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THE ROLE OF SECURE ATTACHMENT IN PROMOTING RESILIENCE AMONG ORPHANS

By

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Dissertation submitted in partial fulfilment of the requirements for the degree of

Master of Education

In the Faculty of Educational Psychology at the

University of Johannesburg

Supervisor: Dr Boitumelo M Diale

October 2018
DECLARATION STATEMENT

I do hereby declare that I am the original author of this full-dissertation submitted in partial fulfilment of the requirements for the degree of Master of Education. I have taken all the professional ethics into account in acknowledging all the sources of reference and authors used for building the study. This work has not been previously submitted to any other university.

...................................................... Date......................

Jennifer ChiomaAgu
ABSTRACT

Background: A number of children in South Africa grow up without one or both biological parents. The resilience of these children is threatened since they are exposed to many risks that interfere with their development. In other words, parental mortality limits the resources and capacities of families to create environments that enable children to develop well. Little is known about the processes that enable these orphaned children to cope resiliently.

Aims: The major aim of this study was to establish the role which secure attachment plays in promoting resilience among orphan children (n=20; 8 black males and 12 black females). The sampling procedure used was a non-probability sampling called purposive sampling. In this type of sampling only elements that are relevant to the research purpose are included in the sample.

Method: Three data collection methods were used. First, individual interviews were used to collect verbal data from the orphaned children. Secondly, focus group interviews were utilised to elicit more data from orphaned children who did not participate in the individual interviews. The individual interviews and focus group interviews were coded and grouped. Finally, the drawandwrite technique was used to collect more data. The participants were asked to make drawings of what enabled them to cope resiliently and to write short narratives explaining their drawings. The drawings were grouped according to major themes.

Data Analysis: A content analysis of the drawings and narratives was also conducted. Three major themes emerged from the data, namely, spirituality, religion and faith; connection to others (caregiver, social worker, peers, family members, pastors and teachers) and individual strengths (having a sense of humour, perseverance, having a sense of independence, having future hopes and dreams. These findings have implications for theory and practice. It is important to incorporate programmes into school curricula to provide these children with strategies and skills to deal with adversity. Also, clear policies at all
levels of education be part in place in order to guide the teachers in South Africa by providing adequate support to the orphans.

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TABLE OF CONTENTS

DECLARATION
STATEMENT.................................................................................................................................. ii

ABSTRACT..................................................................................................................................... iii

ACKNOWLEDGEMENTS.............................................................................................................. iv

LIST OF FIGURES...................................................................................................................... x

LIST OF TABLES....................................................................................................................... xi

LIST OF ABBREVIATIONS AND ACRONYMS............................................................................. xii

THE ROLE OF SECURE ATTACHMENT IN PROMOTING RESILIENCE AMONG ORPHANS .......... i

Master of Education................................................................................................................... i

DECLARATION STATEMENT........................................................................................................ ii

ABSTRACT..................................................................................................................................... iii

ACKNOWLEDGEMENTS............................................................................................................. iv

TABLE OF CONTENTS................................................................................................................. v

LIST OF ABBREVIATIONS AND ACRONYMS ........................................................................... xiii

CHAPTER 1................................................................................................................................... 1

ORIENTATION TO THE STUDY ................................................................................................. 1

1.1 INTRODUCTION................................................................................................................... 1

1.2 BACKGROUND AND PROBLEM STATEMENT................................................................. 2

1.2.1 Aim of the Study........................................................................................................... 5

1.2.2 Research Objectives..................................................................................................... 5
1.3 RESEARCH DESIGN ........................................................................................................................................... 5

1.3.1 Sampling procedure ........................................................................................................................................ 9

1.3.2 Data Collection Methods and Procedure ........................................................................................................ 10

1.3.3 Data Analysis .................................................................................................................................................... 12

1.3.4 Processing of Narratives and Drawings ........................................................................................................ 13

1.4 THEORETICAL FRAMEWORK ....................................................................................................................... 13

1.5 CONCEPT CLARIFICATION .............................................................................................................................. 16

1.5.1 Orphan hood ..................................................................................................................................................... 16

1.5.2 Resilience ......................................................................................................................................................... 16

1.5.3 Protective Resources ................................................................................................................................... 16

1.5.4 Risks to Resilience ........................................................................................................................................ 17

1.6 Significance of the study .................................................................................................................................... 17

1.7 Trustworthiness .................................................................................................................................................. 18

1.7.1 Credibility ....................................................................................................................................................... 18

1.7.2 Transferability ................................................................................................................................................. 18

1.7.3 Confirmability ................................................................................................................................................ 19

1.7.4 Dependability ................................................................................................................................................ 19

1.8 ETHICAL CONSIDERATIONS ............................................................................................................................. 20

1.8.1 Protection from harm .................................................................................................................................... 20

1.8.2 Informed Consent .......................................................................................................................................... 20

1.8.3 Right to Privacy ............................................................................................................................................. 20

1.8.4 Honesty With Professional Colleagues .......................................................................................................... 21

1.8.5 Internal Review Boards ................................................................................................................................ 21

1.9 CHAPTER DIVISION ......................................................................................................................................... 21

Chapter 1: Orientation to the study ....................................................................................................................... 21

Chapter 2: The incidence of orphan hood .......................................................................................................... 21

Chapter 3: The resilience phenomenon ............................................................................................................. 21
Chapter 4: Data presentation and analysis ................................................................. 22
Chapter 5: Discussion of findings ........................................................................... 22
Chapter 6: Conclusion and recommendations ......................................................... 22

1.10  CONCLUSION ................................................................................................. 22

CHAPTER 2 THE PHENOMENON OF ORPHANED CHILDREN ...................................... 22

2.1  INTRODUCTION .......................................................................................... 22
2.2  DEFINING AN ORPHAN ............................................................................. 23
2.3  INCIDENCE OF ORPHAN HOOD WORLDWIDE ........................................ 24

Table 2.2: Estimated number of orphans by region, year and type ................................ 26
Table 2.3: Top 10 countries where the majority of children are orphans (2012 estimates) 27
Table 2.4: Estimated statistics of orphans globally for 2017 ......................................... 28

2.4  THE INCIDENCE OF ORPHAN HOOD IN SOUTH AFRICA ............................. 30

Table 2.5: Number and proportion of orphans in South Africa in 2009 ...................... 31
Table 2.6: Number and proportion of double orphans living in South Africa in 2004 and 2011 31
Table 2.7: Number and percentage of orphans, by province, 2016 ............................ 32

2.5  RISKS FACED BY ORPHANS ..................................................................... 33

2.5.1  Psychological Risks .................................................................................... 33
2.5.2  Social Risks ................................................................................................ 36
2.5.3  Medical Risks ............................................................................................ 37

2.6  THEORETICAL FRAMEWORK – ATTACHMENT THEORY ............................... 38

2.7  INTERVENTIONS TO AMELIORATE THE PLIGHT OF ORPHANS WORLDWIDE .... 42

2.7.1  Strengthening Family Capacity .................................................................. 43
2.7.1.2 Enhance the ability of children to meet their own needs ............................ 43
2.7.1.3 Guarantee the protection and provision of services for orphaned children by the government .......................... 44

India ......................................................................................................................... 44
Thailand ..................................................................................................................... 46
China.....................................................................................................................................................46
Cambodia..............................................................................................................................................47
United States of America under North America ................................................................................... 47
Australia ................................................................................................................................................ 48
Columbia: Open, Distance and Flexible Learning (ODFL) – The Escuela Nueva programme............ 48
Brazil.....................................................................................................................................................49
Nigeria ................................................................................................................................................... 49
Uganda ................................................................................................................................................ 50
Kenya................................................................................................................................................... 51
Botswana and Zimbabwe ...................................................................................................................... 52
Zambia................................................................................................................................................... 53
Swaziland............................................................................................................................................... 53
Tanzania................................................................................................................................................ 54
Ethiopia ................................................................................................................................................. 54
Rwanda................................................................................................................................................ 55

2.8  INTERVENTIONS TO AMELIORATE THE PLIGHT OF ORPHANS IN SOUTH AFRICA..................... 56
2.9  CONCLUSION............................................................................................................................. 59

CHAPTER 3 THE PHENOMENON OF RESILIENCE ............................................................................... 60
3.1  INTRODUCTION ..................................................................................................................... 60
3.2  RESILIENCE DEFINED ............................................................................................................. 60

Figure 3.1: Illustration of what constitute resilience in an individual ................................................... 68

Figure 3.2: Individual resilience characteristics ...................................................................................... 69

3.2.1  How Resilience Is Conceptualised in This Study ...................................................................... 69
3.3 BRIEF HISTORY OF RESILIENCE RESEARCH ......................................................................... 70
3.4  PROCESS OF RESILIENCE ......................................................................................................... 72
3.5 RISKS TO RESILIENCE ............................................................................................................... 73
3.5.1.1 Low birth weight ............................................................................................................... 74
3.5.1.3 Misuse of Alcohol and drugs ............................................................................................. 75
3.5.1.5 Low academic achievement ............................................................................................. 77
3.5.1.6 Gender ............................................................................................................................... 77
3.5.1.7 Age .................................................................................................................................... 77
3.5.1.8 Ethnicity ............................................................................................................................. 78
3.5.1.9 Delinquent and risky behaviour ........................................................................................ 78
3.5.2 Community and Society Factors ................................................................................... 78
3.5.2.1 Poverty .............................................................................................................................. 79
3.5.2.2 Violence ............................................................................................................................. 79
3.5.2.3 Child sexual exploitation ................................................................................................... 80
3.5.2.4 Discrimination ................................................................................................................... 80
3.5.3 Relationship Factors ...................................................................................................... 81
3.5.3.1 Parental personality and behavioural characteristics ....................................................... 81
3.5.3.2 Family disruptions and structure ...................................................................................... 82
3.5.3.3 Childhood abuse, neglect, and maltreatment .................................................................. 82
3.5.3.4 Peer relationships ............................................................................................................. 84

Table 3.1: Common risk factors for childhood and adolescent problems by level of influence .......... 84

3.6 PROTECTIVE RESOURCES ...................................................................................................... 85

Table 3.2: The seven tensions ........................................................................................................... 86

3.6.1 Individual Factors .............................................................................................................. 87
3.6.2 Community and Societal Factors ..................................................................................... 90
3.6.3 Relationship Factors ......................................................................................................... 93

Table 3.3: Common protective factors for childhood and adolescent problems by level of influence 96

Table 3.4: Protective resources for resilience ................................................................................ 97

3.7 CONCLUSION ......................................................................................................................... 99

CHAPTER 4 RESEARCH DESIGN AND METHODOLOGY ........................................................................ 100

4.1 INTRODUCTION .................................................................................................................. 100
4.2 DESIGN OF THE STUDY ........................................................................................................ 100

4.2.1 Research Context ........................................................................................................ 101

4.2.2 Data Collection Methods ............................................................................................ 101

4.2.3 Sampling Procedure .................................................................................................... 101

4.2.4 Data Collection Procedures ......................................................................................... 103

Table 4.1: Biographical Information for Individual interviews ........................................................ 104

Table 4.2: Focus group interview (FGI) (1) ...................................................................................... 105

Table 4.3: Focus group interview (FGI) (2) ...................................................................................... 105

4.2.4.1 Individual interviews ....................................................................................................... 105

4.2.4.2 Focus group interviews ................................................................................................... 106

4.2.4.3 Symbolic drawings ........................................................................................................... 106

4.3 DATA ANALYSIS ................................................................................................................... 108

4.3.1 Analysis of Interview Data .......................................................................................... 108

4.3.2 Analysis of Symbolic Drawings and Narratives ........................................................... 109

4.4 ETHICAL PROCEDURES ........................................................................................................ 109

4.4.1 Voluntary Participation ............................................................................................... 109

4.4.2 No Harm to Participants .............................................................................................. 110

4.4.3 Anonymity and Confidentiality ................................................................................... 110

4.4.4 Deception .................................................................................................................... 111

4.4.5 Analysis and Reporting ................................................................................................ 111

4.5 TRUSTWORTHINESS ........................................................................................................... 111

4.6 CONCLUSION ....................................................................................................................... 111

CHAPTER 5 ........................................................................................................................................... 113

FINDINGS AND DISCUSSION ................................................................................................................ 113

5.1 INTRODUCTION ................................................................................................................... 113

5.2 FINDINGS AND DISCUSSION ........................................................................................ 113

5.2.1 Spirituality, Religion and Faith .................................................................................... 114
Figure 1.1: Layout of chapter........................................................................................................1
Figure 1.2: Bronfenbrenner’s Bio-Ecological Model....................................................................12
Figure 3.1: Illustration of what constitutes resilience in an individual........................................63
Figure 3.2: Individual resilience characteristics......................................................................... 64
Figure 6.1: Overview of Chapter 6............................................................................................ 117
Figure 6.2: Synopsis of findings from empirical research.......................................................... 119

LIST OF TABLES

Table 2.1: Number of orphans in the world..................................................................................21
Table 2.2: Estimated number of orphans by region, year and type.............................................23
Table 2.3: Top 10 countries where the majority of children are orphans (2012 estimates)...25
Table 2.4: Number and proportion of orphans in South Africa in 2009........................................26
Table 2.5: Number and proportion of double orphans living in South Africa in 2004 and 2011.............................................................. 27
Table 3.1: Common risk factors for childhood and adolescent problems by level of influence........................................................................81
Table 3.2: The seven tensions.................................................................................................. 81
Table 3.3: Common protective factors for childhood and adolescent problems by level of influence........................................................................92
Table 3.4: Protective resources for resilience............................................................................ 93
Table 5.1: Biographical information.......................................................................................... 105
### LIST OF ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOIKAP</td>
<td>Botswana Christian Intervention Programme</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on Rights of the Child</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>DAPP</td>
<td>Development AIDS from People to People</td>
</tr>
<tr>
<td>FDRE</td>
<td>Federal Democratic Republic of Ethiopia</td>
</tr>
<tr>
<td>FGI</td>
<td>Focal Group Interviews</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
</tr>
<tr>
<td>IRRP</td>
<td>International Resilience Research Project</td>
</tr>
<tr>
<td>KZN</td>
<td>KwaZulu-Natal</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
</tr>
<tr>
<td>NGSP</td>
<td>National Guideline and Standard of Practice</td>
</tr>
<tr>
<td>ODFL</td>
<td>Open, Distance and Flexible Learning</td>
</tr>
<tr>
<td>ORACLE</td>
<td>Opportunity for Reducing Adolescent and Child Labour through Education</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>UNCRC</td>
<td>UN Convention on the Rights of the Child</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United National General Assembly Special Session on HIV/AIDS</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
</tbody>
</table>
CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

A rising number of children in South Africa grow up short of one or both biological parents. These orphaned children are psychosocially vulnerable because they are exposed to a constellation of risks that interfere with their development and wellbeing. Risks typically lessen the ability of children to deal with adversity; however, research shows that there are orphans who demonstrate the capacity for resilience even in the midst of stressful circumstances. Therefore, it is very crucial for researchers to explore the processes that enable orphaned children to cope resiliently when faced with some challenges. This study sought to demonstrate why some orphans resile in the context of risk and adversity. This first chapter of the study provides an outline of the entire study. The arrangement of this chapter is shown below in Figure 1.1.
1.2 BACKGROUND AND PROBLEM STATEMENT

Children typically depend on the resources, capacities, and wellbeing of their families in order to develop optimally (Chandan & Richter, 2009). However, maternal mortality limits the resources and capacities of families to create environments that enable children to develop optimally. Parental mortality disrupts families and exposes orphans to a constellation of resilience risks that impair normal development in children.

The term orphan refers to a child who has lost one parent or both (United Nations Children’s Fund [UNICEF], 2013). Some orphans become psychosocially vulnerable because they lack the emotional and physical maturity to cope with the psychological trauma associated with parental loss (Meintjes & Giese, 2006). A psychosocially vulnerable child is a child whose care, survival, thoughts, emotions, value systems, beliefs, and physical growth may be negatively affected by circumstances, condition or incident which inhibit the accomplishment of the child’s rights (Southern African Development Community [SADC], 2011, pp. 13-15).

Losing parents when one is young could mean the loss of one’s primary attachment figure, possibly resulting in deleterious developmental outcomes (Tremblay, 1998). In this regard, Bowlby (1997) notes that the loss of a parent could be considered as a potential antecedent risk to the development of a personality that is prone to depression and other mental health disturbances.

A review of the literature shows that research that was conducted on the role of secure attachment more than a decade ago vociferously pointed to the importance of parent-child attachments in promoting resilience among young people. For example, Benard and Marshall (2001) conducted a broad survey of youth, focusing on the resources that buffered resilience among them. The results emphasised the critical role of parent-child connectedness in enabling resilience among the youth. Other studies (Carbonell, Reinherz, Giaconia, Stashwick, Paradis and Beardslee, 2002) on the protective factors among youth at
risk of depression. The findings of the authors pointed to the importance of close peer and family bonds in buffering the risk of depression among the youth. In a study that examined the efficacy of strength-based interventions in promoting resilience among children, Benard (2004, p. 200) discovered the protective function of close, caring parent-child relationships in enhancing resilience coping in children.

In another study (Brendtro, Brokenleg and Van Bockern, 2005) on the growth needs of children and the resources that enabled robust adaptation despite adversity. The findings showed that children have inborn needs for attachment, achievement, autonomy, and altruism in order to achieve positive developmental outcomes associated with resilience. Later, Brendtro and Longhurst (2005) discovered that a child develops a resilient brain due to exposure to positive influences within caring adult-child relationships.

Subsequent studies showed that secure parent-child attachments were essential in promoting resilience among orphans and helping them to adjust and live optimally (Benard, 2006, p. 211; Bogar& Hulse-Killacky, 2006). A later longitudinal study of the determinants of resilience among survivors of child sexual abuse by Bogar and Hulse-Killacky (2006) demonstrated how self-esteem and self-efficacy, which are powerful resilience resources, were strengthened by supportive relationships between children and their parents. Brooks (2006) discovered the role of schools in promoting resilience in at-risk youth by fostering strong bonds between learners and teachers as competent adults.

According to Shetgiri, Kataoka, Ryan, Askew, Chung, and Schuster (2009,) parental support and connections to their children as crucial protective resources that enable children to achieve positive developmental outcomes. In this regard, Didkowsky, Ungar, and Liebenberg (2010) attest to the importance of social support that only meaningful parent-child attachments can generate. In a further study, Ungar (2011) echoes the resilience-promoting value of social support emanating from connectedness to a significant adult figure.

Coholic, Fraser, Robinson, and Lougheed (2012) highlight the value of supportive relationships in enabling positive development in children. These relationships were found
to be effective in enabling former street children to cope resiliently following a South African study by Malindi and Machenjedze (2012). In a study involving street children who typically subsist on the streets and waste disposal sites, Malindi (2014) discovered that when street children are enabled to bond with competent adult figures, these children adapt and cope with their lives.

The aforementioned chronological series of studies are unequivocal that children with secure attachment histories begin to see significant others as people who affirm, support and help them. As a result, they also begin to perceive themselves as possessing specific competencies and therefore as people who deserve respect. These children demonstrate resilience, which Ungar (2011) regards as the outcome of the navigation process towards resilience resources that society makes accessible in culturally meaningful ways.

In South Africa, there is limited research on the role that secure attachment plays in promoting resilience in orphans. In this study, the primary research question is:

What is the role of secure attachment in promoting resilience among orphans?

The specific research questions include:

- What are the roles of secure attachment and resilience with respect to orphans at an orphanage in Alexandra Township, Johannesburg?
- What are the guidelines on how the resilience of orphans at the orphanage can be promoted through secure attachment?
- What are the guidelines for asset-focused interventions for the orphans?
1.2.1 Aim of the Study

The major aim of this study was to establish the roles which secure attachment plays in promoting resilience in orphans.

1.2.2 Research Objectives

Based on the major aim, the study sought to achieve the following objectives:

- To explore secure attachment and resilience in relation to orphans at an orphanage in Alexandra Township, Johannesburg.
- To provide guidelines on how the resilience of orphans at the orphanage can be promoted through secure attachment.
- To provide guidelines for asset-focused interventions for the orphans.

