challenges. Table 5.3 outlines the inclusion and exclusion criteria for sub-theme 1.1

**Table 5.3: Inclusion and exclusion criteria for sub theme 1.1**

Sub theme 1.1	Inclusion criteria	Exclusion criteria
<b>The burden of managing a home as a child.</b>	Any reference made regarding the difficulties of managing a home as a child.	Any reference to issues that do not include difficult living conditions and the burden of managing a home as a child.

#### 5.2.1.1: Sub-theme 1.1: The burden of managing a home as a child.

Children who live in CHHs often encounter a number of challenges due to living without adult supervision, support and guidance. In view of the difficult living conditions, the need for adult support and guidance cannot be overemphasised. All 14 participants' responses indicated that living in CHHs was a burden as it was not easy to run and manage households which were characterised by multiple challenges. Another challenge was adolescents' engagement in demanding and heavy household chores and duties. In view of these challenges, one participant described life in CHHs as burdensome, implying that the participant might have felt overwhelmed by home management responsibilities as indicated below:

*This life is a burden for me because after school I expect to have a hot meal... I have to look for food. I also have to do homework and I have to study but I can't do that without cleaning my room and washing my school*

*uniform...I have to do all my household chores and study as well. It is very difficult for me. [P. 4: 675-681]*

The descriptions of difficult living conditions and challenges were reiterated by another participant who talked about how stressful life is because of limited resources and uncertainty of life. This double orphan participant showed concern about a lack of sufficient food and proper school uniforms as captured below:

*It is difficult to start a new day because I am always stressed. I am thinking about what tomorrow holds for us. I worry about our uniforms. I can't concentrate on my studies, food and what we will eat for breakfast, lunch or supper. [P.13:3840-3836]*

*...challenges stress me to an extent that I cannot concentrate on my schooling. I end up underperforming at school. [P.13: 3949-3951]*

Similar concerns were raised during focus group discussion, with all 6 participants concurring that living in CHHs is challenging. In particular one participant had this to say:

*I can say one becomes an adult when faced with such a situation (living alone in CHHs). There are so many plans to make, so many things to do at a tender age, so many responsibilities to do. Sometimes we require guidance but there is no one to guide me. Who will care for you? Children will end up living anyhow. [FGP. 3 (F): 62-67]*

All the participants' responses indicate that living alone in CHHs is demanding, difficult and stressful. Absence of adults in households means that children assume responsibilities normally associated with adults. Notwithstanding the fact that these are merely children who need care and protection from adults, the situation thrust them into the deep end of life. Some of the roles which the adolescent learners assumed include managing the households, looking after younger siblings, and providing emotional, social and economic needs for their households. Participants described fulfilling these key roles as burdensome, traumatising, difficult, stress-ridden and frustrating. The situation was even more cumbersome for participants who headed household comprised of younger siblings who needed extra care. This reflects an observation made by Jakachira and Muchabaiwa (2015) that the children who head households are overburdened by responsibilities such as domestic chores and taking care of siblings. In a further discussion, Jakachira and Muchabaiwa



(2015) observe that household chores interfered with schooling in the sense that the chores make them tired before learning starts. In addition, it emerged from the findings of the study that juggling between fulfilling household responsibilities and satisfying school obligations negatively impacted on the children's socialisation process as play time was heavily compromised.

**a) Engaging in risky behaviour due to absence of adult guidance and supervision**

All of the participants' responses (n=14) indicated that living alone was detrimental to their health and well-being. When children live alone, they lack adult guidance and supervision, thus allowing them to do what they want because they have no adult supervision and control. One male participant, who lived alone because his mother had died and his father had abandoned him, narrated how he abused drugs with a friend. The participant indicated that he engaged in substance abuse because he had no parent to control his behaviour, as the following excerpt testifies:

*I have a friend who takes drugs and he comes to hang out with me and we use drugs together. He makes me feel better since the drugs make me forget my problems. All these problems caused by living alone disappear. My friend brought me tablets known as "Mangema"...brought in some cannabis and now I can take any drug he brings because no one controls me, I just accept anything. [P.4: 722-729]*

The following is what I captured through my observation and in my diary:

*The participant's face reflected a person who did not care who he was talking to. He looked as if taking drugs had become part of his life especially as he mentioned that he had no one to control his wayward behaviour. [Researcher's Diary, 12/06/17]*

The responses of focus group discussants further revealed that the absence of adult guidance and supervision of adolescents forces them to engage in risky behaviour. In addition, lack of money to buy food and other feminine paraphernalia force girls to engage in activities that are detrimental to their health and welfare, such as engaging in prostitution, an activity which exposes them to many health-related risks as encapsulated below:

*Girls end up going to clubs. They dance in the clubs to earn money. When they get something, they go home to buy some food. They sometimes engage in sex for money so that they are able to buy food. [FGP.3 (F): 246-249]*

Focus group participants described how prostitution could result in girls contracting sexually transmitted diseases or having unwanted pregnancies, aborting or dying due to pregnancy complications as captured below:

*When we discussed prostitution, I forgot to mention that you risk getting infected. You also get unwanted pregnancies. It's obvious that you end up getting expelled from school. Some end up having abortions. You might end up committing suicide... [FGP.2 (F): 275-276]*

It is apparent from the above statements that when adolescents are left to live alone in CHHs they are prone to engaging in risky behaviours. Boys may engage in substance abuse while girls may resort to transactional sex to earn money to buy food and other necessities.

#### **b) Fear of living alone**

All the participants' responses indicated that they were scared of living alone in CHHs. Without adult protection, they were prone to attacks by rapists, robbers, or burglars. Leaving young adolescents to live alone is risky and dangerous for them. One young male participant narrated how dangerous it is to live alone in a CHH, especially at night when burglars are on the prowl:

*It is not easy living alone as a child. Last week there was an attempted burglary here... I was alone. It is dangerous to be left alone as a child and I get very scared especially at night. Only my books and school work keep me occupied and I will be by myself behind closed doors. [P.1: 17-21]*

*After saying the above words, the participant gave a big sigh as if he had taken off a heavy load he was carrying. I reasoned that the participant had been relieved of fears he had for living alone by saying it to me whom he thought might be of assistance [Researcher's Diary, 03/06/17]*

The issue of fear was reiterated by a female participant who chronicled how she feared living alone without adult guidance:

*It is not easy living alone; I get scared most of the time, wondering what will happen to me if I get raped or if something bad happens to me. I am a girl and I worry if I will be able to defend myself if I am attacked. [P.8:2043-2046]*

Yet another participant indicated her fear of being robbed as follows:

*I am afraid that we might be attacked during the night and won't be able to defend myself. We are a target of robbers because people know that we live alone without an adult male in the house. Suppose we are robbed by males, there is a danger that I may be raped. We need an adult to protect us. [P.5: 1172-1176]*

From both interview and focus group responses, it is clear that living in CHHs is scary, risky and dangerous. Participants' responses showed that children living alone in CHHs feared burglars and other night-riders. Because children who live alone are known in their communities, their vulnerability could be taken advantage of by assailants who may steal, molest or rape their victims. It is the participants' perception that if parental (especially male) guidance and protection is available such fears would be minimal as protection would be guaranteed.

### **c) The longing and need for parental care and support**

During interviews, participants' responses indicated that they believed parents provide the necessary emotional support for growth and development of their children. The presence of a figurehead guarantees children's safety and happiness. However, providing guidance, supervision and protection was not limited to biological parents alone, but included any adult who would take away heavy responsibilities from the shoulders of adolescents living in CHHs. Participants longed to be living with their parents. However, the longing differed as some children had living parents while others' were orphans. Orphans lamented and longed for their parents who had passed on because they knew they were gone forever as the statement below reveals:

*It is very difficult for me. I begin to remember the life we had before our parents died. Things were hard back then but we had food and we brought lunch to school. Nowadays life is very hard for us. [P.12: 3510-3512]*



*I saw the participant's eyes becoming tearful because of memories of deceased parents. The pain of loss of parents was vivid...she controlled herself. [Researcher's Diary, 15/06/17]*

The same participant lamented the death of her parents because she had no one to support her school activities. She did not have anyone who would come to school to check on her school progress:

*It is not an easy life because if we look at it, when parents are around, they ensure that they provide everything for their children. Now that our parents are gone, everything is in our hands. I have to do everything for myself. We face a challenge on school consultation days. Parents are required to come to school but in our case, we have no one. [P.12:3489-3494]*

Another participant whose parents are alive but living in another town longed to be living with her parents because they would offer guidance and protection. She has high regard for parents because of the responsibilities they carry in raising children:

*... they (parents) are important. We take our parents for granted and we do not know what we have until it is gone. I realise now that if they (parents) were there, things would be well for us. [P. 13: 3789-3791]*

Another participant whose parents were working in South Africa longed to be living with an adult who would be responsible for running and managing the household. The participant's response shows that running and managing life in CHHs is a burden as shown below:

*I would be happier if I had an adult to stay with me. Someone to protect, guide and care for me...I would like to stay with an adult because she knows how to handle the difficult situations that I face. [P.8: 2240-2244]*

All participants believed that they were still children who needed care and support to grow naturally without abandoning their childhood to assume adult responsibilities. Participants were appreciative of the important roles that parents and adults play in the lives of children. Girl children spoke about the important role mothers play in supporting them on feminine issues, hence some participants missed vital teachings from their mothers as captured below:

*I need my mother because I am still a child. It's normal for a child to like their parents especially when I face challenges. It's natural to like*

*my mother. Who do I turn to? No one can help me. There are certain things that only a mother can do to her daughter. [P.11:3247-3251]*

Yet another participant talked about the importance of both parents as playing pivotal roles in raising children. Parents are portrayed as carers and providers for their children. They also pay school fees and buy school uniforms by simply noticing the state of uniforms as well as buying fancy things for them. The following excerpt articulates the importance attached to parents by one of the participants.

*I need my parents to take care of us. Parents quickly notice that new uniforms are needed and they pay school fees. Now we are burdened because our parents are not here for us. Parents buy goodies for their children and they tell stories and make life pleasant at home. No one does that for us because we have no parents and there is nothing we can do about. [P.12: 3505-3510]*

Another participant who once broke her leg lamented the absence of parents in her life. Although relatives and neighbours later came to her rescue, she believed that if her parents were there, she could have been attended to expeditiously. It took some time before the participant received medical treatment due to lack of money for an X-Ray scan on the fractured leg. Even though she was hospitalised, it took her days to get medication, a situation which could have been attended to if parents were available as the story below reveals:

*I once had a leg fracture. I expected people to respond quickly and take me to hospital but no one was willing to help me. I wished my parents were alive at that time...Eventually people chipped in and I was given medical attention. If my parents were alive, I would have been attended to on time. I was hospitalised for some days without money for X-ray and eventually people assisted and I had a plaster put on. [P.12: 3704-3712]*

Another participant who was pained by the absence of his parents spoke strongly about the importance of parents in the life of children since parents are neither transferable nor replaceable:

*I acknowledge that a child should stay with his or her parents because no other person can. Relatives or well-wishers cannot replace parents for example, when they pass on. None can do what one's parents can. People will fail to provide for you; neither can they look after you properly like your parents. [P.14:4103-4107]*

Similar views were expressed during focus group as espoused below:

*They [parents] support us in everything we do. They pay school fees for us and ensure that the household is well managed. As a result we have more time to do our schoolwork since most of the housework will be done by the time we arrive home from school. We will not be stressed by an imbalance between household work and school work. [FGP.5 (F): 314-319]*

During focus group discussions, participants indicated that the important roles parents play include moulding children into responsible beings, guiding, counselling, caring and supporting them. Parents are also responsible for the stable emotional and psychological states of their children as the following observation reveals:

*A child needs mental welfare...when parents are around they make life easier for their children. Parents show us the right way to behave. [FGP.3 (F) 324-326]*

### 5.2.1.2 Sub-theme 2: Poverty and challenges due to limited resources

The data obtained during interviews indicated that all the participants experienced limited resources such as insufficient food, lack of money, and accommodation challenges. Due to limited financial resources, participants could not afford to buy enough food for consumption at home as well as carry to school. They also had challenges obtaining clothing, warm bedding and school uniforms.

**Table 5.4: Inclusion and exclusion criteria for sub-theme 1.2**

Subtheme 1. 2	Inclusion criteria	Exclusion criteria
<b>Poverty challenges due to limited resources.</b>	Any mention of limited resource challenges due poverty in CHHs.	Any reference made regarding limited resources in households other than CHHs.

#### a) Lack of sufficient food

Indications were that, due to poverty, all the participants experienced food shortage in one way or the other, although the shortage would normally differ from one household to another. During interviews participants' responses revealed that life is

difficult without sufficient food. One 15-year old male participant who looked after his two younger, primary school-going brothers described how he needed food in his household with no clue what he would do next to obtain it. The participant's report alludes to near starvation. He only waited for fate to determine the course of events; as a result, they consumed whatever food was available as succinctly captured below:

*We take one day at a time, we cook what we have and wait for what tomorrow brings. [P.9: 2468-2469]*

Food is a necessity for life and it is particularly necessary for providing nutrition, health and energy to do work. For school children, food provides energy to concentrate and focus on studying without thinking about a rumbling stomach. All school activities are possible and enjoyable when learners have sufficient and healthy food to eat. A statement by Participant 9, whose father died and whose mother's health is not known, kept focusing on the destitution and near starvation point of this CHH:

*We really need food. For a person to concentrate in class, he needs food. Even in socialisation, participation in class and group work, you have to eat something. So, food is a priority in order for effective learning to take place. [P.9: 2646-2649]*

Participants also revealed a situation where food left over during meals was not thrown away but kept for future consumption. The practice of eating leftovers is an indication of insufficient food in CHHs. It is also an indicator of poverty as food leftovers may have health implications, particularly if it is not well stored to preserve its freshness. Participants also revealed that food was not readily available in some CHHs. This is indicated by the fact that food was bought in very small quantities barely enough for a meal. They also reported that getting the next meal was not certain. To demonstrate that food was in short supply, one of the participants reported that they bought cooking oil in very small bottles [*tsaona*], just enough to serve one meal:

*...we normally buy cooking oil for 50 cents so that we have something to use in cooking vegetables. We buy cooking oil in little bottles for 50 cents. [P.9. 2550-2552]*

The same participant reported that they eat food left over during the previous night, implying that it was difficult to plan the next meal. Again, the issue is not about the quality of food eaten but what is important is eating “something” before going to school, to have some energy at least. They go to school uncertain as to how they would get the next meal, and what it will be, as highlighted in the statement below:

*...we warm up the sadza [traditional Zimbabwean staple food] we would have left the previous night so that we can eat something before going to school. After school we see what we can do about food. [P.9:2607-2609]*

Another participant reiterated:

*...we warm up leftover sadza from the previous night. We don't throw away what was left in the previous night. [P.13:3980-3982]*

In a bid to make food last longer, at least for those participants who had the privilege to get some food, there was evidence of skipping meals. This is a strategy they devised to stretch the food reserves. In as much as it was a strategy to make the food last longer, the practice meant that these participants went hungry most of the time at school. Such a strategy compromised the health of participants because they reportedly ate very little food which could not sustain effective school engagement.

Explaining how she put meal-skipping into practice, one participant revealed:

*The food is not adequate because we require three meals per day. We need breakfast, lunch and supper, but because we really try to make do with the food that we have, we end up having two meals per day. [P.12:3545-3547]*

On the same issue of shortage of food in CHHs, one participant indicated that he did not have food most of the time. This shows that some CHHs have serious challenges getting food. The participant had this to say:

*...we do not have food to eat at school because we are trying to stretch our budget so that the food we have lasts longer. [P. 13: 3976-3977]*

Evidence from participants' responses during interviews suggests that adolescents living in CHHs have challenges obtaining sufficient and nutritious food to sustain them. Some of the participants reported that they barely have any food at all,



meaning that they are always hungry, a situation which compromises their health. Insufficient food also decreases adolescent learners' effective engagement in school-related activities and affect their development. Even though they use meal-skipping as a way of stretching available food, this is not the panacea to the challenge of insufficient food in CHHs. A meal skipped is a meal missed, hence most of the time the children are hungry: even when they eat the next meal they will not satisfy their hunger. This means that such children are perpetually hungry.

#### **b) Insufficient financial resources**

Another issue which emerged during interviews is insufficient financial resources in CHHs. All 14 participants' responses attested to the fact that money is a challenge in CHHs. Without money, children living in CHHs face serious difficulties as they cannot purchase basic commodities such as food needed to sustain their livelihood. The life of such children is compromised as they find it difficult to obtain food, pay rent, pay school fees and buy educational material resources to support schooling efforts. In view of this, one participant explained how lack of money affected other aspects of life in the following statement:

*I never have enough money. I am failing to pay rent; I can't buy books nor pay my school fees. I have no clothes. My life is hard. I struggle to find food, school fees, rent and buy stationery. It is a very difficult situation. [P.4:852-853]*

Living in a CHH was described as a struggle by 71.43% of the participants, as insufficient financial resources made it difficult to pay for critical services such as electricity. Whatever money was found was used to buy food. Because there was no money to pay for electricity, some participants used firewood for cooking. Participants' responses suggest that children who live in CHHs do piece jobs (child labour practices) to earn some cash for their households. Such children are taken advantage of by people for whom they work as portrayed:

*...we can't afford money for electricity. We have to do piece jobs but the people we work for fail to pay us on time and the little we get will be for food. Electricity appears to be a luxury. We opt to buy food and cook with firewood. [P.12: 3726-3729]*

During interviews it emerged that obtaining school fees was a major challenge for adolescents living in CHHs. Since they were attending school, they indicated that

their greatest challenge was obtaining school fees so that they would keep in school. The participants hoped to be assisted to get money to pay school fees so as to continue with schooling. One participant who wished he could get someone to assist him with money to pay fees verbalised it as follows:

*My greatest requirement is school fees to further my studies. I wish to have someone who can pay my school fees. [P.10:3012-3013]. I want to emphasise that I hope to get someone who can assist me with school fees so that things are better for me. [P10: 3028-3029]*

During interviews, another participant indicated that not paying school fees was an embarrassment as he would be barred from attending classes. In a bid to be spared, one participant implored the school to allow them to learn without paying fees which is \$50-00 per term. The participant's wishful thinking is captured as follows:

*We would like the school to let us learn without disturbances. Sometimes we are barred from learning due to non-payment of fees...We would like the school to give us an opportunity to learn so that we are on the same footing with others. [P.9: 2589-2594]*

### **c) Accommodation challenges**

All of the participants were of the view that accommodation posed a challenge in one way or the other. They reported that they lacked decent accommodation. Most of the participants, 64.29%, lived in rented single rooms which were generally very small. These were multi-purpose in nature, serving many purposes. They were using single rooms as bedrooms, kitchens, study and living rooms as well as storerooms. Even those children who were lucky enough to be living in their parents' houses, still lived in single rooms as they rented the other rooms to lodgers to raise income for sustaining their households. One of the participants lived in a wooden cabin which was on the verge of falling. In some cases, the shortage of accommodation resulted in siblings of opposite gender sleeping in the same room. Asked how the two (brother and sister) shared a room, the participant (brother) shared his story by revealing that:

*We have two separate beds. She [sister] has her own single bed and I also have mine...I sometimes sleep over at my friends' houses so that we can study together. [P.7:1727-1729]*

Sleeping in a single room of children of opposite gender was due to shortage of accommodation as well as to cut costs on renting more rooms. That the participant would go and sleep at his friend's house on the pretext of studying was a realisation that it is taboo in Zimbabwean Shona culture for siblings of opposite gender to sleep in the same room. The participant indicated that it was his parents who rented them a single room, indicating lack of money to rent more than one room, as the excerpt below reveals.

*They (parents) decided that my sister and I should go to a city school because there are few schools near our farm... they are renting us a room here in Chinhoyi town. [P.7:1710-1713]*

Another participant who was heading a household consisting of two younger siblings revealed that they lived in a wooden cabin which was erected by the owner of the house they were looking after. Due to poverty, CHHs are devoid of sufficient financial resources to enable them to find decent accommodation; hence, they end up living in dangerous makeshift forms of accommodation as explained below:

*The owner of the place asked her [mother] to look after his place, monitoring the construction. He bought us a cabin (wooden) where we are living. [P. 9: 2529-2531]*

*The wooden cabin is slanting and showing that it may fall any time. The door to cabin is not a complete standard door. A tall person standing outside can see what is inside the cabin through the opening at the top. There are some openings through which creatures like snakes can enter. It is not a secure place for children. [Researcher's diary, 20/06/17]*

The picture that emerges from the responses given by participants indicates that, generally, CHHs have challenges with decent accommodation. Challenges of accommodation affected even those who lived in their parents' houses because they rented other rooms to lodgers so that they could receive some money in the form of rent. This practice would leave them crammed into small single rooms.

#### **d) Clothing and school uniforms**

More than half of the participants' responses (57.14%) indicated they had challenges with regard to getting decent school uniforms. To show how desperate children living

in CHHs can be, one 15-year old participant who lived with two younger, primary school-going brothers revealed that they went to school without jerseys during winter:

*My brothers and I do not have jerseys. [P.9: 2658] They came home and said that their teachers were complaining about their jerseys because they are not school jerseys. They were once given jerseys by my brother's friend's mother known as Amai Kesh (Kesh's mother) (not real name). My brother plays with Kesh but the boys were eventually asked to return the jerseys and I thought maybe she had given them to wear on that day only. [P.9:2662-2667]*

*As I interviewed Participant 9, his younger brothers played close to us. I could see patches on the back of their shorts, they were tattered. This indicated lack of clothing. [Researcher's diary, 20/06/17]*

### 5.2.1.3 Sub-theme 3: Adolescents' engagement in strenuous un-childlike roles

All of the participants were of the view that adolescents living in CHHs undertake a lot of heavy duties and carry burdensome responsibilities. Participants' responses indicated that they had no choice but to do the activities which, under normal household circumstances are done by adults. Table 5.4 outlines the inclusion and exclusion criteria for the sub-theme 3.

**Table 5.5: Inclusion and exclusion criteria for sub-theme 1.3**

Sub theme 1.3	Inclusion criteria	Exclusion criteria
<b>Adolescent engagement in un-childlike duties</b>	Any reference made regarding adolescents' engagement in un-childlike duties.	Any reference made regarding adolescents not doing heavy duties done by adults.

#### a) Expected parental responsibilities to adolescents

Adolescents living in CHHs engage in many adult-like activities that are challenging for them. They have to do many things while they also have to attend school, thus making it difficult to maintain a balance between doing house chores and school work as captured below:

*It is a hard situation as my brother regards me as his everything. He expects me to cook for him. I am just like a mother to him. I come home*

*late most days; I wake up very early in the morning to do house chores. I have to prepare my brother for school. It is a burden for me to come home and prepare supper. I am failing to cope. [P. 11: 3229-3234].*

The same participant continued to give her story by demonstrating how difficult it was to live in a CHH where she had to do everything for the sustenance of the family as she also had to look after her primary school-going brother. She barely had any time to rest due to work overload as the following story encapsulates:

*Looking after my young brother negatively affects my schooling because our programmes clash. I have no time to rest during the week. I am always busy and it is a huge burden for me. [P. 11: 3330-3332]*

Another participant had the following to say about life in a CHH.

*It is difficult to start a new day because I am always stressed. I am thinking about what tomorrow holds for us. I worry about our uniforms. I can't concentrate on my studies, food and what we will eat for breakfast, lunch or supper. [P.13:3833-3836]*

All of the participants agreed that a day in CHH was always packed with activities. One participant narrated how her day was fully packed to the extent that she hardly had any time to rest. She reported that she undertook several household chores single-handedly. Some of the chores which took up a lot of time include cleaning the house, caring for younger sibling, and gardening:

*My days are packed...when I wake in the morning I have to do my house chores and also prepare for school. I return from school around 5 or 6pm...I have to prepare supper. Sometimes I have to cook on the fire when there is no electricity and it will already be dark outside. It is very difficult for me. [P. 12: 3565-3569]*

Similar views were echoed during the focus group discussion. Participants concurred that they engaged in multiple tasks leaving them no time to play with their peers. In view of this, one participant painstakingly narrated how burdensome it was to head a household with siblings:

*When you are the eldest child you have a burden to carry. Suppose you are in Form 4, there is so much you do before you leave for school. Household chores, younger siblings to bathe and dress, duty roster at your lodging must be fulfilled. Some of our siblings are too young such that that you have to wake them up, cook for them and dress them.*

*After school there is a lot to be done. I come home late from school since I engage in evening classes in preparation for 'O' level exams. After school, tired as I will be, I have to prepare supper. I end up feeding my siblings with junk food for example, juice and biscuits. That is poor diet. Children need healthy food. [FGP 5 (F): 91- 100]*

Another participant added her voice on the issue of multiple responsibilities undertaken in CHHs, demonstrating her awareness of the demands of the New Curriculum which Zimbabwe is in the process of implementing. The new curriculum emphasises working on projects which requires a lot of commitment and take up a lot of time. The participant's concerns are captured in the following excerpt:

*You are always in a rush, your mind is unsettled, there is disaster at home and you can't concentrate in class. After school you have loads of assignments especially with this New Curriculum, you have no option but to rush through your assignments and you obtain low marks. You produce unsatisfactory work because of pressure of work at home. [FGP 3 (F): 109-114]*

#### **b) The challenge of children heading households**

Participants' responses indicate that looking after siblings in CHHs is a very big challenge which meant ensuring their safety, providing psychosocial support, home management and ensuring the economic sustainability of the household. In view of these burdensome responsibilities, one participant who looked after his two younger primary school-going brothers narrated how burdensome CHHs responsibilities are. Young as he was, he had to fend for the family. The following excerpt encapsulates his story:

*It is difficult to live in child-headed household because you face a lot of challenges. As a child, I have my own rights but now I am standing in for my parents as I am looking after the family (two younger siblings). On the other hand, I need to go to school. This may cause a decline in my performance because I will be failing to balance school work and household chores. [P.9: 2678-2683].*

Similar views were expressed during focus group as two of the participants revealed that:

*Our situation forces us to become adults before we are mature. You have many responsibilities yet you are a child. You become a father or mother overnight. [FGP 6 (M): 797-799]*

*... life in CHHs is stressful because of thinking about many things such as food, money and security. It's worse if you have a sibling to look after. [FGP.5 (F): 119-121]*

Yet another participant added:

*Oh yes, you have said what I wanted to say about younger brothers and sisters. They are dependent on you and you are also a child who should be looked after by someone else...uum its aaah a very difficult situation. Being a parent when you are a child is not easy, especially finding food. Finding food or planning what to eat is a difficult task even for adults let alone for children living alone. [FGP 5 (F): 122-128]*

During interviews one participant narrated how he went to fetch firewood for sale and for household use in a prohibited farm. This is captured in the following statement:

*I sometimes look for piece jobs. Sometimes we go to Mr Zepi's farm (not real name) to look for firewood so that we can sell to the neighbours. If you are caught they take you to the police [P.9:2341-2343].*

*I saw a small pile of firewood near the cabin. The small logs appeared to be fresh, not dry to be able to burn easily. This confirmed that the participant indeed looked for firewood to sell. [Researcher's diary, 20/06/17]*

Another participant who looked after her younger brother narrated her ordeal as follows:

*Sometimes he refuses to go to school... [P.11:3067] I play the role of parent. [P.11:3070]. I have my own responsibilities and soon I will be writing my "O" Level examinations. It is hard for me to cater for both my brother and myself. I have to help him prepare for school in the morning. In the evening he needs food. I fail to prepare him hot meals and I end up giving him snacks instead...I fail to cook proper meals because of school work. It is very hard for a child like me to play the role of mother to another child. [P. 11: 3074-3081]*

A male participant who lived with his primary school-going sister reported how difficult it was to look after his sister when he said:

*My life is a bit difficult because I am hardly at home early. I leave around 6 in the morning and only to return home around 7 or 8 pm. My sister is still young and she can't cook. I have to do the cooking...she can't cook sadza (staple diet). I end up cooking because there is no one to do it. [P.7: 1731-1737]*

Yet another participant described how looking after his younger sibling affected him psychologically and exposed him to a lot of stress. The challenges he faced resulted from the poor status of their household. Their father was late and the mother had been taken away, seriously ill, by her relatives who simply left the young children (eldest 15 years) alone, unaccompanied. The participant had lost touch with his mother's relatives and was not sure if the worst had happened. The participant's concern is encapsulated in the following quotation:

*My brothers were chased away from school before their teachers were aware of our situation. I got very stressed because I am already struggling to feed them so I wondered where I would get the fees. I wrote a letter to their teachers informing them about our plight. I wrote a letter, gave it to my brother and waited for a response. [P.9:2632-2637]*

### **c) Sibling misunderstandings**

Responses of participants who lived with siblings indicated that they normally had problems with each other. They indicated that they misunderstood each other and often quarrelled or engaged in fist fights at times as the following quotation highlights:

*We are always quarrelling because we are both 15 years old. None of us would want to take orders from the other. Sometimes we fight and there is no one to control us. It is not easy because no one can determine who is right or wrong when we fight. [P.12: 3559-3562]*

During focus group discussions, participants concurred that siblings have challenges relating to each other at times. This was due to lack of cooperation by younger siblings who do not want to take orders from their older ones as revealed below:

*Some siblings are difficult to deal with as they regard the older child as a child. The younger children cause problems, sometimes they refuse to go to school, and as a child I can't punish them... You are given problems by these young kids. They refuse to cooperate. [FGP 4 (M): 218-223]*



Another male participant who lived with his twin sister talked about the lack of cooperation between and among siblings who live together. The participant showed concern about the behaviour of his sister:

*She is at the stage where she wants to experiment. She thinks I must not give her orders because she is almost my age. She comes home late and she won't listen to my instructions. [P.13: 3777-3781]*

#### **d) Household chores are stressful**

All participants indicated that life in CHHs is difficult as most of the time before and after school is spent doing house chores. Such household errands tend to disturb school routines and thereby negatively affecting school success. Participants indicated that they worry a lot about the welfare of siblings causing them emotional strain:

*If you look at our house, it has not been completed and I do not think any of our relatives has plans to complete building it. I do try to keep the place clean but no one helps me. I do most of the housework by myself and most the time I will be busy with my school work. [P.12: 3577-3580]*

On the same issue, another participant made her contribution by verbalising that:

*When I wake in the morning I have to make sure that my brothers have eaten, bathed and gone to school. They have to be presentable. When I return from school I have to make sure they are home safe from school. Sometimes I get home before them (younger siblings) and I find out that they have been dismissed earlier. I begin to worry about their whereabouts. Sometimes I go and ask their teachers if they were present in class. When the teacher says that they were in class, I get more worried. Sometimes we miss each other along the way. [P.9:2456-2466]*

#### 5.2.1.4 Sub-theme 4: Adolescents living in CHHs’ perception of education and education-related challenges facing them

Education is regarded as a tool for success. Participants indicated that they experience several education-related challenges such as lack of school fees, scholastic items, lack of motivational support during school activities, and lack of civil documentation. Table 4.6 outlines the inclusion and exclusion criteria for sub-theme 4.

**Table 5.6: Inclusion and exclusion criteria for sub-theme 1.4**

Subtheme 1.4	Inclusion criteria	Exclusion criteria
<b>Participants’ experiences of education-related issues.</b>	Data indicating participants’ experiences of education –related issues.	Any reference by participants living in CHHs made to experiences other than those related to the education issue.