1.3 Research Design

The study was carried out in two phases. The first phase was a study of the literature regarding earlier research focusing on the phenomenon of orphaned children as well as the resilience phenomenon. In this regard, the following broad themes were identified from the literature study:

- Traumatic parental loss poses threats of maladaptive outcomes for orphans; however, some of the orphaned children show successful adaptation despite parental absence (Agaje, 2008; Buss, Warren & Horton, 2015). Despite the risk involved, this adaptation process is referred to as resilience.
• The resilience phenomenon occurs when individuals use specific resources as mediators for the attainment of their wellbeing (Ungar, 2011; Ungar et al., 2007; Masten, 2001). These resources must be made available and accessible to children in culturally meaningful ways.

• Resilience develops through relationships with others such as family, community, peers, and teachers (Ungar, et al., 2007; Brooks, 2006; Moore, 2013). In other words, resilience depends on factors that are both internal to the child (internal traits) and those that are external (physical & social ecology) (Ungar, 2005). Risks to the factors whose interplay increases the chances of an individual’s psychopathology of exposure to developmental outcomes which are negative (Malindi, 2009). This implies that risk is any situation or variable whose presence increases the chances of a problem arising or persisting.

• One cannot generalise that the presence of a risk factor would give rise to a particular or specific outcome. Instead, the continued existence of a risk factor raises the chance of the development of a problem (Jenson & Fraser, 2005).

• Protective resources, according to Boyden and Mann (2005), are resources which are found in an individual, family and broader community which can act as a buffer against risk.

• Personal confidence, self-efficacy and easy temperament are examples of protective resources which can combine with factors such as parental social support in ways that are complex to mitigate the latent harmful effects of the threats to resilience which children may face (Armstrong, Birnie-Lefcovitch, & Ungar, 2005).

• Young people with the capacity to handle adversity are said to be resilient (Van Breda, 2001). Studies have demonstrated that not all children who are exposed to risks will develop maladaptive outcomes. In this view, resilience is the ability of children who are exposed to identifiable risk factors to surmount the hurdles posed by those risk factors. As a result, they avoid adverse outcomes such as delinquency,
psychological maladjustment, academic difficulties, physical complications and behavioural problems.

- Research shows that orphaned children demonstrated resilience if they were part of the right peers and familial, social networks and dynamics (Agaje, 2008). Warmth and supportive relationships have been emphasised as resilient resources (Benard, 2004; Fergus & Zimmerman, 2005).

- Young children with strong social relationships are more resilient. This implies that a social relationship serves as a buffer against the consequences of lack of parental support, especially during adolescence (Agaje, 2008). The preceding brings into the picture the need to focus on the role of secure attachment in promoting resilience among orphans.

- Bowlby (1991) emphasises the significant impact of the primary relationship between the child with primary care and the child in ways that affect relationships and interaction within the environment in the future. In this regard, Agaje (2008) points out that the establishment of pleasant interpersonal attachment in the family accelerates the child’s psychological growth. This means that the basis of resilience is reliant entirely on the quality of relationships which the child is part of at a very early stage in his or her development (Doll, Jones, Osborn, Dooley & Turner, 2011).

- For an individual child to adequately explore in his environment and to be productive, there has to be a supportive relationship between him and the family (parents). A study by Turner, Finkelhor, Ormrod, Hamby, Leeb, Mercy & Holt, (2012), concluded that familial relationships which are nurturing are capable of shielding children from the psychological stress which is related to events that are traumatic.

- A secure parental attachment has been demonstrated to assist children with regulating emotional arousal effectively and efficiently (Aspelmeier, Elliot, & Smith, 2007).
• Subsequent studies show that, after a traumatic event, effective caregiver support and healthy family functioning also lessen the risk of psychological distress which young children can experience (Crusto, Whitson, Walling, Feinn, Friedman, Reynolds, & Kaufman, 2010).

• The quality of early relationships with parent figures is, therefore, a key determinant of children’s ability to adapt and develop the potential for resilience (Masten & Obradovic, 2007). However, the parental loss can be very unpleasant and traumatic. In this regard, Bowlby’s (1969) theory of attachment demonstrates the potential consequences of parental loss.

• The traumatic experience of parental loss is said to be a potential antecedent to the development of personalities prone to depression and other mental health disturbances (Goldberg, 2000; Bowlby, 1997).

• Young children are at an increased risk of suffering from mental illness if they are exposed to traumatic experiences such as the loss of a parent. This can be aggravated if it is combined by such socio-demographic factors as poverty, minority status and being raised by a single parent (Briggs-Gowan, Carter, & Ford, 2011).

These themes are further explored in Chapters 2 and 3.

Phase two of this study involved empirical research. In this regard, the researcher conducted empirical research that followed the qualitative research approach. Empirical data collection occurred in two ways, namely, semi-structured interviews and visual methodology. The visual methodology is a methodology that employs a technique called draw-and-write technique. Using this technique, the participants were asked to come up with illustrative drawings and write narratives explaining their drawings.

A phenomenological study was conducted in order to explore the role of secure attachments in promoting resilience among orphans. Phenomenological studies explore
the structure and essence of people’s experiences (Henning, Rensburg & Smith, 2010). Therefore, a qualitative exploratory study was adopted in which the experiences of orphaned children in their natural environment were explored in order to understand the protective resources that enhanced the resilience among them.

1.3.1 Sampling procedure

When carrying out research, it is usually difficult or even impossible to study a whole population. Researchers, therefore, resort to sampling. Sampling is a process used to select a manageable portion from a population in order to get results that are representative of the entire population. This depends on the purpose of the study and the researcher’s judgement (Babbie & Mouton, 2011). A researcher takes a sample based on specified criteria of participants who bear the characteristics and attributes of the population in the study (De Vos, Strydom, Fouche, & Delport, 2011; Polit & Beck, 2012). Population, on the other hand, refers to a group of individuals who have the same traits and it is from this group that the sample is drawn (Creswell & Plano-Clark, 2007; Singh, 2007, p. 64).

There are two main categories of sampling, that is probability and non-probability sampling. In probability sampling, every member of the population has an equal chance of being selected whereas, in non-probability sampling, a member’s selection depends on how the researcher wants to choose (Niewenhuys, 2007). In this study, the sampling procedure used was a type of non-probability sampling called purposive sampling. In this type of sampling, only elements that are relevant to the research purpose are included in the sample (Nworgu, 2006, p. 107). The participants are seen as experts in their life situations. The orphans (single and double) were recruited through a Non-Governmental Organisation (NGO) that runs a shelter for orphaned children in Alexander Township. The manager at the shelter served as the gatekeeper (Terre Blanche, Derrheim & Painter, 2007). The participants were male and female aged between 11 and 17. They were in school and grade 6-11. The size of the sample was 20 orphans. The total of eight maternal orphans, seven paternal orphans and five double orphans participated.
1.3.2 Data Collection Methods and Procedure

The researcher in the process of collecting data made use of three methods. Firstly, the researcher collected data through individual interviews. Individual interviews are a way of collecting data in qualitative research (De Vos, Strydom, Fouche & Delcourt, 2005).

Interviewing is a flexible technique that allows the interviewer to explore in depth the deeper meaning of the participants’ response (Creswell, 2003; Babbie & Mouton, 2011). In this study, individual interviews were used as a data collection method. Data were collected through verbal conversations with the orphaned learners in which they were asked to share their life experiences with the researcher (Holloway & Freshwater, 2007). The interviews were used to clarify specific issues which were salient in the themes and sub-themes that emerged from the drawings and narratives (Denzin & Lincoln, 2005).

Ten orphans were involved in individual interviews. The interviews were conducted in English; as such, there was no need for translation. The interviews were tape-recorded and transcribed verbatim. There was no editing of their verbatim responses. More details on how the researcher used interviews appear in Chapter 4. The researcher did open and axial coding (Nieuwenhuis, 2007) of the interview data and developed themes. Appendix A shows how open and axial coding was done. It also shows how the themes were developed. In this regard, the data and developed codes were carefully examined. Chapter 4 fully explains how the interview data were processed. The themes are discussed in detail in Chapter 5.

Secondly, data were collected through focus group interviews that involved two groups comprising five learners each. Focus group interviews are valuable methods for exploring the construction and negotiation of meanings (Terre Blanche et al., 2007; Wilkinson, 2004).

Focus groups provide rich and valuable insights into phenomena (Scott, Sharpe, O’Leary, Dehaeck, Hindmarsh, Moore & Osmond, 2009). A focus group is a pre-planned and well-organised discussion whose aim is to explore perceptions on a specific topic within a group which will be sharing experiences and responding to views, feelings and perceptions in an environment which will be non-threatening (Brewerton & Millward, 2004). The idea
behind a focus group is to get information as well as views and empirical field texts regarding a particular research topic. By its nature, it creates opportunities for real-life interaction which is socially oriented. As a result, participants can freely influence one another as well as build on one another’s responses. Thus, a focus group helps to engender a collective and synergistically cultivated thought, feeling and experience (Cilliers, 2005).

In this study, focus group interviews were used to elicit more data from ten orphaned children who did not participate in the individual interviews. This is because it creates room for participants to meet and co-create meaning among themselves. In this way, an entirely new set of data can be created through the shaping and re-shaping of opinions (Babbie & Mouton, 2001). The study made use of two groups, with each group consisting of five participants. These interviews were again tape-recorded and transcribed. Chapter 4 provides more details on how the focus group interviews were conducted.

The two focus above group interviews were used to deepen the researcher’s understanding of the phenomenon and to offset the shortcomings of individual interviews. Thirdly, the draw-and-write technique involving symbolic drawings and narratives was utilised. The draw-and-write technique was first used, followed by individual interviews and focus group interviews.

Initially, the intention had been to engage a translator since the participants’ first language was isiZulu. However, the participants chose to communicate in English; hence, there was no need for translation. The participants’ permission to record the interviews was sought. The interviews were recorded and later transcribed. The interviews took three days and lasted 30 minutes and two hours each day. As part of the draw-and-write technique, the 20 participants were given materials with two instructions. More details are provided on data collection strategies in Chapter 4.

What follows next are the instructions for the draw-and-write technique.

The first instruction:
Think about that period in your life when you were experiencing difficulties. Think about the things or people that assisted you to deal with the challenges which you were experiencing then. Draw this in the space provided below. How well you draw is not important.

The second instruction:

Now write a paragraph in which you explain your drawing. You may write in any language of your choice.

The participants were provided with the necessary writing and drawing materials. The researcher had a meeting with the participants at home after school. The meeting was held in a room with chairs and desks.

1.3.3 Data Analysis

Content analysis was used in processing the data. This type of analysis is defined by Holsti (in Babbie & Mouton, 2001) as any means by which a researcher can draw inferences through identifying the characteristics of the data which he or she will be dealing with objectively and systematically. The basic aim of using this method is to understand, make sense of and represent the information which will have been given by the participants (Steinberg, 2004).

In this study, the researcher processed the data through content analysis. In this regard, she did open and axial coding of the transcribed interview data and developed themes (Henning et al., 2010; Niewenhuys, 2007). Axial coding is the part of the analytic process where the researcher groups codes and develops themes (Henning et al., 2010; Niewenhuys, 2007). The themes that emerged were analysed and interpreted.
1.3.4 Processing of Narratives and Drawings

The study adopted a qualitative research approach which used the draw-and–write technique to explore the role of secure attachment in promoting resilience among orphans (Driessnack, 2006). This technique is appropriate for children as it enables them to adequately express themselves in a setting which is natural to them. In other words, the technique is child-friendly, and it enables the children to freely share their views (Malindi & Theron, 2011; Piko & Bak, 2006).

In addition, the technique allows children to respond to research questions without anyone interfering in their responses (Franck, Sheikh, & Oulton, 2007). In this study, the draw-and-write technique was chosen, since drawing and writing are natural to children and give them the chance to express themselves without any form of intimidation freely. Explanatory narratives accompanied the drawings. These drawings and narratives were then grouped based on major themes.

These themes are discussed in detail in Chapters 5 and 6.

1.4 THEORETICAL FRAMEWORK

Researchers choose to locate their studies within theoretical frameworks. Likewise, the Bronfenbrenner’s Bio-Ecological Model guided this study. This model significantly shapes how people understand the influence of the interplay of different levels of social systems during the development of a child (Donald, Lazarus, & Lolwana, 2010). Bronfenbrenner (1977) points out that there are five closely-related systems within which an individual develops. These are namely, the microsystem; the meso-system; the exo-system; the macrosystem and the chrono-system.

Figure 1.2 illustrates the systems above and shows how they are interlinked. The layer which is innermost represents the individual, and he or she is surrounded by different levels of influences from the environment (Bronfenbrenner, 1994). The individual child is influenced
by processes that are inherent to the nested systems, but he, in turn, influences those he or she interacts within these environments (Bronfenbrenner, 1989).

Figure 1.2: Bronfenbrenner’s Bio-Ecological Model

Factors within the individual child that influence his or her interaction with the other layers include the child’s age, gender, disability, as well parents’ attitude, the extent of alcohol or drug abuse, ethnicity and educational level (Doku, 2012). For children who are orphaned, this includes caregivers. The microsystem refers to systems whereby children engage in close proximal interactions with other people whom they are familiar with (Donald et al., 2010). These microsystems include family, peer group, and school. The ecosystem is made up of those systems in which the child has no direct involvement. However, the systems still influence the development of the child, such as the peer group to which a brother belongs or a teacher’s participation in a community organisation (Donald et al., 2010).
Then there is the mesosystem. Making up the mesosystem is the interaction between two different microsystems. For example, the communication and dynamics in the family either between parents or parental figures, on the one hand, and a school, on the other (Doku, 2012). Although such factors may not be the direct cause of developmental problems which a child may experience, they are instances in which they give rise to negative patterns of the way in which the family functions which, in turn, may increase developmental risks (Doku, 2012).

The macrosystem is made up of the primary social and economic structures and the values; beliefs and practices which have a bearing on the rest of the social systems (Donald et al., 2010).

Bronfenbrenner’s Bio-Ecological Model offered an adequate understanding of varying degrees of risks and protective processes starting at a personal level right through to the level of society. A significant implication that can be drawn from this model is that the development of an individual and how his or her behaviour evolves are a function of inter-related associations which develop within the different systems constituting his or her social world (Berk, 2002).

The Bio-ecological model suggested by Bronfenbrenner gives a comprehensive framework for use as a basis for the study of different ecological systems and the risks as well as protective factors related to orphaned children. The model helps with an understanding of the multiplicity of factors which have a bearing on their development. This model facilitated the aim of the study to adequately understand the role of secure attachment in promoting resilience among orphaned children in order to provide appropriate and effective intervention. Based on this theory, the loss of a parent clearly presents a change within an eco-system. Further, this affects the whole system; it negatively impacts the social and emotional behaviour development of the orphaned children.
1.5 CONCEPT CLARIFICATION

1.5.1 Orphan hood

Orphan hood is difficult to define; however, the consensus is that an orphan is a child under the age of 18 years who has lost one of his parents (Department of Social Development, 2009; George, 2011). This definition, which was also presented by UNICEF (2011), is the one which this study identifies with. Children who have lost both parents are referred to as double orphans while maternal and paternal parents are those who have lost mothers and fathers respectively (Agaje, 2008).

1.5.2 Resilience

Just like orphanhood, the resilience phenomenon is difficult to define. This is because it is a context-specific construct (Dass-Brailsford, 2005). It is, however, generally agreed that resilience as a trait is not necessarily individual. Rather, it is more a function of the physical and social ecology of the child (Ungar et al., 2007). In looking at the concept, therefore, researchers focus more on the quality of the child’s environment. This is because it is in this environment that the resources, which are needed for the child’s positive development, are found. This is usually despite the presence of adverse circumstances in the same environment (Ungar et al., 2007; Ungar, 2011). This is perhaps why Masten (2001), from an ecological point of view, describes the resilience phenomenon as “magic of lives lived well”. In addition to the ability to rise above adversity, resilience also denotes the capacity to recover after a significant traumatic event (Masten, 2001). Malindi (2009) thus characterises it as an individual’s ability to do well in circumstances that would ordinarily be expected to yield maladaptive outcomes. In this study, the definition of Ungar (2011) was adopted, since it encompasses both personal and environmental resilience resources.

1.5.3 Protective Resources

According to Boyden and Mann (2005) regard protective resources tools which are found in an individual, their family or community which enable him or her to mitigate risk. Examples of such tools at a personal level include personal confidence, easy temperament and self-efficacy. At a social level, they include parental and community support. These mechanisms
can combine in ways that are complex as a buffer to the effects of threats which are potentially harmful to the individual (Armstrong et al., 2005).

Protective factors are internal assets and external resources that compensate for, shield, support, or strengthen a person’s response to stress or developmental risks (Donald et al., 2010). In this study, protective resources are factors which are embedded in an individual and which interact with environmental processes to capacitate an individual to manage despite the risk and adversity which they may be facing.

1.5.4 Risks to Resilience

The concept risk resilience has to do with the cross-link of variables which raise the chances of an individual’s ability to sustainably resist psychopathology or susceptibility to development outcomes which are negative (Malindi, 2009; Fraser & Terzian, 2005). However, if there is a risk factor in the social or physical environment in which the individual will be growing, it always increases the probability of the individual’s risk resilience being reduced (Jenson & Fraser, 2005). This study also views risks as circumstances that have the capacity of increasing adverse developmental outcomes.

1.6 Significance of the study

The findings of this study will help the members of the community to create awareness of the importance of education in positively promoting the future of the children. It will also help the members of the community to assist with domestic and agricultural works. It will also help the members of the community to protect the children from exploitation and child labour, thereby upholding the rights of the children. The study will also help the government in assisting the orphans and having adequate policies and programmes that focus in the protection of the children. It will also help the government to have programmes that care and support all orphan children and to help the children to develop capacity that will enable them to support themselves.
1.7 Trustworthiness

Trustworthiness relates to validity and reliability in quantitative research (Babbie & Mouton, 2007).

Trustworthiness relates to credibility, transferability, confirmability, and dependability (Babbie & Mouton, 2007; De Vos, 2007a). Each of these processes is discussed next, and the researcher also discusses what she did to ensure that the processes remained relevant to this study.

1.7.1 Credibility

Credibility entails a detailed description of the setting, the participants, and research procedures (Creswell & Miller, 2012). Credibility involves processes such as peer debriefing (asking peers to examine one’s perceptions) and referential adequacy (textual evidence, audit trail, recording interviews for future reference) (Babbie & Mouton, 2007; De Vos, 2007a).

This also creates the need to provide rich descriptions of aspects such as setting, procedures, interactions and the participants themselves thus increasing the credibility and believability of the findings (De Vos, 2007b). This study made use of the detailed description of the participants. These included comprehensive, verbatim accounts which were intended to support discussions around the themes which emerged from the findings of the study and their analysis.

In Chapter 4, a description of the study is presented, and enough information about the orphaned children who took part in this study is provided. A tape recorder was used to record the interview data that were later transcribed.

1.7.2 Transferability

Transferability is a concept that refers to the extent to which the findings of a study can be applied or generalised to a context which is outside the one in which the particular study would have been conducted (De Vos et al., 2011). It must be noted, however, that it is not
just any context in which a researcher seeks to establish transferability but one which bears some similarities with the one in which the original research would have been carried out. The similarities can be regarding the geographical, organisational or social context. It can be achieved by purposive sampling and by maximising the depth and richness of the data collected (Babbie & Mouton, 2007; De Vos, 2007a). By providing a dense description of the theoretical framework in order to show the means by which data were collected and analysed, the researcher gives the theoretical parameters within which the research was conducted (Babbie & Mouton, 2011; De Vos et al., 2011). In this study, purposive sampling was used to select the participants. Only those participants who could adequately provide the needed information were sampled. Also, the role of meaningful attachment in enabling their resilience, even though they were orphans, was taken into account.

1.7.3 Confirmability

Another important concept in research is confirmability. This has to do with the extent to which it might be possible to confirm the results of particular research. To ensure this, researchers normally use the reflection and triangulation method (Babbie & Mouton, 2007; Myburgh & Strauss, 2012, pp. 57-58). One way through which confirmability of a study can be ensured relates to honesty and not allowing distortions, bias, or any misrepresentation meant to suit certain options of the researcher (Malindi, 2009). In this study, the researcher looked for examples which conflict with the emerging findings, and she was honest with professional colleagues in reporting the findings.

1.7.4 Dependability

The dependability of a study is the possibility of the researcher getting similar results if he or she were to repeat the study with the same or similar participants (Babbie & Mouton, 2011). In order to increase dependability, the researcher needs to ensure a thick description of the context within which the study was carried out, the research methods as well as the participants who were involved. In the current study, the entire research process and context were described carefully so that other researchers might follow similar steps should they so wish (Babbie & Mouton, 2007; Myburgh & Strauss, 2012, pp. 57-58). Previous
research findings that were similar to those in this study were referred to. Any differences between them were explained. Chapter 5 includes interview excerpts and examples of preliminary open and axial coding and theme generation.

1.8 ETHICAL CONSIDERATIONS

1.8.1 Protection from harm

In conducting research, the researcher must protect the research participants from either emotional or physical harm (Strydom, 2007). In this regard, in this study, the researcher informed the participants that they had the freedom to decline and withdraw from the research at any stage should they feel any form of discomfort. They did not have to give any reasons for their withdrawal, and they would not suffer any prejudice as a result of the withdrawal. Ethical considerations are fully discussed in Chapter 4.

1.8.2 Informed Consent

Throughout the entire research process, participation was voluntary, and the participants were not in any way forced into doing anything. The researcher adequately explained the purpose and nature of the study to the participants. The participants gave their consent, and they and their caregivers signed the consent forms before interviews began (see Appendix B). Chapter 4 elaborates more about informed consent.

1.8.3 Right to Privacy

According to Babbie (2013), researchers should take into consideration the issue about anonymity and confidentiality in order to protect the wellbeing of the participants by not revealing the identities of the participants. In addition, according to Polit and Beck (2009), confidentiality is about the non-disclosure to third parties of data obtained from the participants in the form of either verbal or written narratives or drawings.

In this study, the participants were given pseudonyms, and they were assured that the information given could not be traced to them in any form. The interview data, drawings,
and narratives were anonymously processed. Chapter 4 presents more details on ethical considerations.

1.8.4 Honesty With Professional Colleagues

According to Roberts (2003), studies have to be conducted in a responsible manner and keeping with the standards of morality and legality in the society concerned. It is the responsibility of researchers to honestly report their findings (Babbie & Mouton, 2007). In this study, data were not deliberately made up and misrepresented in any way. All the sources used were acknowledged (Leedy & Ormrod, 2005).

1.8.5 Internal Review Boards

Every researcher needs to ensure that the methods used to collect, analyse and disseminate data are of a high scientific standard (Roberts, 2003). Bearing this mind, the current researcher submitted the proposal for this study to the University of Johannesburg’s Ethics Committee for approval (see Appendix C). The nature and purpose of the study and a consent form were included in the proposal.

1.9 CHAPTER DIVISION

Chapter 1: Orientation to the study

Chapter 1 provides an introductory aspect to the study such as the aim, objectives and statement of the problem.

Chapter 2: The incidence of orphan hood

Chapter 2 reviews literature related to the phenomenon of orphaned children.

Chapter 3: The resilience phenomenon

This chapter reviews literature related to the phenomenon of resilience.
Chapter 4: Data presentation and analysis

In this chapter, analysis and interpretation of research data are explained.

Chapter 5: Discussion of findings

This chapter provides a discussion of findings and compares them to existing research findings.

Chapter 6: Conclusion and recommendations

The final chapter concludes the study and makes recommendations based on the findings of the study.

1.10 CONCLUSION

Chapter 1 introduced the study by outlining its aim, research question, objectives as well as the methodological design on which the study is based. The chapter also gave an overview of each of the chapters that make up the dissertation. The next chapter, Chapter 2, will review literature related to the phenomenon of orphan hood in children.

CHAPTER 2

THE PHENOMENON OF ORPHANED CHILDREN

2.1 INTRODUCTION

In the previous chapter, an introduction and background to the study were provided. Research shows that the incidence of orphan hood is growing unabated worldwide with deleterious consequences for vulnerable young children and family systems (Mushayi, 2013). In this regard, Goldblatt and Liebenberg (2004) note that parental mortality poses varying degrees of challenges in societies. The phenomenon of orphan hood needs to be examined more closely. Therefore, this chapter reviews the literature regarding phenomena
such as the definition of an orphan, the incidence of orphanhood worldwide, incidence of orphanhood in South Africa, risks faced by orphans, the attachment theory, interventions to ameliorate the plight of orphans worldwide, and interventions to ameliorate the plight of orphans in South Africa.

2.2 DEFINING AN ORPHAN

According to UNICEF (2011) an orphan as a child, younger than eighteen, of whom one or both of his or her parents are deceased. Orphans can be placed into three categories: orphans who are referred to as maternal orphans (only their mother has passed away); paternal orphans (only their father has passed away); and double orphans (both their parents have passed away). This definition defeats arguments by researchers who believe that an orphan is only an orphan if he/she is a maternal orphan since these orphans are in the majority and mothers are generally crucial in enhancing the developmental wellbeing of children (Donald et al., 2010). However, other researchers argue vociferously that children who have lost only their fathers also experience psychological distress (Onuoha & Munakata, 2010), more so double orphans.

Their kind of caregivers determines the developmental trajectories of orphans. These include foster parents; members of the extended family; siblings in child-headed families or workers in institutional care environments such as orphanages (Nyambedha, Wandibba, & Aagaard, 2003).

As discussed earlier, there are three types of orphans, that is, paternal, maternal or double (Mutiso & Mutie, 2018). There are varied reasons for paternal mortality that then gives rise to orphanhood. For example, globally today, one of the major causes of such mortality is AIDS (Doku, 2012). These orphans have an added burden of being stigmatised and ostracised by societies. It can be argued that an orphan is an orphan regardless of the case of parental death or the number of parents who have passed away. For this study, the definition given by UNICEF (2011) that regards an orphan as a child who is under the age of 18 whose father, mother, or parents passed away irrespective of the cause, was adopted.
is important to note that orphan hood is prevalent globally. The section that follows focuses on the incidence of orphan hood worldwide.

2.3 INCIDENCE OF ORPHAN HOOD WORLDWIDE

Globally, the number of orphans continues to rise. For example, UNICEF/UNAIDS (2011) noted that there were approximately 7 billion orphaned children worldwide. The report indicated that Asian countries accounted for 6.5% of the orphans while at 11.9%, Africa contributed the highest number. China has a total of 573 000 orphans, and an estimated 650 000 children are without parents in Russia.

Another study showed that there was evidence that Asia had the largest number of orphans with a total of 87.6 million. In sub-Saharan Africa, the number of orphaned children stood at more than 101123 million (UNICEF, 2004). Of these, 700 000 were from Nigeria. Ethiopia was at approximately 3.9 million and South Africa 2.2 million. Additionally, Mozambique contributed 1.9 million orphans, Zimbabwe 1.3 million, Zambia 1.1 million, and Botswana 340 000. In another report, it was presented that in sub-Saharan Africa, the Caribbean, Asia and Latin America there were 132 million children who had lost one or both parents (UNICEF, 2005).

Other researchers (Mishra & Assche, 2008) show that large numbers of children are orphans in countries such as Botswana, Zimbabwe and Lesotho. Bicego, Rustein and Johnson (2003) note that maternal orphan hood is more prevalent in areas such as Mali, Malawi, Mozambique, Uganda and Zimbabwe. The authors also indicate that in East and Southern Africa, the number of orphans who had lost both parents was higher than was the case in West and Central Africa.

Approximately 120 534 orphans live in Swaziland, with parental orphans representing the highest share of orphans (14.66%), while maternal and double orphans represented about 5% of orphans (UNICEF, 2013). An estimated 143 to 210 million of the child population are orphaned, with the child population estimated to be 2.2 billion of the 7 billion world population (UNICEF, 2014). The ten countries with the highest orphan population included
India with a total of 31 million, China 20.6 million, Nigeria 12 million, Bangladesh 4.8 million, Ethiopia 4.8 million, Indonesia 4.7 million, Congo4.2 million, Pakistan 4.2 million, Brazil 3.7 million, and South Africa 3.4 million (UNICEF, 2014).

Table 2.1 highlights some notable observations. First, it is clear that there is a high rate of orphans worldwide, with the majority of orphaned children living in sub-Saharan Africa, followed by underdeveloped countries. The table also shows that there is a decrease in the Central and Middle East Europe. Furthermore, it is shown in the table that a large number of orphans live in Asia, with a total number of 40.8 million. The number of orphans in the Middle East and North Africa is said to be small. This growth in the number of orphans indicates that children are losing their parents, only to be left on their own to care for themselves.

Table 2.1: Number of orphans in the world

<table>
<thead>
<tr>
<th>Global Regions</th>
<th>Orphaned children (estimates – 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan</td>
<td>56000000</td>
</tr>
<tr>
<td>East and South Africa</td>
<td>27900000</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>28100000</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>5500000</td>
</tr>
<tr>
<td>South Asia</td>
<td>40800000</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>26900000</td>
</tr>
<tr>
<td>South America and The Caribbean</td>
<td>7800000</td>
</tr>
<tr>
<td>Central and East European</td>
<td>6200000</td>
</tr>
<tr>
<td>Underdeveloped countries</td>
<td>42900000</td>
</tr>
<tr>
<td>World</td>
<td>242.1 million</td>
</tr>
</tbody>
</table>

Source: Adapted from UNICEF (2014)

Table 2.2 shows the number, percentages, and type of orphans by region, demonstrating that Asia has many orphaned children more than other regions (sub-Sahara Africa, Latin America, and the Caribbean) in 2000, 2005, and 2010. It should be noted that between the years 2000 and 2010 in the sub-Saharan region, there was a significant increase in the number of orphaned children. At the same time, a slight decrease is noted in Asia, Latin
America and Caribbean regions between 2000 and 2010, though the number is still high. More importantly, the table shows a very high rate of paternal mortality in each of the regions. The level of and trends in orphan hood in these regions are of great concern about the impact of parental mortality on the lives of children and families in Africa and Asia in particular. This high incidence of orphan hood indicates that in the absence of appropriate and accessible interventions to curb parental mortality, the number of orphaned children continues to increase.

Table 2.2: Estimated number of orphans by region, year and type

<table>
<thead>
<tr>
<th>Region</th>
<th>Year</th>
<th>Population age (0-17 years)</th>
<th>% of children who are orphans</th>
<th>Children orphaned during the year</th>
<th>Maternal orphans</th>
<th>Paternal orphans</th>
<th>Double orphans</th>
<th>Total number of orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>2000</td>
<td>348 500 000</td>
<td>12</td>
<td>5100 000</td>
<td>20 500 000</td>
<td>27 900 000</td>
<td>6 800 000</td>
<td>41 500 000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>387 000 000</td>
<td>12</td>
<td>5 500 000</td>
<td>25 500 000</td>
<td>31 900 000</td>
<td>9 100 000</td>
<td>48 300 000</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>427 000 000</td>
<td>12</td>
<td>5 700 000</td>
<td>2 850 000</td>
<td>34 800 000</td>
<td>10 300 000</td>
<td>53 100 000</td>
</tr>
<tr>
<td>Asia</td>
<td>2000</td>
<td>1 145 100 000</td>
<td>7</td>
<td>8 400 000</td>
<td>25 800 000</td>
<td>57 700 000</td>
<td>4 800 000</td>
<td>78 600 000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>1 141 700 000</td>
<td>6</td>
<td>8 000 000</td>
<td>22 900 000</td>
<td>54 800 000</td>
<td>4 000 000</td>
<td>73 700 000</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>1 129 000 000</td>
<td>6</td>
<td>7 700 000</td>
<td>20 300 000</td>
<td>52 000 000</td>
<td>3 400 000</td>
<td>68 900 000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>198 800 000</td>
<td>6</td>
<td>1 200 000</td>
<td>2 800 000</td>
<td>8 500 000</td>
<td>500 000</td>
<td>10 700 000</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>194 200 000</td>
<td>5</td>
<td>1 200 000</td>
<td>2 500 000</td>
<td>8 100 000</td>
<td>420 000</td>
<td>10 200 000</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>1 722 400 000</td>
<td>8</td>
<td>14 700 000</td>
<td>51 200 000</td>
<td>95 200 000</td>
<td>13 700 000</td>
<td>132 700 000</td>
</tr>
</tbody>
</table>
Table 2.3: Top 10 countries where the majority of children are orphans (2012 estimates)

<table>
<thead>
<tr>
<th>Country</th>
<th>No of orphans (2012 estimate)</th>
<th>The percentage of orphans to the total population of children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>1460000</td>
<td>22.67</td>
</tr>
<tr>
<td>Lesotho</td>
<td>200000</td>
<td>20.99</td>
</tr>
<tr>
<td>Zambia</td>
<td>1300000</td>
<td>20.73</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2100000</td>
<td>19.25</td>
</tr>
<tr>
<td>Swaziland</td>
<td>100000</td>
<td>18.73</td>
</tr>
<tr>
<td>South Africa</td>
<td>3400000</td>
<td>18.49</td>
</tr>
<tr>
<td>Ecuador Guineia</td>
<td>45000</td>
<td>18.22</td>
</tr>
<tr>
<td>Republic of Central Africa</td>
<td>3700000</td>
<td>17.31</td>
</tr>
<tr>
<td>Liberia</td>
<td>3400000</td>
<td>16.86</td>
</tr>
<tr>
<td>Angola</td>
<td>1500000</td>
<td>16.63</td>
</tr>
</tbody>
</table>

Source: Adapted from UNICEF (2014)

Table 2.3 highlights the top 10 countries with the highest number of orphans. The hardest-hit countries in 2012 were South Africa, with a total of 3.4 million orphans, followed by Mozambique, Zimbabwe, and Zambia. A small number of children who are orphaned live in Ecuador Guinea.

A general observation made by the researcher is that the largest number of children one or both of whose parents are deceased in 2010, originate from sub-Saharan Africa, with a total of 53.1 million orphaned children and Asia. The rate of orphan hood in these sub-Saharan African regions is quite high when compared to Latin America and the Caribbean, with a
total of 10.2 million orphans. From the statistics considered, globally, there has been an increase in the number of orphans. There is, therefore, a need to come up with measures that are effective as a means to support learners in such circumstances. Therefore, it is essential to look more specifically at the incidence of orphan hood in South Africa.

Table 2.3 highlights the top 10 countries with the highest number of orphans. The hardest-hit countries in 2012 were South Africa, with a total of 3.4 million orphans, followed by Mozambique, Zimbabwe, and Zambia. A small number of orphaned children reside in Equatorial Guinea.

Table 2.4: Estimated statistics of orphans globally for 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>No of orphans</th>
<th>% of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>34.2 million</td>
<td>2.5 million</td>
<td>7%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>165 million</td>
<td>4.8 million</td>
<td>3%</td>
</tr>
<tr>
<td>Botswana</td>
<td>2.3 million</td>
<td>160,000</td>
<td>7%</td>
</tr>
<tr>
<td>Brazil</td>
<td>211 million</td>
<td>3.8 million</td>
<td>2%</td>
</tr>
<tr>
<td>China</td>
<td>1.39 billion</td>
<td>10 -20 million</td>
<td>1%</td>
</tr>
<tr>
<td>D.R Congo</td>
<td>82 million</td>
<td>4 million</td>
<td>5%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>104 million</td>
<td>4.8 –6 million</td>
<td>6%</td>
</tr>
<tr>
<td>Haiti</td>
<td>11 million</td>
<td>750,000</td>
<td>7%</td>
</tr>
<tr>
<td>India</td>
<td>1.34 billion</td>
<td>20 -30 million</td>
<td>2%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>263 million</td>
<td>4.8 million</td>
<td>2%</td>
</tr>
<tr>
<td>Iraq</td>
<td>38.7 million</td>
<td>5 million</td>
<td>13%</td>
</tr>
<tr>
<td>Kenya</td>
<td>48.5 million</td>
<td>2.5 million</td>
<td>5%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>2.2 million</td>
<td>240,000</td>
<td>11%</td>
</tr>
<tr>
<td>Malawi</td>
<td>18.3 million</td>
<td>1.4 million</td>
<td>8%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>55 million</td>
<td>100,000+</td>
<td>.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>192 million</td>
<td>12 million</td>
<td>6%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>197 million</td>
<td>4.2 million</td>
<td>2%</td>
</tr>
<tr>
<td>Russia</td>
<td>143 million</td>
<td>150,000</td>
<td>.1%</td>
</tr>
</tbody>
</table>
Table 2.4 highlights the estimated number of orphans in the world for 2017. It shows that the number of orphans is approximately between 160 million and 200,000 000 out of the world’s 7.5 billion population. It also reveals that the worst countries by percentage of orphans in 2017 were Iraq, with a total of 5 million orphans, followed by Syria with a total of 2+ million. A small number of orphaned children in 2017 come from Russian and USA.

The general observation by the researcher is that the majority of children who have lost one or both parents in 2010 came from sub-Saharan Africa, with a total of 53.1 million orphaned children. The rate of orphan hood in these sub-Saharan African regions was quite high when compared to Latin America and the Caribbean, with a total of 10.2 million orphans. From the statistics considered, there was an increase in the number of orphans globally, and there is a need to provide effective intervention to support these learners. Therefore, it is important to look more specifically at the incidence of orphan hood in South Africa.

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Orphans</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>12.1 million</td>
<td>700,000+</td>
<td>6%</td>
</tr>
<tr>
<td>South Africa</td>
<td>55 million</td>
<td>3.5 -4</td>
<td>7%</td>
</tr>
<tr>
<td>Sudan</td>
<td>42.2 million</td>
<td>2 – 4 million</td>
<td>10%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>13.1 million</td>
<td>1+ million</td>
<td>9%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>1.3 million</td>
<td>130,000+</td>
<td>10%</td>
</tr>
<tr>
<td>Syria</td>
<td>18.9 million</td>
<td>2+ million</td>
<td>12%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>57 million</td>
<td>2.5 million</td>
<td>5%</td>
</tr>
<tr>
<td>Uganda</td>
<td>41.6 million</td>
<td>3.1 million</td>
<td>5%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>44.4 million</td>
<td>250,000+</td>
<td>6%</td>
</tr>
<tr>
<td>Zambia</td>
<td>17.2 million</td>
<td>1.6 million</td>
<td>9%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>16.3 million</td>
<td>1.6 million</td>
<td>10%</td>
</tr>
<tr>
<td>USA</td>
<td>326 million</td>
<td>400,000</td>
<td>.12%</td>
</tr>
<tr>
<td>World</td>
<td>7.5 billion</td>
<td>170+ million</td>
<td>~2.5%</td>
</tr>
</tbody>
</table>

*Source: UNICEF, World Bank, and World Orphans (2017)*
2.4 THE INCIDENCE OF ORPHANHOOD IN SOUTH AFRICA

Research studies indicate that there is a prevalence of orphans in South Africa. In this regard, several studies (UNICEF, 2006; Hosegood et al., 2007; Adejuwon & Oki, 2011; Evans & Miguel, 2007; Foster & Williamson, 2000; Maqoko & Dreyer, 2007) note that South Africa has experienced a high increase of orphans because of HIV/AIDS-related deaths which leave children to fend for themselves. Other researchers (Jooste, Managa, & Simbayi, 2006) report a high incidence of orphans, particularly paternal orphans. A general survey in 2007 indicated an estimated 3.7 million orphans in South Africa and the number increased between 2002 and 2006 (Statistics South Africa, 2008; Meintjes & Hall, 2009). The incidence of orphanhood is shown in the tables that follow.

Table 2.5 shows the number of orphans in South Africa in the 2009 household survey. In 2009, statistics show that the majority of orphans were living in KwaZulu-Natal and Eastern Cape. KwaZulu-Natal and Eastern Cape constitute almost half of the maternal orphans in South Africa in the year 2009, with KwaZulu-Natal (KZN) having a higher number of orphans – 209,000.