##### a) Perception of education by adolescents

All participant responses showed that education is regarded as very important in life. Despite facing challenges, they chose to continue with schooling. In order to show the value they attach to education, one of the participants explained:

*I do face some challenges at school but I persevere so that my performance in class remains good, I wish to do well in examination and come up with a better pass [P.9: 2672-2675]*

Another participant added:

*I would like to have a better life so that I can help my brothers so that they can keep going to school. I want to have a bright future. [P.9: 2625-2627]*

Yet another participant indicated that education was important in uplifting the standard life of families by saying:

*I wish to make life better for my family through my education. [P.1: 146]*

*Everyone in my family is depending on me to change their lives [P.1:155-156]*

One other participant explained her motivation for working hard at school. Her intention was to make her parents happy by working hard and completing school:

*My aim is to complete school and make my parents happy, I am really working hard. [P.2: 179-180]*

Another participant was already looking ahead to proceed to tertiary level. In his opinion, getting educated translates to getting a good job. The participant had dreams about looking after his family members if he worked hard and passed:

*I wish to do well in my studies and go to university; I would like to get a good job so that I can look after my sister. [P.13: 4027-4028]*

*After saying the above words the participant's face looked bright, indicating that she had hope for a better future life. She appeared relaxed as she talked to me. [Researcher's Journal, 11 /06/17]*

One participant, whose parents lived at a farm working on other people's land, indicated that farm life is not pleasant at all. There were no proper schools, children walk very long distances to the nearest school, arriving there already exhausted to learn anything. His parents decided that he remain learning in town. This may explain why some parents leave their children in town to get 'better' education as compared to what exists on farm schools. The participant had this to say:

*They (parents) left me here to get better education. I visit them during school holidays and help them with chores on the farm. [P.1: 14-15]*

Another participant, a maternal orphan whose father left for South Africa after the burial of his wife, indicated that his father left him in the country so that he could go to school in town where it is believed there is better education. The following statement is presented to confirm this:

*My father left me soon after my mother's burial. He said I should remain here in Zimbabwe so that I can go to school. I am renting my own room (in town). [P.4: 638-639]*

Similar views were expressed during focus group where one participant explained why he is learning in town when his brothers are with grandmother in the village:

*They [parents] left me to rent a place on my own. My brothers are with our grandmother in the village. My parents think that it is better to learn*

*here where there are better schools as compared to the schools in the village. [FGP.5: 838-840]*

Reflecting on the challenges they face, participants' responses revealed that they do not only think about themselves as they strive to get education, but think of others, including underprivileged children. They also have great ideas about life as attested below:

*If I do well in my studies, it is my wish to complete building the house that my parents left us. I also intend to start a group which helps orphans and supply them with basic needs...I would like to help orphans because I am in that situation and no one can understand the challenges that are faced by orphans better than me. I would like to help such orphans and ensure that their future is bright. [P.12: 3689-3697]*

Education is construed as an important investment which benefits family members. Participants were aware of the challenges they were facing as well as of what their families expected of them. Emphasis was placed on the role that education plays in one's life without which one is regarded as nobody. Participants indicated that they had dreams to fulfil in life such as completing school successfully and training in different professions as the following statement highlights:

*...I do school work first because school work is more important... I put school first because I have aspirations for life and you have to be educated to be someone in life. [P.10: 2962-2969]*

Three other participants made known their visions by stating how they wish to pass their examinations and proceed to tertiary education to train in different professions. The following excerpts serve to support participants' dreams:

*I am working hard so that I come up with very good points after writing my Form 6 examinations...I am aiming for 13 to 15 points. I want to be a lawyer after completing my studies. [P.3: 601-604]*

*I want to pass my 'A' Level examinations and proceed to University. [P.7: 1988]*

*I would like to do well in school and become a Chartered Accountant. [P.14: 4261]*

From the point of view of all participants, education is very important as it would enable them to get better paying jobs in future. Despite facing challenges, all the participants thought that education is a gateway to success. All of them showed a lot of commitment and perseverance to acquire education with the hope of living better lives in future.

## **b) Educational challenges facing learners living in CHHs**

### **i) Lack of school fees**

The majority of participants, 71.43% reported having challenges getting money to pay school fees, which are pegged at \$50 per term at the school. Participants' responses indicated that lack of fees is a major source of embarrassment at school when authorities come to chase away those who would not have paid. One participant lamented this situation by saying:

*I once failed to pay school fees after the tenants had also failed to pay rent for the rooms they use. [P.6: 1406] ...the school authorities kept nagging me about the money... It really irritated me. You would be interrupted in the middle of a lesson. [P. 6: 1411-1415]*

Two other participants added their voices about the school fees issue saying:

*My greatest requirement is school fees to further my studies. I wish to have someone who can pay my school fees. [P. 10: 3012-3013]*

*I can't pay my school fees... My life is very hard. My situation affects me negatively....I would end up crying. I end up failing to concentrate on my studies. I have so many problems... [P.4: 794-796]*

The same participant went on to explain how he was punished for not having paid fees as well as being barred from attending classes for non-payment of fees. To clearly demonstrate what happened, the participant articulated his story as follows:

*Last year they punished us for not paying fees. We dug the school field. We were told that the hard labour was to cover the arrears for a certain period. Sometimes we are barred from attending lessons and sometimes the authorities asked me when I will pay the balance. [P.4:743-747]*

## **ii) Lack of motivational support**

The majority of participants, 78.57% lamented the absence of their parents in relation to the motivational roles they play in their life as children. Parents support their children in many ways. Absence of parents results in negative feelings by learners who feel cheated. To appreciate the participants' sentiments with regard to the importance of parental support at school, the following excerpt is cited:

*My greatest challenge is that my parents are far away and they can't attend any school activities such as consultation days. [P.2: 208-209]*

For those children who had their parents working elsewhere in the diaspora, the assumption was that they were well catered for all the time. However, they did not always get what they wanted as and when they needed something. As a result, some participants felt inconvenienced because they lacked the financial resources needed for buying educational essentials as the following quotation testifies:

*...my father does pay my school fees but he does not send the money regularly. I am always behind and I have arrears at school. The money is never sent on time for example, if the money must be paid in June I get it 3 months later. [P.4: 642-645]*

Some participants' responses show that they lacked school fees altogether and have to find work (piece jobs) to raise money for fees as the following quotation reveals:

*I help out during school holidays, doing piece jobs to raise my school fees... I do different piece jobs with my father. [P.1: 146-149].*

*I do piece jobs which include working on other people's farms, for example, preparing the land by digging, planting and weeding their crops [P.1: 151-152].*

## **iii) Shortage of school resources**

Effective teaching is possible in classrooms that are adequately resourced. During interviews, all the participants cited high teacher-student ratios as impacting negatively on their learning. Due to a shortage of teaching and learning apparatus, students scramble to use the few resources available. It is difficult to conduct practical experiments without adequate apparatus. The shortage of textbooks also

affects students' research because books have to be shared. In view of these shortages, one participant lamented this situation by saying:

*There is a high teacher-pupil ratio at our school and limited apparatus for carrying out experiments or doing practical subjects. We carry out experiments in large groups and all we can do is observe as one group member does the practical work. It is difficult to master concepts in such a manner. There are also very few textbooks at school. Individual written work becomes very difficult to do because we share one textbook among three or four children. We do homework tasks under strenuous conditions. [P.8:2170-2177]*

Shortage of textbooks was described as a 'crisis' situation for Lower and Upper 6 students (Forms 5 and 6 respectively) because the ratio of sharing is very high. On shortage of textbooks, one participant gave the following account:

*There is a crisis where books are concerned at Lower and Upper 6. We have very few text-books and we share one book per four students. Textbooks are not enough and we have to rotate using them. The situation is not balancing well. [P.7:1946-1949]*

#### **iv) Lack of civil documents and adult representation**

Some of the challenges that adolescents living in CHHs face are related to lack of civil documentation. Of importance are documents that facilitate the placement of learners in programmes that assist them with school fees and other scholastic essentials. Participants' responses indicate some children cannot be placed on some educational programmes because they do not possess birth certificates. In this study, only one participant had no birth certificate although his two did not have either. The participant could not be placed in any school fees programme as confirmed below:

*I do not have a birth certificate. My brothers do not have birth certificates either. We were supposed to be placed on school fees programmes which pay school fees for disadvantaged children. Sometimes I am barred from attending lessons because of school fees. The school wants me to pay up but... I can't. [P. 9: 2478-2484]*

Because of his poor background and lack of a birth certificate he could not register on the school fees programmes, resulting in difficulties to pay fees, hence he owed the school money as expressed below:

*This term I have not paid school fees. I remember that I last paid my fees in the first term. I owe the school \$15.00. Teachers encouraged my mother to get me a birth certificate so that when opportunity arises, I can be placed on school fees programmes. [P. 9: 2497-2505]*

Besides the lack of necessary documentation, some children do not have adults who represent them so that they can be assisted in paying school fees. Some participants lamented a lack of guardianship which, they said, was a hindrance to getting school fees assistance from government and other philanthropic organisations. One participant had this to say:

*There are programmes that provide assistance in the form of school fees for vulnerable students. Our major challenge is lack of guardianship. Therefore we have no one to process our papers so that our school fees are paid. It has been four years now since our parents passed on and the assistance would be very welcome but we have no guardian to stand for us. [P. 13: 3919-3924]*

*Participant threw both hands in the air and looked aside. There was desperation in the face. [Researcher's diary, 18/06/17]*

Participants living in CHHs regarded education as an important investment one should strive to obtain if one is to be counted in life. Literature indicates that indeed, such children regard education as important in life. A study done by Jakachira and Muchabaiwa (2015) on the relationship between living in CHHs and academic performance revealed that children choose to pursue their education because of their desire to use education as an instrument to change their impoverished socio-economic statuses in the future. This observation further buttressed the fact that education has the potential to change the situation of suffering if they choose to pursue it (Gaciuki, 2016; Lethale & Pillay, 2013). Participants in this study revealed that they wanted to pursue education so that their future life would be bright. They wanted to work hard, pass and proceed to university. Participants indicated their dreams of becoming esteemed professionals such as lawyers and chartered accountants whom they perceived earned lots of money. Some participants indicated that they would want to get educated so that they would help their families live better lives as well as making their parents happy.

Many parents who migrated to farms or abroad left their children behind to attend school in town as the findings of this study showed. Participants' responses testified



that they remained living alone in CHHs to attend school. Parents who left the country decided to leave their children in the country to continue with their education (Kufakurinani et al., 2014). Similarly, parents who migrated internally to farms to do agriculture also left their children to attend school in town. One major finding of this study is the fact that, not all adolescents who lived in CHHs were orphans. The children who were left behind were left for purposes of going to school in town. They rented rooms in order to go to school. This is unlike a situation where orphans rented rooms to go to school. In this case, adolescents with living parents also stayed alone in CHHs, renting rooms in order to go to school. This kind of CHH is silent in literature hence it is an important finding for the study.

Many challenges confront adolescents living in CHHs (Pillay & Nesengani, 2009). These challenges include lack of school necessities, discipline problems at school, lack of school fees, dropping out, and poor academic achievement. Due to lack of school fees some participants reported that they were sometimes barred from attending lessons. This practice where learners are barred from attending lessons due to non-payment is not uncommon in Zimbabwe schools. This study made a shocking revelation where some participants were reportedly punished for not paying school fees. Participants were made to dig a piece of land as 'payment of fees.' Such a practice violates the rights of children for they cannot be physically punished for not paying fees as if it is their responsibility to do so.

Responses of participants showed that parental absence was a hindrance to academic achievement. Lack of parental support at school affected the participants negatively as they had no one to motivate them. Findings of this study resonate with other findings conducted elsewhere. For example, a study conducted on children with parents in diaspora in Zimbabwe revealed how damaging it is on learners whose parents were absent during school activities such as consultation days (Kufakurinani et al., 2014). The said study also revealed how children felt abandoned because they had no one to cheer them up during sports competitions in comparison with other children who enjoyed parental support on such days. Lack of birth certificates disqualified some participants who would have been placed on some programmes that pay school fees for disadvantaged children like those living in CHHs. As Mohlakwana (2013) indicated, children who do not possess required documentation lose out on most government initiatives to assist disadvantaged

children. It is double tragedy for adolescents living in CHHs particularly when they are orphans without civil documents such as birth certificates.

### 5.3 THEME 2: RESILIENCE-ENHANCING RESOURCES AND ADOLESCENTS' AGENCY

Participants who took part in interviews and focus group discussion highlighted the ways in which they engaged other resources external to them to overcome challenges they faced in CHHs. This theme focuses on participants' use of resources external to their households to enhance their resilience. They used their survival strategies and ingenuity to bolster their resilience. Table 5.7 outlines the inclusion and exclusion criteria for sub-theme 2.1

**Table 5.7: Inclusion and exclusion criteria for sub-theme 2.1**

Sub-theme 2.1	Inclusion criteria	Exclusion criteria
Survival strategies employed by adolescents.	Any mention of survival strategies employed by adolescents in CHHs.	Any mention of survival strategies not used by adolescents in CHHs.

#### 5.3.1 Sub-theme 1: Survival mechanisms employed by adolescents

During interviews, all the participants demonstrated the importance of social networks in helping them navigate through hardship. Findings of the study revealed the importance participants attached to support network systems provided by parents, relatives, neighbours, friends, peers, co- lodgers, the church and the school.

##### a) Friends and peer support

All participants' responses indicated that friends play an important role in their life. Friends were important in that they helped their peers solve school homework problems as well as assisting in solving personal and social challenges:

*I share ideas with my friends and they keep me company when I am lonely. My friends help me when I have problems and they also help me with homework. [P.1:91-93]*

Friends also share secrets between themselves as shown below:

*Friends are very important to me especially my friend from next door. When I share my problems with him, he never tells other people about my secrets. He does his best to help me when I have a problem. [P.3:518-521]*

Similar views were expressed during focus group discussion where friends were identified as an important social support system that offers companionship:

*Friends are useful and if you are fortunate you get supportive friends. If you are both orphans you have a lot in common and you don't feel isolated for example, by dressing. You stick together because you share a lot in common. Sometimes you get friends who provide you with needs such as books, pens or even food. [FGP. 6 (M): 518-522]*

During the focus group discussion, participants indicated that they get more help from friends than from any other social support system:

*Moral support is very important. A true friend notices when you are unhappy and she tries to cheer you up and assures you that all people are equal. If she has something she gives you and you relieve your stress. [FGP. 2 (F): 532-534]*

It also emerged during focus group discussion that friends assisted each other with consumables for use at school:

*At school for example, they give pens, pencils and writing exercise books. Other learners may not know that you were given these things. This kind of life is what makes me work hard at school and persevere because I want to pass and become someone in life. I cannot continue to live like this. It's not good. [FGP. 6 (F): 348-352]*

The findings of the study also indicate that participants depend more on their friends than on adults as they got encouragement from them:

*My friends encourage me to stay focused and soldier on. They give me moral support and encourage me to stay strong and have a positive mind regardless of my situation. [P.8: 2250-2254]*

Yet another participant said:

*Some friends help me with schoolwork and teach me how to live well with others ...they come to chat with me... They encourage me to work hard in school so that I have a better future. [P.6: 1311-1322]*

Besides encouragement, friends also helped with doing homework and assignments:

*When I have homework, sometimes I fail to answer the questions on my own. No one can assist me with the school assignments at home. My friends help me with my homework and they also offer moral support through encouraging me to stay strong. [P.8: 2116-2119]*

Friends also give advice on life issues as one participant verbalises:

*He helps me with advice on dressing. He always says positive things because he goes to church. He is focused on his schoolwork and he advised me to stop dating. I had a girlfriend when I was in Form 4 around examination time, but Mazvita (not real name) spoke to me and I stopped. I was under peer pressure about dating and one would be regarded as backward if you didn't have a girlfriend. [P.7: 1887-1892]*

Friends also played a comforting role as well as helped to solve difficult mathematical problems, as the following statement reveals:

*Haa, some friends come to comfort me, they sympathise with me. They say that I should wait for my mother and pray for her health so that she can come back to us. We help each other with homework. Sometimes I fail to write my homework because of house work so my friends help me. They explain concepts that I would have failed to master especially in Mathematics so that I do not lag behind. [P.9:2557-2565]*

Another participant had this to say:

*Friends are there to comfort me when I am stressed. They show me love through helping me because they understand my situation. Sometimes they chip in and give me money for maize-meal...I know they are there for me. [P.13:3894-3898]*

Because living in a child-headed household is normally a life of loneliness, friends offer companionship as one participant reveals:

*...friends are very important to me. Sometimes we talk about life. We may be very young but we give each other hope. We believe that the future will be better. So I realise the importance of my friends. [P.13: 3907-3910]*

Yet another one talked about giving each other companionship as follows:

*My friends make sure that I am not lonely since I stay alone. They offer me companionship....I value their friendship. We study together and*

*sometimes they help me by giving me what I do not have. [P.10: 2825-2835]*

Another participant added:

*My friends cheer me up when I am down-spirited. My best friend is Michelle (not real name) and we really get along well. Michelle's mother is aware that I stay in a CHH. She comes here to entertain me. We share food and she goes back in the evening... I really feel that we have a good friendship. We give each other advice. [P.11: 3301-3305]*

One way in which friends help each other is through sharing what they have and providing emotional nourishment when down-spirited:

*I have few friends because not many people understand me as a child living without parents. I share my problems with my friends and some assist me after talking to their parents about my problems....they are important because they help me a lot. When I am upset, they show concern and they make me feel better. They give me different things so I am really grateful to them. [P. 12:3605-3614]*

In agreement, another participant added:

*Those few friends I hang out with help me to remember and obey the rules that my parents set for me... We discuss problems that we have and share ideas on how to solve them...I realise that my friends want the best out of me. [P14: 4183-4189]*

However, during the focus group discussion, participants indicated that there was the possibility of getting bad friends with negative influence. In their opinions, it was sheer luck to find good friends who can influence others positively:

*If you are unlucky you get a friend who influences you to do bad things like taking drugs, stealing and drinking beer. Sometimes friends tell your secrets to the wrong people and you feel vulnerable, isolated and betrayed. [FGP.4 (M): 538-541]*

#### **a) Siblings' mutual support**

Despite enduring challenges in their households, participants' responses indicate that, for those who stay with siblings, they enjoy each other's company and give each other a shoulder to lean on. Together they help each other:

*You can send the (siblings) to the shops or they can help you with household chores. I can mop the floor while my sibling applies floor polish after me if we have it. I can do my homework while they help me do the chores. [FGP. 5 (F): 497-499]*

Another participant expressed similar views by revealing that:

*My siblings and I were abandoned by our relatives; my siblings help me with ideas when I feel helpless. Sometimes she says lets go and see so and so to seek help and we do get help. She makes life easier and more bearable for me. [FGP.1 (F): 502-506]*

During focus group another participant remarked:

*We give each other hope and strength. [FGP. 4 (M): 509]*

When some participants laughed as if to mean that the contribution that siblings find comfort in each other was not possible, one of the participants retorted:

*Yes, he has a valid point. Giving each other a shoulder to lean on is giving one another hope. When you are alone you are stressed. It differs when you have a shoulder to lean on. It makes life enjoyable a bit. [FGP. 5 (F): 511-514]*

## **b) Parental and extended family support**

Parental support for children is important because of its nurturing role. Parents provide for their children. All of the participants' responses captured some of the critical roles parents play in the lives of their children. Despite staying far apart from their children, some parents instituted some strategies which allowed them to assist and keep track of their children. The following excerpt is provided to show this:

*Our parents...send us money including groceries. They call us quite often just to check on us, and they are concerned about our life here. [P.11:3091-3092]*

Another participant spoke about how thankful and appreciative he was of his supportive parents for making sure that he was well provided for during his stay in a CHH. The statement below shows this:

*I really appreciate my parents' effort. They provide all that I need, rent, fees, pocket money and food. They are there for me even though we*

*are apart...I have good uniforms and when I go for holidays they buy me more uniforms. [P.14: 4229-4233]*

Another participant indicated that he depended entirely on his parents. The participant learnt to wait until help was rendered by his parents:

*I depend on my parents completely. When I run out food and other supplies, I send them a 'Please call me back' on the phone...sometimes they won't be able to help and I wait until they can send me something. There is nothing much I can do except to wait until my parents can help me. I simply accept my fate. [P.1: 47-54]*

Relatives are regarded as another critical social support system for children living in CHHs. In the absence of parents, relatives normally fill the gap of looking after children. However, the kind of support some relatives offer cannot be relied upon as their visits to such children are not consistent. In some cases, the children who desperately need their guidance are better off without them. Visits by relatives are erratic as one participant articulated:

*Sometimes my uncles, grandmother and other relatives from the village pass through and check on us. [P.11: 3265-3266]*

Relatives also gave their assistance as the following excerpts reveal:

*They [relatives] bring groceries for us since they are aware that we are alone. Sometimes they give us money to do some shopping ...Then they leave. They bring us maize for maize-meal and some ground nuts. [P.11:3268-3272]*

*I get some maize for maize-meal from my uncle's farm. He provides food and money for me and he also gives me advice and guidance because I spend my holidays at the farm sometimes... I do not have problems with my uncle. He disciplines me when I misbehave just like he does to his own children. [P.3:427-436]*

During interviews some of the participants said that relatives assisted them with basic necessities. The first statement shows that there was a cordial relationship between the participant and the relative. The second quotation indicates that help only came when the relative could afford.

*I call my grandmother and uncle and they give me money to use. [P.6:1251]*

*Sometimes my father's brother who stays in Harare sends us money when he gets paid. He is a policeman in the Zimbabwe Republic Police (ZRP)...our uncle is the one who provides more for us. His wife brings food (groceries) clothes and other things when she visits us. They also buy uniforms for us. [P.12: 3535-3542]*

Similar views were expressed during the focus group discussion. Participants reported that they received assistance in the form of food and money from their relatives as the following quotation espouses:

*Some relatives are nice, for example my only aunt, she makes sure that I have food every day. She really tries although she can't meet all my needs. Sometimes you get used to the situation since my aunt cannot afford to give me pocket money for school. [FGP.3 (F): 470-473]*

Some participants showed an awareness of the economic state of some of their relatives whom they reported as having challenges looking after their own families:

*Sometimes the relatives are in bad situations themselves and you already know that it is pointless to seek their assistance. When they manage to help you with fees you rejoice...They have their own problems. [FGP. 5 (F): 490-493]*

Findings of this study suggest that, while relatives did visit children living in CHHs, the visits were occasional and erratic. In most cases relatives visited the children when they were passing by to other places for other errands as demonstrated below:

*There are some relatives who visit us here and there. [P.11:3168]*

*...our relatives come to help here and there. [P.5: 952]*

Participants acknowledged that their relatives were also struggling to make ends meet hence they accepted their fate because they had no choice. These sentiments are echoed in the following quotations:

*Our uncle also has responsibilities towards his own family and he cannot give us everything we need. We just have to make do with what we get from him because it is not easy to get more. [P.12: 3548-3550]*

*My uncle is a builder and when he gets a contract he assists us but he also has a family to look after. He is struggling like us but he is trying his best to help. [P.12:3599-3601]*



To demonstrate that adolescents living in CHHs understand that life is a struggle, one participant described how he sympathised with his relative who was his only source of help but struggled to assist him. The participant showed understanding of what life means for other people by articulating that:

*As a woman, I understand that things are hard for her and she has her own family to look after. She also doesn't want to see us suffering so she tries by all means to help us. However, it is a burden for her and she fails to meet our demands although she tries her best...she is the only person whom I can say is our main source of support. [P.9:2404-241]*

### **c) Neighbours' support**

In the absence of parents and other relatives, adolescents living in CHHs turned to their neighbours for support. Participants' responses suggest that neighbours are quick to come to the rescue of the adolescents living in CHHs when they meet challenges as demonstrated below:

*...my neighbours support me especially the lady who lives next to us. She has a large garden and I help her in the garden, her son is my friend and she gives us tasks in her garden and I get vegetables in return and money sometimes. [P.3: 448-451]*

*If we tell our neighbours they assist us or they lend us money which we return after our parents have sent some money. [P.5:914-916]*

*...we ask for the neighbours' help because they understand our situation and they can take us to hospital when we fall sick. [P.5:1007-1008]*

Neighbours help in many ways, even when they themselves are struggling to make ends meet; they always make effort to assist children whom they know have challenges as the statements below illustrate:

*...we get help from the lady who keeps our freezits [small sachets of sweetened drink] for us. She comes to ask what sort of problems we will be facing. She tries to help us if she can but can't help us as often as she wants to because her husband is unemployed and things are tough for them. She is struggling to support her family so it is complicated. [P.9:2513-2517]*

Parents who live elsewhere while their children live alone engage their neighbours to check on their children. This is done through telephoning their neighbours to assist them by watching over their children and reporting back. However, there are limits to which neighbours can assist as they too would be preoccupied with their own family issues as confirmed below:

*My parents call our neighbours and ask them to check on us, but you know neighbours cannot do much for us. All they can say is “Good morning, how was your night and so forth?” They can’t ask us if we have enough food [P.11:3087-3090]*

*...our neighbours are doing a very good thing...they communicate with our parents; giving them updates on our life...we have to appreciate the neighbours’ effort in guiding us. [P.11: 3153-3165]*

Participants revealed that neighbours also provided them with psycho-social support as they do with their own children. The following excerpts are presented in support of this:

*There are some people who help us. They do not provide food for us but they guide and counsel us. They give us general talk about life. They ensure that we are on the right track. [P.11:3146-3150]*

*Some neighbours check on us regularly and even provide assistance when we require it. Our neighbours help us when we need money, when we run out of maize-meal. If we explain what we need they help us a lot. [P.12:3527-3531]*

The role of neighbours in the lives of children who live in CHHs cannot be taken for granted. They assist with scholastic materials as well as food items. Neighbours also go out of their way to assist when these children fall ill as the following excerpts reveal:

*...we have adequate books because our neighbours provided them. [P.12:3644]*

*Sometimes I run out of maize-meal and I fail to make it to the grinding mill. Our neighbours can give us maize-meal. Sometimes I borrow salt as well as cooking oil... [P.11.3188-3190]*

*The lady from next door is a very understanding woman. I regard her as a mother. She assists us when faced with problems like falling sick... [P.12:3595-3597]*

Similar views were expressed during focus group discussion. Participants spoke well about the important role neighbours played in their lives. They indicated that it was not possible to live successfully without the help of neighbours:

*...you can't live alone without help from neighbours, they help in many ways so much that I can't say all the things one by one. Neighbours mean a lot. In their absence orphans or children living in CHHs would find life very difficult. [FGP. 3(F): 608-611]*

Another participant added:

*Neighbours can be really helpful. I once had a problem whereby my sibling fell ill during the night and the neighbours took us to hospital since we live alone as children. Sometimes they give us foodstuffs such as salt when they run out. [FGP 5 (F): 593-599]*

#### **d) Co-lodgers' support**

Participants indicated that co-lodgers are important in their lives. Co-lodgers are people with whom the adolescents living in CHHs share lodgings with under the same roof but living in different rooms. Each of the co-lodgers pays rent to the owner of the house and usually they are adults or family men and women who do not have their own houses but find a room or two to lodge and pay rent. These are regarded as an important social support base for adolescents living in CHHs as they also assist them in many ways. During interview, one participant indicated that he got a lot of help from his co-lodgers:

*My co-lodgers are aware of my situation, they even know my parents.. My co-lodgers help me with food when my supplies run out. [P.1; 33-38] There is a motherly co-lodger here. She helps me with food and money for transport to school. [P.1:79-80]*

Another participant said that she gets a lot of help from her co-lodgers:

*My co-lodgers help me a lot when I am faced with problems. When I get sick, they attend to me quickly and they also cook for me...they are always checking on me to see if I am alright. They are very important to me...They take care of me. [P.2: 219-226]*

Some participants who rented rooms to lodgers said that their tenants were humane and supportive:

*My lodgers also give me support and they help me a lot. They treat me as their child because they are close to me. [P3:491-495]*

Yet another participant indicated that co-lodgers provide them with a sense of security as the next quotation conveys:

*They [co-lodgers] give us a sense of security because they are always at home so break-ins are very rare. They also deal with my sister's queries and they help her when she needs things when I am not around. [P.7:1852-1856]*

#### **e) The church and spirituality**

All the participants indicated that they were members of one church or another, with the majority, 64.29%, saying that they were members of the Roman Catholic Church and the remainder belonging to some Pentecostal churches. The church is viewed as having the ability to ease the challenges children living in CHHs face. Church elders play critical pastoral roles of moulding, guiding and teaching the youth responsible ways of behaving. Participants indicated that they take part in youth activities in the form of clubs. The church helps adolescents learn about God through Bible study, worshipping and praying. Participants portray the church as a life-enhancing institution as the following statements reveal:

*The church helps me to say my prayers and get blessings from God. [P.11:3397-3398]*

*I go to church to pray so that my life goes on well. [P.6:1398]*

Besides going to church to pray, worship God and asking for divine providence, some participants indicated that the church played an advisory role to youths to behave in acceptable ways:

*The church guides and I refrain from bad behaviour because we share the word of God at church. I am on the right path because when I remember what was preached about in previous sermons, I correct my behaviour. [P.3: 596-599]*

*The church also plays a major role in moulding and inspiring me. [P.3:617-618]*

*The church guides us from mischief and they emphasise that we must obey our parents whether we live alone or with our parents. We must not go out at night. [P.11:3419-3421]*

Similar views were also expressed during focus group discussion where participants indicated that it is possible to pray individually:

*Even on your own, you can find a quiet place and kneel down to pray rather than wait for church services. God sees you and hears your prayers wherever you are. [FGP. 3 (F): 672-674]*

Two other participants indicated the reasons for going to church:

*We gain a lot of knowledge about the Bible at church. As children who live alone without guidance, the church helps us through by providing a sort of correctional facility. We are encouraged to go for prayers and correct our ways of thinking. [FGP. 2 (F): 634-637]*

*I need spiritual support because lack of prayer can result in Satanism. It also leads to bad deeds like stealing, prostitution et cetera. If we get more spiritual support through prayer invitations and preaching, it may help us to become good children. It is very important to go to church since you develop a close relationship with God. Our situation in CHHs will become bearable because God will be by your side. You have help from God. Help from God is satisfying. [FGP.5 (F): 757-764]*

Going to church is considered important by adolescents living in CHHs. In their views, attending church enabled them to get donations. However, the majority of participants' responses communicated that getting assistance from the church was conditional in the sense that, only those who attend church services regularly are given donations:

*I used to get donations from church in the form of shoes, socks and jerseys especially in winter. Now I can't get those warm clothes because I stopped going to church. [P.4: 818-82]*

During focus group discussion, two of the participants explained how they once got assistance and advice from the Church Elder and a Pastor. The following excerpts reveal this:

*I was once helped by the Church Elder and his wife when I faced problems. They are a very nice couple from our church and they do*

*their best to help me. I once got financial assistance from them when I had to buy textbooks for school. I had no money at home and I was just talking about the problem at church and they gave me the money without me asking for it...I am grateful for the church Elder's help. [P.8:2106-2112]*

*My pastor advised me to stop dating because there was a high chance that I could impregnate a girl because I have no one to monitor me. He advised me to concentrate on my schooling. [P.7:1785-1787]*

The church is depicted as playing an important role in the lives of adolescents living in CHHs:

*I get an opportunity to share the word of God with others. The church helps to remind me about being a good child. It plays an important role in ensuring that I am well behaved. [P.8:2206-2211]*

Similar views emerged during the focus group discussion, with participants indicating that they also receive food hampers and money from the church as the next quotation refers:

*Sometimes people from the church also help us. They give us food, money and donate old clothes, not only for me, but to others as well. [FGP. 4 (M): 358-360]*

Prayer has the power to soothe the souls of individuals worrying about challenges they encounter as they live alone in CHHs. Saying prayers is a way of speaking to God and asking for divine intervention. The importance of prayers is shown by the following statements.