The Northern Cape, with 13,000 orphans, had the lowest number of maternal orphans in 2009, just below Western Cape with 26,000. North West, Mpumalanga, Limpopo, and Free State had similar numbers of maternal orphans. On the other hand, Gauteng stood with an average of 64,000. From the table, it is noteworthy that in 2009 approximately 2,655,000 (14%) children were without fathers. About 622,000 (3%) children were recorded as maternal orphans, while double-orphaned children amounted to 966,000 (5%). In addition, it is noted that there was an unusually high number of paternal orphans in all the provinces compared to double orphans and maternal orphans. The Eastern Cape and KwaZulu-Natal still maintained the highest number. The Northern Cape was the only province with less than 100,000 paternal orphans. This trend indicates that the paternal mortality has significantly increased.
Table 2.5: Number and proportion of orphans in South Africa in 2009

<table>
<thead>
<tr>
<th>Province</th>
<th>Maternal orphans</th>
<th>%</th>
<th>Double orphans</th>
<th>%</th>
<th>Paternal orphans</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>106 000</td>
<td>3.8</td>
<td>200 000</td>
<td>7.3</td>
<td>529 000</td>
<td>19.1</td>
</tr>
<tr>
<td>Free State</td>
<td>40 000</td>
<td>3.7</td>
<td>84 000</td>
<td>7.9</td>
<td>167 000</td>
<td>15.6</td>
</tr>
<tr>
<td>Gauteng</td>
<td>64 000</td>
<td>2.0</td>
<td>104 000</td>
<td>3.2</td>
<td>312 000</td>
<td>9.6</td>
</tr>
<tr>
<td>KZN</td>
<td>209 000</td>
<td>4.9</td>
<td>303 000</td>
<td>7.1</td>
<td>647 000</td>
<td>15.1</td>
</tr>
<tr>
<td>Limpopo</td>
<td>52 000</td>
<td>2.2</td>
<td>77 000</td>
<td>3.3</td>
<td>399 000</td>
<td>17.2</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>57 000</td>
<td>3.9</td>
<td>85 000</td>
<td>5.8</td>
<td>218 000</td>
<td>14.8</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>13 000</td>
<td>2.9</td>
<td>16 000</td>
<td>3.7</td>
<td>60 000</td>
<td>13.7</td>
</tr>
<tr>
<td>North West</td>
<td>56 000</td>
<td>4.4</td>
<td>71 000</td>
<td>5.6</td>
<td>178 000</td>
<td>13.9</td>
</tr>
<tr>
<td>Western Cape</td>
<td>26 000</td>
<td>1.5</td>
<td>25 000</td>
<td>1.4</td>
<td>158 000</td>
<td>8.9</td>
</tr>
<tr>
<td>South Africa</td>
<td>622 000</td>
<td>3</td>
<td>966 000</td>
<td>5</td>
<td>2 655 000</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: Adapted from Statistics South Africa (2010)

Because the double orphans lost both parents and had no one to look after them, they are left on their own to look after themselves. It, therefore, becomes essential to take a look at the number of double orphans in South Africa in the year 2004 and 2011.

Table 2.6: Number and proportion of double orphans living in South Africa in 2004 and 2011

<table>
<thead>
<tr>
<th>Province</th>
<th>Double orphans (in 2004)</th>
<th>%</th>
<th>Double orphans (in 2011)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Cape</td>
<td>101057</td>
<td>3</td>
<td>171 000</td>
<td>6.4</td>
</tr>
<tr>
<td>Free State</td>
<td>42628</td>
<td>4</td>
<td>76000</td>
<td>7.1</td>
</tr>
<tr>
<td>Gauteng</td>
<td>47231</td>
<td>2</td>
<td>96000</td>
<td>2.9</td>
</tr>
<tr>
<td>KZN</td>
<td>147046</td>
<td>4</td>
<td>285000</td>
<td>6.7</td>
</tr>
<tr>
<td>Limpopo</td>
<td>56046</td>
<td>2</td>
<td>68000</td>
<td>3.0</td>
</tr>
</tbody>
</table>
Table 2.6 demonstrates that the rate of orphanhood is increasing in South Africa. In all provinces, the number of double orphans increased between the year 2004 and 2011. More importantly, in KwaZulu-Natal and Mpumalanga, the number has doubled since 2004. The provinces with the highest number of double orphans in 2011 were KZN, which is the secondmost populated province in South Africa with a total of 285 000 double orphans; Eastern Cape with 171 000; Gauteng, which is the most populous province, with 96 000; and Mpumalanga with 80 000 double orphans. The lowest number of double orphans was found in Northern Cape and the Western Cape, which are the least populated provinces.

Table 2.7: Number and percentage of orphans, by province, 2016

<table>
<thead>
<tr>
<th>Province</th>
<th>Double orphans</th>
<th>Maternal orphans</th>
<th>Paternal orphans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EC (%)</td>
<td>FS (%)</td>
<td>GT (%)</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>48%</td>
<td>3.4%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>127,000</td>
<td>30,000</td>
<td>85,000</td>
</tr>
<tr>
<td></td>
<td>3.6%</td>
<td>32,000</td>
<td>107,000</td>
</tr>
<tr>
<td></td>
<td>4.1%</td>
<td>108,000</td>
<td>283,000</td>
</tr>
<tr>
<td></td>
<td>11.7%</td>
<td>108,000</td>
<td>283,000</td>
</tr>
</tbody>
</table>

Source: Statistic South Africa (2016)

Table 2.7 highlights the number and percentage of orphans by province 2016. It reveals that a large number of orphans in South Africa are paternal orphans (60%). Three per cent (3%)
of children lost their mothers, and a further 3% lost both their mothers and fathers. It also displays that KZN had the largest child population and the highest orphan numbers, with 22% of children in that province recorded as orphans. The Eastern Cape (21%) and Free State (19) were similarly high. A small number of orphans resided in the Western Cape (7%) and Gauteng (13%).

Considering the rate at which orphanhood is increasing in South Africa, it becomes of great importance that these orphans are taken care of, and plans ought to be put in place to assist these children.

2.5 RISKS FACED BY ORPHANS

Research shows that orphans are exposed to some risks (Hoogeveen, 2003). Among these are poverty, abuse, stigma and exploitation (Mutiso, & Mutie, 2018). In addition, the probability that they will drop out of school is high thus making the security of their future uncertain (Mutiso & Mutie, 2018). The poverty which they face also implies that orphaned children also face the risks of poor health care (Edstrom & Khan, 2009; Skinner et al., 2004; Smart, 2003). In some cases, as a result of desertion by close relatives, orphans are susceptible to crime such as rape and other forms of sexual abuse (Lachman et al., 2002). These various risks can be grouped under psychological, social and learning, and medical risks (Oluoko-Odingo, 2011; Richter & Rama, 2006).

2.5.1 Psychological Risks

Psychological risks which orphaned children are likely to face include mental illness, depression, helplessness, anxiety stress, loneliness, temper tantrums, increased irritability, disturbed sleep, sadness, anger, and guilt (Schuurman, 2003; De Young, Kenardy, & Cobham, 2011; Thwala, 2012; Briggs-Gowan et al., 2011). In a study conducted in Iran whose aim was to determine the types of emotional and behavioural problems which orphaned children are likely to face, Kalantari and Vostanis (2010) discovered such problems were much more pronounced in respect of children who had lost one or two parents than in non-orphaned children. Rotheram-Borus, Stein, and Lin (2001) note the same phenomenon.
in New York. Their study looked at the impact that parental death has on children as well as the adjustment of adolescents whose parents were living with HIV/AIDS. The study, which employed longitudinal assessments together with standardised instruments, established that orphaned children displayed higher levels of emotional stress and behavioural problems than their counterparts whose parents were still alive and HIV-positive. In their study, longitudinal assessments with standardised instruments were used.

Similarly, a study by Hirsch (2001) focusing on measures of attachment security and disturbance found that children who had been orphaned through AIDS showed higher levels of anxiety, depression and more problems regarding conduct than children orphaned through other causes. The findings also pointed that all orphans, irrespective of the cause, experience emotional and behavioural problems.

From an African perspective, a study on the psychological effects of orphan hood was conducted by Doku, (2012). The findings revealed higher depression and lower optimism among orphans. Still, in the same country Atwine, Canto-Graae and Bajunirwe (2005), looking at psychological distress in children orphaned by AIDS in Uganda, came to the same conclusions. The study discovered that orphaned children faced a higher risk in respect of problems such as anxiety, anger and depression.

Makame, Ani and Grantham-McGregor (2002) in Tanzania, conducted a similar study focusing on the psychological wellbeing of orphans using scale measuring internalising problems. The study found that basic needs such as food were not met among orphans, and they had increased internalising problems than their non-orphaned counterparts.

In Mozambique, Manuel (2002) conducted research that assessed the psychological wellbeing of orphans and their caregivers. The study revealed that orphans were at higher risk of being depressed and bullied than their non-orphaned counterparts. The preceding studies point to the fact that orphans experience various emotional and behavioural problems. Furthermore, in another study by Qun Zhao (2010) in the rural areas of Zimbabwe, the findings revealed that orphans were at higher risk of anxiety, fear, stigmatisation, depression and stress.
A study by Wild, Flisher, Lass and Robertson (2006), which looked at the psychological adjustment of adolescents who were orphaned due to HIV/AIDS in the Eastern Cape Province of South Africa, noted that orphaned children displayed higher levels of anxiety, depression and low self-esteem than those who were not orphans. Doku (2012) also found similar results after conducting a study on the psychological consequences of AIDS orphans. In addition to problems such as depression and anxiety, their study established that children who had been orphaned through HIV/AIDS faced a higher risk of peer relationship problems, delinquency and Post Traumatic Stress than those who had been orphaned through other causes.

Other studies have demonstrated that orphans are at a higher risk of being affected by emotional and psychological problems as well as juvenile delinquency (Mangoma, Chimbari, & Dhlomo, 2008). These orphans, particularly boy, in an effort to make a living engage in stealing and illegal income-generating activities. The young girls, on the other hand, get involved in commercial sex work, which exposes them to HIV infection and as a result escalating their problems (Mangoma et al., 2008).

It has been discovered in other studies that orphans are distressed, and as a result, they find it hard to emotionally and socially adjust (Naqshbandi, Sehgal, & Hassen, 2012; Perry, 2005; Moroz, 2005). Other researchers (Perry, 2003) have also identified risks such as neuropsychiatric disorders (e.g. Post-Traumatic Stress Disorder, dissociate disorder, and conduct disorder). There is a general view that young children suffer tremendously and as a result find it difficult to recover from the loss and live normal and happy lives after losing their parents (Atwine et al., 2005). In this regard, Naqshbandi et al. (2012) found that the orphans experienced loud voices/sounds, recollected sad experiences, and encountered traumatic incidences. The studies discussed, both within and outside South Africa, speak volumes that orphaned children exhibit numerous psychological and emotional problems. The next subsection focuses on social risks experienced by orphans.
2.5.2 Social Risks

Studies have shown that traumatic events in children, such as parental loss, heighten the risk of a number of social challenges; examples of which include adolescent drug abuse, school failure, teenage pregnancy, poor performance at school, victimisation and other forms of antisocial behaviour (Miller, 2007; Perry, 2003; Mushaandja & Ashton, 2013). Other researchers (Dickens, Onyango & Mboya, 2012; Liborio & Ungar, 2010; Mushaandja & Ashton, 2013) found that orphaned children are exposed to child labour and violence, which pose a significant threat to their wellbeing. In this regard, Mushaandja and Ashton (2013) emphasise that these orphans are not only being mistreated at home but are also being sexually molested and beaten by an older male in the household.

Research has shown that orphans, in addition to emotional and psychosocial problems, are faced with various educational challenges. In this respect, Masondo (2006) conducted a study to explore the experiences which orphans in child-headed families go through. The results revealed that the education of these orphaned children suffers since they start assuming the role of taking responsibility for their families. Other challenges which they face that were noted by the study included poverty, trauma and psychological problems.

A study by Beegle, De Weerdt and Dercon (2007) aimed at measuring the impact of orphanhood on children when compared to those who had one or two parents revealed that while their educational attainment was negatively affected, their school enrolment and health were not. Their study revealed that educational attainments of the orphans were negatively affected. However, their school enrolment and health were not affected. According to Suryadarma, Pakphan and Suryahadi (2009), maternal orphans have worse educational outcomes than non-orphaned children. Respecting this, Mushayi (2013) demonstrated that these orphans are faced with problems such as study skills, lack of management skills, and mostly learning disabilities.

According to Sengeziwe (2013) children who lost one or both parents were at a higher risk of educational failure. Case et al. (2004) further demonstrate that maternal orphans were at
higher risk than paternal orphans. However, the worst risk is seen in those who are double orphans.

The parental loss has severe immediate and long-term effects for children who have lost one or both parents, because it could reduce their rate of school attainment (United Nations Agency for International Development Services UNAIDS, 2004; United Nations International Children’s Educational Fund [UNICEF], 2004; the United States Agency International Development [USAIDS], 2004; Lenyai, 2006). Mushayi (2013) accounts for this by such factors as new living arrangements and other psychological factors such as the lack of care and love, especially in cases where members of the extended family who assume the role of caregiver do not have adequate resources to cater for the extra burden of looking after the orphans. These factors negatively affect the young people’s school enrolment and academic performance.

2.5.3 Medical Risks

Research has shown that, in addition to the challenges discussed above, orphaned children are likely to develop health problems such as heart disease and asthma (Perry, 2003). Furthermore, they are vulnerable to sexually transmitted infection and HIV/AIDS (Mushaandja & Ashton, 2013). In addition, Olley (2008) researched Nigeria regarding the health and behavioural attributes of orphans which are attributable to the loss of parents due to HIV/AIDS. The study showed that AIDS orphans were highly likely to complain of fever and headaches. The studies above indicate several risk factors that orphans are exposed to, and they can combine in different ways to affect the development of young children.

Also noteworthy is that some orphans manifest resilience despite their risks and adversity. In this regard, other studies have indicated that not all children who undergo resilience risks develop adverse developmental outcomes. This is perhaps the basis for the view that resilience in children is the ability of such children to triumph over negative factors such as delinquency and problems of a behavioural nature such as psychological maladjustment,
physical complications and poor academic performance (Zhou, 2012). Some children who are at risk have been followed by some researchers into their developmental adulthood, and findings showed that some of these children, in the midst of their difficulties and challenges, still become confident and competent in some areas. They also develop caring traits (Benard, 2004). These children not only make it in life, but they are socially, emotionally, intellectually, morally and spiritually well developed (Werner & Smith, as cited in Benard, 2004; Saleebey, 2006).

The section that follows focuses on the theory of attachment. Based on this theory, this study clearly explains the plight of what happens in a household where parents have passed on, therefore living young children to fend for themselves.

2.6 THEORETICAL FRAMEWORK – ATTACHMENT THEORY

Ainsworth, Blehar, Waters and Wall (1978) define attachment as the emotional bond that exists between a child and the individual who acts as his or her primary caregiver. Bowlby (1969) first propounded the attachment theory. According to this theory, the first few months after a child’s life are critical for the development of attachment between a child and his or her primary caregiver. Bowlby’s (ibid) study was based on observations of orphaned children in institutions as well as children who experienced various deprivations such as war, separation, loss and isolation.

According to Bowlby (1991; 1997), the child’s behaviour is a function of the relationship which develops between him or her and the mother or any other primary caregiver. This also influences how the child interacts with the environment as well as the future relationships which he or she forms. For Bowlby (1997), a key determinant of the social and mental development in children is their early opportunity social-emotional experience. The attachment theory, therefore, suggests that caregivers, who are warm, caring, emotionally responsive and present in a child’s life, provide a firm foundation for the appropriate social and mental development of a child in the longterm (Ainsworth, 1979; Ainsworth, Bell &Styton, 1974; Bowlby, 1969; Ainswroth et al, 1978; Grusec & Lyton, 1988).
All these scholars concur that an infant under the charge of a caregiver who is warm and responsive has a very high potential for the development of a working model of expectations for nurturing and supportive reactions from the caregiver. The infant thus learns to trust the caregiver and uses this as a secure base for the exploration of the social and physical world in which he or she will be growing (Crockenberg, Rutter, Bakermans-Kranenburg, Van Ijzendoorn & Juffer, 2008). Such experiences at the same time strengthen the individuals’ sense of their self-worth. In addition, it increases their self-esteem as well as social-emotional development and mental health in the long term (Crockenberg et al. 2008).

Children with secure attachment tend to develop a stronger positive relationship with adults and their peers. They also exhibit a higher level of ego-resilience and engage in play in ways that are more complex than their counterparts who have less secure attachment.

Research has also found that children with a secure attachment are more capable of adaptation and cope more successfully with stressful situations. Furthermore, they have a more positive and integrated view in themselves and tend to be more prone to a level of self-disclosure which is more positive than is found in children with less secure attachment (Mikulincer & Nashon, 1991). This means that secure attachment early in life is a predictor of better social and mental skills in the children’s later life. (Avierzer, Sagi, Resnick & Gini, 2002; Landry, Smith & Swank, 2006). Insecure attachment increases behavioural problems in later life (Crockenberg et al., 2008; Mushayi, 2013). Studies have demonstrated that this is specifically observed in respect to the observable behaviour of males some of whom go on to display challenges such as those related to mental health and criminal behaviour. This is especially the case in high-risk children who persistently experience insensitive parenting (Crittenden, 2001; Stams, Juffer & Jezendoorn, 2002). It is, therefore, apparent that the attachment theory emphasises an essential role of early warm and caring relationships between a child and the primary caregiver, and it enhances positive behavioural, developmental outcomes (Turner, 2008).

According to Levy and Orlans (2000), those children who begin their lives with secure attachment tend to perform better as they progress through all aspects of life. The two scholars highlight the following as the developmental functions which, with time, Learning
trust and reciprocity. These constitute a template that can be used for the development of emotional relationships in the future.

- To navigate their immediate surroundings with feelings of safety and security which contribute to healthy intellectual and social development.
- To develop feelings of safety and regulation, this can be used to explore the environment in a way in which their emotions and impulses will be effectively managed.
- To build a foundation for the creation of identity that entails a sense of competence, self-worth and equilibrium between two contrasting states, that is autonomy and dependence.
- To create a prosocial moral framework that involves compassion, conscience and empathy.
- To build a prosocial moral framework that entails intellectual appraisals of caregivers, others, life as a whole and self.
- To ensure a defensive system that helps to lower stress and trauma. This is done in a resourceful and resilient manner.

In support of the preceding assertions, research by Siegel (1999) shows that activities in the brain shape the development of the mind. The structure and function of the brain are, in turn, influenced directly by the interpersonal experiences that one goes through. Turner (2008) adds that in respect of infants and young children, the major environmental factor that shapes the development of the brain as they go through the period of maximal brain growth is the attachment relationships which they establish. Attachment, therefore, helps to create interpersonal relationships which assist the child’s immature brain in making use of the parent’s mature brain functions to organise its own processes. Levy and Orlans (2000) also point out that secure attachments are inherently a predictor of greater awareness of the mental state of others. This helps with the development of a more effective morality which itself shields the child from behaviour that is antisocial.
In addition, secure attachment contributes to the development of a core belief system, some aspects of which include cognitive appraisals of oneself, caregivers, others and life in general. The results of some studies indicate that children who experience secure attachment as infants and toddlers do better in the various stages in areas such as self-esteem, independence and autonomy as well as the ability to establish long-lasting friendships.

They also fare better in areas such as trust, intimacy, positive relationships with parents and other figures in positions of authority. In addition, they are better regarding such aspects as impulse control, feelings for others, that is, empathy and compassion, resilience in the face of adversity and risks; success at school as well as future family and marital relationships (Sroufe, Carlson & Shulman, 1993; Troy & Sroufe, 1987).

The importance above of attachment clearly shows that secure attachment contributes quite significantly to an individual’s all-round development throughout their life. Bowlby (1997) notes that parental loss, especially at a young age, can be very devastating, as the child loses his or her primary caregiver and attachment figure (Bowlby, 1969; Tremblay, 1998). Most orphaned children are not able to form secure attachments with their caregivers, and as a result, they experience attachment difficulties, which, in turn, have immediate as well as lifelong consequences (Minde, 2003; Zeanah & Fox, 2004).

Parental loss, especially at a younger age, is one of the most traumatic experiences any child can go through. Parental loss means merely losing one’s primary caregiver and attachment figure (Bowlby, 1969; Tremblay, 1998). For Bowlby, maternal deprivation results in a child who does not have the opportunity to experience a warm, close and on-going relationship with his mother and in which both enjoyed and were satisfied (Bowlby, as cited in Koursaris, 2009). Research has highlighted some behavioural responses of orphaned children. For example, Zhou (2012) emphasises that orphaned children demonstrate behavioural reactions such as withdrawal, concentration and learning difficulties, phobic behaviours, and excessive care giving tendencies.
Other studies indicated that orphaned children exhibit behavioural problems such as aggressive behaviour, hyperactivity and tendency for distraction, difficulty in forming close relationships, careless associations, as well as inability in forming the right relationship with peers (Qun Zhao, 2010; Zhou, 2012). In this regard, Agaje (2008) stressed that favourable emotional climate and support systems among young people serve as a protective function when faced with risk and adversity.

The attachment theory has several implications for this study. Parental loss has the potential to affect attachment for orphans negatively. Hook, Watt, and Cockcroft (2002) maintain that for children’s all-round development, the presence of parents is of utmost importance. Parental loss, therefore, can be very devastating for orphaned children because they are on their own, without any support. Based on the theory of attachment, Doku (2012) asserts that parental loss at a young age exposes these orphans to the adverse outcome of stress, and it impacts on their perception of interpersonal affairs and experiences in the future. In this regard, Daniel (2006) states that parental loss is a harrowing and traumatic experience for any child.

The attachment theory states that for orphaned children to adequately and efficiently thrive in all areas of development, they need to be provided with love, warmth, and affection. In other words, adequate care ought to be given to these children to enable them to optimise their full capacity and contribute positively to society. On that note, the next section focuses on interventions to ameliorate the plight of orphans worldwide.

2.7 INTERVENTIONS TO AMELIORATE THE PLIGHT OF ORPHANS WORLDWIDE

Given the plight that orphans across the world are faced with, it is essential to devise means to address the emerging concerns of orphan hood in meeting the basic needs of orphans. Orphans are faced with some behavioural, emotional, academic and social interaction problems.

The appropriate interventions by trilateral and bipartite corporations, international development agencies, Non-Governmental Organisations, states and other agencies should
comprise of three major divisions: enhancing the capability of children, households and societies to react favourably, exerting pressure on states to protect orphans, and providing an enabling atmosphere for children and households that are affected (World Bank, 2001).

2.7.1 Strengthening Family Capacity

To ameliorate the plight of orphans worldwide, it is indicated that interventions should help households to organise security and simultaneously minimise demand on labour (World Bank, 2001). Other areas for action include offering essential services, safeguarding children and women, and strengthening care giving services (World Bank, 2001).

Other researchers (Nyawasha & Chipunza, 2012) note that in order to deal with the plight of orphans, interventions should include financial support to react positively to the financial needs of orphans and interventions of narrative therapy which address the psychosocial and emotional needs of the orphaned children. These interventions address their psychosocial needs, thereby enhancing resilience among them.

2.7.1.1 Mobilise strong community-based responses

Interventions through mobilising strong community-based responses ought to enhance capabilities for occupations and careers, boost labour collaboration, patronise relief efforts undertaken by the community, respond to psychosocial needs, and promote community support for education and training (World Bank, 2001). According to Nyawasha and Chipunza (2012), interventions such as community-based structures and organisations should aim to respond to social and economic support.

2.7.1.2 Enhance the ability of children to meet their own needs

The children should take an active part in initiatives to help orphaned children in the areas of organisation and application (World Bank, 2001). Programmes that shield orphans from abuse and oppression guard their education and meet their psychological and social needs can benefit all orphans (ibid)
2.7.1.3 Guarantee the protection and provision of services for orphaned children by the government

The objective of revising the state and social welfare policy should be to certify the protection of the weak and the provision of essential services by the government (World Bank, 2001). Additionally, programmes aimed at protecting orphans should be promulgated by the government through their systems of budgeting and planning, and the effort should be regulated by donor agencies, the private sector and the international community (ibid).

2.7.1.4 The creation of viable conditions for orphans and families

The promotion of partnership and regulation of activities, boosting the position of all investors to create techniques should be the aspiration of interventions. On the other hand, programmes should seek to minimise negative perceptions and segregation. There is a need to incorporate children’s work with current initiatives, and sufficient resources should be provided to meet the crisis (World Bank, 2001). Based on the preceding interventions, some programmes have been designed and implemented in different countries and are organised by continent which seek to support the educational needs of orphaned children. These programmes are discussed next.

The following are the countries under Asia continent

India

The Indian government has given heed to children’s educational challenges in the state. Three frameworks contribute to the provision of primary education to all children, and they are as follows: the National Policy on Education, the Right of Children to Free and
Compulsory Education Act, and the Policy Framework for Children and Aids, and their operation cuts across the geographical area, sex and religion (India, 1992; 2009).

In addition, the Education Act and other ancillary state agencies provide clarity of purpose to schools and parents about paying back school fees (Fleming, 2015). Food stability remains one of the concerns of orphan households. In this regard, states were constrained to establish a primary school lunch programme known as “midday meals” through the mandate of the supreme court of India, in 2001 (Fleming, 2015). According to Jayaraman and Simroth (2013), there are two questions about school enrolment and learning effects, as conceived in the Dakar Framework. First, it would reduce the cost of school attendance; second, given the advancement in feeding the children, it will correspondingly provide mental and intellectual development. The National Plan of Action aims at harmonising Indian children’s general challenges at the state and national levels. It does this by ensuring impartiality and permissiveness through the stimulation of a substantial and tangible policy of relieving infected children, orphaned and exposed by HIV/AIDS of the burden of negative perception, in addition to enabling children affected by HIV/AIDS to attend school without bias and segregation (India, 2005).

Additionally, several organisations are reacting positively to the educational, social and health challenges of orphans in India. Such an organisation includes the Karanataka Cash Transfer Project, which is financed by the state government and administered by the Karanataka Health Promotion Trust. The trust makes available cash transfers of 500 rupees every month to orphans and susceptible families. Additionally, the Sneha Charitable Trust takes care of housing and educational services of children who have HIV in Bangalore by way of funding from the United States Agency for International Development (USAID) and Global Fund (Boston University, 2012). Alternative Learning/Special Training in India: The Sarva Shiksha AbhiyaProgramme is another programme initiated to address the challenges of orphaned children. This programme is implemented in India to ensure universal enrolment and to reduce dropout rates. The aim is to include elastic and adjustable paradigms that respond more to the learning needs of children, especially those children that come from groups that are socially deprived within the public education system (United Nations Educational Scientific and Cultural Organisation {UNESCO}, 2013).
Thailand

Thailand had initiated a programme for its orphans known as Friendly School Project for children affected by AIDS (Mushayi, 2013). The Life Skills Development Foundation organised the project (Chiangmai, Thailand) and supported by UNAIDS, Save the Children (US) and UNICEF in three regions of northern Thailand (MaeAi Ahiangmai province, Sanpatong-Chiangmai province, and Mae ChunChiangrai Province) (Mushayi, 2013). The programme was evaluated in the year 2000 and has produced good behavioural change.

Five factors were responsible for this advancement. First, the forming of “Convention on Rights of the Child (CRC)” awareness programme in schools; second, result-oriented counselling services with frequent monitoring of distinct cases. Third, a method of learning based on topics. Fourth, discovery based learning, and fifth, an enhanced learning environment in schools (UNESCO, 2004).

China

The government of China has made some attempts to assist orphans. These efforts include the policy promulgated in December 2003 termed “Four Free and One Care Policy (Wu, Sun, Sullivan & Detels, 2006), and building orphanages in the worst areas in late 2004 (Zhao et al., 2009). In this regard, in 2006, the community department for civil affairs made available a monthly living stipend of 160 Yuan for every orphaned child and thereafter, 200 Yuan for every child since 2008 (Xiaohui et al., 2012).

This financial assistance helps families to meet some basic needs of orphans. The government then implemented a policy for children orphaned by AIDS termed “Two Frees and One Subsidy”. The essence of the programme is the provision of free books, reducing other fees, and making available living allowances for them until they graduated from high school (UNAIDS, UNICEF, 2004). In case the children did not attend high school, in the course of graduating from middle school, they could be involved in vocational training such
as driving, mechanic repairs, electrical jobs, machine tools, interior décor, and computer technology (Xiaohui et al., 2012). Further, the Chinese government has implemented health care policies for disadvantaged families, in which disadvantaged families receive free health care services (Xiaohui et al., 2012). Besides the aforementioned programmes to respond to the challenges of orphaned children in China, since 2004, the government has continued to establish orphanages for housing orphans (Zhao et al., 2009). Henan Province was the location for the first of such orphanages, and its primary purpose is to meet the essential needs of orphaned children; its long-term expectation is for children to mature with mental and physical strength (Zhao et al., 2009).

Cambodia

In Cambodia, the importance of achieving universal 9-year primary education by providing access to education to all children was exhibited by agencies such as the Children Affected by HIV and other vulnerable children 2008-2020, and National Plan of Action for Orphans (Cambodia, 2008). The strategic Plan and Operational Plan for HIV 2008-2012 partners with the National Plan of Action to declare their aspiration to cut down cases of propensity and exposure to HIV, negative perception, and risk among the youth in Cambodia using education.

United States of America under North America

The United States of America has designed and implemented Orphans and Vulnerable Children (OVC) programmes which centre on creating systems and services that directly reach people in their families and community (Binagwaho & Noguchi, 2008). These programmes have preserved children in schools and enhanced learning (Blacket-Dibinga, Anah & Matinhure, 2009) as well as children’s social and psychological orientations (Nyangara, Obiero, Kalungwa, & Thurman, 2009). Furthermore, at the family level, these programmes have grown family financial empowering ventures, created parent caregiver education and support groups (Thurman et al., 2009), and multiplied access to health care and food and nutrition effects (Adato & Basset, 2009). According to Binagwaho and Noguchi
(2008), these programmes have promoted resilience in children since their inception in 2011, and more than 4 million children have benefitted from them.

**Australia**

The involvement of Australia in children and families is apparent, by way of the creation of an international school, individual schools and operation of the hostel system. The Child Protection National Policy is embedded in a state framework for protecting the children of Australia. It is formed through a process of consultation with regions, states, and investors, including children and the youth (Fernandez, 2014). This approach is rooted in the ethos of the UN Convention on the Rights of the Child and administered by the council of the government of Australia (Australian Institute of Health and Welfare, 2013). This framework aims to respond to children’s needs and overall wellbeing, including material, psychological health, education and early childhood services (Fernandez, 2014).

The countries under South America include:

**Columbia: Open, Distance and Flexible Learning (ODFL) – The Escuela Nueva programme**

A programme such as the Escuela Nueva stands for a departure from the fragmentary approach to meet the educational challenges of children who are educationally deprived, such as orphans. This is to having a more organised, amenable, and inclusive intervention adequately created to align with their needs and situations (UNESCO, 2013). In other words, the programme makes it possible for children to learn on their own and in groups when they are in the classroom, or at home when it is difficult to attend school for a temporary period (Mushayi, 2013). The focus of the programme is on conditioning learners to form their careers, to become perennial candidates and contributing their quota towards the socio-economic development of their countries (UNESCO, 2013).
In 2001, Brazil promulgated the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which includes a special section on orphaned children and adolescents, defining some building blocks of a supportive environment for children and adolescents (Samson, Niekerk, & Quene, 2010).

In this regard, Brazilian regions have been making available cash transfers to impoverished families; on the premises that caretakers ensure that children attend school (Samson et al., 2010). In Brazil, the Ministry of Education expanded local projects into a national Bolsa Escola programme, which concentrates on the alleviation of poverty while giving incentives to improve human capital (Pero & Szerman, 2005).

Furthermore, the Family Health Programme is administered by the Ministry of Health in Brazil, and its target is the prevention of diseases and making available essential conditions to sustain good health, by the utilisation of a team of medical experts who operate at the family and community level (Rocha & Soares, 2009). The experts make available counselling on health about the prevention of diseases, training in regard to recovery, fighting recurring diseases, and instructions on health in the community. By so doing, they tend to extend essential health care to a cross-section of the community who ordinarily cannot be reached (ibid).

The following are the African countries

Nigeria

In Nigeria, in an effort to encourage orphans and exposed children, the federal government created and implemented several policy frameworks that include the Child Rights Act (CRC) (2003). This Act includes the UN Convention on the Rights of the Child, as well as the National Guideline and Standard of Practice (NGSP) for orphans and exposed children in Nigeria (National Population Commission, 2009).
The goal of the NGSP for orphaned and vulnerable children is to make available holistic, competent and productive care, support and guarding of OVC in Nigeria (Federal Ministry of Women Affairs and Social Development, 2007). The aim of the National Guideline is to make available guidance for the building and administration of interventions targeted at the care, support and guarding of orphans and exposed children who are acceptable to the social and cultural norms of the country. This is in tandem with the Nigerian government’s policies, global instruments and practices accepted as best internationally (Olagbuji & Obehi, 2015). The document also outlines the least services to be rendered by any programme included in the care and support of OVC (ibid).

Aside from the Nigerian government at different echelons, several groups and agencies are involved in OVC practices in Nigeria. They include the following Global Fund Implementing Partners: The Columbia University International Centre for AIDS Care and Treatment Programme, Catholic Relief Services, Centre for Development and Population Activities, and Winrock International. However, the primary organisation in OVC in Nigeria is the United States Government (USG). Fundamentally, these groups provide amenities such as food and nutrition, scholarship, health care, mental assistance, housing, child protection, clothing, and economic assistance for families (USAID, 2009).

**Uganda**

The government of Uganda has shown adequate interest in primary education and the overall challenges faced by children. One of Uganda’s primary policy instruments for attaining poverty reduction and human development under the aegis of the Ministry of Education and Sports is the Universal Primary Education Programme (Fleming, 2015). The primary aims of the programme are the following: to guarantee that all children enrol and remain in school throughout the primary school period, to eradicate discrepancies and discrimination, and to ensure that education is accessible (Fleming, 2015). Uganda has implemented national and international policy by seeking to create a viable, brilliant community with an optimal quality of life (Uganda, 2004).
In an attempt to take care of the needs of orphans, the government expanded capitation grants to help schools cover costs and provide guidance and counselling for these children (Fleming, 2015). The government also makes available extra funds to encourage NGOs that render informal education services to children who are exposed and at a social disadvantage (Uganda, 2008). Another programme created and operated in Uganda is the Opportunity for Reducing Adolescent and Child Labour through Education (ORACLE). The programme was founded in 2003 to heighten awareness about the terrible dimensions of child labour, by enhancing access to standard education for children and young adults (UNICEF, 2005). For more than 20 years, this programme ran in the Kitguru District in Northern Uganda. The programme enjoyed support from the International Rescue Committee, and education is seen as a veritable instrument for securing children’s life, providing opportunities for youth to be involved in the affairs of the society, and a way of boosting encounters with the community and the provision of equal opportunities for the girl child (UNICEF, 2005).

Kenya

In the attempt to address the condition of OVC in the country, the Kenyan government has created several intervention programmes. Afwai (2013) states that, through the National Plan of Action for OVC, the government has recognised some critical cardinal areas as crucial for OVC intervention. They are as follows: Intensifying the capabilities of households to guard and care for OVC; creating access for OVC to essential services which include healthcare, registration of birth, education, psychological and social support, and protection by the law. As well as ensuring that enhanced policy and legal framework are provided, in order to guard children who are most exposed; providing conditions that encourage children and families affected by HIV and AIDS; reinforcing and backing national cooperation and institutional agencies for OVC; maintaining national capacity to supervise and regulate the competencies and standards of OVC programmes.

Kenya also adopted another initiative called Cash Transfer Programme for orphans and susceptible children. The programme consists of giving money to families to buy food, clothes, and access services such as health and education (Ayukuet al., 2013). The objective
is to keep orphans and exposed children within the confines of their families and communities and to boost their socio-economic development (Bryant, 2013).

**Botswana and Zimbabwe**

Dhlamini (2004) examines the community and family-based intervention administered for orphans in Botswana and Zimbabwe. In the case of Zimbabwe, the agency involved is the Development Aids from People to People (DAPP) Kukwanisa Project. The project, which began in 1993, pays attention to the interests of children orphaned by HIV/AIDS. The project also operates a profit-making venture that deals with soap making, beekeeping, poultry, and vegetable farming (Dhlamini, 2004). Mushayi (2013) posits that the programme aims to boost the health of orphans and strengthen their initial childhood development as well as encouraging positive school effects.

In the case of Botswana, the 2009 Children’s Act and the 2008 National Guideline on the care of Vulnerable Children maintain the rights of all children for education (Fleming, 2015). However, despite this agreement, the Botswana government’s User-Friendly Guide to the care of Orphans and Vulnerable Children stipulates that parents, guardians, the community, and NGOs should take responsibility to see that children have access to basic education (Botswana, 2010).

In addition, in responding to the challenge of orphaned children in Botswana, Cabinet established the Masiela Trust Fund to take care of over 41,000 orphans (Dhlamini, 2004). The fund takes care of orphans in several ways including providing school fees, daycare facilities, and free meals, which is beneficial to the needs of orphans as it minimises the adverse effects of hunger on school children as well as encouraging enrolment in school (ibid).

Botswana also adopted another programme termed the Botswana Christian Intervention Programme (BOIKAP), which operates 13 centres across the country. The programme is aimed at supervising the progress of children in school and to become part of a team that renders health and education services in school (Mushayi, 2013). Additionally, the programme makes available training on profit-making ventures for children through the teaching of skills in the area of artwork and leather work (ibid).
Zambia

The government of Zambia has recorded significant advancement in its avowal to education for every child. The government identified education as a fundamental right for all children through the introduction of free primary education for Grades 1-7 in 2002 and emphasised essential elements such as access, balance and standard (UNICEF, 2009). Also, community schools mainly found in the rural areas created strategies to attract and keep children in school. Such strategies include reducing the standard 7-year primary school curriculum to a more manageable four years, charging lesser school fees than government schools, and not obligating pupils to wear school uniforms, all which encourage enrolment into basic school for orphans and exposed children (Chatterii et al., 2009).

According to Fleming (2015), the Ministry of Education has formed an integrated undertaking of initial education for children and skill-based education with the needs of primary education. In addition, the Ministry of Education broadened its conversational radio structural programme to reach more children who are out of school through the support of NGOs such as Learning at Taongo Market and such donor-funded agencies like USAID’s Quality Education Services Through Technology. The commission especially sought to reach orphaned children. Furthermore, the School Health Unit of the Ministry’s World Food Programme to make available specific incentives such as feeding in school, take-home food initiatives to enhance pupil’s nutrition and a boost to school attendance (Fleming, 2015).

Swaziland

In Swaziland, a programme which began in 2003 termed All Children Safe in School has been taking care of orphaned children’s specific needs. It has achieved this milestone through strategies such as making school grants available; enhancing the school environment for the pupils by way of enlarging the academic capacity and making available food and health services (United States Agency for International Development (USAID) & Catholic Relief Services (CRS), 2008). Through the provision of academic grants and enhancing the standard of the school, this programme makes it possible for orphans to access education.
Tanzania

In Tanzania, an initiative termed COBET promotes the conventional primary education system through the provision of standard basic education, and survival skills to children who were not privileged to attend formal schools (USAID & CRS, 2008). COBET was created in 1997 as a reaction to the unenviable state of the country’s school enrolment. In addition, the curriculum is precisely targeted at the children’s age and addresses their learning needs (Mushayi, 2013). Examples are the following skills: skills for heightening internal areas of control, skills for handling emotions, and skills for stress management (World Health Organisation (WHO) & UNICEF, 2003).

The COBET programme has demonstrated a positive response to out of school learners in 50 learning centres (USAID & CRS, 2008). In the year 2000, another programme termed the United Republic of Tanzania’s Most Vulnerable Child Programme was created. The attention of the programme was on community recognition of orphaned children and on pooling funds at the grassroots level to support the orphaned children (UNICEF, 2007).