*I get calm after saying my prayers at church. [P.10: 2936]*

*I remember when my mother became ill, people prayed for her so that she could get up and go with her relatives. I saw that as a great form of support. [P.9: 2424-2426]*

The importance of prayers was also highlighted during the focus group discussion:

*God responds to people's prayers. I agree that prayer works because even the Bible informs us that God is the God of orphans like us so I know God will definitely help me if I pray. Doors will open because of the prayers. I told you about the teacher who helps me. I realised that it is God who helped me through His grace and doors have opened for*

*me. Help comes your way when you least expect it. [FGP.1 (F): 661-667]*

#### **f) Church youth clubs as support**

The majority of participants, 71.43% indicated that youth clubs provide a lot of support and inspiration. These are platforms for youngsters to learn, share and solve problems, provide guidance and counselling, meet new friends and networking. Issues of personal hygiene and how to handle boy-girl relationships are discussed at such clubs. The following excerpts are provided in support of some of the critical issues highlighted:

*... I ... attend youth clubs. We discuss life situations that we face on a daily basis. We share problems together as youth and we try to solve them together. [P.8:2194-2198]*

*I also attend Youth Clubs. I really enjoy the conferences because I get to know about the dos and don'ts of relationships. [P. 10: 3398-3403]*

*We are taught about basic personal hygiene and how to handle relationships with boys. [P10: 3406-3407]*

Similar views emerged during focus group discussions, with participants espousing the benefits of attending youth clubs:

*We are educated on how to dress properly. We get information on grooming and etiquette. I have gained a lot of information concerning my personal hygiene as a child who has no one teach me that at home. [FGP. 5(F): 835--837]*

It also emerged during in-depth interviews that youth clubs give adolescents opportunities to take part in humanitarian activities which include fund-raising to help other underprivileged children. They also engage in prayer. The following excerpts provide evidence of this:

*We organise fundraising activities to help at the church. We also offer help to orphans and other children like me. [P.5: 1101-1102]*

*I learn a lot from the preaching and it moulds my behaviour especially when I go for youth clubs. [P.5: 1096-1097]*

Similar views were highlighted during the focus group discussion where topics discussed touched on challenges facing children living in CHHs:

*Youth clubs are church services where we meet as youngsters of both boys and girls. We discuss our problems and we try to solve them together. If you are present in such meetings, you might hear your own type of problem being discussed. There is a lot of counselling during youth clubs. [FGP. 1 (F): 649-653]*

#### **g) The school as a resilience-enhancer**

As an institution, the school has an obligation to support the resilience of students. This can be done by instituting educational programmes that bolster students' capacity to be resilient. The majority of participants, constituting 92.86%, showed that the school made an effort to assist students with school fees. In this regard, one of the participants articulated how their school helped them to get fees and some basic needs:

*Our school has provided school fees for us since we are orphans and there is no one who can pay fees for us. We are also given food aid such as maize-meal and rice although we get food aid here and there. [P.12:3622-3624]*

Another participant echoed the same sentiments about the effort the school makes to support learners. He explained how the school is assisting students by placing them on school fees programmes such as Basic Education Assistance Module (BEAM), a government initiative which pays school fees for disadvantaged learners. The participant explained this as follows:

*... the school is supporting us. I was once on BEAM for a year. However, one cannot be on the programme for more than a year because there are so many students who have to be on the programme and must benefit like I did. [P.3:536-540]*

Similar views were expressed during the focus group discussion as encapsulated below:

*At our school teachers do help vulnerable children with stationery if they explain their situation. A child once sought help and the teachers organised a fundraiser. They bought the child the provisions needed using the money they raised. So schools can assist as well. Functions*



*like Mix and Match can be held to help raise money for vulnerable children. [FGP. 5 (F): 549-554]*

The school also supports its learners by providing guidance and counselling services that help them to remain focused, inviting experts to educating learners on particular issues. This is articulated as follows:

*The school invites nurses and the police to teach us about child abuse. After such an education you end up longing to do such a job. There is guidance and counselling at our school and the teachers educate us about life issues and they emphasise the importance of education. [P.11:3315-3319]*

The school is regarded as supportive by crafting rules that direct the behaviour of all learners. Rule infraction is punished to discourage wayward behaviour:

*The school has set rules for us and they do teach us about good behaviour...we follow rules all the time...those who misbehave are punished instantly. P.8:2134-2139]*

*I think the school should keep on encouraging us to obey rules and realise the importance of education. As a child who lives alone, I sometimes end up forgetting the rules because there are no adults to keep an eye on me but if the school teachers reinforce the guidance, we will keep on track. Such guidance is important for us so that we make the right choice where friends are concerned. [P.14:4237-4242]*

The school supports learners by allowing them to write exams without paying fees, with results being withheld until fees are paid. However, some teachers who are sympathetic to the learners leak the results as the following excerpt reveals:

*The school allows us to write exams without paying school fees. They withhold our results but at least the teachers inform us of our class positions. [P.4:777-779]*

Only a few participants indicated that they were allowed to use laptops and Smart-phones to access the internet at school. It is encouraging to note that the school has made great strides in responding to the 21<sup>st</sup>-century needs of learners by availing Internet facilities to the learners for research purposes:

*We are allowed to use laptops at school so it is a disadvantage to students like me who do not have laptops. We use the school books while those with laptops download soft copies. [P.7:1954-1956]*

Some participants indicated that they were discriminated against on the basis of not having paid fees. In view of this, one participant bemoaned this situation by saying:

*We do have Wifi (internet connectivity) at school but, only those who paid their fees have access to the computer lab. [P.4:789-790]*

While internet connectivity is critical for research purposes, there were fears that it could be abused as espoused below:

*Wifi is important but the problem is that not all learners have smartphones or laptops...Wifi can be dangerous because students may end up sourcing phones, laptops through inappropriate means. [P.11:3343-3346]*

In addition, participants' responses indicate that learners who do not have laptops or smartphones for use might use dubious means to acquire them such as stealing and engaging in prostitution as the following excerpts articulate:

*Girls may end up resorting to prostitution and boys might use illegal means such as stealing...Wifi is useful but for some students, it may create very big problems. [P.11:3348-3350]*

*...Wifi has negative effects...you find some students watching movies in class instead of studying...students will end up downloading pornographic material which is illegal. [P.11.3359-3362]*

#### **h) Supportive teachers as resilience-enhancers**

The majority of participants (78.57%) were of the view that teachers were supportive of their learning efforts. Participants felt that teachers assisted them on issues that went beyond classroom and school life. Some teachers offered extra tuition, counselled the students and acted as confidantes. Commenting on the nature of support offered by some teachers, one of the participants had this to say:

*We have assembly and Sir Kizito (not real name) preaches to us about good behaviour. He teaches us about the consequences of having sexual relations while you are still young. I had a girlfriend but after the lesson by him I ended the relationship. I began to concentrate on my*

*school work. I dumped the bad friends that I used to hang out with. [P.14: 4204-4209]*

Positive teacher-student relationships result in students personally and individually connecting with teachers, showing that teachers can have a significant impact on students' lives. Some students benefited from extra tutoring offered by teachers, who were identified by name. Singling out some teachers indicates the existence of a cordial relationship between mentors and mentees as shown below:

*There is a teacher named Mr Kakata (not real name) who gives me extra lessons. He is there for me. I can confide in him. [P.7:1810-1811]*

*I lost our keys recently, in fact, they were stolen. I went to my teacher Mr Kakata, who gave me some money which I used to go and report the matter to my parents. [P.7: 1839-1845]*

*Participant's face looked bright as he reported about a teacher from whom he got support. [Researcher's diary, 20/0617]*

Similar views were expressed during focus group discussions where teacher support was highlighted. Some teachers were described as compassionate and patient:

*Some teachers enlist us for school fees programmes like BEAM and Capernaum. This lessens the burden of school fees. Some teachers are very supportive, they support by giving their best when teaching. They explain things well. They teach us well. The New Curriculum makes emphasis on unhu/Ubuntu, so teachers give advice and counsel us a lot so that we follow rules [FGP. 1 (F): 361-366]*

Another participant made the following remark about teacher support:

*Individual teachers normally provide food from their homes for children living alone if they notice that they have nothing to eat. Some teachers give them stationery or they buy pens for us. When they collect pens from administration, they make sure such children get more pens. [FGP. 3 (F): 565-569]*

Yet another one said:

*...I have a male teacher who helps me. He told me that he grew up as an orphan so he understands my situation. So we have a mutual relationship. He has helped me with nearly everything. He pays my school fees; at least it is not much. He has a family so he can't meet all my needs, I sincerely appreciate what he does. [FGP. 4 (M):572-578]*

The availability of academic support, where students are treated as individuals is important in nurturing academic resilience. One participant described teachers' commitment to help learners as follows:

*The teachers are so patient and they take their time explaining concepts so that we master them...they go an extra mile and that helps me to understand better. [P.8: 2129-2132]*

**i) School clubs as resilience-enhancers**

The issue of social support is important in the lives of adolescents living in CHHs. School clubs are important support systems to which learners can affiliate and become active members of a community of learners. All participants in this study belonged to a school club. One participant had this to say about belonging to a school club:

*I am in the AIDS club. We are mainly concerned about preventing teenage infections. We discuss the spread and prevention of HIV and AIDS. We also look at other STIs and we educate people about child abuse. [P.11:3387-3391]*

Another one stated that:

*I belong to the Environmental Management club (EM) club. We are responsible for cleaning the environment, clean-up campaigns and negotiate with the local municipality for refuse collection. We also educate people in the community about waste management. We help to reduce the spread of diseases. [P.12: 3663-3666]*

Adolescents living in CHHs are exposed to challenges which include poverty, abandonment and migration of parents or guardians among others (Kufakurinani et al., 2014). Adolescents living in CHHs benefit from the protection provided by supportive social systems that neutralise the effect of adverse experiences (Masten, 2014). Participants' responses showed that they engaged their friends or peers as an important social support system (Flisher & Robertson, 2011; Kendrick & Kakuru, 2012; Germann, 2006). Results of this study confirm that participants interacted with their friends who provided food, educational materials, comfort, companionship, encouragement and advice. Judging by the wide ranging nature of support they rendered, friends and peers should be celebrated for providing the most critical

support needed by adolescents living in CHHs. Such support is important in building self-esteem and resilience in adolescents living in CHHs.

Social support, as discussed earlier on, is important in enhancing resilience in children living in CHHs. Relationships between a child and caring adults promotes resilience in adolescents facing challenges (Zimmerman, Stoddard, Eisman, Caldwell, Aiyer & Miller, 2013). Findings of this study are consistent with literature which reports that adolescents get support from parents and other relatives who cared. Participants' responses in this study indicated that social support from adults such as neighbours and co-lodgers is vital for the overall welfare of children living in CHHs. In the absence of parents, neighbours and co-lodgers assisted by providing moral support, guidance as well as material things.

Literature indicates that, within the traditional Zimbabwean Shona culture, raising a child is everyone' responsibility (Gelfand, 1973; Mararike, 2001) but it does not mention specifically how neighbours assist children living in CHHs. Such traditional philosophies were applicable to village, not urban life, as it is lived today, with people only concerned about their nuclear families. Instead, literature talks about caring 'adults' as playing an important role in the lives of children living in CHHs. This study has found out that, in the absence of parental guidance, neighbours and co-lodgers play a substitute role of guidance and counselling, providing food and other essentials at times.

The concept of co-lodgers as playing an important role in the welfare of children living in CHHs is not available in literature. Yet, as far as the participants in this study are concerned, co-lodgers play an important role as they are the people with whom such adolescents stay. They live under the same roof with the children hence; they are obliged to assist them whenever they face challenges.

The church was viewed by participants as having the ability to ease the challenges adolescents face in their CHHs. The church teaches, guides, counsels and directs youngsters to behave in acceptable ways. Findings of this study are consistent with what is referred to in literature about the role the church plays in the lives of adolescents living in CHHs. Support from religious and spiritual organisations has the potential to alleviate challenges facing adolescents living in CHHs (Benzies & Mychasiuk, 2009). Furthermore, Kim and Esquivel (2011) observe that

congregations provide platforms for adolescents living in CHHs to network with like-minded peers and other influential people such as the clergy who inculcate good morals, attitudes and values in fulfilment of the traditional philosophy of *unhu/ubuntu*.

Prayer was also found to be important in soothing the souls of children like adolescents living in CHHs in adverse life conditions. Participants reported that they use prayer as a way of speaking to God whenever they feel the overwhelming impact of challenges. Findings of this study speak to what literature refers to regarding the importance participants attach to prayer. It is argued that prayer has the capacity to mitigate challenges faced by adolescents living in CHHs (Thwala, 2008). Furthermore, Gunnestad and Thwala (2011) concur that prayer is an important protective factor during adverse experiences since it is linked to hope - the strong belief that life will be better in future.

Another dimension of support that emerged from this study is the issue of Church Youth Clubs which are affiliates of main churches. Church Youth Clubs are congregations for youths who belong to particular churches and who gather for purposes of worship and discussion of social issues affecting them. Participants indicated that they attend Church Youth Clubs in order to learn, debate, and brainstorm issues regarding challenges affecting them as youths. Issues discussed at such forums relate to morals, etiquette, entrepreneurship and personal hygiene. Guidance and counselling is also part of the curriculum at that level and is done by youth leaders selected from the youth group to provide leadership and direction to the other youths. The issue where youths gather and learn with and from each other is not mentioned in literature. Participants in this study spoke highly about the importance of such Church Youth Clubs as an opportunity for networking with like-minded peers and learning from each other.

Schools are also known to play an important role in the development of learners and, as such, they are well placed to neutralise the challenges faced by adolescents living in difficult circumstances (Cahill et al., 2015; Mampane, 2014; Zimmerman, 2013; Ebersohn & Ferreira, 2011). Where parents, families or communities at large confer vulnerability on learners, the school is in a position to mitigate these challenges through productive teacher-student synergies characterised by warmth and understanding (Cahill et al., 2015; Song et al., 2013). Findings of this study resonate

with what literature reports about the role schools play in fostering resilience in adolescents living in CHHs. In this study, participants' responses show that the school rendered support in many ways, including the provision of good and committed teachers who offered guidance and counselling services, and ensured that the school is a safe environment for all (Cahill et al., 2015; Roffey, 2012). The support students received enabled them to thrive in the face of adversity (Doll et al., 2011).

### 5.3.2 Sub-theme 2.2: Creativity and ingenuity of adolescents living in CHHs

Based on the data obtained during interviews and focus group discussion, it can be inferred that participants employed creative and ingenious ways of sustaining life in CHHs. To survive, they used different strategies to budget money and ration food. They also planned their activities carefully as a way of streamlining how they were supposed to balance work regarding household chores and school work. Table 5.8 outlines the inclusion and exclusion criteria for sub-theme 2.2

**Table 5.8: Inclusion and exclusion criteria for sub-theme 2.2**

Subtheme 2.2	Inclusion criteria	Exclusion criteria
<b>Creativity and ingenuity used by adolescents in CHHs.</b>	Any reference made regarding use of creative and ingenious ways of survival by adolescents in CHHs.	Any reference made that does not show adolescents' creativity and ingenuity as survival strategies.

#### a) Budgeting and rationing available resources

All the participants' responses indicate that they did some budgeting in their households. The participants had to budget the little money they had as well as rationing food as a way of stretching the reserves so that these resources would last a bit longer. For those participants who commuted to school, there were times when they walked long distances to and from school to save on transport costs. In order to stretch the resources available, budgeting became the normal practice for all participants:

*...I collect rent; I use that money to buy food although I have to pay my school fees once a term. My school fees are \$50.00 per term so I have to budget the money very carefully. Now I have to go for extra lessons. Teachers normally charge between \$20 and \$30 for extra lessons. [P.3:497-501]*

*My father visits me sometimes and brings me grocery and \$20 pocket money. I am supposed to budget the \$20 so that it lasts the whole month. [P.13:4110-4112]*

Budgeting also involved alternating commuting and walking to and from school depending on the school session. The school operates on a double session system where it is split into two schooling sessions. The first session starts classes at 0700 hours and finishes at 1155 hours; the second session begins classes at 1200 hours and ends at 1655 hours. This is an arrangement which some of the adolescents exploited to “solve” the transport challenge. When in the morning session, they took a taxi (Kombi) to school to arrive in time for lessons and then walk back home in the afternoon. When in the afternoon session, they would leave home early and walk slowly to school. After lessons it will be getting dark, so they would catch a taxi to arrive back home quickly:

*I budget my money carefully so that when I am in the school morning session, I catch a taxi. After school I walk back home. When I am in the afternoon session, I leave home earlier on foot so that I get to school on time. If the money is enough I get on a taxi after school as it will be getting dark. [P.1:62-66]*

*I usually commute to school. Sometimes I walk especially when I am in the afternoon session. In the morning I have to commute but sometimes I get free rides because some Kombi (taxi) drivers know me. [P.10: 2952-2955]*

The majority of participants had challenges with regard to transport to and from school, impacting negatively on their concentration and performance in class due to fatigue. Walking long distances to school also meant getting tired and becoming hungry too quickly as a lot of energy was spent walking:

*I stay far away from school and this has a negative effect on my concentration in class. Due to lack of money I end walking to school and I am often too tired to learn. [P.1: 104-106]*



In view of the transport challenges, participants suggested that the school bus could be used to ferry learners who lived far away from the school:

*I wish the school could come up with a solution concerning transport, for example including transport money on school fees so that the school bus can ferry us. [P.1: 109-110]*

### **b) Rationing food**

The majority of participants, 64.29% indicated that they rationed their food to make it last longer. Food left over from the previous night was not thrown away; instead it was preserved and warmed and eaten the following day. Rationing food to stretch the reserves available was also practised as captured below:

*...we warm up left-over sadza from the previous night. We do not throw away what is left from the previous night. [P.13.3980-3982]*

Another participant explained how meal-skipping worked to stretch food available as follows:

*We do not have food to eat at school because we are trying to stretch our budget so that the food we have lasts longer. We have breakfast before school and we eat supper in the evening. [P.14:3976-3978]*

### **c) Planning activities**

In order to succeed in their household activities, all participants indicated that they planned their work. Because adolescents living in CHHs are overburdened with multiple responsibilities, participants' responses show that they planned their activities carefully since they had to go to school and at the same time head households. As part of planning, participants prepared timetables which guided their activities. Adherence to timetables featured prominently in the participants' narratives:

*I prepared a timetable to cater for my school work. I plan my activities for example, cooking time and studying. On my timetable, 5am-6am is for fetching water. If I am in the afternoon session at school, I clean my room around 7 am. I prepare food and do my assignments before leaving for school. Sometimes I prepare food for the following day during the night. [P.14: 4246-4251]*

Another participant added:

*I prepared a timetable so that I balance all my subjects...I have to study them all. [P.9:2472-2474]*

Even in situations where the participants did not mention anything about timetables, their responses demonstrated some organisational skills in undertaking their activities. There is evidence of planning as shown by how activities were lined up although execution was not easy. Participants' responses indicate that they had to forego play to fulfil household and school demands. The following excerpts are provided to support that things were done systematically:

*I do all my household chores early in the morning. During the day I give myself time to do school work. I...I work on my projects and complete them. In the evening I cook and do some ironing. Afterwards I do some studying. [P.5: 1080-1083]*

*I wake up in the morning, I sweep the house, I bath and start school at 8 am, finishing at 4 pm. After school I wash my school uniform, cook, and do my homework. I eat my food, wash the plates, study a bit and go to bed. [P.6:1258-1261]*

*I balance my work by washing breakfast dishes after school. If I am too tired I take time to rest. If I am late I leave everything for after school. [P.3: 577-580]*

Similar views were expressed during focus group:

*I do my housework when I wake up in the morning. On weekends I also wash our clothes. I cook our food. After cooking I study a bit and then prepare supper...When my brother goes to sleep, I do more studying. [FGP 5 (F): 833-834]*

Another participant added:

*I plan my activities carefully. Soon after school I wash my plates and cook supper. After supper I carry on with my studies. [FGP 3 (F):829-831]*

#### **d) Waking up early or sleeping late**

Child-headed life is characterised by waking up very early as part of planning since certain things have to be done without fail:

*I wake up very early around 5 o'clock. Sometimes it will be my turn on the duty roaster to sweep the yard and clean the toilet, so I have to wake up around 4 o'clock and sweep the yard. I wake my brother up and help him prepare for school. I take my bath as my brother dresses. I take him to the bus stop because his school is far from home. [P.11:3201-3206]*

In some cases, children wake up early to have certain tasks done while in other cases they stay up late to accomplish some tasks. This is part of planning as the following statement espouses:

*Sometimes we sleep late so that our house chores are done. We wake up with fewer chores in the morning. I only have to water the garden and sweep a little in the morning. [P.14:3971-3973]*

Participants' responses indicate that planning was not easy, especially in households which comprised younger siblings, as one participant testified:

*It is not easy to plan for both my sister and myself. I have to plan everything as head of family, what to have for supper and everything. [P.13.3810-3812]*

During focus group discussion, participants highlighted that they planned their activities carefully. Certain activities were to be done during weekends:

*I wash my clothes during weekends. I have no time during the week. I look for piece jobs on weekends so that they don't interfere with my school work but money is hard to come by. [FGP. 4(M):805-808]*

#### **e) Doing "piece jobs" to get money for subsistence**

The majority of participants who made up 85.71% indicated that they adopted survival strategies in their households in order to earn money for survival. They looked for piece jobs in the community:

*Sometimes we do piece jobs such as ironing, laundry or doing dishes in exchange for money. [P. 12: 3534-3535]*

Referring to her twin brother, the sister indicated that her brother also does piece jobs to raise income for the household as the excerpt below reveals:

*He also does piece jobs like slashing grass and gardening and when he gets paid, he also contributes that income to our household. [P.12: 3553-3555]*

Another participant explained:

*I get piece jobs here and there, especially during the farming season. I ... dig and weed their fields in exchange for money. But the money I get is not much. I try to get more... [P.13: 3821-3824]*

Similar sentiments were echoed during focus group where participants indicated that they get extra money to run their households by doing piece jobs:

*We usually find people in the neighbourhood who require services such as laundry, we wash and iron for them and get a dollar. Boys go to the taxi rank and tout. When they get some money we buy some food for ourselves. [FGP 5 (F): 234-238]*

Boys normally undertake tasks that are harder for their age. This means that participants engaged in work tasks that were heavy, as narrated below:

*Sometimes as boys we help experienced builders in building houses. This area is being developed, so we help the builders by pushing wheelbarrows with bricks or mortar and get some extra cash. Sometimes I miss school midweek to make money. We also help to make bricks. [FGP 4 (M): 411-415]*

Another male participant echoed the same sentiments when he indicated that he works in other people's fields to earn some money for his upkeep:

*Now it is summer time and it is raining. It is time to grow crops so we all work in the fields for other people who then give us something. We are given money or other things which the person wants to give out. Sometimes we are given second-hand clothes or food. It is difficult nowadays with this cash crisis. [FGP 4 (M): 417-421]*

As they worked for other people to get money, one participant revealed that they are sometimes duped by people who hire them. They take advantage of their desperate situation and pay them less for a big piece of job already done as explained below:

*It's tricky. Sometimes you are told to wait until money is found. You may be duped or given money which is less than what you would have*

*agreed on. You may be accused that you did not do the job well. It is very painful I tell you. [PGP 6 (M): 423-425]*

Another participant who spoke about the exploitative character of some people for whom they work said:

*Some people ask you to sweep the house and apply floor polish for as little as only 50 cents which you can't even buy bread with. But we have no choice except to toil and be given peanuts. [FGP 2 (F): 239-242]*

On the same issue, another participant added his voice:

*It depends on your employer. Some people take advantage of the fact that we have no parents and they underpay us. Some pay us very little after working on a very large portion of land. If you protest, they threaten to withdraw payment altogether so you end up accepting it as it comes than getting nothing. [FGP 2 (F): 435-439]*

#### **e) Living in CHHs requires perseverance**

Because life in CHHs is difficult, participants expressed the view that living in CHHs required perseverance and being able to adjust according to circumstances on the ground. The issue of perseverance is encapsulated in the following quotations:

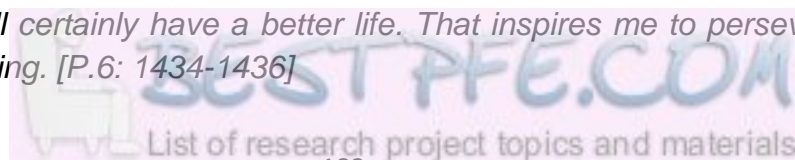
*First and foremost, it is perseverance that has kept me going. I realised that my life has changed and I adjusted quickly. I know you can never get used to this kind of life, but I am trying my best. [P.13: 4048-4051].*

*My situation makes me persevere so that I work hard in school so that our future is bright. Being educated really helps nowadays [P.9:2576-2578]*

*I persevere because I realised that my parents left us here so that they can work for us. I cannot give up easily even if we have challenges. I must concentrate on my schooling so that I do well. [P.11: 3448-3450]*

The views expressed by some participants during interviews indicate that working hard is important in life as revealed below:

*My parents always taught me that I must work for myself. If I work for myself I will certainly have a better life. That inspires me to persevere with schooling. [P.6: 1434-1436]*



Similar views were expressed during focus group discussions, with participants revealing that living alone in CHHs was two-sided. While it was difficult living alone, there were also benefits to it. The following remark by one of the participants reflects the motivation derived from living alone in a CHH:

*I can say the situation is two-sided. Challenges stress me to an extent that I cannot concentrate on my schooling. You end up underperforming at school. However, this makes me work harder and I persevere. I believe perseverance will help me get a better life. I do my best, so that maybe, my life can change. [P.13: 3949-3953]*

#### **f) Benefits of living alone in CHHs**

During interviews, some participants indicated that there was a positive side to living alone in CHHs. Some of the positive things mentioned included enjoying freedom and being independent of adult control, having enough time to study, being able to practise budgeting money in preparation for adult life as well as attaining maturity earlier than other adolescents of the same age groups:

*I look at the bright side of living alone. I am gaining experience in preparation for university. I will be alone at the university. It is exciting to live alone at times because if you want to listen to music or watch movies, there are no adults to limit you. [P.5: 1179-1183]*

Two other participants had similar views about benefits of staying alone:

*I have more time for my studies because I live alone. I have no disturbances. I do not have any disturbances... [P.7: 1919-1921]*

*...I think it gives me more time to study... [P. 3: 544-545]*

In addition, another participant talked about how living alone in a CHH helps her to attain maturity as she proudly said:

*The situation has helped me grow faster. I am aware that in my parents' absence, I am my brother's guide and I have to mould him into a good boy. I cannot act like a child but I have to act like a grown up. [P.5: 1058-1062]*

On the same issue, another participant reiterated what other participants had earlier said about the situation of living alone, which gave them time to do their school work. However, the participant went on to add a loneliness dimension to living alone

meaning that, despite enjoying all the 'freedom' engendered by living alone, participants still felt empty without adults in their lives.

*...I have more time to study although I long for someone since I am alone. [P.6: 1221-1222]*

Participants' responses indicate that CHHs are characterised by insufficient resources, such as money to buy basic necessities due to economic hardships (Maqoko & Dreyer, 2007). However, despite these challenges, participants use certain survival strategies to navigate through these challenges. These strategies include careful budgeting of whatever little money they had. There was no room for extravagance. For example, one participant talked about budgeting \$20 to last one month, thus living on less than a dollar per day when they were responsible for heading a household.

There are those who stayed far from school who had transport challenges due to insufficient financial resources. For transport to and from school, it costs \$1 per day, meaning that for a whole month one would need \$20. Considering their economic situation, stretching \$20 to last one month was unsustainable for adolescents living in CHHs. Since the adolescents were determined to go to school, they devised sustainable ways of beating transport costs. Depending on the school session (morning or afternoon) they alternated walking and commuting to school. Under such circumstances where children walk long distances to school, they would normally drop out. In this case, they did not drop out because they devised a plan of going round the problem by sacrificing to walk when things were tough.

Obtaining food in CHHs is a challenge (Maqoko & Dreyer, 2007; Noltemeyer & Bush, 2013). Consuming insufficient food can result in malnourishment and becoming susceptible to disease. In order to make sure that food lasted a bit longer, some participants resorted to skipping meals, making sure they ate 'something' in the morning, nothing for lunch and ate some food in the evening. However, this was not an effective solution to shortage of food as they were always hungry due to not eating healthy. In spite of lack of enough food, there was no mention of any of them ever fainting at school. Food left over the previous day was never thrown away (even with poor storage facilities), but was kept to be eaten the next day, not because the food would normally be good, but that it was in short supply and every crumb

counted. This explains what is referred in literature that children living in CHHs are not passive human beings who are entangled in perpetual challenges. Such children are capable of using their ingenuity and problem solving skills to find solutions to difficult situations and make good what is available (Lethale & Pillay, 2013; Kessi, 2011).

Planning how to undertake certain activities was carefully done. This was meant to give participants time to do crucial activities such as homework and school assignments. Some participants indicated that they constructed timetables, which they followed religiously, thus enabling them to balance their activities, and do these at specific times. Depending on the activities to be done, participants either stayed awake late doing some work or woke up early to undertake some activities before going to school.

While literature indicates that living in CHHs is difficult and therefore stressful and unbearable (Zirima & Mtemeri, 2016; Zhangazha, 2014; Mavise, 2011), findings of this study are intriguing in that participants devised unique ways of beating transport costs at the same time managing to attend school. Literature is silent on this issue where participants devised a plan to solve the transport issue to and from school. Another finding is that participants also indicated that living alone in CHHs has some benefits associated with it, something which literature has not documented. Some of the benefits of staying alone included preparing for university life, when they would be staying alone. Others indicated that the situation allowed them to grow faster than their age peers who were not living in CHHs. By this they claimed that they were being ushered into adulthood faster than their counterparts who lived in traditional families with parents who provided mentorship. Yet others indicated that living alone afforded them more time to concentrate on their studies without any disturbances. The issues raised by participants are amazing and unusual for children who are known to have challenges due to living in CHHs and being adolescents for that matter.

#### **5.4 Theme 3: CHHs as reservoirs of knowledge**

Research participants who took part in both interviews and focus group indicated that the community had a lot to learn from the way they managed to live alone



without adult support and guidance. This theme focuses on the view that CHHs are fountains of valuable knowledge from which the community can draw lessons despite the challenges they face. Table 5.9 outlines the inclusion and exclusion criteria for the subtheme.

**Table 5.9: Inclusion and exclusion criteria for Theme 3**

<b>Subtheme 3.1</b>	<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
<b>Lessons the community can draw from adolescents living in CHHs.</b>	Data making reference to lessons the community can learn from adolescents living in CHHs.	Data making reference to anything other than the community drawing lessons from adolescents living in CHHs.

#### **5.4.1 Sub-theme 3.1: Lessons the community can draw from adolescents living in CHHs**

Although CHHs are ‘child only’ households, communities can draw some lessons from the way they manage their households without parental or adult guidance and supervision. The community can draw life-enhancing lessons from these children who live alone, using these as benchmarks for moulding their children as well as learning household management as shown below:

*I think children who have all they need tend to relax in school, whereas I try to work hard all the time because I need to do well and get out of my situation. Their parents admire our perseverance since we live in tough situations. Money comes and goes and these children must realise that they need to work hard in school as they prepare for their future. If you work hard you are guaranteed of a bright future. [FGP. 2 (F): 730-736]*

Similar views came from some of the participants during focus group discussion:

*Their [parents] can encourage their children to work hard in school like we do. We might not have all the necessary provisions for education but we persevere because we want a bright future. That can motivate their children to work harder. [FGP 1 (F): 725-728]*

*They can admire our good behaviour. They can use us as examples when counselling their children. I do not entertain boys in the streets and I am a well-behaved girl. [FGP. 3 (F): 720-722]*

*Participants spoke freely and confidently because the environment allowed them to do so. There was an air of accomplishment in the adolescents as they spoke about what the community can learn from the way they lived. [Researcher's diary, 23/12/17]*

On the issue of the security and welfare of children, focus group participants concurred that it was not in the best interest of children to be living alone as they were doing. Participants indicated that children must not live alone without adult guidance because doing so, exposes them to many risks and heightened their vulnerability as verbalised below:

*Adults can learn that they should not leave their children to live alone like us. Parents should be united because they are aware that if they abandon their children they will end up living alone like us. [FGP. 4 (M): 702-704]*

Another participant advised that parents needed to teach their children the virtue of hard work and equip them with skills necessary for survival in case they also ended up living alone as they were doing.