Ethiopia

In Ethiopia, childcare matters are featured in several policy instruments of the government of Ethiopia. In article 336, the constitution of the Ethiopian Government states that every child reserves the right to be catered for by his or her parents or authorised caregivers, and not to be engaged in practices that exploit them. Furthermore, it states that children should not be allowed to take part in jobs that are injurious to their health, education and general wellbeing. In addition, in schools and other agencies whose duty is to care for children, children are not to be subjected to corporal punishment or vicious and inhumane treatments (FDRE, 2004). The constitution, therefore, creates room for the security of orphans and susceptible children. Agaje (2008) opines that in 1992, Ethiopia signed and ratified the UN Convention on the Rights of the Child (UNCRC) and included the demands of the convention into the country’s constitution. Additionally, the strategic framework for the
country’s reaction to orphans and susceptible children in Ethiopia for 2004-2010 has been formulated, and it addresses the provision of care and support for children (Agaje, 2008).

The framework includes guidelines for childcare institutions, for community-based childcare support programmes, for child family reunification, for foster family care, and for adoption (FDRE, 2004). The government and NGOs assist households in meeting their basic needs such as health, material, and food security (Agaje, 2008). Furthermore, various community groups have developed a wide-range response to tackle the problems of orphaned children. The following roles have been put in place by the communities: economic support – each member of iddirs (informal association/iddirs union) is obliged to contribute 50 cents per month voluntarily, which is accumulated in a special account. This fund is withdrawn when needed to support the orphaned children (Nayak, 2014). Nayak (ibid) further explains that each civil servant is expected to contribute 2 birrs (Ethiopian currency) per month from his or her salary to support orphans. Also, various NGOs contribute much by assisting orphans in that they have established a modern bakery machine and information and communications technology (ICT) trading centre with a fair price, and it has kindergarten or a nursery school (Nayak, 2014). Moreover, there is a committee that deals with orphans’ welfare and gives home-to-home counselling services to those orphans. Further, they offer educational material support by distributing uniforms, exercise books, pens, and pencils to those orphans (Nayak, 2014).

**Rwanda**

In Rwanda, the government has designed and implemented two programmes for orphaned children. These two programmes adopt different approaches to provide Orphans and Vulnerable Children as well as children in child-headed households with educational opportunities (UNICEF, 2005). The two programmes in Rwanda are as follows: There are several intervention programmes that focus on different ways of supporting educational programmes in different states. These are the Community Child Mentoring Programme that provides support for children who head families by giving them mentors for guidance and advice for impacting positively on these children’s capacity to attend and remain in school. The other intervention is the Community – Harnessed Initiative for Children’s Learning and
Development whose objective is to integrate literacy and vocational schooling to train older pupils who are dropouts or who have not been privileged to attend formal school. The next section focuses on interventions to address the needs of orphans in South Africa.

2.8 INTERVENTIONS TO AMELIORATE THE PLIGHT OF ORPHANS IN SOUTH AFRICA

The review of literature in this study demonstrated that there are multiple effects of orphanhood on orphaned children such as reduced school attendance, poor school result, poor school enrolment, and an increased dropout rate (Chuver, 2009). It is, therefore, needful to provide interventions to help these orphans in their pursuit of education. In line with this, the goal of the government of South Africa is that all public schools in their domain should deal with the problem of alienating pupils by utilising various strategies such as providing a secure and attractive school environment, creating a vibrant environment and motivating school work plus exciting sporting programmes (Mushayi, 2013). It is the responsibility of the principal to bring eligible and capable teachers who are concerned with each pupil’s affairs and are sensitive to the problems that may jeopardise a student’s school attendance (Department of Higher Education, 2010). Furthermore, the present support structure in place in South Africa is that subjects of Life Orientation were expected to equip students with essential skills which would also help in acquiring educational support (Mushayi, 2013).

Addressing the plight of orphans in Southern Africa requires interventions at every level of the system, from the State and the whole society right through to all proximal systems (Donald et al., 2010). In this regard, some researchers (Smith, 2012; Thembela, 2007) demonstrate the role of community-based interventions and psychosocial support in ameliorating the plight of orphans in South Africa. There are four principal models of Community-oriented interventions recognised in South Africa (Schnider& Russel, 2000). The first one consists of attaching orphaned children with one extended family member; the second one is the practice of forming families headed by a child where the eldest child is 15 years or older and capable of accessing social services to support the household (Johnson & Dorrington, 2001). The third model is to position adults, especially women in the homes of orphaned children. The fourth one is to establish a cluster foster home that consists of
recognising and hiring proxy mothers to take care of some orphans in the community. Such proxy mothers, in turn, should be assisted with a home to live in and a grant to subsist with the children (Johnson & Dorrington, 2001).

To understand the aims of the different programmes to support orphans in South Africa, it is vital to take account of the essential policy frameworks guiding the design and implementation of the programme of orphans and susceptible children in the country.

South Africa is party to various international and regional agreements, which acknowledge and protect the fundamental rights of children and youth (Abrahams & Mathews, 2011; Martin, 2010). Three International agencies are in partnership to create policies that regulate member states to administer supportive programmes. They are the World Health Organisation (WHO), United States Agency for International Development (USAID), and the United Nations Agency for International Development (UNAIDS). The outcome of this partnership is the endorsement of a framework for the care, assistance, and security of orphans and exposed children affected by HIV/AIDS (UNICEF, USAIDS & UNAIDS, 2004).

This was predicated on the fact that children who are denied counsel and security by their significant caregivers are more exposed to violence, health risks, victimisation and segregation (UNICEF et al., 2004). The primary objective of this framework was to make necessary improvement in achieving the Millennium Development Goals and other ancillary international ventures such as Education for All (UNICEF et al., 2004). Chitiyo, Changara and Chitiyo (2010) posit that the framework programme control premised on rules that regulate government, service providers and other investors in the provision of support initiatives that satisfy the different needs of orphans.

On account of the foregoing, five critical techniques were framed as follows: the involvement of the community, making available assistance to enhance families’ capability to take care of orphans, making sure that orphans and other exposed children obtain access to essential services such as registration of birth, health services, education, and others

The government of South Africa is behind the international conventions on the rights of children which identifies the objectives of education: grooming of children to become good citizens in the society, in a spirit of amity, endurance, gender equality, understanding and friendliness among all people. As well as the grooming of children’s gifts, personality, psychological and physical abilities to their optimal expectations (Mushayi, 2013). On the premise of these conventions, Section 20 of the 1966 South African Constitution stipulates that all children under 18 years reserve the prerogative to be secured from degradation, abuse, maltreatment, or neglect.

They reserve the prerogative to be shielded from oppression and be protected from engaging in duties or providing services that are not proper for people of their age. They must also be free from risk, and their education, welfare, mental or physical outlook, social, moral, or spiritual growth should not be tampered with (Richter, 2004). This provision shows how the right to free and binding primary school education is boosted by the Convention on the Rights of the Child. Additionally, it stresses the welfare and growth of the child and manifests all the assistance to which children are entitled in the society (UNICEF, 2008).

Precisely, South Africa has also created and administered several supportive initiatives through agencies such as the government departments for given attention to the educational challenges of orphaned children. Like Botswana, South Africa adopted the feeding scheme programme via the Department of Basic Education. The policy on student attendance shows that there are many reasons why pupils do not attend school. Nevertheless, it has been observed that poverty constitutes the major factor responsible for unstable school attendance in many communities (Department of Basic Education, 2010). In an attempt to overcome these challenges, several programmes were implemented, and they include putting the HIV/AIDS programmes to practice, extending the child assistance
grant to poor children between 16 to 18 years, broadening the Early Childhood Development initiative and the National School Nutrition programme, and also the No School Fee Policy (Department of Basic Education, 2010).

All over South Africa, the National Nutrition Programme is implemented at the levels of primary and secondary schools in most poor communities where school pupils are provided with essential food to sustain their concentration during school hours (Mushayi, 2013). The feeding regime in South Africa was founded on the understanding that orphans and exposed children have a propensity to be hungry and weak in school, which may result in children fainting in classrooms (David, 2006).

Accordingly, David, Nkomo, Mfecane, and Rafele (2006) demonstrate that the level of poverty in South Africa has adverse effects on children going to school. As a result, it may not be easy for some families to finance the basic and educational needs of their children. Apart from the feeding system, The Department of Basic Education frees poor children from the burden of paying school fees. It also bears part of the cost of transport fares, school uniforms and in-kind transfer fees (David, 2006). Maqoko and Dreyer (2007) are of the view that the South African in-kind transfers concentrate on poor children in most Demographic Surveillance Areas. This enables the families to meet some of the basic needs of orphaned children.

2.9 CONCLUSION

This chapter has provided an assessment concerning the phenomenon of orphan hood worldwide and South Africa, commonly held views about orphans, and risks faced by orphans. The review has presented the need for intervention programmes to respond to the various challenges faced by orphaned children. The reviewed types of designed and implemented programmes adopted in different countries will modify future programmes. The chapter that follows focuses on defining resilience, the risk to resilience, and protective resources.
3.1  INTRODUCTION

Studies on the phenomenon of resilience have shown that children and adolescents worldwide are exposed to some risks that threaten their resilience (Luthar & Cicchetti, 2001). Other studies show that resilience risks lead to an increase in the rate of adolescent suicide, depression, and substance abuse (Beam, Gill- Rivas, Greenberger, & Chen, 2002). It is not necessarily a fact or guarantee that all young who are exposed to resilience risks committing suicide, descending into depression or abuse substances. For example, researchers (Vigil, 1990; Werner & Smith, 2001) have shown that some young people and adults overcome their adverse circumstances and have excelled or broken the cycle in order to improve their situation. Therefore, research on the phenomenon of resilience has recently turned its focus to the resources that help at-risk individuals to resile despite risk and adversity. This implies that these studies of resilience seek to identify how these individuals can change compared to those who stay in the same difficult circumstances (Killian, 2004). In this chapter, I will explore the phenomenon of resilience, resilience risks as well as the resources that sustain resilience in young people.

3.2  RESILIENCE DEFINED

Over the years, there have been increased attempts to define the word resilience. It is noted that it is difficult to define (Dass-Brailsford, 2005) despite numerous studies that focus on the understanding of the phenomenon. Resilience comes from the main word resilé, meaning to come back or rebound on exposure to significant stress (Agnes, 2013; Smith et al., 2008). The results from the longitudinal study led to the emergence of the resilience phenomenon which emphasised that some children who are at high risk can demonstrate positive developmental outcomes in the presence of profound challenges (Saleebey, 1996; Cicchetti & Garmezy, 1993). According to Ungar (2011), the resilience construct has been used in order to characterise those individuals who cope resiliently despite the adversity
that the individual face. The resilience construct is generally based on the understanding that an individual child can achieve positively inspite of what he/she is going through (Luthar & Cicchetti, 2000). Researchers (Luthar, 2003; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003) have shown that one significant characteristic of resilience is being able to adapt successfully when faced with severe challenges. Friborg, Barlaug, Martnussen, Rosenvinge and Hjemdal (2005) refer to resilience as combating of difficult situations to achieve adaptation. In other words, the resilience phenomenon can be characterised by an individual's ability to witness stressful situations and being able to overcome them without any adverse developmental outcomes (Carr, 2004; Theron & Dunn, 2010; Flouri, Tzadivis, & Kallis, 2010; Theron & Theron, 2010). Ungar (2006) demonstrates that resilience has other names such as coping, hardiness and beating the odds. Concerning this, researchers (Fergus & Zimmerman, 2005; Luthar, 2003, Olsson et al., 2003) refer resilience as coping, which include the ability to deal with adverse effects of profound risks. In Physical Science and Engineering, on the other hand, resilience means the ability to deal with stress or strain without cracking or to recover like some materials such as springs or rubber bands (Masten & Gewirtz, 2006). This implies that resilience is the ability of an individual, a group or object to maintain stability despite stress or pressure.

Researchers (Fergus & Zimmerman, 2005; Alvord & Grados, 2005; Fraser, Galinsky, & Richman, 1999) have discovered that there are two things in common with regard to resilience. Firstly, the exposure to a profound risk and their corresponding factors and the second is the resources that enhance positive developmental outcomes or lower adverse outcomes. According to Zolkoski and Bullock (2012), one cannot refer to resilience as a one-dimensional, dichotomous attribute that a person has or does not have. Researchers (Luthar & Cicchetti, 2000) have shown that in the context of a two-dimensional construct with regard to exposure to severe situations as well as the healthy behaviours inspite of risk and adversity, resilience can adequately be explained and studied. In this regard, resilience can be demonstrated in several ways that can differ from individual to individual (Alvord & Grados, 2005; Liebenberg, Ungar, & Van de Vijver, 2011).
According to Luthar, Cicchetti and Becker (2000), resilience can be found in communities that incorporate supportive ecology even though they still have severe adverse events or situations. The authors further emphasise that this cannot in no means be generalised across different cultures, groups or communities. This means that a child in difficult circumstances can draw strength from cultural support to achieve adaptation and develop well (Phasha, 2010). According to Phasha (2010), cultural factors influence the identification as well as socialisation processes of an individual child. In a study conducted by Pillay (2010) focusing on the resources that buffered resilience among young people, the result emphasised that young people are interdependent on other learners, parents, communities/societies and schools in order to be resilient. This means that all these factors within their environment influence young people. Negative aspects within the environment could be neglect and abuse, and socioeconomic problems such as unemployment, lack of proper housing as well as sanitation, criminal activities, continual bullying by others and lack of teachers, books, tables and chairs (Luthar & Brown; 2007).

On the other hand, the positive aspects may include friendships, the presence of siblings, interaction, meaningful activities, and support from significant others together with personal, emotional and psychological abilities known as protective resources (Boyden & Mann, 2005; Pillay, 2011). The concept of resilience focuses on the resources built within an individual child that will enhance adaptation and the ability to overcome risk and adversity (Brown & Robinson, 2010). Researchers from developmental psychology such as Snyder, Lopez, and Pedrotti (2011) and Educational Psychology such as Pillay (2011) reinforce that the resilience phenomenon establishes some skills as well as circumstances which enhance desired developmental outcomes in an individual child when faced with severe and traumatic circumstances. Other researchers that acknowledged the role of innate strengths in buffering resilience in severe situations include Ted and John (2001). Ungar (2011) conceptualises resilience as the outcome of the navigation process towards resilience resources that society makes accessible in culturally meaningful ways. In this regard, researchers (Theron & Theron, 2010; Ungar, 2011) have shown that the processes of resilience should not focus on individual factors but should also focus on the manner in which the support available in his/her immediate environment would facilitate coping.
Ungar (2012) focuses on the child’s immediate environment. In addition, he uses the term facilitative environment, which shows an individual child has a role to play in the search for opportunities in his environment to foster coping when faced with risk and adversity. Prilleltensky (2012) also supports the idea that resilience focuses on the resources within the individual child as well as the social resources to enhance coping during risk and adversity. From the socio-ecological approach to resilience (Ungar, 2011; Ungar, 2006), resilience is defined as:

- The ability of an individual child to utilise his or her innate qualities in navigating their way towards resilience resources that would facilitate adaptive functioning when risk and adversity present.

- The ability of an individual to make adequate use of his /her physical as well as social resources to provide support when faced with difficult situations.

According to Malindi (2009), resilience is the capacity of a person to be successful in the context where the problems facing that individual would predict adverse developmental outcomes. In other words, the individual successfully navigates their pathway out of adverse circumstances and maintains wellbeing. Ungar, Ghazinour and Richter (2013) point out three principles that contribute to the understanding of the resilience phenomenon. These principles are as follows:

- Equifinality: Resilience is a process as well as an outcome. It focuses on an individual child and the nature of those physical and social resources accessible that must combine complexly in order to enable the child to deal with risk and adversity.

- Differential impact: Resilience focuses on the individual’s perceptions of those available resources including the opportunity that enable them to utilise the resources. Differential impact: Resilience focuses on the individual’s perceptions of the factors available to him or her and the opportunity structures that make it more or less possible for them to adequately use the resources that become available and accessible.
Cultural moderation: Culture is very crucial in enhancing resilience. According to Rogoff (2003), culture is the totality of an individual’s beliefs, practices and values which help in the shaping of their cognitions and behaviours.

Ungar (2011) argues that the understanding of resilience should not only be limited to individual strengths or resources. In this regard, Theron and Theron (2010) highlight that resilience should also include the manner in which the resources are provided in the child’s immediate environment in order to enhance resilience. Individuals can develop resilience qualities with the help of adequate training and development to become more resilient. In other words, individuals are born with potential strengths to overcome challenges if their environments are enhancing (Killian, 2007). This means that the resilience phenomenon focuses on the innate personality traits as well as environmental influences that enable an individual to lead satisfying and productive lives (Harvey, 1996; Benard, 1995). Resilience is the totality of an individual’s genetic makeup and environmental factors. In this respect, researchers (Rutter, 2005; Ungar, 2005) have noted resilience to mean an individual’s traits, the qualities of his/her environments including some processes and tools through which resources are facilitated in the context of risk and adversity. Some researchers (McGloin & Wisdom, 2001) have noted that individuals who are resilient are above average in school, have no suicide ideations, have no history of emotional, social, drug, alcohol, tobacco problems and they display no sleeping problems as well. Some researchers (Werner & Smith, 2001) have noted various principles that could help to understand how enhancing resilience functions. These principles include the following:

- The individual child participates fully not only when risk situations are negotiated but also in overcoming the challenges. According to this, a resilient person is actively involved in accessing resources that facilitate resilience and is not passive.

- According to Brooks (2006), protective processes can hugely impact success in one area of a person’s life and can as well be a springboard for other areas in their lives.

- Killian (2004) highlights that there are protective tools that are specifically essential as they form the base upon which resilience is built. For example, young people who
have a secure attachment, good role models and adequate social support are more likely to demonstrate positive behaviours when adversity is present (Masten, 2000).

- Some protective processes are related to the child’s intellectual, emotional and social maturity, which become operational as the child grows (Aber, Ge-phart, BrooksGunn, & Connell, 1997).

The aforementioned principles demonstrate that for an individual child to develop social, emotional, and physical domains efficiently, resources within him or she have to be pulled together, thus promoting resilience. In other words, a resilient child draws resources from his or her strengths and those within his or her immediate environment (Theron, Liebenberg & Malindi, 2013; Ungar, 2005).

Put differently, a resilient child combines inner resources and environmental resources from family, community, school, and peers that provide warmth and support for the child to cope in the face of risk and adversity. Figure 3.1 shows how internal resources combine with external resources to enhance resilience.

Ungar (2011) also demonstrates that resilience could best be viewed not as an individual’s capacity to deal with risk and but rather the ability of a person to make good use of the available resources in order lead a healthy life. It can also be viewed as the ability of the communities and governments to make available those resources in meaningful ways. The manner, nature, and quality in which resources are available to young people are very essential in enabling them to deal with risk and adversity (Ungar, 2014). Some theoretical models can be used to describe resilience. According to Grotberg (2001), in the study of resilience the International Resilience Research Project categorises resilience factors into three. These include, I AM- which focuses on how individual strengths capabilities and competencies are developed. I CAN-which involves the acquiring of coping skills and problem-solving abilities that will enable an individual to overcome stressful situations. I HAVE–This focuses on the how the external support systems and resources are available and accessible.
Researchers demonstrated that most individual children can elicit resilience resources from themselves, family, the community, schools, and society at large (Ferreira & Ebersöhn, 2012; Gonzales, 2000). The transactional model of resilience developed by Kumpfer (1999) focuses on the interaction of the individual with the environment and posits a dynamic framework explaining resilience and resilience processes. The following are the components of the resilience process as proposed by Kumpfer (1999): The risk factors or stressors have the potential to threaten the stability and wellbeing of an individual. The stressors present within a context and the way in which the protective and risk factors interact. Transactional processes between the individual and the environment take place, and these interactions are aimed at perceiving, interpreting, and surmounting the threats, challenges, or risks. Intrapersonal characteristics, strengths, and competencies of the individual interact with available resources in the environment. The resilience processes include coping strategies the individual had gradually learned from prior exposure to stressors. Adaptive outcomes that promote the resilient integration of all developmental tasks develop and that fosters abilities and competencies that enable future resilience processes in different situations. Within the framework of resilience, orphanhood constitutes risk and adversity while at the same time presents the need to adapt (Mohangi, 2008; Chabilall, 2004).