*They (adults) can train their children to be self-sufficient in case anything happens to them. The children will be able to handle life without parents since they will be able to look after themselves. Most of them are aware of how we live, so it will help them to be resilient. [FGP 5 (F): 707-710]*

## **5.5 WHAT ADOLESCENTS REQUIRE TO RUN THEIR HOUSEHOLDS**

CHHs are characterised by a lack of basic necessities such as food, money and decent shelter. In order to run their households viably, participants indicated that they would need financial support to buy food, educational materials and pay for other services. In addition, participants indicated that it was important to live with adults who would shoulder household responsibilities:

*We need financial support and counselling. We need someone candid enough to tell me when we are going astray. [FGP. 5 (F): 742-743]*

Another participant articulated:

*I need support in everything I do. A child needs moral support even if she doesn't perform well in school. Parents must encourage their children to work and try harder. The situation whereby a child brings a school report home and there is no one to look at it, no one cares about it, is not a good. You begin to wonder what will happen when there is no one to monitor your educational progress. It is deeply disturbing. As a child, I need moral support and motivation to work harder in school. [FGP. 6 (F): 745-752]*

Running a household is primarily the responsibility of adults. During focus group discussion, it emerged that household chores took up most of the children's time before and after school at the expense of engaging in their school work:

*I also need someone who can help me with housework. It gives me more time to concentrate on my school work. It becomes difficult to balance school and housework when you live alone. You have less time to study. [FGP. 5 (F): 753-756]*

CHHs lack sufficient basic needs. All the participants in the study indicated that they lack sufficient food in their households. In view of this, one participant said:

*Food is what we lack and it is what we need the most. One can easily fall ill due to not eating enough healthy food. You cannot concentrate in class if you are hungry. So other things can come second to food. Right now we skip meals to make the little food last longer. [FGP 4: (M) 761-764]*

Adolescents living in CHHs have their own strengths. Participants' responses indicated that many lessons can be learnt from the strengths which they exhibit as they live in CHHs. In view of these strengths, participants indicated that the community can draw several lessons from how they live. Issues of hard work at school, good behaviour and perseverance were identified as examples of strengths. CHHs experience multiple challenges but they persevere even with the barest of resources. This is consistent with what literature claims that CHHs generally operate under difficult circumstances (Ibebuike, et al., 2014). Despite having little or no resources to use, such children persevere and navigate their way through these challenges (Pillay et al., 2013).

Participants indicated that it is a security compromise to allow children to live alone without adult guidance and protection. Thus, the participants felt that the community

should learn from their living conditions not to leave children to stay alone as they become prone to multiple challenges. Literature indicates that children who are left to live alone face serious challenges arising from lack of guidance and protection (Kufakurinani et al., 2014). However, the perspective that adolescents who live in CHHs experience perpetual problems is a myth based on Western cultural biases and is supported in literature (Zentgraf & Chinchilla, 2012; Mazzucato & Schans, 2008). The argument they advance is premised on the fact that, African children are capable of living alone in CHHs even though they still need care and protection from parents and adults (Caserta, Punamaki & Backman, 2017).

Participants raised critical issues with regard to what they considered should be taken on board by the community as lessons for their children or for themselves as adults. They implored members of the community to encourage their children to work hard at school so that they would have a bright future. Living alone requires self-discipline, hence good behaviour is important. In their view, having had to live alone taught them to be well behaved. Thus, participants felt that they were good examples from whom the community could learn lessons to teach their children, using CHH adolescents' behaviour as benchmarks. Furthermore, participants implored members of the community to live well together in coherent families where possible, so that children are well looked after. Making children live on their own is morally and legally wrong. Since life is not predictable, participants thought that it was important for community members to teach and equip their children with basic survival skills at an early age so that they could function well in the event that they also lost parental or adult support.

## **5.6 CONCLUSION**

This chapter reported on the research results and compared them with those in literature. It emerged that some of these findings are similar to the studies done elsewhere. The results were presented and discussed from the themes and subthemes that emerged from a thematic data analysis. Together, these themes uncovered a whole range of resilience processes employed by adolescent secondary school learners living in CHHs.

The results of the analysis as illustrated in the themes and sub-themes discussed in this chapter point to the fact that these adolescents experience a lot of hardships. In

order to navigate through difficult situations, they relied on external social support from neighbours, co-lodgers, friends or peers, the school and the church. Furthermore, the results illustrate the problem-solving skills adolescents living in CHHs employed to ensure they survived the adverse situations they experienced. The techniques they used to deal with challenges illustrated and contributed to the development of their resilience to forge ahead with life.

These findings confirmed and expanded on what has already been reported on resilience processes in CHHs, thus extending our perception of how adolescents living in CHHs manage to cope with life. These findings could assist community members in their attempts to design intervention strategies for adolescents living in CHHs without parental guidance.

The next chapter presents the conclusions I drew from these findings as well as recommendations related to interventions and further research on resilience processes used in CHHs.

## **CHAPTER 6**

### **CONCLUSIONS AND RECOMMENDATIONS**

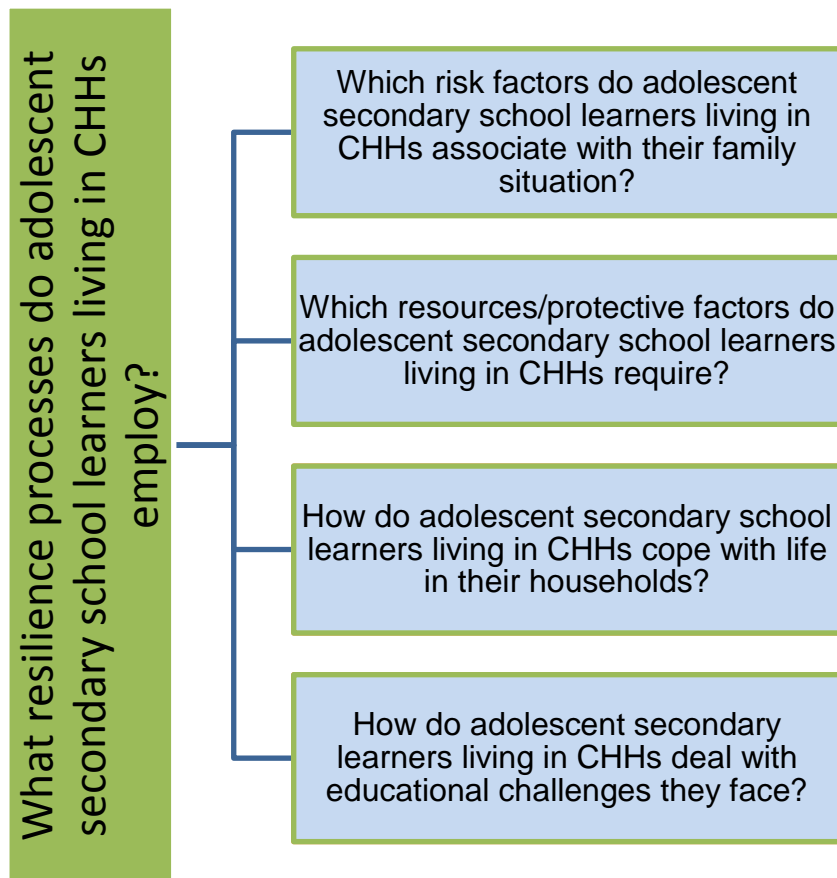
#### **6.1 INTRODUCTION**

In the previous chapter I presented the qualitative research findings of my study. I discuss the results in relation to my literature review, referring also to the theoretical framework I selected to inform the study. Furthermore, I answer the research questions which guided this study, concluding the chapter with an indication of the limitations of my study, a summary, conclusions and recommendations for future research.

#### **6.2 ANSWERING THE RESEARCH QUESTIONS**

The major reason for which I undertook this study was to explore and describe resilience processes employed by adolescent secondary school learners living in CHHs in Zimbabwe. In this chapter, I first provide answers to the research sub-questions, concluding with answers to the main research question. In answering these, I take into account the theoretical framework I selected to inform the study and the insights I gained from my literature review. Below is a diagrammatic representation of the relationship between the primary research question and sub-questions for the study.

**Figure 6.1: Relationship between main and sub research questions**



### **6.2.1 Which risk factors do adolescent secondary school learners living in CHHs associate with their family situation?**

In the context of this study, risk factors are those harmful life circumstances or adverse experiences that place adolescents living in CHHs on negative developmental paths (Pillay et al., 2013). Risk factors curtail adolescents' ability to thrive, resulting in their exposure to poor outcomes in life (Zolkoski & Bullock, 2012; Mampane & Bower, 2011). Literature indicates that concerns about risks in adolescents' lives arose because children were facing many challenges due to parental divorce, teenage pregnancy, and poverty. Most importantly, issues of poor school performance, unruly behaviour, and mental health were raised with a view to identifying which protective measures could be harnessed and nurtured to the benefit of the adolescents at risk.

Resilience literature indicates that resilience occurs in the context of adversity. In order for resilience to develop, risk factors must be ameliorated by protective factors.

The Family Resilience Framework (FRF) is important in this regard as it supports the mitigatory functions of resilience processes. Several risk factors have been identified in CHHs, poverty having been singled out as the most pervasive and devastating (Nyamukapa et al, 2008). All the other challenges, whatever their nature, have been found to be associated with poverty. If these risk factors are not ameliorated, they will have cumulative and damaging effects on the growth and development of adolescents in general and those living in CHHs in particular to the extent of affecting school attendance and/or performance.

Data analysis collected in my study indicates that adolescents living in CHHs face several risks. The risks were found in the areas of absence of parental or adult guidance and protection, financial challenges, insufficient food, lack of adequate accommodation, migration, lack of representation at school, substance abuse, insufficient school resources and caring for and sibling misunderstanding. These risks are consistent with risks referred to in resilience literature. For example, absence of parents due to death (Francis-Chizororo, 2008) migration of parents to other countries (Mashavira et al., 2015; Dzingirai et al., 2015; Rupande, 2014), and internal migration (Mashavira et al., 2015; Nyawo, 2016) have been identified both in my study and in literature. Whatever the reason for the absence of parents in the lives of children in CHHs, it exposes them to many risks, leading these children having to assume responsibilities that are otherwise traditionally reserved for adults (Jakachira & Muchabaiwa, 2015).

This study found out that, only one adolescent with absent parents abused substances as a way of 'forgetting' the challenges he was facing. While it was a single instance of substance abuse, this risk was worth mentioning because it was reported by only one participant (7.14%). This one participant indicated that he abused drugs with a friend by taking tablets called '*mangema*', whatever these were, or smoked cannabis (dagga). This finding is in stark contrast with the findings of Zirima and Mtemeri (2016) and Zentgraf and Chinchilla (2012) in Zimbabwe and Latin America respectively, who found that adolescents with absent parents tended to abuse drugs. In my study, it was only one participant, which gives a different perspective altogether on the abuse of drugs in CHHs. I can conclude that, participants in this study did not experience the abuse of drugs as a risk factor as only one participant reported doing so.



Some of the duties which adolescents living in CHHs assumed due to adult absence include looking after siblings (Moqoko & Dreyer, 2007). This study found that some of the participants were responsible for looking after their primary school-going siblings, ensuring their welfare, security, and providing food which was also a challenge to get. As young children who themselves still needed guidance, the responsibility of providing for other siblings presented them with the greatest challenges of living in a CHH. This finding reflects an observation made by Moqoko and Dreyer (2007) as well as Jakachira and Muchabaiwa (2015) that looking after younger children living in CHHs is difficult and therefore constitutes a risk factor. Participants told stories of how uncooperative siblings were, refusing to take orders from their older brothers and sisters, often resulting in quarrels or fist fights (Francis-Chizororo, 2010). This resonates with findings of my study where participants reported having quarrels and occasional fights with their siblings due to misunderstandings. A study done by Dzingirai et al. (2014) established that younger siblings are not respectful of their surrogate caregivers. They are also uncooperative in the absence of authority figures like fathers (Kufakurinani et al., 2014).

Another responsibility which placed a heavy weight on adolescents' shoulders related to their having to do piece jobs. Some of these tasks involved doing tasks such as moulding bricks and assisting builders with preparing mortar for use during building – in order to provide for themselves and their siblings. The practices where children engage in such heavy manual activities highlight one of the worst forms of child labour and is considered illegal (Ayieko, 2010). The absence of their parents thus increased the risk that these adolescents would be exploited, as was evident in my study since some participants were paid peanuts for these jobs. These activities are risk factors which adolescents living in CHHs associate their family situation with. Yet, in spite of such challenges, children in CHHs have withstood the strains and remained resilient (Gunnestad & Thwala, 2011). On this issue, Ruiz-Caseras (2010) has intimated that, under difficult situations, children can develop resilience to forge ahead and emerge stronger.

Domestic chores are also risk factors which presented challenges for adolescents living in CHHs. Participants in this study reported hardly ever getting time to play with peers as time, during weekends, was spent running errands of maintaining their households. On this issue, van der Mark (2015) remarks that, domestic chores

presented challenges for children living in CHHs. For example, in this study, a 15-year old boy who was responsible for looking after his two younger siblings told a story of going to a nearby farm to fetch firewood to sell so as to raise money for household sustenance. The nature of the task represents a risk factor for such a young adolescent to have been undertaking such an activity, which under normal household arrangements is done by adults.

Insufficient financial resources constituted a risk in CHHs. Literature indicates that adolescents living in CHHs lack sufficient financial resources to run their households due to poverty (Maqoko & Dreyer, 2007). Since the participants were attending school, transportation to school and school fees were serious challenges to the extent that some of the participants were barred from attending classes due to non-payment of fees. Other participants were humiliated by school authorities in the presence of classmates for not paying school fees. This treatment of adolescents living in CHHs by school authorities posed a serious risk of dropping out of school due to the embarrassment the learners suffered. In this regard, teachers are characterised as risk factors for failing to protect the children for which schools are meant to serve by nurturing development.

Lack of sufficient food is another risk factor in CHHs. On this issue, Maqoko and Dreyer (2007) observed that, most CHHs are food insecure, as this study confirmed. As a result of insufficient food, the adolescents in my study adopted the strategy of skipping meals to 'stretch' their food reserves. This strategy was a result of critical problem-solving skills which the adolescents employed to be able to come up with such novel survival ideas. Problem-solving is a component of FRF which explains that, families in crises think of alternative ways of solving challenging problems they may be facing (Walsh, 2012, 2008). In my study, those who lacked this skill indicated that they were without food most of the time. A study done by Madhavan and Townsend (2007) found that children living in CHHs encounter serious challenges such as susceptibility to hunger, thus confirming that lack of food constitute a risk factor in CHHs.

In this study, shortage of accommodation was a risk factor which adolescents in CHHs associated with their family situations. Most participants lived in small single multi-purpose rooms. The severity of this challenge is illustrated by the narrative of

one of my research participants who had to share a room with his primary school-going sister. He would normally sleep at a friend's house on the pretext of studying since it is taboo in Zimbabwean Shona culture for siblings of the opposite gender to sleep in the same room. Since this was his way of solving the problem, it would, in terms of the FRF be regarded as a resilience process which he employed to 'solve' his problem of shortage of accommodation. For children living in CHHs, shortage of accommodation is acknowledged as a challenge in resilience literature (Maqoko & Dreyer, 2007; Ibebuike et al., 2014). In my study, for instance, one of the research participants lived with his two siblings in a slanting wooden cabin, indicating that it could fall down at any time. All these examples show that accommodation challenges is a typical challenge with which adolescents living in CHHs have to cope.

School-going children thrive if they know that someone is taking an interest in what they are doing academically. In the absence of motivational support, the probability of losing interest in school and the possibly of disengaging altogether is heightened (Maclellan, 2005). This study uncovered the fact that most participants did not experience the motivation they required because they had no one to support them during extra-curricular school activities such as sporting days and even on academic consultation days where parents are informed about the progress of their children. Parents were not there and other relatives could not attend due to other reasons. Therefore, lack of motivation on school matters posed a risk factor which profoundly affected adolescents living in CHHs.

At any given school, teaching and learning resources are critical variables that determine whether or not pupils are learning. Effective teaching and learning are only possible when resources are available to support the same. In the absence of such materials, school becomes a risk factor. This study found out that there was a serious shortage of textbooks and science apparatus at the school. The shortage of textbooks for example, was described as a 'crisis' by my research participants. There was also a high teacher-student ratio which made effective teaching and learning difficult hence it posed a risk for the children as it was difficult for teachers to assist students individually, which should be the practice.

On large class sizes, Furrer, Skinner and Pitzer (2014) posit that they engender competition for the few resources available, making learning difficult. Regarding shortage of textbooks, my research participants indicated that it was difficult to do research work and assignments as textbooks were shared in a ratio of 1 textbook to 4 students. In addition to this, students were also refused access to Wi-Fi if they had not paid school fees; hence they had difficulty completing school assignments. Students are likely to show disinterest in school if they are not cognitively engaged (Skinner, Furrer, Marchand & Kinderman, 2008). In concurrence, Bottrell and Armstrong (2013) posit that when schools fail to provide adequate resources to support learning, learners lose the zeal to learn. In this regard, shortage of resources at the participants' school constituted a profound risk factor for the learners particularly those who were living in CHHs because they did not have the capacity to buy their own due to lack of money. This confirms that schools could increase the vulnerability of learners making it a risk factor for adolescents living in CHHs (Cahill et al., 2015).

Adolescents living in CHHs require security and protection since they live alone. The study revealed how the adolescents felt exposed in the absence of parental and adult protection. Participants told stories of near burglary at night, fear of being raped in the case of girls, and general abuse and exploitation. Children living alone are susceptible to depression and isolation, becoming aggressive and rebellious (UNICEF, 2011). Such behaviour is as a result of seeing no meaning in life due to a lack of security and protection; hence they require guidance and protection.

Small, multi-purpose rooms are a risk factor for adolescents living in CHHs. Literature indicates that adolescents living in CHHs have challenges getting decent accommodation due to poverty in their households (Maqoko & Dreyer, 2007; Ibebuike et al., 2014). They cannot afford to pay for decent accommodation because they are financially insecure, lodging in single rooms, let alone living in a dilapidated wooden cabin as was the case with one participant who lived with his two younger siblings. Living in single rooms is not safe in that this is where they cook, study and sleep. This is where they keep all their belongings - food, clothes, bedding and everything that needs safekeeping, including some small hardware. In the event of a fire breaking out everything will be lost, including their lives. It is also unhealthy. As

such, lack of accommodation can be classified as a risk factor for adolescents living in CHHs.

### **6.2.2 Which resources or protective factors do adolescent secondary school learners living in CHHs require?**

Having discussed the risk factors for adolescents living in CHHs, it is only prudent to consider what resources or protective factors are required by the adolescents in order to cope with their situation. I now turn to look at these resources or protective factors.

In the context of resilience, protective factors are strengths, either internal or external to a person, that enable him or her to successfully deal with life challenges (Alvord & Grados, 2005). Resilience is threatened by the effect of risk factors and enhanced by protective factors. Given the effect of the risk factors which participants associate with their CHH family situation, protective factors would be responsible for neutralising these so as to enable individuals to deal with negative life experiences (Pillay et al., 2013; Zolkoski & Bullock, 2012). In the view of Phillips et al. (2014), protective factors either weaken the effect of risks to manageable levels or remove them altogether.

Strong support networks have been identified in literature as important in promoting adolescents' resilience (van der Mark, 2015; Skovdal & Ogutu, 2012; Evans, 2012; Ebersohn & Ferreira, 2011; van Dijk & van Driel, 2009). Furthermore, resilience is more likely to be nurtured in contexts, systems or relationships in which adolescents feel accepted and valued, hence the importance of social support for adolescents living in CHHs (Evans & Pinnock, 2007). In the view of Earnshaw et al. (2015), social support could include, amongst other things, the provision of comfort, assistance and information. Social support is therefore a critical resource or protective factor that adolescents living in CHHs require since they live without parental or adult guidance and protection.

Walsh's FRF is particularly relevant in this regard because it supports the view that social support systems available to any family (CHHs included) are important for supporting resilience. The sub-construct of social and economic resources is of utmost relevance. During challenging times, adolescents living in CHHs can mobilise

external supports such as extended families where they are available. Adolescents can also tap on support systems such as friends or peers, neighbours and other institutional support systems such as the school, the church, and other community groups. Support systems have been termed the lifeblood of resilience, implying that without them, resilience would be difficult to achieve. In support of the view that social support enhances resilience, it is argued that support networks provide different forms of support to nourish resilience in families as well as adolescents living in CHHs (Walsh, 2012).

Schools also play important roles in providing support to adolescents experiencing difficulties in life. In a study done by Mampane (2014), schools were found to play a pivotal role in facilitating growth and development in adolescents experiencing difficulties. My study established that participants attached a lot of value to the role played by their school. In this study, participants indicated that the school supported their efforts to learn by putting in place rules that controlled behaviour and provided them with the guidance and counselling services they needed to cushion them against the challenges they were experiencing. The school also supported the students through supervised study to make sure that every student was engaged, with no opportunity to wander about. All these activities support the perspective that adolescents living in difficult circumstances such as living in CHHs benefit from protection or support offered by school systems to overcome challenges (Mampane, 2014).

The social and economic resources sub-construct of FRF is seen to be important in that the forms in which support in this regard is rendered to adolescents living in CHHs are varied. In the first instance, adolescents living in CHHs require supportive teachers. The FRF, under the sub-construct social and economic resources explains the critical role this kind of support plays in buoying resilience in adolescents living in CHHs, mentioning people who play mentoring roles such as teachers and coaches. The development outcomes of adolescents who establish mutual relationships with teachers tend to be more positive than those of adolescents without these. By implication, schools should create platforms that foster affective teacher and student relationships in order to foster resilience of the latter.

In this regard, indications are that supportive teachers make learning experiential, meaningful, engaging and tailored to suit learners' needs and interests. In the view of Williams and Bryan (2013), such teaching methods are motivational, develop interest and increase academic output consequently leading to academic resilience. All this is possible if teachers are supportive of the learners they teach. This means that adolescents living in CHHs require teachers who support their effort to learn. In this study, participants received a great deal of support from teachers who supervised their studies, conducted extra tutorials and assisted in issues that went beyond the classroom. Again, Walsh's theoretical framework is useful in highlighting that, social support as provided by teachers is important in building adolescents' academic resilience in particular and resilience in general.

In addition to the school and teachers as support systems for adolescents living in CHHs, friends or peers are a critical support base for adolescents living in CHHs. Social support is important for adolescents because it is during the adolescence phase that they grapple with a range of physical, emotional and social challenges (Busso, 2014). For children facing adversity such as those living in CHHs, positive peer relationships enhance positive feelings of worth, thereby contributing to their psychological well-being (Du et al., 2014). Peer relationships are realised through sharing of experiences with others in similar situations, thus coming to perceive the challenges being experienced as a normal and passing phase in which they feel supported by others (Li et al., 2015). The importance of peer support is highlighted in the FRF, which indicates the crucial role it plays in encouraging, motivating and giving companionship to adolescents living in CHHs. My study found that friends play an important role in the lives of adolescents living in CHHs. For instance, adolescents participating in my study indicated that they received more support from their friends than from any other support system. This view is supported by Li et al. (2015) who posit that adolescents depend more on their friends to satisfy their psychosocial needs than on their parents. In my study, the assistance adolescents living in CHHs received from their friends included money, food, scholastic materials, moral support, encouragement, and advice. They also enjoyed companionship and assistance in doing homework assignments and other education-related activities. By implication, friends were important to the adolescents in my study who were living in CHHs because the support rendered by their friends acted as a buffer against the

stressful experiences associated with life in CHHs (Haroz et al., 2013). The FRF is relevant in this regard in that adolescents living in CHHs were able to tap on the support of their friends as one of the many social support systems mentioned in the framework. Friends provided a lot of support to their counterparts who lived in CHHs to weather the challenges together and enhance their resilience.

Although there were misunderstandings among the participants and their siblings, the children remained cohesive, rallying together as families. This brings in the idea of connectedness, a sub-construct of the theoretical framework which is described as an essential component of relational resilience (Walsh, 2011). Participants who lived with siblings were able to stick together, giving each other a shoulder to lean on and collectively finding ways of solving their challenges. The children brainstormed challenges facing them to make meaning of such life situations. They went to fetch firewood for sale together and did piece jobs to collectively contribute to the family income needed for running their households. Thus, connectedness helped to build the resilience that allowed the children to forge ahead with life. The children also adopted a positive outlook on life, one which gave the children hope that one day life would be better (Walsh, 2012). Communicating with one another and engaging in collective problem-solving were inherent features of adolescents in CHHs. This reflected creativity and the ability to use critical thinking skills to come up with alternative ways of solving the challenges affecting the children (Walsh, 2016, 2012).

Relationships between children living in CHHs and caring adults promote resilience (Zimmerman et al., 2013). This implies that, adolescents living in CHHs can benefit from the support of adults other than their immediate relatives. The findings of my study indicate that neighbours and co-lodgers play important roles in supporting adolescents living in CHHs. In the absence of parents who are natural mentors responsible for moulding adolescents through apprenticeship strategies, neighbours and co-lodgers close the gap by offering assistance in as many ways as they can. This study found out that neighbours assisted with food, educational materials and money, at times. The above named support systems were also responsible for the general welfare of the adolescents as they treated them as their own children. Parents who were alive but lived far away from their children tasked neighbours and



co-lodgers to watch over and report the status of their children by way of phoning back.

The value of this kind of social support, external to the adolescents living in CHHs, is highlighted in the theory informing this study. As indicated in the FRF, tapping into social support systems is an effective way of mitigating the stressful challenges facing adolescents living in CHHs. While the theoretical framework mentions the importance of neighbours as an important social network, my study found out that, since some adolescents were renting some rooms, they received a lot of help from the people with whom they were co-lodging, herein referred to as co-lodgers. Co-lodgers are the people who were on the ground, living, eating and sharing challenges with these adolescents. The framework is silent on this category of social support yet, in my opinion, this is one of the most important support systems of all because of the proximity of the said adults to the adolescents facing challenges. Co-lodgers immediately notice a lack of food and assist by cooking for them sometimes and helping when they fall ill. They share a common residence hence they are a critical support base for such children. In my view, the framework needs to be extended to include co-lodgers as an additional support base for adolescents living in CHHs.

The church is another institutional organisation which this study found to provide immense support to adolescents living in CHHs. Participants in this study found a lot of inspiration when they attended church services with other congregants. The participants made meaning of their challenges when they talked to peers and influential church leaders like pastors. They also benefited from attending church services as well as receiving donations from congregants. However, receiving church donations was conditional in that only those who attended congregational services regularly would benefit. Transcendence and spirituality, a component of FRF is important in explaining how adolescents got solace, strength and comfort through their religious and/or spiritual connections (Walsh, 2012). Through such affiliations, adolescents' resilience is bolstered. When they pray and get involved in community humanitarian activities, adolescents living in CHHs neutralised their challenges and made meaning of life through sharing challenges with fellow congregants.

Having high aspirations in life is reported to enhance resilience in children living in difficult situations as in CHHs. The findings of this study are consistent with claims

made in literature that high aspirations serve as a protective factor for children living in CHHs (Maushe & Mugumbate, 2015). My study found that participants' aspirations were supported and developed in what they referred to as Church Youth Clubs. These are gatherings for youths (boys and girls included) from particular church organisations which are used as a platform from which to learn more about the meaning of life in the absence of adults. In support of Youth Clubs as a support system, this study found out that adolescents learnt a lot about challenges encountered in life as well as taking part in brainstorming how such challenges could be solved. It is a platform where adolescents discuss, debate, teach, and receive guidance and counselling about life issues. Personal hygiene, etiquette, and morals are also taught at Church Youth Clubs. Literature is silent on the issue of youth clubs as a support system for enhancing adolescents' resilience, hence my findings in this regard add to the existing knowledge base on social support systems that are responsible for building adolescent resilience.

Adolescents living in CHHs generally struggle due to a number of factors. Given the magnitude and publicity of CHHs, these children would require government assistance for their households to flourish. It is not enough to talk about numerical increases of CHHs and detailing what they lack without being pragmatic, that is, going to the children to offer them the help they require. In this case, adolescents living in CHHs require government support in terms of school fees and assistance with transport to and from school and food parcels. Alternatively, government could invite other players such as Non-Governmental Organisations (NGOs) who are interested in working with and for children to provide the much needed assistance for adolescents living in CHHs. Adopting this kind of approach would alleviate the challenges facing adolescents living in CHHs, enabling them to concentrate on schooling, thus giving them hope and making life less stressful and more enjoyable.

I would not have done justice to the study if I did not celebrate the resilience of participants who displayed immense determination and hope in their positive outlook on life. The level of maturity reflected in the adolescents' vision and resolve to acquire education against all odds cannot just slip by and disappear unaccounted for. Adolescents living in CHHs persisted and persevered with their education even without parental supervision. One would have expected them to stop attending school due to the immense challenges they faced, but they soldiered on. What is

amazing about these adolescents is the level of inspiration which they demonstrated even without adult supervision to 'force' them to go to school. By their own volition, they would wake up to go to school every day even when they knew that they barely had anything to eat, nothing to carry in lunch boxes, and sometimes long distances to trudge on to school.

While poverty has debilitating effects on adolescents living alone, these participants were not deterred. It is as if poverty spurred them on to move to the light at the distant end of the tunnel. By being so goal-directed, the adolescents literally 'forgot' about their state of uniforms and lack of fees, going to school because completing their school education remained their immediate major goal in life. Since this kind of goal orientation is atypical to adolescents in general, the resilience displayed by adolescents in my study places them in a class of their own.

Most adults ironically struggle with time management, a skill which participants in this study capably demonstrated by generating timetables which they followed to have things done at the right time. The participants were able to set aside time to do chores and time for study. Time management is an important skill which everyone must learn in life. Without anyone telling them what to do, they were able to devise ways of making sure that all things that needed to be done were done at the right time. The adolescents also demonstrated good budgeting skills, ensuring that whatever little money there was lasted as per their plan. Participants also rationed food so that it could last them for some time. Those who had extra rooms to spare (those who lived in their parents' houses) rented these to lodgers, negotiating and collecting rent which they then used wisely to pay school fees, buy educational materials, food and for transportation. The issue of transportation was critically thought through and participants devised a way of easing the challenge by alternating walking and commuting depending on the school session they attended. This was an ingenious way of solving transport problem, one strategy which has not been reported in literature.

Looking after children is difficult, even for adults. For children to be looking after other children, it must be overwhelming. Even so, and despite the relational challenges experienced in CHHs where there are siblings who sometimes quarrelled and or fought, participants in this study persevered and looked after their siblings to

the best of their ability. This involved ensuring their welfare, making sure that they went to school, generally managing the household and making sure that their homes were 'good enough' to be habitable. As children, they thought of ways to get extra cash and looked for piece jobs to raise money for the household. The adolescents not just wait to receive donations, but negotiated with their 'employers' for whatever payment. Even though they were sometimes not paid as per initial agreement, they accepted what they were given which was better than not having anything at all and life progressed.

These are issues that came out clearly from the adolescents living in CHHs who took part in this study. The level of responsibility, maturity, resoluteness, forward-looking deserves mentioning and celebrating against the challenges which characterise CHHs. Their attitude and behaviour reflect what the FRF refers to as a positive outlook, one which enables one to face challenges with courage, optimism and perseverance (can-do-spirit) (Walsh, 2008). This is in line with what adolescents in this study did and which helped them build the resilience to continue with schooling and thrive.

### **6.2.3 How do adolescent secondary school learners cope with life in their households?**

CHHs are vulnerable to a number of challenges, including a lack of parental guidance, physical abuse, lack of food, clothing, security and other harsh living conditions (Zhangazha, 2014). As such, life in such households is a struggle for survival. However, while adolescents living in CHHs face such problems, they manage to survive just like their peers who have adult guidance and protection. This is where Walsh's FRF becomes relevant. It is argued that all family types, including CHHs, have the ability to respond positively even under immense challenges. This confers the children with the potential to gain resilience and witness positive growth despite challenges being faced (Walsh, 2012). This is particularly true for adolescents living in CHHs because, as a family type, they were also capable of finding ways to solve nagging problems.

In order to cope with life in their households against the backdrop of absence of adult or parental guidance, adolescents living in CHHs summoned their external social

support systems, which include the church, the school, peers, neighbours and fellow lodgers. Attendance of congregational services at church provided sanctuary to children living under stressful conditions. Participants in this study indicated that they belonged to one church or the other where they went to pray, worship and study the Bible.

As advised by Pienaar et al. (2011), it is important for adolescents living in CHHs to attend religious congregational services because they learn to view challenges as opportunities for personal growth. Attending religious congregational services enables adolescents living in CHHs to access church-related services. In this study, participants told stories of occasions when they were assisted by church elders with money to buy educational paraphernalia such as text and exercise books. A study done by Ni Raghallaigh (2010) on unaccompanied children, found religious involvement as one of the coping strategies used to make meaning of challenges. Likewise, participants in this study used the same resilience process to navigate through stressful situations of living in CHHs.

The FRF is relevant to these findings in so far as it supports this view of children living in CHHs engaging in congregational activities which have been found to be nourishments of resilience (Walsh, 2012). Spiritual resources can be utilised as wellsprings for supporting resilience in children experiencing adversity. Transcendence and spirituality provide adolescents living in CHHs with strength derived from their connection with other religious people (Walsh, 2012). In their effort to find meaning to life, participants in this study employed transcendence and spirituality as key resilience processes.

Besides engaging in congregational activities, adolescents living in CHHs used prayer and intercession as ways of coping with life challenges (Gunnestad & Thwala, 2011). Findings of this study also show that children living in CHHs turned to God for divine intervention through prayer whenever they felt overwhelmed by the impact of distressing situations. In this regard, Pandya (2015) declares that prayer protects adolescents living in CHHs from hardship. This view is further supported by Raftopoulos and Bates (2011) who posit that prayer promotes general coping with adversity in adolescents. Furthermore, being prayerful is part of transcendence and spirituality, the elements of which are faith, prayer and involvement in church

activities (Walsh, 2012). All of these have the potential to nourish resilience, hence the relevance of FRF to this study.

Another coping strategy which adolescents living in CHHs used was social connection with their friends whom they regarded as more important than other social support bases. This study established that participants received a great deal of support from their friends in the form of food, money, educational materials, and moral support. Friends also provided company, encouragement, and advice. Connectedness, a component of FRF is an important attribute for the development of resilience (Walsh, 2011). Since experiences in CHHs are intense and stressful, children living in CHHs need to tap on their friends to help them weather challenges together. In the case of this study, participants also received advice, companionship, and assistance through working on assignments, helping with food and giving educational materials. In the view of Walsh (2012), connectedness between and among friends is the hallmark of resilience through which challenges are collectively rebuffed. In addition, the adolescents in my study tapped into other social support systems for assistance - neighbours, co-lodgers, and teachers, for example. Neighbours and co-lodgers (fellow lodgers) provided material support, advice, and guidance and counselling, checked on the welfare of the children and, in doing so, giving them a sense of security and communicating that they are loved, respected, valued and cared for, unconditionally.

Although the challenges posed by the adverse situations typifying CHHs might weigh heavily on children, adolescents living in CHHs must not be viewed as passive victims of their situations (Evans, 2012). Rather, they should be seen as active agents capable of contesting their social spaces by standing firm against the challenges facing them (Mavise, 2011). Boyden (2003) highlights their ingenuity and resourcefulness, while Payne (2012) and Lee (2012) laud their competence, resilience and extraordinary will and ability to survive.

Critical thinking facilitates the identification of plausible coping strategies in times of hardship. In order to cope with life in their households, adolescents devised ways of dealing with various challenges, a lack of money being one. Instead of remaining idle, they looked for piece jobs, rented out some of their rooms, and came up with ingenious ways of budgeting money, food, time, etc. Demonstrated in these

strategies are an entrepreneurial mind-set, management and negotiating skills, self-discipline, responsibility, and a level of maturity not usually found in adolescents. These characteristics typically emerge during times of adversity, enabling those in crisis to rise above distressing situations hence their inclusion as FRF components (Walsh, 2012).

CHHs lack sufficient resources such money and food. In order to cope with little resources, adolescents living in CHHs utilised some ingenious coping strategies in order to manage the available resources. This study found out that, in order to make food in their households last longer; the adolescents rationed their food, resorting to eating two, instead of three meals per day. In most cases, lunch was skipped because they will be at school. What was important was to have food in the morning before going to school and having 'something' to eat in the evening before going bed. However, while some adolescents struggled to cope with limited food, others coped with life fairly easily because they got food supplies from their parents who worked in the diaspora. Even so, food supplies were not always consistently supplied hence food was not always available in sufficient quantities for all adolescents who took part in this study.

Since adolescents living in CHHs have several responsibilities in their households while still attending school, they had to devise ways of maintaining a balance between these two life worlds. To this purpose, they constructed time tables, distributed tasks amongst CHH family members and ensured that these were adhered to. Again, critical thinking and problem-solving are indicated in the FRF as key skills in the development and sustenance of resilience, thus testifying to the importance of this theoretical framework as basis for my study.

Apart from the money-generating strategies mentioned earlier, a key factor in the survival of CHHs who lacked sufficient funds to buy food, pay school fees, and so forth, was creative thinking (alternate ways of doing things) and self-discipline – the willingness and perseverance to use what they had as sparingly as possible. To achieve this, they saved left-over food for the next day, skipped meals, and alternated walking and commuting to school in order to save on transport costs. These skills and attitudes, too, are highlighted in the FRF as important survival techniques.

#### **6.2.4 How do adolescent secondary school learners deal with educational challenges they face?**

This study established that participants placed high regard for education hence most of them strived to acquire it. Adolescents living in CHHs persevere through hardship to acquire education which they consider important in their aspirations for a better future (Lethale & Pillay, 2013). Literature highlights that, the greatest challenge adolescents face is payment of school fees (Mutambara, 2015; Motha & Frempong, 2014; Ganga & Maphalala, 2013). Furthermore, it is also observed that there are serious threats to the adolescents' ability to complete their schooling. In order to deal with the school fees issue, adolescents rented some of their rooms to lodgers, took on piece jobs, and devised other ways of raising the money they needed. In order also to be able to use technological gadgets like Wi-Fi and laptops, access to which was denied them due to non-payment of school fees, they either thought of ingenious ways to illegally gain access to these or asked their friends to download and print copies of educational material for them.

Transportation to school posed another challenge for adolescents living in CHHs due to lack of money. The adolescents showed their determination to go to school by devising a strategy which helped in cutting transport cost. The school operates a double session schooling system where half the school attends classes from 7.00 am to 11.55 am. The other half starts at noon and ends at 4.55 pm. When in morning session, participants took a Kombi (Taxi) to arrive in time for lessons and then walk home after lessons. When in afternoon session, they left home early enough and walked to school in time to catch lessons at noon. After dismissal they would catch a Kombi back home as it would be getting dark. Using this strategy ensured that they went to school. Instead of using a dollar per day, it now cost 50 cents per day which was fairly manageable considering that money is a problem in CHHs.

Another issue was excessive house chores that interfered with school work thus dividing the attention of the adolescent learners with a threat to poor academic performance. To overcome this problem, the adolescent learners came up with the strategy of planning how and when the different tasks were to be undertaken. They drew timetables stipulating when certain activities were supposed to be done. This helped them to focus on school which was their main goal.



To deal with food shortage they employed the strategy of skipping meals especially lunch as long as they would have eaten 'something' in the morning, they would have supper after school. Even though some of the strategies were detrimental to their health (such as eating food not well preserved) not eating healthy might cause them health problems, that is what was available, they relied on them to experience successful schooling.

All the strategies that were employed to solve specific problems demonstrated the importance of critical and creative problem-solving skills highlighted in the FRF. In terms of this framework, the key attributes of problem-solving are resourcefulness, the ability to make decisions, to focus on goals, to take concrete steps in order to realise goals, and to be proactive. In devising and executing their coping strategies, adolescents demonstrated all of these attributes, confirming the usefulness and importance of Walsh's FRF to this study.

#### **6.2.5 Answering the main research question: Which resilience processes do adolescent secondary school learners living in CHHs employ?**

As already been highlighted, in the absence of parental guidance and supervision, adolescents living in CHHs faced multiple challenges due to their situation. Under such circumstances, one would expect the adolescents to drop out of school completely. Despite the challenges adolescents living in CHHs faced, they still forged ahead with life and thrived. They employed certain survival strategies to be able to manage the challenges of life to the extent of being able to continue with schooling. Such survival mechanisms gave the adolescents strength, inspiration and perseverance to trudge on, even when challenges threatened to overwhelm their capacity to live. The adolescents living in CHHs employed active, rather than passive problem-solving approaches to navigate through challenging situations.

This study found that adolescents living in CHHs tapped on social support resources external to themselves. This is in line with Werner and Smith (1992) who posit that, adolescents who are able to tap on the assistance of external support systems are assisted to navigate through their adversity. Furthermore, Walsh (2008) adds that, in her studies of resilience research of diverse populations, relationships with significant others was crucial for building resilience in at-risk children and families.

This testifies to the fact that supportive relationships such as teachers and coaches are important in the risk-resilience matrix. Community adults such as members of extended family, neighbours, and co-lodgers assisted the adolescents when they experienced challenges in their households. Co-lodgers (the adults with whom the adolescents shared lodgings) featured prominently as providing immediate help since they lived together under the same roof. Just the realisation that there are adults to fall back on, allowed the adolescents living in CHHs to perceive life positively as they felt supported, hence, building their resilience to forge ahead with life. Thus, social support from adults such as neighbours and co-lodgers is a critical resilience process in buffering the effects of challenges faced in CHHs. This resulted in building resilience in the adolescents hence, they were able to thrive and forge ahead with life. The idea of the importance of social support in building resilience is supported by the FRF under the key resilience processes of social and economic resources. Social networks are vital lifelines for offering practical and emotional support to adolescents experiencing adversity (Walsh, 2012).

In addition, peers and friends provided support to the adolescents living in CHHs in important ways which involved emotional, informational, instrumental, and companionship support (Caserta et al., 2017). Peers and/or friends afford opportunities for social acceptance and promote the realisation of social worthiness which is expected to deal with negative consequences of stressful events (Caserta et al., 2017). Youth who thrived regardless of parental dysfunction thrived because they tapped on the help of extra-familial resources such as teachers and peers (Walsh, 2016). Under the sub-construct social and economic resources, the FRF is important as it supports the idea of recruiting support systems such as friends or peers which help in buffering the negative effects of challenges thereby enhancing adolescents' resilience to forge ahead with life.

Religion and spirituality are important resilience processes that support resilience in adolescents living in CHHs (Gunnestad & Thwala, 2011). This study found out that the adolescents associated with influential religious leaders and other congregants from whom they got assistance which enhanced their understanding of life. Their personal faith, prayer and involvement in community groups, faith congregations and other church-related humanitarian activities acted as resilience processes which helped them find meaning of life. The key processes of transcendence and

spirituality from the FRF is particularly relevant in explaining how adolescents navigated through their life challenges to supporting adolescents' resilience trajectories.

The school was identified as a resilience-enhancer for adolescents living in CHHs from which support in the form of guidance and counselling, encouragement and academic support was realised. Good teacher-student relationships allowed some teachers to give support to students in ways that went beyond classroom teaching and learning to being their personal confidantes. Such relationships sent the messages to adolescents living in CHHs of love, respect and value. This had the effect of boosting self-esteem and bolstering academic resilience to forge ahead even when challenges in getting adequate educational provisions were the order of the day. The FRF is particularly important in this case where adolescents living in CHHs were able to call upon organisational and social support networks that nurture resilience. The importance of social support in buffering negative life experiences is highlighted under social and economic resources sub-construct of the theoretical framework hence its relevance in informing this study.

Some of the personality traits which, according to the adolescent participants in this study, were necessary for them to survive were self-efficacy, optimism, self-control and enthusiasm to conquer in life. Financial strain was found to be one of the most debilitating risk factors in CHHs. However, this study found out that, adolescents living in CHHs employed communication and problem solving and critical thinking skills which formed the bedrock of their survival. The utilisation of such resilience processes by adolescents living in CHHs in dealing with life challenges speaks to the relevance of FRF in explaining survival strategies used in CHHs. Using such skills, the adolescents were able to tackle some of the challenges they were facing. They did piece jobs, engaged in entrepreneurial activities, and rented out some of their rooms to lodgers to raise some money for subsistence and for paying school fees. When families show creative resourcefulness through their ingenuity as did adolescents in this study, they tremendously reduce the effect of adversity as well as providing strength to meet and deal with future challenges (Walsh, 2008). All these activities demonstrate critical thinking and ability to employ collaborative problem-solving skills as resilience processes which assisted in buffering adversity and enhancing resilience in adolescents living in CHHs. As a component of the FRF,

collaborative problem solving featured prominently on how adolescents living in CHHs and their siblings brainstormed and generated alternative ways of solving the problems they were facing.

The ability to plan activities featured profoundly as a resilience process which adolescents living in CHHs employed in dealing with the challenge of burdensome responsibilities they carried out in their households. Planning was important in streamlining how different tasks were supposed to be accomplished. Planning enabled house chores to be done without interfering with schoolwork which was the adolescents' priority. Budgeting money and rationing food was also practised so as to stretch these resources to last longer. Due to critical thinking, adolescents devised ways of beating transport costs by alternating walking and commuting to and from school depending on the school session the adolescents would be in. This approach, which constituted resilience processes, resulted in cutting transport costs by half and enabled the adolescents to continue with schooling in spite of the financial challenges they were facing. The ability to think of and use alternative ways of solving nagging problems by adolescents living in CHHs is provided for in the FRF under problem solving which is an important resilience process that was used by participants in this study. The theoretical framework was especially relevant in informing this study where problem solving was utilised extensively by participants to navigate through their challenges.

This study also found out that siblings living in CHHs sometimes quarrelled and even fought. However, despite such squabbles, they were committed to living together, giving each other support and a shoulder to lean on. The FRF is particularly significant in as far as it supports the crucial role that connectedness plays in facilitating cohesion among family members, in this case siblings in CHHs. Siblings' mutual support, collaboration and commitment to weather the challenges together strengthen their resilience to forge ahead and emerge stronger (Walsh, 2012; Ruiz-Caseras, 2010). In this study, adolescents who lived with their siblings helped each other do household chores, collaborated in doing piece jobs to raise money for subsistence and provided each other companionship and comfort. The connectedness demonstrated by the adolescents living in CHHs acted as a resilience process allowing them to pull through challenges together as siblings. Together they remained united, resolute and weathered life's challenges by believing

in themselves. Thus, when siblings weather challenges together, their relationship improves and becomes even more cohesive and productive (Walsh, 2008).

High aspirations for a better life act as resilience-enhancers among the adolescents living in CHHs. The adolescents in this study persevered with school because they envisioned a better future because of the benefits accrued from acquiring education by looking ahead with the hope that one day their toil would reward them. In FRF, positive outlook explains how challenges, regardless of their intensity are overcome when families (adolescents in CHHs in this case) look forward with hope (Walsh, 2012). This makes the theoretical framework important because it supports how adolescents living in CHHs perceived themselves. Envisioning a bright future and holding high aspirations are the resilience processes which helped the adolescents keep focused on schooling with the hope that education would unlock better prospects for them. Their dreams were to complete secondary education and proceed to tertiary level with the hope of training in high-paying professional jobs such as law and accountancy. High aspirations are linked to adolescents' high regard for education which they focused on; hence, they strived to acquire it even when they barely had any money for school fees and other educational provisions. In addition, the adolescents demonstrated that they were self-disciplined both at home and at school, by showing good behaviour. Such good discipline was motivated by their lived experiences which they indicated were determined to change through completing their schooling. Their forward-looking orientation assisted in building their resilience hence they were able to forge ahead and thrive in the absence of parental and adult guidance and support.

### **6.3 NEW INSIGHTS**

As stated earlier in this chapter, this study found that children living in CHHs benefitted from social support they enjoyed from a wide range of groups of people (Zimmerman et al., 2013). Such social support was important in enabling adolescents living in CHHs to forge ahead with life despite challenges facing them. Literature reports that children living in CHHs were assisted by friends or peers, neighbours, teachers and coaches (Caserta et al., 2017; Li et al., 2015; van der Mark, 2015;

Skovdal & Ogutu, 2012). Thus, social support is one of the major resilience processes utilised by adolescents to forge ahead with life.

Evidence from this study indicates that, in addition to enjoying support from friends, neighbours, teachers and coaches, a new dimension of support emerged. This new dimension relates to the support the adolescent learners got from co-lodgers or fellow lodgers. The dimension of co-lodgers cannot be regarded as the same as neighbours. While other forms of social support are evident in resilience literature, co-lodgers as a form of social support enhancing resilience is silent. Co-lodgers are the people (usually adults renting a room or rooms in the same dwelling with adolescents living in CHHs). Although they lived in separate rooms with adolescents living in CHHs, because of their proximity, co-lodgers were the first people on the ground to witness challenges facing their co-inhabitants (adolescents in CHHs). As such, they were responsible for assisting the adolescents more and in many ways because of their proximity. The emergence of this dimension of social support never mentioned in literature before makes it a new and novel insight in that it adds to a whole range of already known social support systems. Thus, co-lodgers are a fundamental social support base for buoying resilience of adolescents living in CHHs.

Religiosity or spirituality is reported in literature to enhance resilience in adolescents facing life challenges (Gunnestad & Thwala, 2011). It is reported that adolescents who associated with influential religious leaders and other congregants got assistance which enhanced their understanding of life. Their personal faith, prayer and involvement in community groups, faith congregations and other church-related humanitarian activities acted as resilience processes which helped them make meaning of life. This resonates with what literature indicates regarding the role of religiosity or spirituality in enhancing resilience in adolescents.

Evidence from this study revealed a new dimension of a resilience buffer in the form of Church Youth Clubs. Such Church Youth Clubs have the capacity to mitigate the effects of negative outcomes ultimately playing a resilience buffering role on adolescents facing challenges of limited household resources and spiritual dejection. Adolescents who were active members of their church youth wings benefitted from congregational support in addition to their active involvement in humanitarian activities with other youths. Adolescents living in CHHs got material and informational

support from fellow church youth club members who helped them to understand life better. The dimension of Church Youth Clubs as a social support system buoyed resilience of adolescents living in CHHs. The dimension of Church Youth Clubs as a resilience process utilised by adolescents living in CHHs is a new insight revealed in this study which literature is silent about.

As reported in literature, adolescents living without the support and guidance of parents or adults tend to abuse substances such alcohol and drugs (Zirima & Mtemeri, 2016; Zentgraf & Chinchilla, 2012). The two studies by the foregoing authors found that children who live alone without adult supervision tend to misbehave. What literature suggests in this regard is that almost all adolescents who live own their in CHHs are prone to abuse substances.

Evidence from this study revealed a different perspective altogether- a phenomenon unusual of children in the adolescence period. The study revealed that the adolescents who participated in this study did not abuse drugs serve for only one out of fourteen participants who took part in this study. What this revelation entails is that, adolescents in this study did not abuse drugs. The new insight emerging is that it is a grave misrepresentation to generalise that adolescents living in CHHs abuse drugs. This new knowledge revealed in this study is that not all children who live alone in CHHs misbehave. Participants in this study demonstrated unusual maturity, responsibility and resoluteness uncharacteristic of adolescent children.

Adolescents living in CHHs experience serious food and financial challenges (Maqoko & Dreyer, 2007). Such challenges impact negatively on the life of adolescents living CHHs in terms of compromising on their health and their ability to pay school fees and obtain scholastic materials. Transportation to and from school is major challenge due to lack of money.

Evidence from this study revealed adolescents' ability to think creatively to solve problems affecting their livelihoods. The adolescents in this study were able to plan how to beat transport costs so that they would continue going to school by meaningfully utilising the meagre resources they possessed. One such strategy they used involved alternating walking and commuting to and from school depending on the school session they would be in during a particular week or term. Utilising such a

strategy allowed the adolescents to cut transport costs by half, while at the same going to school. Unlike other adolescents who would drop out of school due transport challenges, participants in this study planned how to undertake certain activities so that they would not miss school. Planning involved either staying awake late or waking up early to accomplish school and household tasks. This effectively buoyed their resilience to go ahead with life. The idea of planning how to execute certain responsibilities in order to keep going to school despite facing challenges is indeed a new dimension revealed in this study. This perspective ultimately adds to the existing body of literature on resilience processes used in CHHs.

#### **6.4 LIMITATIONS OF THE STUDY**

Certain limitations became evident as the study progressed. I record them as part of what could guide future researchers to further explore the area of CHHs.

- Using Interpretative phenomenological analysis (IPA) generated mounds of qualitative data which was difficult to condense into meaningful themes. As a novice researcher using the analysis process for the first time, it took me a lot of time to complete the process which subsequently impacted negatively on my study time schedule. However, despite the voluminous data, I eventually triumphed in making a sound analysis. Future researchers should be wary of this limitation and allow more time for data analysis when using IPA as the process is time consuming and cumbersome.
- Interviews and focus group discussion were conducted in ChiShona, one of the local languages spoken in Zimbabwe. I had to translate the ChiShona interview transcript into English. In doing so, I may not have captured the exact meaning of participants' words as might have been their intended meaning hence some meaning might have been lost during that process.
- The number of participants who took part in the study is rather small. As such the results of the study cannot be generalised to a larger population of adolescents living in CHHs although it is never the thrust of qualitative research to generalise. Future research can explore adolescents' experiences of living in CHHs with larger samples.



- The themes and sub-themes that emerged during data analysis cannot be applied to other populations as they are specific to what obtained during data collection in this study. This may mean that should other investigators attempt to do the same study with the same participants, they may come up with different themes and subthemes from the ones that emerged from this study.
- The resilience processes employed by adolescents living in CHHs who participated in this study cannot be taken as applicable to all adolescents living in such households elsewhere in Zimbabwe and in all situations since such processes are used relative to the nature of challenges, environmental factors, context and culture of individual participants. The resilience processes used by adolescents in this study are not definite, but are important in that they give some pointers as to which processes adolescents living in CHHs could use in navigating through challenges.
- This study used both male and female adolescents living in CHHs as participants. Male and female adolescents may respond differently to challenges of living in CHHs and may in turn use unique resilience processes to deal with their challenges. Future research can target using either male or female adolescents living in CHHs to explore resilience processes employed by a chosen gender.

## **6.5 RECOMMENDATIONS**

Based on the findings, this study makes the following recommendations according to categories:

### **a) Recommendations to parents and adults**

- In the absence of their guidance, support and protection, parents and adults should not expect much from adolescents because they lack maturity to effectively run households which they, adults find difficult doing. Plunging adolescents into such heavy responsibilities of 'parenthood' is to heighten their susceptibility to undue stress, anxiety and abuse. Since parents are children's natural mentors, it is recommended that, where possible, they should stay with these adolescents as no arrangement supersedes the value

of a family unit in guaranteeing requisite guidance, love, support and protection.

- Where parents are deceased, it is recommended that extended family adult members should, not only support the children by remote, but live with them for purposes of providing guidance, support, protection and encouragement to go to school and study hard. Adult support is especially important for adolescents during school activities as they get the motivation to excel academically and in extra-curricular activities (Pillay & Nesengani, 2006).
- The study found out that adolescents living in CHHs encounter multiple risks which include financial and material resources on a day to day basis. This realisation necessitates the need to minimise such risk factors to levels that allow the adolescents to cope in positive ways. It is recommended that there be active community involvement in mobilising material and financial resources for the benefit of such children. Such initiatives would give the adolescents living in CHHs the opportunity to rise beyond mere survival, and to thrive as they face future challenges (Ward & Eyber, 2009) thus buoying their resilience in comprehensive ways.

**f) Recommendations to community, school and government**

- In this study, adolescents living in CHHs demonstrated unusual capacities of coping positively with their challenges. Against the strengths they exhibited, the study recommends that such resilience processes be strengthened through life-skills training which would empower them to tackle not only current challenges, but also preparing them for future life as adults. Entrepreneurial skills would be vital for raising income to finance their schooling, especially as they demonstrated commitment to acquiring education. Because the adolescents living in CHHs demonstrated amazing responsibility by taking care of their siblings, they would benefit from leadership and home management training spearheaded by the community and government through relevant ministries.
- The school can play a leading and influential role in which education stakeholders (teachers, school heads, parents, Non-governmental

organisations (NGOs) form synergies for pooling together education-related resources for the benefit of adolescents living in CHHs as this study found that adolescents give credence to education. Taking advantage of the adolescents' positive attitude towards schooling and commitment to changing their future lives through education, supporting the learners through provision of educational materials and paying school fees becomes important in maintaining their zeal to learn. Provision of school materials would build the adolescents' self-esteem thereby bolstering their resilience thus enabling them to thrive (Pillay & Nesengani, 2006).

- The study found social support to be fundamental in enhancing resilience of adolescents living in CHHs particularly support they received from friends and peers. Against this strength, peer support should be encouraged through involvement by the adolescents in different well-coordinated church youth clubs where they can discuss their challenges, encourage and advocate for each other (Ward & Eyber, 2009). They can also encourage and support adolescents' involvement in community humanitarian activities. It is envisioned that, through such programmes, the adolescents can discuss issues, encourage each other and find comfort in their togetherness thereby building and promoting their resilience.
- Adolescents living in CHHs are vulnerable children who should be protected by the state. As such, this study recommends that government should set aside funds for supporting and empowering such children to live well and thrive.
- Participants in this study raised an important issue of lack of civil documents such as records of birth (birth certificates) by some children. Lack of such documents disadvantages children by rendering them illegible to access many services and programmes meant to assist in their welfare and development. The study recommends that government and schools should work together to facilitate acquisition of birth certificates by those children struggling to find adult representation in facilitating acquisition of such important documents.

### **g) Recommendations for future research**

- The study recommends conducting comparative studies of resilience processes employed by male and female adolescents living in CHHs. Such a study can highlight the resilience processes uniquely employed by either gender in mitigating challenges encountered.
- Further research can be conducted with specific groups of CHHs. For example, adolescents living in CHHs with living parents who may be living elsewhere within or outside the country or adolescents living in CHHs who are double orphans. This would highlight which resilience processes each category of CHHs employs in response to life's challenges.
- Literature on resilience identifies the school as a protective factor for adolescents living in CHHs (Pessoa et al., 2017). However, there are instances where schools confer risks to learners. Findings of this study confirm that schools can induce risks in learners by not availing adequate resources, barring learners from attending classes due to school fees challenges. This could open new space for interrogating the role of the school in nurturing resilience in adolescents living in CHHs.

## **6.6 CONCLUSION**

This study concludes that, while the adolescents living in CHHs demonstrated responsibility and resilience beyond expectation to the extent of thriving, they are living in difficult circumstances due to absence of parental guidance, support and protection. While the study found out that the adolescents living in CHHs relied on support provided by their neighbours, co-lodgers and friends and peers, such support was not always available and reliable as it tended to be ad hoc and therefore remained largely unsustainable (Maushe & Mugumbate, 2015). As a result, the adolescents lived without adequate basic needs such as food, money and security, and being exposed to incessant hunger and abuse. Financial insecurity was a major challenge to the adolescents living in CHHs with a threat of disrupting their schooling and a possibility of dropping out altogether. However, due to the value they attached to education as well as having high aspirations and a demonstration of responsibility,

the adolescents were able to navigate through challenges hence they thrived and forged ahead with life.

Rather than perceiving themselves as passive victims of their situations (Mavise, 2011), adolescents living in CHHs demonstrated their ingenuity by employing critical thinking and problem-solving skills that helped them to deal with challenges they faced in their households. The survival strategies they employed defy the fact that they are children who themselves needed parental guidance and support to grow into healthy and responsible beings. In spite of living alone in CHHs, these adolescents were astonishingly able to use problem-solving strategies which paralleled adult ways of engaging with challenging situations. The strategies employed allowed the adolescents to raise money for sustenance as well as for buying educational materials, thus enabling them to pursue their schooling.

While such resourcefulness, resoluteness and perseverance to tackle and mitigate challenges they were facing are appreciated, it does not suggest that adolescents living in CHHs can be regarded as 'adults.' They still need to be supported as children in organised, consistent, predictable and sustainable ways. Results of this study confirm the importance of social support in buffering the effects of risks of adolescents living in CHHs. It is important for policy makers to devise ways of strengthening the existing social support systems as well as extending it to the adolescents by inviting them to actively participate in programmes that build their resilience going forward.

## REFERENCES

- Abrams, L. S. (2010). Sampling 'hard to reach' populations in qualitative research: The case of incarcerated youth. *Qualitative Social Work, 9*(4), 536-550.
- Adu, N. A. T. (2011). *Children's assessment of well-being: A study of the experiences and subjective well-being of orphans living in institutions in Ghana* (Unpublished master's thesis). Retrieved from <http://ntnu.diva-portal.org/smash/record.jsf?pid=diva2:443614>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies, 5*(2) 9-19. doi: 10.7575/aiac.ijels.v.5n.2p.9
- Alshenqeeti, H. (2014). Interviewing as a data collection method: A critical review. *English Linguistics Research, 3*(1), 39-45. doi: 10.5430/elr.v3np39 (Retrieved from <http://www.researchgate.net/publication/26989369>)
- Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice, 36*(3), 238-245.
- Anich, R., Crush, J., Melde, S., & Ouchu, D. (2014). *A new perspective on human mobility in the South*. London: Springer.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61*, 461-480.
- Atkinson, P., Coffey, A., & Delamont, S. (2001). A debate about our canon. *Qualitative Research, 1*(1), 5-21.
- Ayieko, M. A. (2010). *From single parents to child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya districts. A research project report. UNDP: HIV and development programme*. Retrieved from <https://www.undp.org>
- Babbie, E. (2013). *The practice of social research*. (13<sup>th</sup> ed.). Wadsworth: Cengage Learning.
- Bagnoli, A., & Clarke, A. (2010). Focus groups with young people: A participatory approach to research planning. *Journal of Youth Studies, 13*(1), 101-119. doi :10.1080/13676260903173504
- Bandura, A. (2002). Social cognitive theory in cultural context. *Applied Psychology: An International Review, 51*, 272-290. doi: 10.1016/j.paid.2005.11.002
- Barber, B. K., Stolz, H. E., & Olsen, J. A. (2005). Parental support, psychological control, and behaviour control: Assessing relevance across time, method and culture. *Monographs of the Society for Research in Child Development, 70*(4), 1-137.
- Barbour, R. (2007). *Doing focus groups*. California: Sage Publications.