Losing a parent can be very traumatic. It is to be borne in mind that young children who experience adverse stress are more likely to suffer from abuse, neglect, trauma including accidents and all forms of violence (National Child Traumatic Stress Network, 2010). Cumulative risk can result from losing one or both parents from HIV/AIDS-related deaths (Ebersöhn, 2007; 2008). However, studies have shown that all orphans, irrespective of the cause, are faced with many challenges. For example, hopelessness, loneliness, depression, anxiety and separation from friends, including social and caretaking problems (Ogina, 2012; Katyal, 2015).

Ogina (2012) further argues that these orphans lack material support and adequate emotional bonding. Orphanhood presents constellation risks to resilient coping. In a study to identify risk, protective factors, and resilience among young people who have lost their
parents including those that come from impoverished families in Ethiopia, the study discovered that most OVC faced familial, school and community-associated risk processes (Tefera & Mulatie, 2014; Hoffman, 2000; Klein, 2001; Prayor & Rodgers, 2001; Stein, 2005; Henderson, 2006). On the other hand, another study discovered that orphaned children and non-orphaned children do not differ significantly in the context of resilience (Govender, Reardon, Quinlan & George, 2014). Katyal (2015) found more resilience among orphaned children when compared to non-orphaned children. Other researchers such as Octavia (2006), and Yasin and Iqbal (2012) strengthened this finding.

Kaur and Rani (2015) explored the psychological health of adolescent orphans and intact family adolescents. The results revealed that orphaned adolescents and adolescents from intact families differed significantly concerning their stress resilience. The study further demonstrated that older orphans had higher levels of resilience and self-efficacy than younger orphans. On the other hand, other studies such as those of Yendork and Somhlaba (2015) found that older orphans had lower perceptions of support from friends, family, and other adults. Research has shown that some reasons have accounted for resilience among orphaned children. Among such reasons, Octavia (2006) notes a positive, stimulating and enriched environment.

Lothe and Heggen (2003) conducted a study on resilience among eight surviving orphans (18-25 years). Factors such as hope, religion, and personal history were accounted for their resilience. A higher sense of resilience in orphans as compared to non-orphans mainly develops due to the development of close and warm, social bonds and friendships with peers (Katyal, 2015). According to Octavia (2006), peer attachment bonds may buffer children and adolescents from the adverse effects of parental loss. Four main components that facilitate resilience in orphans were identified by Katyal (2015). They include stressors and adversities from the immediate environment, supports from the family, community, school, personal abilities as well as interpersonal and problem-solving skills. Katyal (ibid) further emphasises that since these orphans are on their own and cater for their own needs, and face challenges, the difficult circumstances assist them to use their inner strengths in
order to cope with adverse circumstances in life. The result is that this contributes to a spark of resilience among orphans as compared to non-orphans.

**Figure 3.1: Illustration of what constitute resilience in an individual**

- Stressors or risk factors threaten the stability and well-being of the person.
- The stressors present within a context interaction between protective and risk factors occur.
- Transactional processes between the individual and the environment take place, and these interactions are aimed to perceive, interpret, and surmount the threats, challenges, or risks.
- Intrapersonal characteristics, strengths, and competencies of the individual interact with available resources in the environment.
- The processes of resilience include coping strategies the individual had gradually learned from prior exposure to stressors.
- Adaptive outcomes that promote the resilient integration of all developmental tasks develop and that fosters abilities and competencies that enable future resilience.
processes in different situations. Figure 3.2 shows the model of Kumpfer (1999 on risk and protective factors of resilience.

**Figure 3.2: Individual resilience characteristics**

Source: Adapted from Kumpfer (1999, as cited in Resilience and Happiness, 2013)

### 3.2.1 How Resilience Is Conceptualised in This Study

In line with the conceptualisation of Ungar (2011), resilience is considered in this study as orphaned children’s capacities to navigate their pathways towards the resilience resources that their immediate families, peers, schools, and communities must provide in ways that
are culturally meaningful. This ecological perception of resilience demonstrates that positive development is significantly affected by interactions that exist between the biological and psychological qualities of the individual child and situations in his or her environment (Jenson & Fraser, 2005). In other words, resilience consists of what can be found within the (orphan) child and in his or her social and physical ecologies (Ungar, 2005; Theron et al., 2013). In this regard, an orphaned child combines his innate strengths with the resilience resources provided in a meaningful way by social networks (such as family, peers, teachers, and entire communities) in order to enhance resilience. This means that resilience focuses on the totality of an individual’s resources and environmental resources. Promoting resilience is therefore very important, since it may enhance positive developmental outcomes in children who are faced with adversity, especially parental loss. Parental loss can be very devastating to children, and therefore children are at risk of adverse developmental outcomes. The next section presents a brief history of resilience.

3.3 BRIEF HISTORY OF RESILIENCE RESEARCH

The concept of resilience first emerged as a result of studies conducted in the 1970s. At that time, researchers discovered that some at-risk children did well despite exposure to significant risk and adversity (Masten, 2004; Masten & Obradovic, 2006; Wright & Masten, 2005).

These unexpected findings led to researchers moving from a risk-focused research approach towards examining what keeps children healthy in their contexts that included families, peers, schools, communities, and societies (Masten, 2006). Resilience research was conducted in four major waves (Moore, 2013). Studies (Masten, 2011; Masten & Obradovic, 2006) have demonstrated that to understand and prevent the development of psychopathology by the scientists, the first wave of research came to be. The first group of researchers focused on understanding the reason why some children seemed to do well under challenging situations, and at the same time other children who are in relatively the same situations were unable to cope like others did (Masten & Obradovic, 2006). According to Masten and Obradovic (2006), their findings consistently discovered the same protective
resources that are commonly related to resilience among young people. The second wave was based on the findings of the first wave in which the scientists strived in determining how the protective resources in the first wave influence adaptation. In this regard, researchers (Cicchetti, 2010; Cicchetti & Curtis, 2007; Masten, 2011) highlight that through these findings from the first wave; the role of developmental systems with regard to causal explanations was able to be recognised; as great attention was focused on the part that relationship and systems play, other than the family. Researchers (Masten, Burt & Coatsworth, 2006; Masten, 2007; Weissberg, Kumpfer & Seligman, 2003) point out that the third wave of research together joined findings from resilience science which focuses on assets and protective factors with findings from prevention science which emphasised the significance of enhancing competence, to plan and test interventions necessary to promote resilience through the changing of developmental pathways. In a further study, Moore (2013) echoed the resilience – promoting the value of social support, personal qualities and content in various situations. This implies that there are some factors as well as adaptive systems which are related to positive developmental outcomes with regard to risks (Masten, 2001; Masten & Obradovic, 2006). In this regard, learning, emotional bond, self-regulation, school, family and peer systems are the adaptive systems that are related to positive response (Masten & Obradovic, 2006).

Masten and Obradovic (2006) further emphasise that an individual can adequately cope when these systems are adequately made available and adverse developmental outcomes set in when they are destroyed due to risk. In other words, this wave demonstrates the importance of understanding resilience as the outcome of the navigation process by an individual towards resilience resources. Society makes these resources accessible in culturally meaningful ways (Ungar, Brown, Liebenberg, Cheung & Levine, 2008). In the fourth wave of research on resilience researchers (Cicchetti, 2010; Feder, Nestler & Charney, 2009) focus is more on the function of the genes, brain and development. According to Lester, Masten and McEwen (2006), the implementation of the new resilience interventions came as a result of the previous findings from various fields about brain development, neurobiological processes, and system interaction to shape development. It is important to note that the first group of researchers and their learners, who aimed to comprehend,
prevent and treat problems related to mental, premature birth and trauma hugely influenced studies on resilience (Masten, 2007). The wave of resilience research explored above demonstrates that resilience research has been evolving. This highlights the need to continue with studies on resilience in various contexts by risk and adversity.

3.4 PROCESS OF RESILIENCE

It is essential to look at various processes that reduce risk in young people and the processes that may interact with resilience risks and facilitate resilient coping in the face of risk and adversity. A risk is any factor or process that makes poor developmental outcomes more likely while protective resources make favourable developmental outcomes more likely. For example, parental loss as a risk impacts negatively on young children’s lives as indicated earlier. The young children who have lost their parents are, therefore, at increased risk of adverse developmental outcomes. When a particular resilience risk or protective resources is present in an individual, the chances of other risk and protective factors may increase (Corcoran & Nichols – Casebolt, 2004). In this regard, Wachs (2000) demonstrated that some parenting practices such as inconsistent monitoring strategies could increase young people developing maladaptive behaviours. Wachs (2000) further highlights other parental factors that can negatively impact on their children. These include unemployment, lack of finances, lack of quality education and health care, inability to live in a safe environment. These can limit the ability of the parents to provide adequate care, love and protection for the children, thereby exposing them to some risks. In this regard, Steinberg (2000) emphasised that young people who live in the families that provide them with emotional support, which adequately structures their environment, including implementation of consistent rules and monitoring of their children’s activities tend to relate more with friends that have similar family backgrounds. According to Wachs (2000), young people can learn how to adequately control their emotional process as well as develop intellectual and social competence.

Researchers (Corcoran & Nichols – Casebolt, 2004) further point out that some characteristics such as self-esteem, social skills and intelligence in an individual child can attract good care giving. An attachment pattern will, at the same time, persist into other
relationship with, for example, preschool teachers. Holzer and Neumark (2000) further add that adherent to antisocial discrimination laws have the potential to improve an individuals’ employment and occupational outcomes. The section that follows presents risks to resilience, as they negatively impact children, including orphans, therefore exposing them to antisocial behaviours.

3.5 RISKS TO RESILIENCE

Researchers embarked on longitudinal studies in order to adequately comprehend the process in which risk factors affect behaviour as an individual child from birth grows to adulthood (Hawkins, Kosterman, Catalano, Hill & Abbott, 2005; Spoth, Redmond & Shin, 1998). Risks generally refer to the variables that interact to increase the chances of an individual’s psychopathology of exposure to developmental outcomes that are negative (Malindi, 2009). Risks relate to any situation or variable whose presence increases the chances of a problem arising or persisting. Similarly, according to Fraser and Terzain (2005) risk refers to any event or circumstances which raises the likelihood that a problem will be created or will persist. Based on the above definition, Jenson and Fraser (2005) note that the continued existence of a risk or some risks factors increases the chance of the development of a problem as the child grows. Jenson and Fraser (2005) further indicate that it is not necessarily a fact or guarantee that when a risk factor is present in an individual child, it will give rise to a particular developmental outcome, like poor academic performance; instead, exposure to a risk factor indicates an increased probability that such a problem might arise. Jenson and Fraser (2005) demonstrate that risk factors which are present within an individual, family, school and community/society can raise the chances that person will develop adverse developmental outcomes. In other words, risks can be found to exist within an individual, family/community neighbourhood, school, and a peer, which is a complex way combine to refer to the person’s development. A risk factor can vary based on the characteristics of an individual such as personality traits, specific life experience (such as loss of a job), contextual factors (such as neighbourhood crime), as well
as the stressor’s timing and relation to other known and unknown risk factors (Greenberg, 2006).

Research has highlighted some resilience risks. It is essential to look at risks that exist within an individual, a community, and relationships. Table 3.1 summarises the common risk factors for childhood and adolescence problems arranged regarding levels of influence.

3.5.1 Individual Factors

3.5.1.1 Low birth weight

Research has demonstrated that innate child characteristics can cause a child to have negative developmental problems (Ungar, 2004). In this regard, low birth weight in infants in low and high-income families has been noted to be a resilience risk (Richardson, 2008; Ungar, 2011). A longitudinal study by Ungar (2011) among children between the ages of 3 – 8 years of old demonstrated as the child encounters greater human capital risks, his or her IQ was likely to be lower. Furthermore, Corcoran and Nichols – Casebolt (2004) note that an antisocial behaviour among children is mainly a result of a low IQ.

3.5.1.2 Experience of abuse and maltreatment

Studies have shown that young people who have been exposed to any form of abuse or maltreatment can experience Post – Traumatic Stress Disorder (PTSD) (Tyler, 2002). This implies that some psychological maladjustment that would influence the way they behave can be experienced by these young people (Bradshaw & Garbarino, 2004). For example; they can develop temper tantrums, anger, anxiety and increased irritability (Van Der Kolk, 1996). In this regard, Fitch (2009) explains that children who develop PTSD can respond in an aggressive manner because they lack the emotional and physical maturity to cope with conflict. Other studies demonstrated that children who have been maltreated or abused sexually, physically or emotionally at an early stage are at higher risk of being involved in abuse and maltreatment further as they grow older (WHO, 2010). In a study conducted in Bosnia and Herzegovina (Sesar, Becirevic, & Sesar, 2008) and Sweden (Lang, Klinteberg& Alm, 2002) have shown associations between abuse and violence in adolescence and young
adults. Bradshaw and Garbarino (2004) further states that experiences from abuse and maltreatment can give rise to some particular neurological pathways. According to Fitch (2009), the brain of young people who experienced abuse have the potential to develop in different ways, resulting in emotional dysregulation, lack of empathy, and increased aggression. In addition, Bunn (2006) indicates some severe damage can happen to the brain in the case of physical abuse, leading to a defect in intellectual processing. This means that physical abuse can cause severe injuries to the body and to the brain, resulting in a reasoning processing defect. It has been demonstrated that children who have experienced or witnessed any forms of abuse and maltreatment are at higher risk of possessing some dangerous objects such as guns, knives, bombs (Kingery, Coggershall & Alford, 1999; Kodjo, Auinger, & Ryan, 2003). The associations between weapon – carrying and being a victim of violence, rape, bullying, and other forms of crime have been confirmed by some researchers (Kodjo et al., 2003). For example, Erickson (2006) conducted an extensive survey of young girls focusing some behavioural problems such as delinquency. The results show that adolescent girls had started using dangerous objects as a result of them being exposed to violence. Furthermore, in the United Kingdom, they possess those weapons due to self – protection (House of Commons Home Affairs Committee, 2008). Moreover, a large number of children who are in possession of dangerous objects that have been abused and neglected can develop emotional and behavioural problems over the course of their development (Fitch, 2010). According to Cohen, Brown and Smailes (2001), children who have been physically abused, especially at an early stage can develop antisocial behaviour, and they act suddenly without thinking carefully about what might happen.

3.5.1.3 Misuse of Alcohol and drugs

According to WHO (2010), abuse of alcohol and drugs have been identified as risk factors. In this regard, Matthews, Brasnett and Smith (2006) demonstrate that children who are engaged in the consumption of alcohol are involved in a large number of criminal activities. For example, the use of alcohol can negatively affect reasoning processing as well as physical functioning (WHO, 2010). Unachukwu and Nwankwo (2003) highlight that young people who engage in alcohol consumption can respond aggressively and they have poor
impulse control. Researchers have shown that young people who indulge in drinking (Richardson & Budd, 2003) and smoking tobacco or illicit drugs (Shonkoff, 2003, Flood-page, Campbell, Harrington & Miller, 2000) are at increased risk of being responsible for a large number of crimes.

Bye and Rossow (2010) conducted an extensive survey of youth, focusing on the impact of alcohol and drug use among them. The results highlighted that criminal activity is prevalent in children who abuse alcohol and drug. According to WHO (2010), the young people who use substances such as tobacco have poor cognitive as well as affective personality development because their central nervous system has been affected and as a result, they cannot exhibit disciplined behaviour or even think of it. In this regard, cocaine and amphetamines have been confirmed to be associated with crime because they depress the central nervous system leading to distortion of judgement and poor coordination of ideas (Kuhns & Clodfeltera, 2009). Unachukwu and Nwankwo (2003) studied the drug dependency among the youths. The findings showed that the use of drugs could cause family disruption, and disharmony of the family in one way or the other, thereby affecting the whole society since societies are different families brought together. Furthermore, young people, in an effort to support their drug habits, can also turn to robbery and prostitution (Unachukwu & Nwankwo, 2003).

3.5.1.4 Mental and behavioural characteristics

Researchers (Barton, 2006; Fraser, 2006; Frey, Walter, & Perry, 2011) discovered that children with poor muscular control, coordination attention distorted perception and poor behavioural control are at risk to resilience. Ferguson Meehan (2010) studied the behavioural characteristics of young people in Finland. The results revealed the relationship between involvement in crime and feeling depressed. In addition, Muula, Rudatsikira and Siziya (2008) found associations between characteristics such as suicide thoughts, hopelessness, depressed mood and carrying of dangerous objects among adolescents.

Other researchers discovered that an individual who goes through the aforementioned challenges does not have a sense of humour and curiosity, lacks resourcefulness, feels
incompetent, cannot maintain relationships, has low self-esteem, and tends to find it hard to cope with risk and adversity (Boyden & Mann, 2005; Killian, 2004; Ungar, 2004; Wild, Flisher, Bhana, & Lombard, 2004). These behavioural and personality inclinations have been confirmed to result from the poor functioning of the nervous system as well as genetic factors which combine with the person’s harsh environment at an early stage of development: this can increase the risk of violent behaviour (WHO, 2010).

3.5.1.5 Low academic achievement

Researchers (Archambault, Janosz, Fallu & Pagani, 2009; Brooks, 2006) identified low academic achievement and poor school engagement as risk factors among young people. Research shows that school failure, as well as poor performance at school, has been found to be linked with violence (WHO, 2010). Furthermore, poor school commitment which indicates how students are involved in the school work and extracurricular activities is strongly related to school failure (Hernandez, 2011). Benard and Marshall (2001) note that poor academic performance can negatively affect one’s emotions, which may lead to abuse of alcohol or drugs engaging in criminal behaviour and involvement in sexual activities at an early stage. In other words, poor academic outcomes have the potential to expose young children to multiple risks.

3.5.1.6 Gender

Studies have identified gender as a risk factor among young children (Bennett & Holloway, 2004; Roe & Ashe, 2008). Lemon (2004) points out that even though both males and females are involved in violent behaviour, such behaviour is much more prevalent among the male than their female counterparts. Concerning this, Junger – Tas, Ribeaud and Curryff (2004) studied international self – report delinquency among young people. The result shows that boys had engaged in violence more than the girls.

3.5.1.7 Age

Smith (2006) indicates that as a child grows older, the chances of him /her being involved in criminal activities become lower. Studies from Turkey (Oksuz & Malhan, 2005; WHO,
suggest that violent behaviours are most prevalent among younger people. Beinart, Anderson, Lee, and Utting (2002) discovered that teenage boys are more involved in possession of dangerous weapons than younger children aged between 10 – 11.

### 3.5.1.8 Ethnicity

Research shows that the involvement of young people in risk behaviour varies between ethnic groups (Henrich, Brookmeyer, & Shahar, 2005). For example, Eades, Grimshaw, Silvestri, and Solomon (2007) noted that African - Caribbean children who stay in impoverished areas are most affected by crime. According to Junger –Tas (2001), the differences in criminal behaviour between ethnic groups are associated with socioeconomic integration, poverty, and culture. In this respect, Eades (2006) further demonstrated that African – Caribbean people tend to reside in disadvantaged areas more and experience a large number of crimes. Bull (2007) adds that African – Caribbean boys are at high risk of not being included in the mainstream education.

### 3.5.1.9 Delinquent and risky behaviour

Research shows that children who exhibit risk behaviour such as violence are more likely to involve themselves in different criminal behaviours (Barlas & Egan, 2006). According to WHO (2010), boys between the ages 10 and 21 who had criminal records were more likely to exhibit ill-disciplined behaviours, they may also drop out of school, abuse alcohol and drugs, and engage in indiscriminate sex. This subsection shows that young people, including orphans, are exposed to different risks. The aforementioned personal risks combined with others within the child’s environment interfere with resilience.