- Barbour, R., & Schostak, J. F. (2005). Interviewing and focus groups. In B. Somekh & C. Lewin (Eds). *Research methods in the social sciences* (pp. 41-48) London: Sage.
- Barnett, T., & Whiteside, A. (2006). *AIDS in the twenty-first century: Disease and globalisation*. New York: Palgrave MacMillan.
- Barrett, J. R. (2007). The researcher as an instrument: Learning to conduct qualitative research through analysing and interpreting a choral rehearsal. *Music Education Research*, 9(3), 417-433. doi: 10.1080/14613800701587795
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13 (4), 544-559. Retrieved from <https://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>
- Bhattacharjee, A. (2012). *Social research: Principles, methods and practices*. (2<sup>nd</sup> ed.). Florida: Textbook Collections.
- Bhattacharjee, A. (2012). Interpretive research. In A. Bhattacharjee (Ed.), Retrieved From <https://courses.lumenlearning.com/suny-hccc-research-methods/chapter/chapter-12-interpretive-research/>
- Benavides, L. E. (2014). Spiritual journey from childhood to adolescence: Pathways to strength and healing. *Journal of Religion and Social Work: Social Thought*, 33(3-4), 201-217. doi:10.1080/15426432.2014.930628
- Benavides, L. E. (2012). A phenomenological study of spirituality as a protective factor for adolescents exposed to domestic violence. *Journal of Social Service Research*, 38(2), 165-174. doi: 10.1080/01488376.2011.615274
- Benson, P. L., Roehlkepartain, E. C., & Rude, S. P. (2003). Spiritual development in childhood and adolescence: Toward a field of inquiry. *Applied Developmental Science*. 7(3), 205-213.
- Benzies, K., & Mychasuk, R. (2009). Fostering family resilience: A review of the key protective factors. *Child and Family Social Work*, 14,103-114, <http://dx.doi.org/10.1111/j.1365-2206.2008.00568x>.
- Bequele, A. (2007). *The emerging challenge of children heading households: Some reflections. Speech delivered at the opening session of the 5<sup>th</sup> African Conference on child abuse and neglect on HIV/AIDS and children: The challenges of care and protection of children. Kampala, Uganda.*
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretive phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, (5) 3, 214-224. doi: org/10.1080/14780880802314304
- Birdthistle, I., Nyamukapa, C., Garnett, G., Wambe, M., Lewis, J., & Mason, P. (2008). From affected to infected? Orphanhood and HIV risk among female adolescents in urban Zimbabwe. *AIDS*, 22, 759-766.

- Bisman, J. E., & Highfield, C. (2013). The road less travelled: An overview and example of constructivist research in accounting, *Australasian Accounting, Business and Finance Journal*, 6(5), 3-22.
- Blaxter, I., Hughes, C., & Tight, M. (2006). *How to research*. (3<sup>rd</sup> ed.). New York: McGraw-Hill Education.
- Bolger, N., Davies, A., & Rafaeli, E. (2003). Diary methods: Capturing life as it is lived. *Annual Review Psychology*, 54, 579-616. doi:10.1146/annurev.psych.54.101601.145030
- Bottrell, F. A., & Armstrong, D. (2012). A political ecology of youth and crime. Palgrave: Macmillan.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research*, 8(1), 137-152.
- Boyden, J. (2003). Children under fire: Challenging assumptions about children's resilience. *Children, Youth and Environments*, 13(1), 26-36.
- Boyden, J., & Cooper, E. (2007). *Questioning the power of resilience: Are children up to the task of disrupting the transition of poverty? CPRC Working paper NO. 73*. Manchester, UK: Chronic Poverty and Research Centre.
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: An Oxymoron? *Journal of Midwifery and Women's Health*, 65(3), 663-671. doi: 10.1111j.1365-2648.200804922.x
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Los Angeles: SAGE.
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of phenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21(1), 87-108.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA, Harvard University Press.
- Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximising opportunities in schools. *Children and Schools*, 28 (2), 69-76.
- Brooks, R. B. (2006). The power of parenting. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 297-314). New York, NY: Springer.
- Bryman, A. (2012). *Social research methods* (4<sup>th</sup> ed.). Oxford: Oxford University Press.
- Bujo, B. (2009). Is there a specific African ethic? Towards a discussion with Western thought. In M. F. Murove (Ed.), *African ethics: An anthology of comparative and applied ethics*. (pp.113-128). Scottsville, South Africa: University of KwaZulu-Natal Press.



- Bullock, A. (2016). How to conduct one-to-one qualitative interviews for research. *Education for Primary Care*, 27(4), 330-332. doi: 10.1080/14739879.2016.1176874
- Busso, D. S. (2014). Neurobiological processes of risk and resilience in adolescence: Implications for policy and prevention science. *Mind, Brain and Education*, 8(1), 34-43. doi: 10.1111/mbe.12042
- Cahill, H., Beadle, S., Farelly, A., Forster, R., & Smith, K. (2015). *Building resilience in children and young people*. Melbourne: University of Melbourne. Retrieved from [www.education.vic.gov.au/documents/about/department/resiliencelitreview.pdf](http://www.education.vic.gov.au/documents/about/department/resiliencelitreview.pdf)
- Callary, B., Rathwell, S., & Young, B. W. (2015). Insights on the process of using interpretive phenomenological analysis in a sport coaching research project. *The Qualitative Report*, 20(2), 63-75 Retrieved from <http://www.nova.edu/ssss/QR/QR20/2callary1.pdf>
- Carlson, J. A. (2010). Avoiding traps in member checking. *The Qualitative Report*, 15(5), 1102-1113. Retrieved from <http://www.nova.edu/ssss/QR/QR15-5/carlson.pdf>
- Carnaghan, I. (2013). *Philosophical assumptions for qualitative research in education, interaction and design*. Retrieved from <https://www.carnaghan.com/2013/03/philosophical-assumptions-for-qualitative-research/>
- Caserta, T. A., Punamaki, R. L., & Pirttila-Backman, A. M. (2017). The buffering role of social support on the psychosocial well-being of orphans in Rwanda. *Social Development*, 26(1), 204-224. doi: 10.1111/sode.12190
- Catholic Relief Services, (2010). Advocates deliver care, guidance to Zimbabwe orphans. Retrieved from <http://www.crs.org/zimbabwe/fanelli-g-a-UnitedStates>
- Cauvery, R., Sudha-Nayak, U. K., Girija, M., & Meenakshi, R. (2016). *Research methodology*. New Delhi: S. Chand & Company Pvt Ltd.
- Chan, C. D., & Farmer, L. B. (2017). Making the case for interpretive phenomenological analysis with LGBTGEQ+ persons and communities. *Journal of LGBT Issues in Counselling*, 11(4), 285-300. doi: 10.1080/15538605.2017.1380558
- Chan, L., Morris, N., & Wilton, L. (2016). *Research paradigms: Interpretivism*. Retrieved from <http://www.intgrty.co.za/2016/08/15/research-paradigms-interpretivism/>
- Charmaz, K. (2005). Grounded theory in the 21<sup>st</sup> century: Applications for advancing social justice studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research*. (3<sup>rd</sup> ed., pp. 507-536). Thousand Oaks, CA: Sage.

- Chigwenya, A., Chuma, M., & Nyanga, T. (2008). Trapped in the vicious circle: An analysis of the sustainability of the child-headed households' livelihoods in ward 30, Gutu District. *Journal of Sustainable Development in Africa*, 10 (3), 264-286.
- Christensen, L. B., Johnson, R. B., & Turner, L. A. (2010). *Research methods, design and analysis* (11<sup>th</sup> ed.). Boston, MA: Allyn & Bacon.
- Cicchetti, D. (2010). Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry*, 9(3), 145-154.
- Cicchetti, D. (2006). Developmental and psychopathology. In D. Cicchetti & D. Cohen (Eds.), *Developmental and psychopathology: Theory and method*. (2<sup>nd</sup> ed., pp. 1-23). Hoboken NJ: Wiley.
- Ciganda, D., Gagnon, A., & Tenkorang, E. Y. (2012). Child and young adult-headed households in the context of the AIDS epidemic in Zimbabwe, 1988-2006. *AIDS Care*, 24(10), 1211-1218. doi: 10.1080/09540121.2012.661839
- Clarke, C. (2009). An introduction to interpretative phenomenological analysis: A useful approach for occupation. *British Journal of Occupational Therapy*, 72(1), 37-39. doi: 10.1177/030802260907200107
- Cluver, L., & Gardner, F. (2007). The mental health of children orphaned by AIDS: A review of international and Southern African research. *Journal of Child and Adolescent Mental Health*, 19(1), 1-17. doi: 10.2989/17280580709486631
- Cluver, L., & Gardner, F. (2007b). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care*, 19, 318-325.
- Cluver, L., Gardner, F., & Operario, D. (2009). Poverty and psychological health among HIV orphaned children in Cape Town, South Africa. *AIDS Care*, 21(6), 732-741.
- Cluver, L., Operario, D., Lane, T., Kganakga, M. (2012). "I can't go to school and leave in so much pain." Educational shortfalls among adolescent "young carers" in the South African AIDS epidemic. *Journal of Adolescent Research*, 27(5), 581-605. doi: 10.1177/0743558411147868
- Coe, C. (2012). Growing up and going abroad: How Ghanaian children imagine transnational migration. *Journal of Ethnic and Migration*. 38(6), 913-931.
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education*. (6<sup>th</sup> ed.). Abingdon: Routledge.
- Coleman, J., & Hagell, A. (2007). *Adolescence, risk and resilience: Against the odds*. England: John Wiley & Sons.
- Condly, J. S. (2006). Resilience in children: A review of literature with implications for education. *Urban Education*, 41, 211-236.
- Constitution of Zimbabwe, (2013). Harare: Government Printers. Retrieved from <http://extwprlegs1.fao.org/docs/pdf/zim127325.pdf>

- Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *Journal of Adolescent Health, 38*, 472-480 Retrieved from <http://dx.doi.org/10.1016/j.jadohealth.2005.10.005>
- Coup, A., & Schneider, Z. (2007). Ethical and legal issues in research. In Z. Schneider, D. Whitehead, D. Elliot, G. LoBiondo-Wood & J. Haber (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice*. (3<sup>rd</sup> ed., pp. 80-101). Sydney: Mosby Elsevier.
- Cox, J. L. (2010). *An introduction to the phenomenology of religion*. New York: Continuum International Publishing Group.
- Crawford, E., Wright, M. O., & Masten, A. S. (2006). "Resilience and spirituality in youth" In E. C. Roehlpartain, P. E. Ebstyn, L. Wagener, & P. Benson, (Eds.), *The handbook of spiritual development in childhood and adolescents*. Thousand Oaks, CA: Sage.
- Cree, V. E., Kay, H., Tisdall, E. K. M., & Wallace, J. (2006). Listening to children and young people affected by parental HIV: Findings from a Scottish study. *AIDS Care, 18*, 73-76.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches*. (4<sup>th</sup> ed.). Los Angeles: SAGE.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2012). *Educational research planning, conducting, and evaluating quantitative and qualitative research* (4<sup>th</sup> ed.). Boston, MA Pearson.
- Creswell, J. W. (2011). *Educational research: Planning, conducting and evaluating*. (4<sup>th</sup> ed.). Boston: Pearson Education.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. New Delhi: Sage Publications.
- Crush, J., Chikanda, A., & Tawodzera, G. (2012). *The third wave: Mixed migration from Zimbabwe to South Africa*. Southern African Migration Programme: Cape Town.
- Crush, J., & Tevera, D. (2010). Exiting Zimbabwe. In J. Crush & D. Tevera, (Eds.), *Zimbabwe's exodus, crisis, migration and survival*. Southern African Migration Programme: Cape Town.
- Cypress, B. S. (2017). Rigor on reliability and validity in qualitative research: Perspectives, strategies, reconceptualisations, and recommendations. *Dimensions of Critical Care Nursing, 36*(4), 253-263. doi: 10.1097/DCC.0000000000000253

- Czyszczon, G., & Lynch, M. (2010). *Families in crisis: Resilience-based interventions in in-home family therapy*. Retrieved from [http://www.counselling.org/resources/library/VISTAS/2010-Online/Article\\_17.pdf](http://www.counselling.org/resources/library/VISTAS/2010-Online/Article_17.pdf)
- Daud, A., af Kinteberg, B., & Rydelius, P. A. (2008). Resilience and vulnerability among refugee children of traumatised and non-traumatised parents. *Child and Adolescent Psychiatry and Mental Health*, 2(7), 45-55. doi: 10.1186/1753-2000-2-7.
- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 30, 479-495.
- Day, M., & Thatcher, J. (2009). I'm really embarrassed that you are going to read this...Reflections on using diaries in qualitative research. *Qualitative Research in Psychology*. 6(4), 249-259. doi: 10.1080/14780880802070583
- Degner, A. J. (2006). The definition of adolescence: One term fails to adequately define this diverse period. *CHARRIS: A Journal of Lutheran Scholarship, Thought, and Opinion*, 5(3), 7-8.
- Denzin, N. K., & Lincoln, Y. S. (2011). *The sage handbook of qualitative research*. London: Sage.
- Descombe, M. (2010). *The good research guide for small scale social research projects*. (4<sup>th</sup> ed.).Maidenhead: McGraw-Hill.
- Dilshad, R. M., & Latif, M. I. (2013). Focus group interview as a tool for qualitative research: An analysis. *Pakistan Journal of Social Sciences*, 33(1), 191-198.
- Doll, B. (2013). Enhancing resilience in classrooms. In S. Goldstein, & R. B. Brooks (Eds.), *Handbook of resilience in children* (2<sup>nd</sup> ed., pp.399-409). New York, NY: Springer.
- Doll, B., Jones, K., Osborn, A., Dooley, K., & Turner, A. (2011). The promise and the caution of resilience models for schools. *Psychology in the Schools*, 48(7), 652-659. doi: 10.1002/pts.20588
- Donald, D., & Clacherty, G. (2005). Developmental vulnerabilities and strengths of children living in child-headed households: A comparison with children in adult-headed households in equivalent impoverished communities. *African Journal of AIDS Research*, 4(1), 21-28. doi: 10.2989/16085900509490338
- Dornyei, Z. (2007). *Research methods in applied linguistics: Quantitative, qualitative, and mixed methodologies*. Oxford: Oxford University Press.
- Dreby, J. (2007). Children and power in Mexican transnational families. *Journal of Marriage and Family*, 69(4), 1050-1064.

- Dryden, J., Johnson, B., & Howard, S. (1998). *Resiliency: A comparison of construct definitions arising from conversations with 9-12 year old children and their teachers*. Paper presented at the annual meeting of the American Education Research Association, San Diego, California, 13-17 April, ERIC Document ED419214.
- Du, H., Li, X., Chi, P., Zhao, J., & Zhao, G. (2014). Relational self-esteem, psychological well-being, and social support in children affected by HIV. *Journal of Health Psychology, 20*(10), 1-11. doi:10.1177/1359105313517276
- Dube, T. (2014). The socio-economic effects of cross border migration on Zimbabwe's border lying communities: A case of Beitbridge and Plumtree. *International Journal of Development and Sustainability, 3*(1), 89-107.
- Durrheim, K. (2006). Research design. In M. Terre-Blanche, K. Durrheim & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences*. (2<sup>nd</sup> ed., pp.33-59). Cape Town, South Africa: University of Cape Town Press.
- Dzingirai, V., Egger, E. M., Landau, L., Litchfield, J., Mutopo, K., & Nyikahadzoi, K. (2015). *Migrating out of poverty in Zimbabwe. Working Paper 29. Migrating out of poverty*. Research Programme Consortium.
- Dzingirai, V., Mutopo, P., & Landau, L. (2014). *Confirmations, coffins and corn: Kinship, social networks and remittances from South Africa to Zimbabwe, migrating out of poverty research programme*. Sussex: University of Sussex.
- Earnshaw, V. A., Lang, S. M., Lippitt, M., Jin, H., & Chaudoir, S. R. (2015). HIV stigma and physical health symptoms: Do social support, adaptive coping, and /or identity centrality act as resilience resources? *AIDS Behav, 19*, 41-49. doi: 10.1007/s10461-014-0758-3
- Eatough, V., & Smith, J. A. (2006). Interpretative Phenomenological Analysis. In G. M. Breakwell, S. Hammond, C. Fife-Schaw, & J. A. Smith (Eds.), *Research methods in psychology* (pp. 322-341). Thousand Oaks, CA, US: Sage Publications, Inc.
- Ebersohn, L., & Ferreira, R. (2011). Coping in an HIV/AIDS-dominated context: Teachers promoting resilience in schools. *Health Education Research, 26*(4), 596-613. doi:10.1093/her/cyr016
- Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research, 3*(8), 251-260. Retrieved from <https://researchonline.nd.edu.au.edu/article/171/>
- Edwards, R., & Holland, J. (2013). What is qualitative interviewing? Retrieved from [http://eprints.ncrm.ac.uk/3276/1/complete\\_proofs.pdf](http://eprints.ncrm.ac.uk/3276/1/complete_proofs.pdf)
- Emmerson, R., Fretz, R., & Shaw, L. (2011). *Writing ethnographic field notes*. (2<sup>nd</sup> ed.). Chicago: University of Chicago Press.
- Erikson, I., Cater, A., Andershed, A. K., & Andershed, H. (2010). What we know and need to know about protective factors that protect youth from problems: A review of previous reviews. *Procedia Social and Behavioural Sciences, 5*,

477-482. doi: 10.1016j.sbspro.2010.07.127

- Evans, R. (2012). Safeguarding inheritance and enhancing the resilience of orphaned young people living in child and youth headed households in Tanzania and Uganda. *African Journal of AIDS Research*, 11(3), 177-189. doi:10.2989/16085906.2012.734977
- Evans, R. (2011). 'We are managing our own lives...' Life transitions and care in sibling-headed households affected by AIDS in Tanzania and Uganda. *Area*, 43(4), 384-396. doi: 10.1111/j.1475-4762.2010.00954.
- Evans, R., & Becker, S. (2009). *Children caring for parents with HIV and AIDS. Global issues and policy responses*. Bristol, UK: Policy Press.
- Evans, R., & Pinnock, K. (2007). Promoting resilience and protective factors in the children's fund. Supporting children's and young people's pathways towards social inclusion? *Journal of Children and Poverty*, 13(1), 21-36. doi: 10:1080/10796120601171211
- Fanash, H. A., & Bani-Khaled, M. H. (2011). *Application of family resilience framework*. Retrieved from platform.amanhal.com/FILES/?ID=T2-19350-MLA0003613.pdf
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review Public Health*, 26, 399-426.
- Ferguson, P., & Walker, H. (2014). Getting on with life: Resilience and normalcy in adolescents living in chronic illness. *International Journal of Inclusive Education*, 18(3), 227-240. doi:10.1080/13631116.2012.676082
- Fillipa, O. M., Cronje, E. M., & Ferns, I. (2013). Left behind: A qualitative study of Zimbabwean adolescents affected by parental migration. *PINS*, 45, 36-52.
- Finch, H., Lewis, J., & Turley, C. (2014). Focus groups. In J. Ritchie, J. Lewis, C.M. Nicholls, & R. Ormston (Eds.), *Qualitative research practice: A guide for social science students and researchers* (2<sup>nd</sup> ed., pp. 211-242). Los Angeles: SAGE.
- Finlay, L. (2012). Unfolding the phenomenological research process: Iterative stages of seeing afresh. *Journal of Humanistic Psychology*, 53(2), 172-201.
- Flick, U. (2014). *An introduction to qualitative research* (5<sup>th</sup> ed.). London: Sage Publications Ltd.
- Flisher, A. J., & Robertson, B. A. (2011). Risk and resilience in orphaned adolescents living in a community affected by AIDS. *Youth and Society*, 45(1), 140-162. doi: 10.1177/0044118X11409256
- Foster, G., & Heymann, H. (2010). *Religion and responses to orphans in Africa*. New York: Guilford Press.

- Foster, G., Makufa, C., Drew, R., & Kralovec, E. (1997). Factors leading to the establishment of child-headed households. *Health Transition Review, Supplement*, 7(2), 157-170.
- Francis-Chizororo, M. (2010). Growing up without parents: Socialisation and gender relations in orphaned-child-headed households in rural Zimbabwe. *Journal of Southern African Studies*, 36(3), 711-727. doi:10.1080/03057070.2010.507578
- Francis-Chizororo, M. (2008). *The formation, constitution and social dynamics of orphaned child-headed households in rural Zimbabwe in the era of HIV/AIDS pandemic*. (Unpublished thesis) University of St Andrews. Retrieved from <http://hdl.handle.net/10023/454>
- Francis-Chizororo, M. (2006). *Orphanhood, childhood and identity dilemma of child-headed households in rural Zimbabwe in the context of HIV/AIDS pandemic*. Unpublished doctoral thesis.
- Fraser, M. W., Kirby, L. D., & Stokowski, P. R. (2004). Risk and resilience in childhood. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (2<sup>nd</sup> ed., pp.1-12). Washington, DC: National Association of Social Workers.
- Freeman, M., & Nkomo, N. (2006). Guardianship of orphans and vulnerable children. A survey of current and prospective South African caregivers. *AIDS Care*, 18(4), 302-310.
- Furrer, C. J., Skinner, E. A., & Pitzer, J. R. (2014). The influence of teacher and peer relationships on students' classroom engagement and everyday motivational resilience. *National Society for the Study of Education*. 113(1), 101-123.
- Gaciuki, P. (2016). Child-headed households and educational problems in urban informal settlements in Kenya. *International Journal of African and Asian Studies*, 27, 10-16.
- Ganga, E., & Maphalala, M. C. (2013). Double orphanhood: A psychosocial barrier to assimilation of learning schemes in child-headed households. *Mediterranean Journal of Social Sciences*, 4(13), 499-511.
- Gardner, K. (2012). Transnational migration and the study of children: An introduction. *Journal of Ethnic and Migration studies*, 38(6), 889-912.
- Garfat, T., & Van Bockern, S. (2010). Families and the cycle of courage. *Reclaiming Children and Youth*, 8(4), 4-37.
- Gelfand, M. (1973). *The genuine Shona: Survival values of an African culture*. Gweru: Mambo Press.

- Germann, S. E. (2006). An exploratory study of quality of life and coping strategies of orphans living in child-headed households in an urban high HIV-prevalent community in Zimbabwe, Southern Africa. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 1(2), 149-158. doi: 10.1080/174501206008872274
- Gilligan, R. (1999). Working with social networks: Key resources in helping children "at risk." In M. Hill (Ed.), *Effective ways of working with children and their families*. London: Jessica Kingsley.
- Giorgi, A., & Giorgi, B. (2008). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp. 27-52). London: Sage.
- Gone, J. P. (2009). A community-based treatment for Native American "historical trauma": Prospects for evidence-based practice. *Journal of Consulting and Clinical Psychology*, 77, 751-762.
- Gow, J., & Desmond, C. (2010). *Impacts and interventions: The HIV/AIDS epidemic and the children of South Africa*. Scottsville: University of Natal.
- Gray, D. E. (2014). *Doing research in the real world*. Los Angeles: SAGE.
- Greenberg, A. (2007). *Enhanced protection for children affected by AIDS. A companion paper to the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York: UNICEF.
- Gregson, S., Nyamukapa, C., Garnett, G., Wambe, M., & Mason, P. (2005). HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe. *AIDS Care*, 17, 785-794.
- Gubwe, V., Gubwe, P., & Mago, S. (2015). Child-headed households and educational problems in urban Zimbabwe: The case of Dikwindi Primary school in Masvingo urban. *Journal of Sociology and Social Anthropology*, 6(2), 293-301.
- Gunnestad, A., & Thwala, S. (2011). Resilience and religion in children and youth in Southern Africa. *International Journal of Children's spirituality*, 16(2), 169-185.
- Guo, Y., Li, X., & Sherr, L. (2012). The impact of HIV/AIDS on children's educational outcome: A critical review of global literature. *AIDS Care*, 24(8), 993-1012. doi: 10.1080/09540121.2012.668170
- Gwindi, E. F. (2013). *Religion in culture*. Los Angeles: WM.C. Brown Company Publishers.
- Hamill, S. K. (2003). Resilience and self-efficacy: The importance of efficacy beliefs and coping mechanisms in resilient adolescents. *Colgate University Journal of the Sciences*, 35, 115-146.



- Hamilton, L., & Corbett-Whittier, C. (2013). *Using case study in educational research*. London: Sage Publications.
- Haroz, E. E., Murray, L. K., & Bolton, P. (2013). Adolescent resilience in Northern Uganda: The role of social support and pro-social behaviour in reducing mental health problems. *Journal of Research on Adolescence*, 23 (1), 138-148.
- Hartell, C. G., & Chabilall, J. A. (2005). HIV/AIDS in South Africa: A socio-educational development of adolescents orphaned by AIDS in child-headed households. *International Journal of Adolescents and Youth*, 12(3), 213-229. doi: 10.1080/02673843.2005.9747953
- Hawkes, G., Houghton, J., & Rowe, G. (2009). Risk and worry in everyday life: Comparing diaries and interviews as tools in risk perception research. *Health, Risk and Society*, 11(3), 209-230.
- Hay, D., Reich, K. H., & Utsch, M. (2006). Spiritual development: Intersections and divergence with religious development. In E. Roehlkepartan, P. King, L. Wagner, & P. Benson, (Eds.), *The handbook of spiritual development by childhood and adolescence* (pp. 46-59). Thousand Oaks, CA: Sage Publications.
- Hayes, N. (2011). *Doing psychological research*. New York: Open University Press.
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford Press.
- Heidegger, M. (1927). *Being and time*. New York, NY: Harper & Row.
- Henderson, N. (2012). Resilience in schools and curriculum design. In M. Ungar (Ed.), *The social ecology of resilience: Culture, context, resources and meaning* (pp. 297-306). New York, NY: Springer.
- Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: van Schaik Publishers.
- Hennink, M., Hurter, I., & Bailey, A. (2012). *Qualitative research methods*. London: Sage.
- Hess, J. M. (2012). Group interviewing. In R. L. King (Ed.), *New science of planning*. Chicago: American Marketing Association.
- Hlatywayo, L., Zimondi, F., & Nyatsanza, T. (2015). Challenges of coping with orphans and vulnerable children at household level: A caregivers' perspective. *International Journal of Scientific and Research Publications*, 5(1), 1-11.
- Horizons, (2005). *Strengthening the psychosocial wellbeing of youth-headed households in Rwanda: Baseline findings from an intervention trial*. Washington DC: Population Council.

- Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International Journal of Qualitative Methods*, 1-8. doi: 10.1177/1609406916680634
- Hoskins, D. H. (2014). Consequences of parenting on adolescent outcomes. *Society*, 4, 506-531.
- Hough, E. S., Brumitt, G., Templin, T., Saltz, E., & Mood, D. (2003). A model of mother-child coping and adjustment to HIV. *Social Science and Medicine*, 56, 643-655.
- Howard, B., Matinhure, N., McCurdy, S. A., & Johnson, C. A. (2006). Psychosocial disadvantage: Preparation, grieving and recovery for orphans in eastern Zimbabwe. *African Journal of AIDS Research*, 5 (1), 71-83. doi: 10.2989/16085900609490368
- Huculak, S., & McLeman, J. D. (2010). "The Lord is my Shepherd": Examining spirituality as a protection against mental health problems in youth exposed to violence in Brazil. *Mental Health, Religion and Culture*, 13(5), 467-484. doi: 10.1080/13674670903406096
- Ibebuike, J. E., Van Belkum, C., & Maja, T. D. D. (2014). The lived experiences and needs of children in child-headed households in resource poor communities in Soshanguwe, South Africa. *Journal of Good Governance and Sustainable Development in Africa*, 2(1), 61-83.
- Jakachira, G., & Muchabaiwa, W. (2015). The interface of child-headed households and academic performance: A case of primary school learners in Beatrice resettlement area, Zimbabwe. *The International Journal of Humanities and Social Studies*, 3(11), 150-156.
- Jeong, H., & Othman, J. (2016). Using interpretative phenomenological analysis from a realist perspective. *The Qualitative Report*, 21(3), 558-570. Retrieved from <http://nsuworks.nova.edu/tqr/vol21/iss3/9>
- Johnson, B. (2008). Teacher-student relationships which promote resilience at school: A micro-level analysis of students' views. *British Journal of Guidance and Counselling*, 36(4), 385-398. doi:10.1080/03069880802364528
- Jones, A. (2016). "Just get on with it.": A qualitative phenomenological study looking at the personal experience of chronic benign pain (Unpublished thesis). Retrieved from <http://e-space.mmu.ac.uk/617862/>
- Jones, K., Simpson, G. K., Briggs, L., & Dorsett, P. (2015). Does spirituality facilitate adjustment and resilience among individuals and families after SCI? *Disability and Rehabilitation*, 1-15. Retrieved from <http://informahealthcare.com/dre>

- Kanyenze, G., Kondo, T., Chitambara, P., & Martens, J. (2011). *Beyond the enclave: Towards a pro-poor and inclusive development strategy for Zimbabwe*. Harare: Weaver Press.
- Kapesa, M. J. (2015). *Understanding resilience and coping in child-headed households in Mutasa district, Zimbabwe*. (Unpublished doctoral thesis) UNISA, South Africa.
- Karapetian, A. M., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, 36, 238-245.
- Kassen, S., Wickramaratne, P., Gameroff, M. J., & Weissman, M. M. (2012). Religiosity and resilience in persons at risk for major depression. *Psychological Medicine*, 42, 509-519. doi: 10.101750033291711001516
- Kendrick, M., & Kakuru, D. (2012). Funds of knowledge in child-headed households: A Ugandan case study. *Childhood*, 19(3), 397-413. doi: 10, 1177/0907568212439587
- Kessi, S. (2011). Photovoice as a practice of re-presentation and social solidarity: Experiences from a youth empowerment project in Dar es Salaam and Soweto. *Papers on Social Representations*, 20, 7.1-7.27. Retrieved from <http://www.psych.lse.ac.uk/psr/>
- Kidd, S. A. (2003). Street youth: Coping and interventions. *Child and Adolescent Social Work Journal*, 20(4), 235-261.
- Kim, S., & Esquivel, G. B. (2011). Adolescent spirituality and resilience: Theory, research and educational practices. *Psychology in the Schools*, 48(7), 755-765. doi:10.1002/pits.20582
- Kiyiapi, I. I. (2007). *The psychological issues of orphaned youth by HIV/AIDS in Western Kenya* (Unpublished doctoral thesis). Retrieved from <http://dlibrary.acu.edu.au/digitatheses>
- Knox, S., & Burkard, A. W. (2009). Qualitative research interviews. *Psychotherapy Research*, 19(4), 566-575. doi: 10.1080/10503300802702105
- Kotze, D. A. (2011). Is community-based participation a key instrument to addressing the plight of child-headed households in South Africa? *Commonwealth Youth and Development*, 9(2), 35-49.
- Krasny, M. E., Lundholm, C., & Plummer, R. (Eds.), (2011). *Resilience in social-ecological systems: The role of learning and education*. London: Routledge.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45 (3), 214-222.
- Kreiner, G. E., Hollensbe, E. C., & Sheep, M. L. (2009). Balancing borders and bridges: Negotiating the work-home interface via boundary work tactics. *Academy of Management Journal*, 52, 704-730.

- Kress, V. E., Newgent, R. A., Whitlock, J., & Mease, L. (2015). Spirituality/religiosity, life satisfaction and life meaning as protective factors for non-suicidal self-injury in college students. *Journal of College Counselling, 18*, 160-174. doi: 10.1002/jock.12012
- Kufakurinani, U., & Pasura, D., & McGregor, J. (2014). Transnational parenting and the emergence of 'diaspora orphans' in Zimbabwe. *African Diaspora, 7*, 114-138.
- Kumar, R. (2014). *Research methodology: A step by step guide for beginners* (4<sup>th</sup> ed.). Los Angeles: SAGE.
- Kumar, R. (2005). *Research methodology: A step by step guide for beginners*. (2<sup>nd</sup> ed.). London: Sage Publications.
- Kurebwa, J., & Kurebwa, N. Y. G. (2014). Coping strategies of child-headed households in Bindura urban of Zimbabwe. *International Journal of Innovative Research and Development, 3* (11), 236-249.
- Kvale, S., & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2<sup>nd</sup> ed.). Los Angeles: Sage Publications.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and Method*. Harlow, UK: Pearson Education.
- Larkin, M., & Thompson, A. R. (2012). Interpretive phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 34-48). West Sussex, UK: John Wiley & Sons.
- Larkin, M., Palmer, M., Fadden, G., & de Visser, R. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7*, (2), 99-121. doi: 10.1080/14780880802513194
- Larkin, M., Watts, S., & Clifton, E. (2008). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 5*(3), 214-224. doi: 10.1191/1478088706qp062oa
- Leatham, C. P. (2005). *The lived experiences of adolescent learners from child-headed families in the Northern Free State*. (Unpublished mini- dissertation) University of Johannesburg, South Africa.
- Lee, L. M. (2012). Youths navigating social networks and social support systems in settings of chronic crisis: The case of youth-headed households in Rwanda. *African Journal of AIDS Research, 11*(2), 165-175. doi: 10.2989/16085906.2012.734976
- Lee, T. Y., Cheung, C. K., & Kwong, W. M. (2012). Resilience as a positive youth development construct: A conceptual review. *The Scientific World Journal, 2012*, 1-9. doi: 10.1100/2012/390450

- Leedy, P. D., & Ormrod, J. E. (2015). *Practical research, planning and design* (11<sup>th</sup> ed.). Boston: Pearson.
- Lerner, R. M., Roeser, R. W., & Phelps, E. (2008). *Positive youth development and spirituality: From theory to research*. West Conshohocken, PA: Templeton Foundation Press.
- Lester, S. (1999). *An introduction to phenomenological research*. Retrieved from <http://rgs.org.nr/rdonlyres/f50603e041af.../seaweedphenomenologyresearch.pdf>
- Lethale, P. S., & Pillay, J. (2013). Resilience against all odds: A positive psychology perspective of adolescent-headed families. *Africa Education Review*, 10(3), 579-594. doi: 10.1080/18146627.2013.853550
- Lewis, J. (2008). (Ed.). *Qualitative research practice*. (pp.138-169). London: Sage.
- Li, X., Chi, P., Sherr, L., Cluver, L., & Stanton, B. (2015). Psychological resilience among children affected by HIV/AIDS: A conceptual framework. *Health Psychology and Behavioural Medicine*, 3 (1), 217-235. doi: 10.1080/21642850.2015.1068698
- Liamputtong, P. (2011). *Focus group methodology: Principles and practice*. London: SAGE.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalist inquiry*. Newbury Park, CA: Sage.
- Lincoln, Y. S., Lynham, S., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4<sup>th</sup> ed., pp. 97-128). Thousand Oaks, CA: Sage.
- Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The Qualitative Report*, 18 (65), 1-15. Retrieved from <http://www.nova.edu/ssss/QR/QR18/loh65.pdf>
- Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Development psychopathology risk, disorder, and adaptation*. (2<sup>nd</sup> ed., pp. 739-795). Hoboken NJ: Wiley.
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12 (4), 857-885.
- Luthar, S. S., Sawyer, A. J., & Brown, J. P. (2006). Conceptual issues in studies of resilience: Past, present and future research. *Annals New York Academy of Sciences*, 1094, 105-115.
- Luttrell, W. (2010). *Qualitative educational research: Readings in reflexive methodology and transformative practice*. New York: Routledge.

- Luzze, F. (2002). *Survival in child-headed households: A study on the impact of World Vision Support on coping strategies in child-headed households in Kakuuto County, Rakai District Uganda*. Leeds: University of Leeds.
- Mack, L. (2010). The philosophical underpinnings of educational research. *Polyglossia*, 19, 5-11. Retrieved from [http://en.apu.ac.jp/rcaps/uploads/fckedditior/publications/polyglossia/Pollyglossia\\_V19\\_Lindsay.pdf](http://en.apu.ac.jp/rcaps/uploads/fckedditior/publications/polyglossia/Pollyglossia_V19_Lindsay.pdf)
- Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2012). *Qualitative research methods: A data collector's guide*. Family Health International: USAID.
- Maclellan, E. (2005). Academic achievement: The role of praise in motivating students. *Active Learning in Higher Education*, 6(3), 194-206. doi: 10.1177/1469787405057750
- Madhavan, S., & Townsend, N. (2007). The social context of children's nutritional status in rural South Africa. *Scandinavian Journal of Public Health*, 35(69), 107-117. doi: 10.1080/14034950701355700
- Magwa, S., & Magwa, W. (2016). Challenges affecting schooling faced by child-headed families. A study of perceptions by teachers, parents and learners in Masvingo district. *European Journal of Research and Reflection in Educational Sciences*, 4(10), 19-27.
- Magwa, S., & Magwa, W. (2015). *A guide to conducting research: A student handbook*. Singapore: Strategic Book Publishing & Rights Company.
- Makame, V., Ani, C., & Grantham-McGregor, S. (2002). Psychological well-being of orphans in Dar es Salaam, Tanzania. *Acta Paediatrica*, 91(4), 459-465. doi : 10.1080/080352502317371724
- Makuvaza, N. (1996). Education in Zimbabwe, today and tomorrow: The case of unhuist/ ubuntuist institutions in education in Zimbabwe. *Zimbabwe Journal of Educational Research*, 8(3), 256-264.
- Malinga, A. P. (2002). *Gender and psychological implications of HIV/AIDS for orphaned children and adolescents*. Draft paper for the women's world 2002-conference-Uganda. Retrieved from <http://www.makerere.ac.ug/womenstudies/full%20papers/Apila%20Helen%20Malinga.htm>
- Mampane, M. R. (2014). Factors contributing to the resilience of middle- adolescents in a South African township: Insights from a resilience questionnaire. *South African Journal of Education*, 34(4), 1-11).
- Mampane, M. R., & Bouwer, C. (2011). The influence of township schools on the resilience of their learners. *South African Journal of Education*, 31, 114-126.

- Mampane, M. R., & Bouwer, C. (2006). Identifying resilient and non-resilient middle-adolescents in a formerly black-only urban school. *South African Journal of Education*, 26(3), 443-456.
- Mapfumo, P., Mtambanengwe, F., & Chikowo, R. (2010). Mobilising local safety nets for enhanced adaptive capacity to climate change and variability in Zimbabwe. *Adaptation Insights*, 1, 1-4. Retrieved from <https://assets.publishing.service.gov.uk/media/57a08b1540f0b652dd000ab4/Adaptation-Insights-Zimbabwe-Safety-Nets.pdf>
- Maqoko, Z., & Dreyer, Y. (2007). Child-headed households because of trauma surrounding HIV/AIDS. *HTS*, 63 (2), 717-731.
- Mararike, C. G. (2001). Revival of indigenous food security strategies at the village level: The human factor implications. *Zambezia*, XXVIII (i), 53-63. Retrieved from <http://pdfproc.lib.msu.edu/?file=/DMC/African%20Journals/pdfs/Journal%20of%20the%20University%20of%20Zimbabwe/vol28n1/juz028001005.pdf>
- Maree, K. (2010). *First steps in research*. Pretoria: Van Schaik.
- Markstrom, C. A., Huey, E., Stiles, B. W., & Krause, A. L. (2010). Frameworks of caring and helping in adolescents: Are empathy, religiosity and spirituality related constructs? *Youth and Society*, 42(1), 59-80. doi: 10.1177/0044118X09333644
- Marshall, C., & Rossman, G. B. (2010). *Designing qualitative research*. (5<sup>th</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research*. (3rd ed.). London: Sage Publications.
- Mashavira, N., Mashavira, E., & Mudhovozi, P. (2015). Non-resident parenting and the psychological well-being of adolescents. *Journal of Social Sciences*, 44(1), 72-78.
- Masondo, G. (2006). *The lived experiences of orphans in child-headed households in the Bronkhorstpruit area: A psycho-educational approach*. Johannesburg: University of Johannesburg.
- Masood, Y., & Newton, T. J. (2010). Methods of qualitative research in dentistry: A review. *Dental Update, Research Methods*, 326-336.
- Masten, A. S. (2016). Resilience in developing systems: The promise of integrated approaches. *European Journal of Developmental Psychology*, 13(3), 297-312, doi: 10.1080/17405629.2016.1147344
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6-20. doi: 10.1111/cdev.12205

- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Framework for research, practice and translational synergy. *Development and Psychopathology*, 23, 493-506. Retrieved from <http://dx.doi.org/10.1017/50954579411000198>
- Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology*, 19, 921-930. Retrieved from <http://dx.doi.org/10.1017/5095457940700442>
- Masten, A. S. (2006). Developmental psychopathology: Pathways to the future. *International Journal of Behaviour Development*, 31, 46-53.
- Masten, A. S. (2004). Regulatory processes, risk and resilience in development. *Ann. N.Y. Acad. Sci.* 1021, 310-319.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience: A call for integrated science, practice and professional training. *Interdisciplinary Journal of Applied Studies*, 64, 5-21. doi: 10.1111/fare.12103
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *The Annual Review of Psychology*, 63, 227-257. doi: 10.1146/annurev-psych-120710-100356
- Masten, A. S., & Obradovic, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and Society*, 13, Retrieved from [www.ecologyandsociety.org/vol13iss1/art9/](http://www.ecologyandsociety.org/vol13iss1/art9/)
- Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, 1094, 13-27. Retrieved from <http://dx.doi.org/10.1196/annals.1376.003>.
- Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J. W. Reich (Ed.), *Handbook of adult resilience* (pp. 222-229). New York: Guilford.
- Matthew, D., & Turner, M. G. (2011). Exploring resiliency within schools: An investigation of the effects of protective factors. *Youth and Society*, 46(1), 89-111. doi: 10.1177/0044118X11425644
- Maushe, F., & Mugumbate, J. (2015). "We are on our own": Challenges facing child headed households (CHHs), a case study of Seke rural area in Zimbabwe. *African Journal of Social Work*, 5(1), 33-60.
- Mavhunga, P. J., & Mazodze, C. (2014). Quality of educational provision in fast track resettlement schools in Zimbabwe: A case study of Chiwodza Primary School. *European Scientific Journal*, 1, 438-448.



- Mavise, A. (2011). Child-headed households as contested spaces: Challenges and opportunities in children's decision-making. *Vulnerable Children and Youth Studies: An Interdisciplinary Journal for Research, Policy and Care*, 6(4), 321-329. doi: 10.1080/17450128.2011.630429
- Mays, N., & Pope, C. (1995). Rigour in qualitative research. *British Medical Journal*, 311(6997), 109-112.
- Mazzucato, V., & Schans, D. (2008). *Transnational families, children and the migration-development nexus*. SSRC migration and development conference paper NO 20. New York: Social Science Research Council.
- McGregor, J. (2010). The making of Zimbabwe's new diaspora. In J. McGregor & R. Primorac (Eds.), *Zimbabwe's new diaspora: Displacement and the cultural politics of survival*. Oxford & New York: Berghahn Books.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. (4<sup>th</sup> ed.). San Francisco: Jossey Bass.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. (3<sup>rd</sup> ed.). Los Angeles: SAGE.
- Mmari, K., Michaelis, A., & Kiro, K. (2009). Risk and protective factors for HIV among orphans and non-orphans in Tanzania. *Culture, Health and Sexuality: An International Journal for Research, Intervention and Care*, 11(2), 799-809, doi: 10.1080/13691050902919085
- Mogotlane, S. M., Chauke, M. E., van Rensberg, G. H., Human, S. P., & Kganakga, C. M. (2010). A situational analysis of child-headed households in South Africa. *Curationis*, 33(3), 24-32.
- Mohlakwana, M. A. U. (2013). Care and support for vulnerable children in schools: The case of child-headed families. *Journal of Social Sciences*, 36 (1), 11-18.
- Morehouse, R. (2011). *Beginning interpretive inquiry: A step-by-step approach to research and evaluation*. Los Angeles: Routledge.
- Morgan, D. L. (2013). *Focus groups as qualitative research: Planning and research design for focus groups*. Los Angeles: Sage.
- Morrison, P., Nikolajski, C., Borrero, S., & Zickmund, S. (2014). Youth perspectives on risk and resiliency: A case from Juiz de Fora, Brazil. *Youth and Society*, 46(4), 505-528. doi: 10.11770044118X12441614
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, 52(2), 250-260. doi: 10: 1037/0022-0167.52.2.250

- Motha, K. C., & Frempong, G. (2014). The lived experiences of orphaned learners in South Africa: Implications for the provision of quality education. *International Journal of Inclusive Education*, 18(7), 686-697. doi: 10.1080/13603116.2013.817616
- Moustakas, C. (1994). *Phenomenological research methods*. London: Sage Publications.
- Mpofu, J., & Chimhenga, S. (2016). Performance in schools of students from child-headed families in Zimbabwe: Successes, problems and way forward. *IOSR Journal of Research and Method in Education*, 6(3), 37-41.
- Muchenje, F. (2014). *Teachers' perceptions of the implementation of multicultural education in primary schools in Chegutu district, Zimbabwe*. (Unpublished doctoral thesis, Unisa) Retrieved from [http://uir.unisa.ac.za/bitstream/handle/10500/14306/thesis\\_muchenje\\_f.pdf?sequence=1](http://uir.unisa.ac.za/bitstream/handle/10500/14306/thesis_muchenje_f.pdf?sequence=1)
- Mulhall, A. (2003). In the field: Notes on observation in qualitative research. *Journal of Advanced Nursing*, 4(3), 306-313.
- Mulloy, M. (2011). School-based resilience: How an urban high school reduces students' risk exposure and promoted their social- emotional development and academic success. *Advances in School Mental Health Promotion*, 4(1), 4-22. doi: 10.1080/1754730X.2011.9715619
- Munyaka, M., & Motlhabi, M. (2009). *Ubuntu* and its socio-moral significance. In M.F. Murove (Ed.). *African ethics: An anthology of comparative and applied ethics*. (pp.14-32). Scottsville, South Africa: University of KwaZulu-Natal Press.
- Mutambara, J. (2015). Enhancing psychosocial support through positive youth development: Narratives from orphans in Zimbabwe. *Journal of Child and Adolescent Behaviour*, 3(6), 1-7. doi: 10.4172/2375-4494.1000264
- Mutema, E. P. (2012). The fast track land reform programme: Reflecting on the challenges and opportunities for former farm workers at Fairfield farm in Gweru district, Zimbabwe. *Journal of Sustainable Development in Africa*, 14(5), 96-102.
- Nadin, S., & Casell, C. (2006). The use of a research diary as a research tool for reflexive practice: Some reflections from management research. *Qualitative Research in Accounting and Management*, 3(3), 208-217. doi: 10.1108/11766090610707407
- National Aids Council of Zimbabwe, (2017). Situational analysis: HIV and AIDS in Zimbabwe as of December 2016. Retrieved from <http://nac.org.zw/hiv-and-aids-situation/>

- Ndondo, S., & Mhlanga, D. (2014). Philosophy for children. A model for *unhu/Ubuntu* philosophy. *International Journal of Scientific Research Publications*, 4(1), 1-5.
- Nelson Mandela Children's Fund, (2001). *A study into the situation and special needs of children in child-headed households*. Nelson Mandela Children's Fund. Johannesburg.
- Ni Raghallaigh, M., & Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: Coping strategies, resilience, and the relevance of religion. *Child and Family Social Work*, 15, 226-237.
- Nkomo, N. (2006). *The experience of children carrying responsibility for child-headed households*. (Unpublished MA thesis) University of South Africa, Pretoria.
- Nkomo, N., Freeman, M., & Skinner, D. (2009). Experiences of children heading households in the wake of human immunodeficiency virus /acquired immune deficiency syndrome (HIV/AIDS) epidemic in South Africa. *Vulnerable and Youth Studies*, 4(3), 255-263. doi: 10.1080/17450.120902803613
- Noltemeyer, A. L., & Bush, K. R. (2013). Adversity and resilience: A synthesis of international research. *School Psychology International*, 34(5), 474-487. doi: 10.1177/0143034312472758
- Noon, E., & Hallan, S. (2017). An interpretative phenomenological analysis of the barriers to the use of humour in the teaching of childhood studies. *Journal of perspectives in the Applied Academic Practice*, 5(3), 45-52.
- Nussbaum, B. (2009). *Ubuntu*: Reflections of a South African on our common humanity. In M. F. Murove (Ed.), *African ethics. An anthology of comparative and applied ethics*. (pp. 100-110). Scottsville, South Africa: University of KwaZulu Natal.
- Nyamukapa, C. A., Gregson, S., Lopman, B., Saito, S., Mohasch, R., & Jukes, M. C. H. (2008). HIV-associated orphanhood and children's psychosocial distress: Theoretical framework tested with data from Zimbabwe. *American Journal of Public Health*, 98, (4), 133-141.
- Nyawo, V. Z. (2016). Families divided: Disruption of the family in Zimbabwe's fast track land reform programme. *American Journal of Social Sciences*, 1(1), 18-27.
- Nziramasinga, A. P. (1999). *Report on the presidential commission of inquiry into education and training*. Harare: Government Printers.
- Nziyane, L. F., & Alpaslan, A. H. (2012). The realities of orphaned children living in child-headed households. *Social work/Maastskaplike Werk*, 48(3), 290-307. doi: 10.15270/48-3-86
- Nziyane, L. F. (2010). *Practice guidelines for the integration of child-headed households into extended families*. (Unpublished doctoral thesis). University of South Africa, Pretoria.

- O'Brien, K. A., & Bowles, T.V. (2013). The importance of belonging for adolescents in secondary school settings. *The European Journal of Social and Behavioural Sciences*, 977-985. Retrieved from <http://doi.org/10.15405/ejsbs.72-86>
- O'Dougherty Wright, M., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp.15-37). New York: Springer Science & Business Media.
- Oh, S., & Chang, S. J. (2014). Concept analysis: Family resilience. *Open Journal of Nursing*, 4, 980-990. doi: 10.4236/ojn.2014.413105
- Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analysing data in focus group research. *International Journal of qualitative research*, 8(3), 1-21. Retrieved from <http://creativecommons.org/licenses/by/2.0>
- Onwuegbuzie, A. J., Leech, N. L., & Collins, K. M. (2010). Innovative data collection strategies in qualitative research. *The Qualitative Report*, 15(3), 696-726. Retrieved from <http://nsuworks.nova.edu/tqr/vol15/iss3/12>
- Opdenakker, R. (2006). Advantages and disadvantages of four interview techniques in qualitative research. *Qualitative Social Research*, 7(4), 445-454.
- Ormston, R., Spencer, L., Barnard, M., & Snape, D. (2013). The foundations of qualitative research. In J. Ritchie, J. Lewis, C. M., Nicholls & R. Ormston (Eds.), *Qualitative research practice: A guide for social science students and researchers* (pp.1-26). Los Angeles: Sage Publications.
- Owusu, B. (2013). Living daily with parental migration: Experiences of children left behind by migrated parents. *Childhoods Today*, 7(1), 1-22. Retrieved from <http://childhoodstoday.org/article.php?id=74>
- Padilla-Diaz, M. (2015). Phenomenology in educational qualitative research: Philosophy as a science or philosophical science? *International Journal of Educational excellence*, 1(2), 101-110.
- Pandya, S. P. (2015). Adolescents, well-being and spirituality: Insights form a spiritual programme. *International Journal of Children's spirituality*, 20(1), 29-49. doi: 10.1080/1364436X.2014.999230
- Park, C. L. (2011). Meaning, coping, and health and well-being. In S. Folkman (Ed.), *The Oxford handbook of stress, health and coping*. (pp. 227-241). New York: Oxford.
- Park, N., & Peterson, C. (2008). Positive psychology and character strengths: Application to strength-based school counselling. *Professional School Counselling*, 12(2), 85-92.
- Parrenas, R. S. (2005b). *Children of global migration. Transnational families and gendered woes*. Stanford: Stanford University Press.

- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: SAGE.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. (2<sup>nd</sup> ed.). Newbury Park CA: Sage.
- Payne, R. (2012). "Extraordinary" survivors or "ordinary" lives?": Embracing everyday agency in social interventions with child-headed families in Zambia. *Children's Geographies*, 10(4), 399-411. doi: 10.1080/14733285.2012.726071
- Pessoa, A. S. G., Coimbra, R. M., Bottrell, D., & Noltemeyer, A. (2017). Resilience processes within the school context of adolescents with sexual violence history. *ADUR*, 1-25. doi: <http://dx.doi.org/10.1590/0102.4698157785>
- Pettigrew, J. (2012). Researching the researcher as instrument. An exercise in interviewer self-reflexivity. *Qualitative Research*, 12(2), 165-185. doi: 10.1177/1468794111422107
- Phillippi, J., & Lauderdale, J. (2017). A guide to field notes for qualitative research: Context and conversations. *Qualitative Health Research*, 1-8. doi: 10.1177/1049732317697102
- Phillips, M. D., Turner, M. G., & Holt, T. J. (2014). Exploring resilience within schools: An investigation of the effects of protective factors. *Youth and Society*, 46(1), 89-111. doi: 10.117/0044118X11425644
- Phothongsunan, S. (2010). Interpretive paradigm in educational research. *Galaxy*, 1-4.
- Pienaar, A., Swanepoel, Z., van Rensburg, H., & Heunis, C. (2011). A qualitative exploration of resilience in pre-adolescent AIDS orphans living in a residential care facility. *Journal of Social Aspects of HIV/ AIDS: An Open Access Journal*, 8(3), 128-137. doi: 10.1080/17290376.2011.9724995
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 18(2), 361-369.
- Pillay, J. (2011). Experiences of learners from child-headed households in a vulnerable school that makes a difference: Lessons for school psychologists. *School Psychology International*, 35(3), 3-21. doi: 10.1177/0143034311409994
- Pillay, J., Dunbar-Krige, H., & Mostert, J. (2013). Learners with behavioural, emotional and social difficulties' experiences of reintegration into mainstream education. *Emotional and Behavioural Difficulties*, 18(3), 310-326. doi: 10.1080/13632752.2013.769709

- Pillay, J., & Nesengani, R. I. (2006). Educational challenges facing early adolescents who head families in rural Limpopo Province. *Education as Change, 10*(2), 131-147. doi: 10.1080/16823200609487144
- Pinkerton, J., & Dalon, P. (2007). Family support, social capital, resilience and adolescent coping. *Child and Family Social Work, 12*, 219-228.
- Plan Finland, (2005). *Supporting AIDS orphans in child-headed households in Uganda*. Finland: Plan.
- Polzer, T., Kiwanuka, M., & Takabvirwa, K. (2010). Regional responses to Zimbabwean migration, 2000-2010. *Open Space: On the Move: Dynamics of Migration in Southern Africa, 3*(3), 30-34.
- Prozesky, M. H. (2009). Cindrella, survivor and saviour: African ethics and the quest for a global ethic. In M. F. Murove (Ed.), *African ethics: An anthology of comparative and applied ethics*. (pp. 3-13). Scottsville, South Africa: University of KwaZulu-Natal Press.
- Punch, K. F. (2014). *Introduction to social research: Quantitative and qualitative approaches*. (3<sup>rd</sup> ed.). Thousand Oaks: Sage Publications, Inc.
- Punch, K. F. (2012). *Introduction to social research: Quantitative and qualitative approaches*. Los Angeles: SAGE.
- Punch, K. F. (2005). *Developing effective research proposals*. London: Sage Publications.
- Qu, S. Q., & Dumay, J. (2013). The qualitative research interview. *Qualitative Research in Accounting and Management, 8*(3), 238-264.
- Raftopoulos, M., & Bates, G. (2011). 'It's that knowing that you are not alone': The role of spirituality in adolescence resilience. *International Journal of Children's Spirituality, 16*(2), 151-156. doi : 10.1080/1364436X.2011.580729
- Rahman, S. (2017). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language testing and assessment research: A literature review. *Journal of Education and Learning, 6*(1), 102-112. doi: 10.5539/jel.v6n1p102
- Regnerus, M. D., & Elder, G. H. (2003). Staying on track in school: Religious influences in high and low risk settings. *Journal of the Scientific Study of Religion, 42*(4), 633-649.
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring the lived experience. *The Psychologist, 18*, 20-23.
- Reshetnikov, A., & Kurowska, X. (2017). *Interpretivist methods in an international relations classroom: Teaching and learning tools*. The 2<sup>nd</sup> EuroSoTL Conference, June 8-9. Lund, Sweden. Retrieved from

[http://konferens.ht.lu.se/fileadmin/\\_migrated/content\\_uploads/Reshetnikov\\_Kurowska.pdf](http://konferens.ht.lu.se/fileadmin/_migrated/content_uploads/Reshetnikov_Kurowska.pdf)

- Richardson, G. E. (2002). The meta-theory of resilience and resiliency. *Journal of Clinical Psychology, 58* (3), 307-321.
- Richter, L. M. (2010). Social cash transfers to support children and families affected by HIV/AIDS. *Vulnerable Children and Youth Studies, 5* (1), S81-S91.
- Richter, L. M., Sherr, L., Adato, M., Belsey, M., Chandan, U., Desmond, C., Wakhweya, A. (2009). Strengthening families to support children affected by HIV and AIDS. *AIDS Care, 21*(51), 3-12. doi: [10.1080/09540120902923121](https://doi.org/10.1080/09540120902923121)
- Ritchie, J., Lewis, J., Nicholls, C. M., & R. Ormston (2013). *Qualitative research practice: A guide for social science students and researchers*. London: Sage.
- Roalkvan, S. (2005). The children left to stand alone. *African Journal of Aids Research (AJAR), 4*(3), 211-218.
- Roffey, S. (2012). Pupil wellbeing-teacher wellbeing: Two sides of the same coin? *Educational and Child Psychology, 29*(4), 8-17.
- Roller, M. R. (2017). Qualitative data: Achieving accuracy in the absence of 'truth'. *Qualitative Research*. Retrieved from [www.researchdesignreview.com](http://www.researchdesignreview.com)
- Rowley, J. (2012). Conducting research interviews. *Management Research Review, 35*(3/4), 260-271. doi: 10.1108/01409171211210154 Retrieved from [www.emeraldsight.com/2040-8269.htm](http://www.emeraldsight.com/2040-8269.htm)
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data*. (3<sup>rd</sup> ed.). Los Angeles: SAGE.
- Ruiz-Casares, M. R. (2010). Kin and youths in the social networks of youth-headed in Namibia. *Journal of Marriage and Family, 72*, 1408-1425. doi: 10.1111/j.1741-3737.2010.00773
- Rupande, G. (2014). Impact of parental migration on student academic performance: A case of two selected peri-urban schools in Marondera in Zimbabwe. *International Journal of Innovative Research and Development, 3*(13), 78-82.
- Rutter, M., Giller, H., & Hagel, A. (1998). *Unisocial behaviour by young people*. Cambridge: Cambridge University Press.
- Ryan, C. E., Epstein, N. B., Keitner, G. I., Miller, I. W., & Bishop, D. S. (2005). *Evaluating and treating families: The McMaster approach*. New York & Hove: Routledge.
- Saldana, J. (2011). *Fundamentals of qualitative research*. London: Oxford University Press.

- Sapienza, J. K., & Masten, A. S. (2011). Understanding and promoting resilience in children and youth. *Child and Adolescent Psychiatry, 24*, 267-273. doi:10.1097/YCO.0b013e32834776a8
- Sawatzky, R., Gadermann, R., & Pesut, B. (2009). An investigation of the relationship between spirituality, health status and quality of life in adolescents. *Applied Research Quality of Life, 4*, 5-22. doi: 10.1007/s11482-009-9065-y
- Schwartz-Shea, P., & Yanow, F. (2013). *Interpretive research design: Concepts and processes. Critical Policy Studies, 8*(1), 116-123. Doi: 10.1080/19460171.2014.883862
- Shank, G. D. (2006). *Qualitative research: A personal skills approach*. Upper Saddle River: Pearson Merrill.
- Shava, G., Gunhidzirai, C., & Shava, E. (2016). Exploring the experiences of young adults emerging from child-headed households in Alice, South Africa. *International Interdisciplinary Journal of Man-Environment Relationship, 55*(1, 2), 92-103.
- Shek, D. T. L., & Sun, C. M. S. (2010). Ma, "Impact of the project P.A.T.H.S. on adolescents developmental outcomes in Hong Kong: Findings based on seven waves of data" *International Journal of Adolescent of Medicine, 7*(3), 33-43.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research. *Education for Information, 22*, 63-75.
- Shirley, A. (2017). *The wealth report: The global perspective on prime property and investment*. (11<sup>th</sup> ed.). Melbourne: Knight Frank.
- Sibanda, P. (2014). The dimensions of *unhu/ubuntu* (Humanism in the African sense). The Zimbabwean conception. *IOSR Journal of Engineering, 4*(10), 26-29.
- Silverman, D. (2013). *Doing qualitative research*. (4<sup>th</sup> ed.). Los Angeles: Sage.
- Sinclair, M. (2007). Editorial: A guide to understanding theoretical and conceptual frameworks. *Evidence Based Midwifery, 5*(2), 39-42.
- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counselling and Development, 89*(1), 20-27.
- Skovdal, M., & Daniel, M. (2012). Resilience through participation and coping-enabling social environments: The case of HIV-affected children in sub-



- Saharan Africa. *African Journal of AIDS Research*, 11(3), 153-164. doi: 10.2989/16085906.2012.734975
- Skovdal, M., Ogutu, V. O., Ooro, C., & Campbell, C. (2009). Young carers as social actors: Coping strategies of children caring for ailing or ageing guardians in Western Kenya. *Social Science and Medicine*, 69(4), 587-595.
- Sloth-Nielsen, J. (2004). *Realising the rights of children growing in child-headed households: A practical guide to laws, policies and social advocacy*. Cape Town: Creda Communications.
- Smith, E. J. (2006). The strength-based counselling model. *The Counselling Psychologist*, 34 (1), 13-79. doi: 10.1177/0011000005277018
- Smith J. A. (2011). Evaluating the contribution of Interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27. doi :10.1080/17437199.2010.510659
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.
- Smith, J. A. (2003). *Qualitative psychology: A guide to research methods*. London: Sage.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Journal of Psychology and Health*, 11, 261-271. doi: 10. 1080/08870449608400256
- Smith, J. A. (1995). Semi-structured interview and qualitative analysis. In J. A. Smith, R. Harre, R & L. Langenhove (Eds.), *Rethinking methods in psychology* (pp. 9-26). London: Sage.
- Smith, J. A., & Eatough, V. (2006). Interpretative phenomenological analysis. In G. Breakwell, S. Hummond, C. Fife-Schaw & J. A. Smith (Eds.), *Research methods in psychology* (3<sup>rd</sup> ed., pp. 322-341). London: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2013). *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles, CA: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Smith, J. A. & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experiences of pain. *British Journal of Pain*, 9(1), 41-42. doi: 10.1177/2049463714541642
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp.25-53). London: Sage.

- Smith, J. A., & Osborne, M. (2010). *Evaluating the contribution of interpretative phenomenological analysis to health psychology*. Keynote address presented at BPS Health Psychology Annual Conference. Aston, UK.
- Smith, J. A., & Osborne, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and Health*, 22(5), 517-534. Retrieved from <http://dx.doi.org/10.1080/14768320600941756>
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp. 52-80). London: Sage.
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp. 51-80). London: Sage Publications.
- Song, S. Y., Doll, B., & Smith, B. W. (2013). *Resilience in children, adolescents and adults: Translating research into practice*. New York, NY: Springer.
- Stake, R. S. (2013). *Multiple case study analysis*. New York, NY: Guilford Press.
- Stake, R. S. (2010). *Qualitative research: Studying how it works*. New York: Guilford Press.
- Strydom, A., & Bezuidenhout, R. (2014). Research paradigms. In F. Du Plooy-Cilliers, C. Davis & R. Bezuidenhout (Eds.), *Research matters*. Cape Town, South Africa: Juta & Company Ltd.
- Sumbulu, A. (2014). *Challenges facing children from child-headed households in the Eastern Cape, South Africa*. A paper presented by a doctoral candidate at the University of Fort Hare, Alice, South Africa.
- Swanson, D. P., & Spencer, M. B. (2012). Competence formation. Resilience in educational contexts. In K. S. Galagher, R. Goodyear, D. J. Brewer, & R. Rueda (Eds.), *Urban education. A model for leadership and policy* (pp. 283-296). New York, NY: Routledge.
- Tanti, R. A. (2002). Towards clarification of the meaning of spirituality. *Journal of Advanced Nursing*, 39 (5), 500-509. Retrieved from <http://dx.doi.org/10.1046/j.1365-2648.2002.02315.x>
- Taylor, J. L. (2013). The power of resilience: A theoretical model to empower, encourage and retain teachers. *The Qualitative Report*, 18(70), 1-25. Retrieved from <http://www.nova.edu/sss/QR/QR18/taylor70.pdf>
- Taylor, S. J., Bogdan, R., & De Vault, M. L. (2016). *Introduction to qualitative research methods: A guide and resource*. (4<sup>th</sup> ed.). New Jersey: Willey.

- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2014). Thematic analysis. In C. Willig & W. Stain-Rogers (Eds.), *The sage handbook of qualitative research in psychology* (2<sup>nd</sup> ed., pp. 17-37). Los Angeles: Sage Publications.
- Thanh, N. C., & Thanh, T. T. L. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science*, 1(2), 24-27. Retrieved from <http://www.aiscience.org/journals/ajes>
- The Africa Prosperity Report, (2016). Legatum Institute. Retrieved from <http://media.prosperity.com/2016/pdf/2016-AfricaReport-web.pdf>
- The Wealth Report, (2015) Retrieved from <http://content.knightfrank.com/research/83/documents/en/wealth-report-2015-pdf>
- Theron, L. C. (2016). The everyday ways that school ecologies facilitate resilience: Implications for school psychologists. *School Psychology International*, 37(2), 87-103. doi: 10.1177/0143034315615937
- Theron, L., Cameron, C. A., Didkowsky, N., Lau, C., Liebenberg, L., & Ungar, M. (2011). A day in the lives of four resilient youths: Cultural roots of resilience. *Youth and Society*, 43(3), 799-818. doi: 10.1177/0044118X11402853
- Theron, L. C., & Dunn, N. (2010). Enabling white Afrikaans-speaking adolescents towards post-divorce resilience: Implications for educators. *South African Journal of Education*, 30, 231-244.
- Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990-2008. *South African Journal of Science*, 106(7/8), 780-783.
- Theron, L. C., Theron, A. M. C., & Malindi, M. J. (2013). Toward an African definition of resilience: A rural South African community's views of resilient Basotho youth. *Journal of Black Psychology*, 39(1), 63-87. doi: 10.1177/0095798412454675
- Thurman, T. R., Snider, L., Boris, N., Kalisa, E., Mugarira, E. N., Ntagarira, J. & Brown, M. (2006). Psychosocial support and marginalisation of youth-headed households in Rwanda. *AIDS Care*, 18(3), 220-229. doi: 10.1080/09540120500456656
- Thwala, S. (2008). *The effects of orphanhood on the psychosocial development of orphans and vulnerable children in Swaziland*. Pretoria, SA: University of South Africa.
- Tolland, J., & Carrigan, D. (2011). Educational psychology and resilience: New concept new opportunities. *School Psychology International*, 32(1), 95-106. doi: 10.1177/0143034310397284

- Trochim, W. M. K., & Donnelly, J. (2007). *The research methods knowledge base*. (3<sup>rd</sup> ed.). Mason, OH: Thompson Custom Publishing.
- Tsegaye, S. (2007). *HIV/AIDS and emerging challenge of children heading households*. Retrieved from: <http://www.africanchildinfo.net/document/CHHSdiscussionpaper.pdf>
- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, 2(4:52), 1-5. doi: 10: 4172/2472.1654.100093
- Tyler, K. A. (2006). The impact of support received and support provision on changes in perceived social support among older adults. *International Journal of Aging and Human Development*, 62, 21-38.
- UNDP Baseline Survey, (2009). *Education and global development*. UNDP: UNDP Publishing.
- Ungar, M. (2012). Researching and theorising resilience across cultures and contexts. *Preventive Medicine*, 55, 387-389. doi: 10.1016/j.ypmed.2012.07.021
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81(1), 1-17. doi: 10.1111/j.1939-0025.2010.01067.x
- Ungar, M. (2008). Putting resilience theory into action: Five principles for intervention. In L. Liebenberg & M. Ungar (Eds.), *Resilience in action* (pp.17-38). Toronto: University of Toronto Press.
- Ungar, M. (2004). A constructivist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society*. 35(3), 341-365.
- Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence*, 42(166), 287-310.
- Ungar, M., Ghazinour, M., & Richter, J. (2013). What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry*, 54, 348-366. doi :10.1111/jcpp12025
- Ungar, M., Russell, P., & Connelly, G. (2014). School-based interventions to enhance the resilience of students. *Journal of Educational and Developmental Psychology*. 4(1), 66-75. doi :10.5539/jedp.v4n1p66
- UNAIDS, (2013). *Children and AIDS. Sixth stocktaking report: Towards an AIDS free generation*. New York: UNIADS.

- UNAIDS, (2013). *Global report: UNAIDS report on the global AIDS epidemic*. New York: UNAIDS.
- UNAIDS, (2006). *Africa's orphaned and vulnerable generations: Children affected by AIDS*. New York: UNAIDS.
- UNAIDS, (2004). *Report on the global AIDS epidemic*. Unesco.
- UNCRC, (1989). Fact sheet. Retrieved from [https://www.unicef.org/crc/files/Rights\\_overview.pdf](https://www.unicef.org/crc/files/Rights_overview.pdf)
- United Nations Country Report, (2015). Retrieved from <http://www.unzimoffice.org>
- United Nations Country Report, (2014). *On country situational analysis*. Harare.
- UNICEF, (2015). *Statistics by area HIV/AIDS*. Retrieved from <http://data.unicef.org/hiv-aids/care-support#sthash.E18i5Wnx.dpuf>
- UNICEF, (2013). *Towards an AIDS-free generation-children and AIDS: Sixth Stocktaking Report*. UNICEF.
- UNICEF, (2011). *The state of the world's children: Adolescence, an age of opportunity*. Unicef. Retrieved from [https://www.unicef.org/adolescence/files/SOWC-2011\\_Main\\_Report\\_EN\\_02092011.pdf](https://www.unicef.org/adolescence/files/SOWC-2011_Main_Report_EN_02092011.pdf)
- UNICEF, (2010). Southern Africa crisis. Retrieved from <http://www.unicef>
- UNICEF. (2010). *Zimbabwe human action update*. Retrieved from <http://www.org/infobycountry/Zimbabwe-31330.html>
- UNICEF, (2003a). *Orphans and other children affected by HIV/AIDS*. New York: UNICEF.
- UNICEF, (2003b). *Fighting HIV/AIDS: Strategies for success 2002-2005*. New York: UNICEF.
- UNICEF. (2001). *Africa and orphaned generations*. New York: UNICEF.
- van der Mark, R. (2015). *Lived experiences of youth living in Sibling headed households in facing challenges affecting education*. (Unpublished doctoral thesis) University of Johannesburg, South Africa.
- Van der Walt, C., & Bowman, B. (2007). Intergenerational rites of passage. In N. Duncan, B. Bowman, A. Naidoo, J. Pillay, & V. Roos (Eds.), *Community psychology: Analysis, context and action* (pp.137-149). Cape Town, South Africa: UCT Press.
- van Dijk, D., & van Driel, F. (2009). Supporting child-headed households in South Africa: Whose best interests? *Journal of South African Studies*, 35 (4), 915-927. doi: 10.1080/03057070903313251

- Van Dyke, C. J., Glenwick, D. S., Cecero, J. J., & Kim, S. (2015). The relationship of religious coping and spirituality to adjustment and psychological distress in urban early -adolescents. *Mental Health, Religion and Culture*, 12(4), 369-383. doi: 10.1080/13674670902737723
- Vanderbilt-Adriance, E., & Shaw, S. D. (2008). Conceptualising and re-evaluating resilience across levels of risk, time and domains and competence. *Clinical Child Family Psychology Review*, 11, 30-58.
- Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *The Qualitative Report*, 17(42), 1-18.
- Wagstaff, C., & Williams, B. (2014). Specific design features of an interpretative phenomenological analysis study. *Nurse Researcher*, 21(3), 8-12.
- Walker, L. (2002). *We will bury ourselves. A study of child headed households on commercial farms in Zimbabwe*. Harare: Farm Orphan Support Trust of Zimbabwe (FOSTZ).
- Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13(3), 313-324. doi: 10.1080/17405629.2016.1154035
- Walsh, F. (2016). *Strengthening family resilience* (3<sup>rd</sup> ed.). New York, NY: Guilford Press.
- Walsh, F. (2012). Family resilience: Strengths forged through adversity. In F. Walsh (Ed.), *Normal Family Processes* (4<sup>th</sup> ed., pp. 399-427). New York: Guilford Press.
- Walsh, F. (2011). *Strengthening family resilience* (2<sup>nd</sup> ed.). New York, NY: Guilford Press.
- Walsh, F. (2008). Using theory to support a family resilience framework in practice. *Social Work Now*, 5-14.
- Walsh, F. (2006). *Strengthening family resilience*. (2<sup>nd</sup> ed.). New York: The Guilford Press.
- Walsh, F. (2003a). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18.
- Ward, L. M., & Eyber, C. (2009). Resiliency of children in child-headed households in Rwanda: Implications for community based psychosocial interventions. *Intervention*, 7(1), 17-33.
- Watkins, J. A., Sello, O. M., Cluver, L., Kaplan, L., & Boyes, M. (2014). 'At school I got myself a certificate': HIV/AIDS orphanhood and secondary education- a

- qualitative study of risk and protective factors. *Global Social Welfare*, 1, 111-121. doi: 10.1007/s40609-014-0022-9
- Webb, M., Charbonneau, A. M., McCann, R. A., & Gayle, K. R. (2011). Struggling and enduring with God, religious support and recovery from severe mental illness. *Journal of Clinical Psychology*, 67, 1161-1171. doi:10.1002/jclp.20838
- Webster, S., Lewis, J., & Brown, A. (2014). Ethical considerations in qualitative research. In J. Ritchie, J. Lewis, C. M. Nicholls, & R. Ormston (Eds.), *Qualitative research practice: A guide for social science students and researchers* (2<sup>nd</sup> ed., pp. 77-110). Los Angeles: SAGE.
- Welch, G. L., & Harrist, A. W. (Eds.). (2017). *Family resilience and chronic illness: Interdisciplinary and translational perspectives*. Switzerland: Springer International Publishing.
- Wellington, J., & Szczerbinski, M. (2010). *Research methods for the social sciences*. London: The Cromwell Press. Retrieved from <https://www.amazon.com/Research-Methods-Social-Sciences-Wellington/dp/0826485669>
- Werner, E. E. (1993). Risk, resilience and recovery: Perspectives from the Kauai longitudinal study. *Development and Psychopathology*, 5, 503-515.
- Werner, E. E., & Smith, R. S. (2001). Resiliency and recovery: Findings from the Kauai longitudinal study. *Research, Policy, and Practice in Children's Mental Health Summer*, 19 (1), 11-14. Retrieved from [www.rtc.pdx.edu](http://www.rtc.pdx.edu)
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Wild, L. G., Flisher, A. J., & Robertson, B. A. (2011). Risk and resilience in orphaned adolescents living in a community affected by AIDS. *Youth and Society*, 45(1), 140-162. doi: 10.1177/0044118X11409256
- Williams, J. M., & Bryan, J. (2013). Overcoming adversity: High-achieving African-American youth's perspectives on educational resilience. *Journal of Counselling and Development*, 91, 291-300. doi: 10.1002/j.1556-6676.2013.00097.x
- Willig, C. (2009). *Introducing qualitative research in psychology*. (2<sup>nd</sup> ed.). Glasgow: McGraw Hill.
- Winlow, H., Simm, D., Marvell, A., & Schaaf, R. (2013). Using focus group research to support teaching and learning. *Journal of Geography in Higher Education*, 37(2), 292-303. doi :10.1080/03098265.2012.696595
- Woll, H. (2013). Process diary as a methodological approach in longitudinal phenomenological research. *Indo-Pacific Journal of Phenomenology*, 13 (2), 1-11. doi:10.2989/JPJP.2013.13.2.2.1176A

- Yendork, J. S., & Somhlaba, N. Z. (2015). Do social support, self-efficacy and resilience influence the experience of stress in Ghanaian orphans? An exploratory study. *Child Care in Practice*, 21(2), 140-159. doi:10.1080/13575279.2014.985286
- Yeo, A., Legard, R., Keegan, J., Ward, K., Nocholls, C. M., & Lewis, J. (2014). In-depth interviews. In J. Ritchie, J. Lewis, C. M. Nicholls, & R. Ormston (Eds.), *Qualitative research practice: A guide for social science students and researchers* (2<sup>nd</sup> ed., pp. 177-210). Los Angeles: SAGE.
- Yin, R. K. (2011). *Qualitative research from start to finish*. New York, NY: Guilford Press.
- Yin, R. K. (2003). *Case study research: Design and methods*. (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Youngblade, L., Theokas, C., Schulenberg, J., Curry, L., Huang, I., & Novak, M. (2007). Risk and promotive factors in families, schools, and communities: A contextual model of positive youth development in adolescence. *Paediatrics*, 119(1), S47-S53.
- Zanamwe, L., & Devillard, A. (2009). *Migration in Zimbabwe: A country profile. Study commissioned by the Zimbabwe National Statistical Agency (ZIMSTATS) and the International Organisation for Migration*. Harare: Government Printers.
- Zentgraf, K. M., & Chinchilla, N. S. (2012). Transnational family separation: A framework for analysis. *Journal of Ethnic and Migration Studies*, 38(2), 345-366.
- Zhangazha, W. (2014). *Urban kids wallow in poverty*. Zimbabwe Independent, September 19 2014, p.1 Retrieved from <http://www.theindependent.co.zw/2014/09/i9/urban-kids-wallow-poverty/>
- Zimbabwe Country Analysis Report (2014). Retrieved from [http://www.zw.one.un.org/sites/default/files/Publications/UNZimbabwe/Country%20Analysis\\_FinalReview\\_3Oct2014.pdf](http://www.zw.one.un.org/sites/default/files/Publications/UNZimbabwe/Country%20Analysis_FinalReview_3Oct2014.pdf)
- Zimmerman, M. A. (2013). Resiliency theory: A strength-based approach to research and practice for adolescent health. *Health Education and Behaviour*, 40(4), 381-383. doi: 10.1177/1090198113493782
- Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention. *Child Development Perspective*, 7(4), 1-9. doi: 10.1111/cdep.12042
- Zirima, H., & Mtemeri, J. (2016). Ramifications of absent parenting on school-going children in Masvingo urban. *Zimbabwe Journal of Educational Research*, 28(3), 370-383.



Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*, 2295-2303. doi: 10.1016/j.childyouth.2012.08.009

# RESILIENCE PROCESSES IN CHILD-HEADED HOUSEHOLDS IN CHINHOYI

by

**PEDZISAI GORONGA**

## APPENDICES

### **Appendix A**

School head's consent letter

### **Appendix B**

Information letter and assent to participate in a research project

### **Appendix C**

Semi-structured interview guide

### **Appendix D**

Focus group discussion interview schedule

### **Appendix E**

Full electronic version of the research interview and focus group made available electronically.

### **Appendix F**

Permanent Secretary's permission letter

### **Appendix G**

Provincial Education Director's permission letter

### **Appendix H**

District Schools Inspector's permission letter

## Appendix A

### School head's consent letter



## Faculty of Education

Fakulteit Opvoedkunde  
Lefapha la Thuto

I have read the information as contained in the application letter for conducting research at my school. The letter concerns the research project entitled *Resilience processes in child-headed households* being conducted by Pedzisai Goronga, a PhD student of the Department of Educational Psychology at the University of Pretoria. I have had the opportunity to ask questions and receive any additional details I wanted about the research project.

I acknowledge that all information gathered on this project will be used for research purposes only and participation will be considered private and confidential. I am aware that permission may be withdrawn at any time without penalty by advising the researcher. The researcher will not disturb the smooth running of school activities as meetings with participants will be conducted at convenient times which I will facilitate.

I have been informed that this research project has been reviewed by and approved by the Research Ethics Review Committee at the University of Pretoria, and that I may contact this office if I have any comments or concerns about the adolescent learners who are in my custody as their in- loco parentis. Their involvement in the research project is my responsibility. If I have any questions about the research project I am free to call the researcher, Pedzisai Goronga on +263(4)303211 Ext16023 or on cell +263735214628 or write an e-mail to [pedzisaigoronga@gmail.com](mailto:pedzisaigoronga@gmail.com)

I have read and understood the implications of the research project. By way of putting my signature on this letter, I agree that the child whose name is written below can participate in this research project.

Child's Name (please print)

\_\_\_\_\_

Gender of Child  Male  Female

School Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Name \_\_\_ Pedzisai Goronga \_\_\_\_\_ Date \_\_\_\_\_  
[pedzisaigoroga@gmail.com](mailto:pedzisaigoroga@gmail.com)  
+263772831083(cell)  
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Supervisor's Name: Mampane, M.R. \_\_\_\_\_ Date \_\_\_\_\_  
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## Appendix B

### Information letter and assent to participate in a research project



#### **Information Letter and Assent to Participate in a Research Project**

Dear Participant,

Date: \_\_\_\_\_

I, Pedzisai Goronga, am a doctoral student from the University of Pretoria and I invite you to participate in a research project. In this information letter and assent form I would like to explain the research project to you so that you can decide if you want to take part or not. If there is anything you would like to ask me you are more than welcome to phone me. My cell number is +263772831083 and my office number is +263(4)303211 Ext 16023. You can also write me on my e-mail address: [pedzisaigoronga@gmail.com](mailto:pedzisaigoronga@gmail.com)

#### **What is a research project?**

A research project is almost like an investigation. One starts off with a couple of questions about something you are unsure of and then you go and investigate to find answers to the questions.

#### **What the research project is about and what I want to investigate**

My research project is about the resilience processes used by adolescent secondary school learners living in child-headed households. As you know, children living in child-headed households are faced with problems such as lack of food, health-related problems, stigmatisation, bullying, violence, crime, drug and alcohol abuse, lack of school fees and teenage prostitution among other problems. This can sometimes make them feel helpless, unwanted, scared and depressed and they often find it difficult to cope. However, it has been found out that despite living in child-headed households, such children continue to live reasonably well alongside their peers who enjoy adult supervision on a daily basis.

There is reason to believe that adolescents living in child-headed households employ certain coping mechanisms or tactics to be able to forge ahead with life despite their situation. Therefore, in my research project I want to understand better what makes adolescent secondary school learners living in child-headed households to make it and flourish.

#### **What will happen and how it will work**

If you decide that you would like to be part of this research project, you will be expected to participate in a one to one interview with me and group discussion with other children from your school. The research project will involve meeting with me and other children who are also going to take part in the research project. These meetings will take place at your school or at a place where you feel comfortable. The school head as well as I will arrange time and place for these meetings to take place and you will be

List of research project topics and materials

informed of such arrangements. I will travel to meet. You will not incur any expenses by taking part in the project.

There will be times during this research project that I will ask you to talk about the problems children living in child-headed households encounter. During our meeting I will also ask for your permission to audio-record the interview and group discussion sessions.

The times of meetings at school will be arranged by the school head and there will be many times throughout the research project that myself or the school head will call you to decide on when and where to meet.

I have explained the meetings at school and those that will take place at venues you feel comfortable in more detail in the table below. However, before you look at the table it is important for you to know that you will not be the only one in the research project. There will be other children more or less your age from your school that will also be part of the meetings.

**Time Frame of Research Project:**

Visits	What we will do	How long	Where
Introductory meeting with you	<ul style="list-style-type: none"> <li>• I will introduce you to other children also participating in the project.</li> <li>• I will collect personal information such as your name, age and gender.</li> <li>• I will give you more information about the project and will tell you who you can talk to when you have a problem or question.</li> </ul>	+ - 1 hour	School
1 <sup>st</sup> visit to 5 <sup>th</sup> visit	<ul style="list-style-type: none"> <li>• You will participate in face to face individual interview with me.</li> </ul>	45 minutes per interviewee (15 participants).	School or a place you choose for your comfort.
6 <sup>th</sup> visit to 8 <sup>th</sup> visit	<ul style="list-style-type: none"> <li>• You will receive a snack (potato crisps and juice).</li> <li>• You will participate in group discussions with other participants</li> </ul>	1 hour 30 minutes per group discussion (3 group discussions to be done).	School
Meeting with you at school.	<ul style="list-style-type: none"> <li>• I will talk to you about the research project. I will ask you about your experience of the research project and if you would like to change or add</li> </ul>	1 hour	School

	anything to what you have said during the research project.		
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**Who will be part of the research project?**

- You
- Other children who have also been invited to participate in the research project

**What will happen in the interview and group discussion sessions?**

Interviews will take place either at school or at a place that you have chosen for your own comfort. However, group discussions will take place at school. In both interview and group discussions you will be asked questions regarding what life is like living in a child-headed household.

**Audio recording of sessions**

Our interview meetings and group discussions will be audio recorded with your permission. I will personally facilitate the audio recording of interview as well as group discussion sessions. I will do this because it will help me remember what you and I spoke about and what happened in the sessions. You don't have to worry because I will keep the audio recordings in a safe place and no one who is not part of this research project will be able to listen to any of the recordings even your school head or teachers.

**What will happen with the findings of this research project?**

Everything that happens and that is recorded in this research project will be used to write a thesis and article. A thesis or article is like a story one writes in which you tell others about the research project and about the answers you found to the questions you had. The thesis and article will be stored electronically on an "accredited open access repository" which means that the thesis and article will be available on the internet. However, I will not use your real name in the thesis or article which means that anyone who reads the thesis or article will not be able to identify you or know that you have participated in the research project. After the thesis and article are written, all the information from the research project (including audio recordings) will be kept safely at the University of Pretoria.

**How will this research benefit you?**

In this research project you will learn more about yourself. You will meet other children who also live in child-headed households and you will have the opportunity to talk to them about the problems you have and about the things that you are experiencing in your households. You will be able to share how you and other children living in child-headed households are managing life. There will also be one responsible adult that you can talk to about your problems. It usually helps you feel better if we can talk to others about the things in your lives.

**How this research project will benefit me**

This research project will help me complete my Doctor of Philosophy Degree at the University of Pretoria. I will also get answers to questions about what resilience processes children living in child-headed households use to flourish.. It is therefore important for me to know about how adolescent secondary school learners living in child-headed households manage their daily lives.

### **Risk and discomfort**

I do not foresee you experiencing any risk or discomfort. However, during the interview or group discussion sessions, there is a chance that you may become emotional, upset, sad or angry when talking about things that have hurt you or that makes you angry. I have arranged with a psychologist who is a person who knows a lot about children's feelings and how to help children feel better if they are sad or angry. This person will be on standby to help you.

### **Voluntary participation**

Taking part in this research project is your choice and you don't have to participate if you feel you don't want to. If you decide that you want to participate and later decide that you don't want to anymore then that is fine. No one will be angry if you decide that you don't want to participate anymore. You will not be forced to say anything you don't want to.

### **Confidentiality**

I will keep your participation in this research project confidential or private from any person who is not part of the project, including your teachers and the school head. This means that your real name will not be used in anything that is written about the research project. Therefore, no one who is not part of this research project (except focus group because other participants are taking part) will not know who you are or what you said during this research project.

### **Compensation for taking part in this research project**

There is no compensation for taking part in this study. However, you will receive some snacks (potato crisps and juice) just to keep you going during group discussions since they can be long.

### **Assent to participate in the research project**

If you write your name and sign on the line below you will tell us that you would like to be part of this research project and that you understand and accept everything that was explained about the research project in this letter.

I (name and surname) \_\_\_\_\_ agree that I want to participate in this research project.

(Signature ): \_\_\_\_\_ Date: \_\_\_\_\_

Pedzisai Goronga (Researcher) .....Date

Mampane, M.R.(Supervisor).....Date

[Ruth.mampane@up.ac.za](mailto:Ruth.mampane@up.ac.za)

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## Appendix C

### Semi-structured interview guide



## Faculty of Education

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### SEMI-STRUCTURED INTERVIEW GUIDE

1. Let us talk about you. Introduce yourself and family to me.
2. Share with me your views about child-headed life.
3. In your opinion, what attitudes do you think the communities hold about child-headed households?
4. Comment about any form and quality of support that you get.
5. Share with me any opportunities or activities that contribute income generation for your household.
6. Tell me about your day. How do you usually spend your day from morning till you go to bed?
7. From your experience of living in a child-headed household, what would you say are the most difficult things to handle?
8. Who is always there for you? Tell me about people or organisations you can depend on especially when you need help.
9. Do you have any adults who check on you? Tell me about adult people in your life who are there to help and support you. How do they support you?
10. Tell me about the role that friends play in your life.
11. Tell me about your school environment, do you think your school environment supports or hinders your effort to learn as a child living in child-headed household?
12. In your opinion, how does your home situation either positively or negatively affect your schooling?
13. In order to go ahead with schooling, what form of support would you require from the school?
14. Would you like to tell me how you balance school work and household chores?
15. Are there any community activities that you take part in?

16. Are there any social or religious groups to which you belong?
17. What are your aspirations in life?
18. Share with me the most difficult situations that you dealt with.
19. Given a chance what form of support would you require to keep your household going?
20. What do you think has helped to keep you together as a child-headed family?

## Appendix D

### Focus group discussion interview schedule



## Faculty of Education

Fakulteit Opvoedkunde  
Lefapha la Thuto

### FOCUS GROUP DISCUSSION SCHEDULE

1. In your view, what ideas do you think communities hold generally about child-headed families?
2. In your opinion, what are some of the situations you experience which make life in child headed families difficult?
3. Tell me how you manage life on a day to day basis as child- headed families?
4. What behaviours do you engage in to survive in your household?
5. Based on your experience, do you think relatives make meaningful contribution to your well-being as children from child- headed families?
6. What are your views about the contribution of the following on the well-being of child- headed families?
  - Siblings
  - Friends/ peers
  - school
  - community
7. In your own opinion, what strengths can communities learn from child-headed households?
8. Given an opportunity, what kind of assistance would you say child-headed families need to flourish?
9. What are the strengths of child-headed families? What are the weaknesses of child-headed families?

## **Appendix E**

Full electronic version of the research interview and focus group made available electronically.

## Appendix F

### Permanent Secretary's permission letter

*All communications should be addressed to  
"The Secretary for Primary and Secondary Education"  
Telephone: 799914 and 705153  
Telegraphic address: "EDUCATION"  
Fax: 791923*



**Reference:** C/426/3 Mashonaland West  
Ministry of Primary and Secondary Education  
P.O Box CY 121  
Causeway  
**Harare**

29 September 2016

Pedzisai Goronga  
University of Pretoria

**RE: PERMISSION TO CARRY OUT RESEARCH AT NEMAKONDE HIGH SCHOOL AND CHEMAGAMBA HIGH SCHOOLS : NEMAKONDE DISTRICT, MASHONALAND WEST PROVINCE**

Reference is made to your application to carry out a research at the above mentioned school in Mashonaland West Province on the research title:

**"RESILIENCE PROCESSES IN CHILD-HEADED HOUSEHOLDS."**

Permission is hereby granted. However, you are required to liaise with the Provincial Education Director Mashonaland West Province, who is responsible for the schools which you want to involve in your research. You should ensure that your research work does not disrupt the normal operations of the school. You are required to seek consent of the parents/guardians of all learners who will be involved in the research.

You are required to provide a copy of your presentation and a report of what transpired to the Secretary for Primary and Secondary Education by December 2017.

*F. Fundira*

F. Fundira (Mrs)

**Acting Director:** Policy Planning, Research and Development

For: **SECRETARY FOR PRIMARY AND SECONDARY EDUCATION**

cc: PED – Mashonaland West Province



## Appendix G

### Provincial Education Director's permission letter

All communications should be addressed to  
"The Provincial Education Director"  
Telephone: 067-23083/4/5  
Fax: 067-23320  
e-mail [edumashwest@gmail.com](mailto:edumashwest@gmail.com)



Ministry of Primary and Secondary Education  
Mashonaland West Provincial Office  
P.O Box 328  
Chinhoyi

19 October 2016

Pedzisai Goronga  
University of Pretoria

**PERMISSION TO CARRY OUT A RESEARCH AT NEMAKONDE HIGH AND CHINHOYI HIGH 2 SCHOOL (CHEMAGAMBA): MAKONDE DISTRICT: MASHONALAND WEST PROVINCE.**

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Reference is made to the above subject.

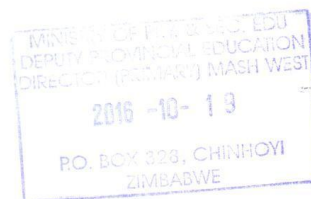
Please be advised that authority has been granted.

However, you are advised to approach the District Schools Inspector of the District you wish to carry out your research for assistance. Please ensure that your research does not disrupt the learning process. You are also reminded to seek prior consent of the parents or guardians of the pupils whom you will involve in your research and to furnish the Provincial office with a copy of your research.

We wish you the best in all your research.

A handwritten signature in blue ink, appearing to read 'M Ndewere'.

**M T Ndewere**  
**ACTING PROVINCIAL EDUCATION DIRECTOR**  
**MASHONALAND WEST PROVINCE**



## Appendix H

### District Schools Inspector's permission letter

All communications should be addressed to "The District Schools Inspector "  
Telephone: 067-24450  
Fax: 067-25596  
email: bspzmakonde@gmail.com



Ministry of Primary and Secondary Education  
Mashonaland West  
Makonde District  
PO Box 376  
Chinhoyi

29 December 2016

Heads of Schools : Makonde District  
Nemakonde High  
Chinhoyi High 2

**RE : PERMISSION TO CARRY OUT RESEARCH AT NEMAKONDE  
HIGH AND CHINHOYI HIGH NO 2(CHEMAGAMBA) : MR  
PEDZISAI GORONGA : UNIVERSITY OF PRETORIA**

Please be advised that permission to carry out Research at the two schools has been granted.

Kindly facilitate the conduct of the research by member.

Thank you.

Yours Faithfully

P. Nizira  
D.S.I Makonde District

A handwritten signature in blue ink, appearing to be 'P. Nizira', is written over a faint rectangular stamp.