### 3.5.2 Community and Society Factors

Through research, it has been identified how a child’s community or neighbourhood that is beset with resilience risks can cause at-risk children not to resile.
3.5.2.1 Poverty

Studies have identified poverty as a risk factor in young people’s resilience (Fitch, 2009, Rutter, 1999). According to Rutter (1999), poverty is strongly related to being exposed to a large number of risk factors. These risk factors include poor health services, under equipped schools, inadequate housing, poor safety environment, family disruption, and inadequate support system (Fitch, 2009; Garmezy & Masten as cited in Rochat & Rough, 2007; Brooks-Gunn, Duncan & Aber, 1999). In this regard, Haker (2006) found that young people growing up in poor socio-economic conditions are more likely to develop health-related problems later in life. In other words, the impoverished family may have decreased access to quality health care and affordable housing that can withstand periodic wage cuts or job loss, thereby exposing the children to other risks such as living on the streets (Milburn et al., 2011). Campbell (2000) adds that poverty could lead to greater exposure to antisocial attitudes and behaviours, thus causing them to get involved in crime. For example, young people from low-income families usually feel rejected and having no power and carrying dangerous objects may assist them to deal with those feelings (Fitch 2009). According to Fitch (2009), disorganisation and instability at homes can be as a result of poverty because of high-stress levels as well as the poor parenting which affects the young people psychologically. Moore (2013) adds that young people in poverty are at an increased risk of not maintaining relationships with peers and significant others. A study by Eamon (2002) showed that a community with more social and physical problems was a predictor of depressive symptoms of young people. Additionally, research shows that young people who live in impoverished areas are at high risk of developing emotional and physical stress (Caspi, Taylor, Moffitt & Plomin, 2000)

3.5.2.2 Violence

Researchers (Masten, 2011; Brooks, 2006) noted violence as a risk factor in young people’s resilience. According to Machenjedze (2014), young people who have experienced violence suffer a heightened risk to resilience. Several studies have linked early childhood exposure to violence in later stages of life. In this regard, Lansford and Dodge (2008) demonstrate that young children can develop violent behaviour at an early stage if their family engages in
various kinds of violence acts such as fighting, beating and kicking (Abrahams & Jewkens, 2008). Orphans, Murray and Kelder (1999) note that the young people who witness conflicts between their parents show higher levels of aggression and weapon – carrying later in life. In other words, young people raised in an environment where violence is prevalent are more likely to always respond aggressively. Violence in the families can last for a long time (Utting, Montiero, & Ghate, 2006).

Exposure to violence in a situation of war can be traumatic to young people, even though some studies suggest that exposure to war itself is less traumatic and debilitating for children than the separation they experience when they are sent away from their caregivers due to war (Ungar, 2011).

Furthermore, being a child soldier has also been noted as a resilience risk (Bass, 2004; Betancourt, 2008). In this regard, young people who participate in armed conflict experience several risks (Machel, 1996). For examples, they experience attachment difficulties, emotional and psychological stress, serious bodily injury, molestation, misuse of alcohol and drugs, and loss of lives (Pedersen & Sommerfelt, 2007).

3.5.2.3 Child sexual exploitation

It is highlighted that involving children in sexual exploitation can result in exposure to multiple risk factors (Snell, 2003; Liborio, 2005). These include alcohol and drug abuse, stigmatisation, threatened attachment with the family, peers, community, all forms of violence, guilt, being exposed to diseases such as HIV and sexually transmitted diseases as well as being a teenage mother or engaging in abortion (Ungar et al., 2013).

3.5.2.4 Discrimination

Discrimination is a resilience risk. Children who experience discrimination from peers, teachers and the community, in general, find it difficult to resile in the face of adversity (Brooks, 2006; Glew, Fan, Katon, Rivara, & Kenic, 2005; Nansel, Craig, Overpeck, Saluja & Ruan, 2004). According to Young, Fitzgerald, Hallworth and Joseph (2007), children who
experience discrimination at school are more likely to develop offending behaviours and involve in all kinds of crime. In this regard, Smith (2006) noted that children who are provided with adequate care, support and protection at the school and who have good relationships with their teachers tend to do well in academic activities and they are well disciplined (Utting et al., 2006). Studies (Schultz et al., 2000; Finch, Kolody & Vega, 2000) have demonstrated that mistreating children has a great potential of developing psychological stress, depression and suicidal thoughts. Ungar (2010) demonstrates that young people who work on the streets selling goods, begging and polishing shoes are exposed to health problems. Such health risks are severe bodily injury, alcohol and drug abuse, and malnutrition as well as loss of lives (Ungar, 2010).

### 3.5.3 Relationship Factors

#### 3.5.3.1 Parental personality and behavioural characteristics

Parental personality and behavioural characteristics have been identified as resilience risks in children. For example, parental depression (Carbonell et al., 2002) and other psychiatric disorders have been discovered to be related to the severe feeling of hopelessness in young people (Fleming & Offord, 1990; Kessler & Magee, 1993). Studies (Cummings, DeArth-Pendley, DuRocher – Schudlich & Smith, 2001) have noted some personality and behavioural qualities in which depressive parents exhibit. For examples, they may be disconnected, easily annoyed, experience excessive fatigue and their children can easily see them as being detached and unloving (Beardslee, 2002). Other researchers (Galovski & Lyons, 2004; Sherman, Zanotti & Jones, 2005) highlight that Post – Traumatic Stress in parent has the ability to cause them to be intolerant of usual stressors in the family. They may respond aggressively or in anger not participate in any activities in the family or keep in a regular pattern. In addition, they may find it hard to nourish interactions that improve secure child attachments including marriage quality. Children whose parents experience these psychological conditions may be exposed to several risk factors; such as confusion, frustration and they take the blame when a parent withdraws from family activities (Layne et al., 2006).
3.5.3.2 Family disruptions and structure

Studies have shown that family disruption and conflict can undermine children’s resilience (Brooks, 2006; Luthar, 1991; Masten, 2011; Rak& Patterson, 1996). Family breakups, as a result of divorce or other factors, can cause instability in the home. Further, children who experience such incidences may become upset and angry, and therefore look for support from others outside the home, including individuals they meet who may pull them into risky behaviours (e.g. substance use or gang involvement), putting them at greater risk of staying on the streets (Milburn et al., 2011).

Researchers have highlighted some of the characteristics of street life. These include misuse of alcohol and drugs, malnutrition, violence, the absence of parental care, rejection, lack of education and health care, exposure to diseases especially sexually transmitted diseases, prostitution, unwanted pregnancy and trafficking (Kombarakaran, 2004; West, 2003).

Farrington and Loeber (2000) note that children from large families with many siblings or whose teenage girls have children, are more likely to demonstrate violent behaviour later in life. In that regard, WHO (2010) highlights that young people living in single-parent families are at high risk of responding aggressively and are exposed to all forms of violence such as corporal punishment, and bullying.

3.5.3.3 Childhood abuse, neglect, and maltreatment

Childhood abuse, neglect, and maltreatment pose another risk factor in children (Brooks, 2006; Cicchetti & Valentinao, 2006). Young people who have experienced physical, sexual, or emotional abuse may resort to street life, which can expose them to several other risks such as sexual and physical assault, and drugs (Milburn et al., 2011). In this regard, Siegel and Senna (2000) point out that physical and sexual abuse contributes to male and female involvement in delinquency.

According to Bunn (2006), young people who have been physically abused tend to react to emotional cues using facial expressions easily. In this regard, Bradshaw Garbarino (2004) noted that young people who have experienced abuse tend to be easily provoked. They get
irritated at other people’s behaviour and may quickly turn to violence. Researchers (Utting et al., 2006) noted that this defect in the cognitive processing could hinder the young people from realising the consequences of misbehaviour or identifying themselves with the other people’s feelings. Fitch (2009) also noted that neglect and abuse could lower the self-esteem in young people. Dishion and Patterson (2006) noted some factors that are responsible for child maltreatment or neglect. These include inadequate parental monitoring, poor care routine, inconsistent discipline, and being exposed to violence or conflicts in the family. In this respect, some parenting practices have been identified by researchers which are a risk to resilience (Saltzman et al., 2011). Walsh (2006) notes that authoritarian parenting styles undermine children’s ability to resilience since the parents are incredibly rigid and there is no mutual respect.

Patterson (2002) adds that this type of practice focuses more on the misbehaviour of the children where consequences are severely harsh as good behaviours are entirely ignored. Thus, this implies that children from such families are exposed to risk factors. About this, Fitch (2009) notes that children who do not have positive relationships from their families tend to gain self-confidence and courage from their friends in order to feel fulfilled. Because of the need for being accepted by their friends, their children may face the danger of involving in criminal activities, which could not have happened if a significant adult was there for them (Young et al., 2007). In other words, disruption in parenting practices, including inconsistent child discipline and daily household routines, can negatively affect the ability of the young people to control emotions as well as behaviour, which can lead to social withdrawal or disruptive behaviour when faced with adversity (Saltzman et al., 2011). Researchers (Cummings et al., 2001; Burkem, 2003) have demonstrated that such disruptive behaviour can, in turn, lead to various reactions from the parents and can increase conflict, feeling depressed, worthless and being disconnected from family activities. According to Home Office (2003), insecure attachment is mainly found in families where children are being abused, neglected and can be as a result of mental problems of the parents or misuse of alcohol and drugs. Other studies (Biederman, Faraone, Monuteaux &Feighner, 2000) have shown that young people from families who abuse alcohol and drugs and are involved in crimes are more likely to as well abuse substances and exhibit violent behaviour. Low levels
of education of parents have also been associated with risk to resilience (Shantell, Hamilton, Starr, Jenkins & Hinderliter, 2008; Brooks, 2006; Masten, 2011;).

3.5.3.4 Peer relationships

Studies have identified peer influence as a significant risk factor (Duffy & Gillig, 2004; Young et al., 2007). In this regard, young children who relate with friends who involve in criminal activities are more likely to be exposed to violence (Wilcox, 2000; Prinstein, Boergers & Spirito, 2001; Flood-Page et al., 2000). Fitch (2009) conducted research that passed the lifestyles of the young people. The study revealed that young people who associate with peers who had criminal records were at increased risks of violence. Smiths and Bradshaw (2005) demonstrated that children who reside in an area that is densely populated are at increased risk to violent behaviours. Table 3.1: shows the common risk factors for childhood and adolescent problems by level of influence.

**Table 3.1: Common risk factors for childhood and adolescent problems by level of influence**

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>Interpersonal and Social Factors</th>
<th>Individual Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laws and norms favourable to antisocial behaviour</td>
<td>Family communication and conflict</td>
<td>The family history of alcoholism</td>
</tr>
<tr>
<td>Poverty and economic deprivation</td>
<td>Poor parent-child bonding</td>
<td>Sensation-seeking orientation</td>
</tr>
<tr>
<td>Low economic opportunity</td>
<td>Low-income family management practices</td>
<td>Poor impulse control</td>
</tr>
<tr>
<td>Neighbourhood disorganisation</td>
<td>Family alcohol and drug use</td>
<td>Attention deficits</td>
</tr>
<tr>
<td>Low neighbourhood attachment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
<pre><code>                                                                                                       | **School failure**                                                         |
                                                                                                       | **Low commitment**                                                       |
                                                                                                       | **to school**                                                            |
                                                                                                       | **Rejection by conforming** peer groups**                                |
                                                                                                       | **Association with antisocial peers**                                    |
</code></pre>

Source: Adapted from Fraser et al. (2004), Jenson and Howard (1999), and Hawkins et al. (1998)
3.6 PROTECTIVE RESOURCES

Some resilience studies focus on the protective factors and processes that encourage good developmental outcomes when faced with some serious challenges (Ellingsen, Baker, Blacher & Crnic, 2014).

Researchers demonstrated that some at-risk youth did not exhibit problem behaviours despite exposure to risk; instead they were protected from risk (Jenson & Fraser, 2005). Jensen and Fraser (2005) further point out that those young people seemed to be born with inner strengths that enable them to overcome adversity, therefore; those strengths or resources that protected young people from the negative impact of risk were referred to as protective factors.

Protective factors are internal assets and external resources that compensate for, shield, support, or strengthen a person’s response to stress or developmental risks (Donald et al., 2010).

According to Boyden and Man (2005), protective resources are regarded as mechanisms that are found within an individual, his/her family, as well as their community as a whole that have the potential to mitigate risk. In this regard, Rew and Horner (2003) highlight that protective resources can modify the individual’s responses to environmental hazards that may be associated with a risk for adverse health outcomes.

Resilience is promoted when protective factors are strengthened within an individual, his/her family and the community (Benzies & Mychasiul, 2009). In other words, protective resources just like risk factors can be found within an individual, relationships, community, and cultural spheres (Ebersohn & Eloff, 2004; Ungar, 2004) and combine in complex ways in order to reduce the impact of risk and adversity, thereby promoting coping ability (Armstrong et al., 2005; Donald et al., 2006; Judge, 2005; Killian, 2004; Ungar, 2004). Also noteworthy is that protective processes alter the outcome of risk rather than eradicating the risk itself (Schoon, 2006).
Thus, protective resources are those inherent attributes that combine with environmental factors that enable an individual to cope in the context of adversity and risk. Researchers (Jensen & Fraser, 2005; Fraser & Terzian 2005) have discovered that protective factors operate in three ways. These include lowering or buffing the adverse effects of risk in the life of an individual. The chain of risk factors in an individual’s life can be interrupted by the protective factor. For example, a chain of risk which starts with rejection from the friends and follows by association with friends with antisocial behaviours and finally involvement in criminal activities can be interrupted by protective factors. They can hinder a risk factor from developing. Protective resources were also referred to as the seven protective tensions of resilience

(Ungar et al., 2008). Table 3.2 presents these seven tensions.

Table 3.2: The seven tensions

<table>
<thead>
<tr>
<th>TENSION (PROTECTIVE RESOURCES)</th>
<th>CONTENTS OF THE PROTECTIVE RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access to material resources</td>
<td>Availability of financial resources, educational, medical, employment assistance and opportunities, and access to food, clothes, and shelter</td>
</tr>
<tr>
<td>2. Access to supportive relationships</td>
<td>Relationships with significant others, peers, and adults within one’s family and community</td>
</tr>
<tr>
<td>3. Development of a desirable personal identity</td>
<td>The desirable sense of one’s self as having a personal and a collective sense of purpose, the ability for self-appraisal of strengths and weaknesses, aspirations, beliefs, and values including spiritual and religious identification</td>
</tr>
<tr>
<td>4. Experience of power and control</td>
<td>Experience of caring for one’s self and others, and the ability to effect change in one’s social and physical environment in order to access health resources</td>
</tr>
<tr>
<td>5. Adherence to cultural traditions</td>
<td>Adherence to, or knowledge of, one’s local and global cultural practices, values, and beliefs</td>
</tr>
<tr>
<td>6. Experience of social justice</td>
<td>Experience related to finding a meaningful role in one’s community that brings with it acceptance and social equality</td>
</tr>
<tr>
<td>7. Experience of a sense of cohesion with others</td>
<td>Balancing one’s interests with a sense of responsibility to the greater good, and feeling a part of something larger than one’s self socially and spiritually</td>
</tr>
</tbody>
</table>

Source: Adapted from Ungar (2008)

The subsections that follow focus on protective resources that are found within the individual, the community and society, as well as relationships.

### 3.6.1 Individual Factors

Research shows that individual resources foster resilience in young people. In this regard, the young people who are born with resources such as adequate intellectual capacity, high self-esteem, social and problem-solving skills and a positive attitude have been able to resilience in the midst of adversity (Junger – Tas, 2010; Frey et al., 2011). Makoelle and Malindi (2015) discovered that resilient learners were able to communicate and talk openly to others about their plight, thereby providing a platform for sharing ideas about how best to deal with their current situation. This implies that having assertiveness is very crucial in promoting resilience among young people. Killian (2007) notes that children with some characteristics such as curiosity, creativity and problem-solving skills and who believe in themselves often excel when faced with the difficult situations.
Studies have discovered that a high IQ and aptitude promote an individual’s resilience (Masten & Powell, 2003). Fitch (2009) conducted a broad survey of youth, focusing on the resources that buffered resilience among them. The results emphasised that important role of high academic ability in enabling resilience among the youth. The author also highlights that this could be as a result of the availability of educational opportunities, and their ability to handle conflict in a more mature manner through communication instead of turning to violence. In this regard, skills such as resourcefulness, concentration, lateral-thinking skills, and problem-solving skills were identified as factors that mitigate the impact of risk (Boyden & Mann, 2005; Kritzas & Grobler, 2005). Related to the positive impact of a high IQ in an individual, Masten and Gewirtz (2006) found that early success in school is strongly associated with easy access to adequate educational opportunities, proper nutrition, as well as proper family support from the community to enhance all developments.

This finding was supported by others (Shaw, Gilliom, Ingoldsby& Nagin, 2003; Masten et al., 2006) who pointed out that learning problems and inability to control oneself often starts at an early stage of life and are connected to the excellent abilities of the parents. Research shows that gender can enable an individual to cope when faced with stressful situations. In this view, Erikssan, Cater, Andershed and Andershed (2010) point out that generally, female children demonstrate resilience more than their male counterparts. Researchers (Condly, 2006; Luther 2006) discovered that behavioural and emotional problems are more common in boys particularly when they are faced with family problems. It is important to note that there are some protective factors such as a positive family climate. This can be more critical in males than in females (Erikson et al., 2010; Vanderbilt – Adriance & Shaw 2008).Researchers (Boyden & Mann, 2005; Armstrong, Birnie-Lefcovitch, Micheal & Ungar, 2005) have discovered that age can be a protective factor among young people.

In this respect, Erikson et al., (2010) indicate that children at an early stage depend entirely on an individual who acts as his or her primary caregiver in order to survive. However, this attachment to primary caregivers seems to become less essential as they grow older. Other factors such as positive relationships with significant others, peers and good academic activities are also essential in fostering resilience among young people (Vanderbilt –
Adriance & Shaw, 2008). Studies have demonstrated that having a religious identity can enhance coping ability. Benard and Marshall (2001) argue that young people who draw their strengths from religion and prayer are likely to be involved in activities such as cigarette smoking and drinking. Easy temperament (Brooks, 2006; Kessler, Mickelson, & Williams, 1999) and perseverance (Dass-Brailsford, 2005) have also been noted to facilitate resilience among young people.

Researchers (Killian, 2004; Ungar, 2008; Schoon, 2006) have demonstrated that young people who are resilient do better in areas such as self - esteem, a sense of humour, efficacy, independence and internal locus of control. Self - efficacy beliefs have been associated with some intrapersonal skills such as self - awareness, empathy, and willingness to assist others (Killian, 2004; Newman, 2002).

Makoelle and Malindi (2015) highlight that young people’s ability to exercise self-control is the basis for their fundamental success. This finding was strengthened by other researchers such as Carbonell et al. (2002). In this regard, researchers (Ungar et al., 2008) discovered that young people have the potential to look after themselves and to develop confidence that will bring change in their society in order to meet needs such as positive relationships and to acquire material recourses. This means that if these resources are present in an orphaned child, they will reduce the risk of adverse developmental outcomes, thereby promoting resilience.

Young people who have initiative, motivation (Dass-Brailsford, 2005), a strong sense of autonomy, identity, and purposeful and positive values and beliefs tend to do well when faced with difficult situations (Ungar et al., 2008; Makoelle & Malindi, 2015).

Regarding this, Makoelle and Malindi (2015) found that resilient children had a positive value system and beliefs that influenced their motivation and their drive to do well despite their conditions.

Researchers such as Pienaar, Swanepoel, Rensburg and Heunis (2012) found that assertiveness, social values, morality, and optimism enable one to cope with adversity. The
use of humour is proved to be effective in dealing with the impact of adversity among children (Luthar, 2006). Resilient children do not easily give up (Dass-Brailsford, 2005); they tend to persevere and are focused in order to achieve their future goals. Furthermore, the young people who have quality relationships with their families, peers, schools and other significant adults in the community seem to do well in the context of adversity (Ungar, 2008; Malindi & Machenjedze, 2012). This implies that having supportive relationships is essential in enabling resilience among young people.

Research has demonstrated that children need individual strengths in combination with other socioecological factors to cope resiliently in the face of risk and adversity. Communities are crucial in enhancing resilience among children. The next subsection provides findings from studies that focused on the role of the community in promoting resilience.

3.6.2 Community and Societal Factors

Research has demonstrated that a warm and supportive community can serve as a buffer during adversity. In this regard, an individual who has a strong bond with the school, and who is pro-socially involved in the school and community, as well as access to social services, tends to have a protective mechanism against the risk of violence (Frey et al., 2011). According to Masten and Obradovic (2006), schools are responsible for the development of human capital. Knowledge, cognition, and self-regulation skills are human capital needed to be efficiently and effectively productive in the society. Studies have discovered that factors such as feeling as belonging, being happy, and involved in school activities help to protect the young people from violence (Kodjoet et al., 2003; Henrich et al., 2006). Other researchers indicate that giving young people opportunities for education, providing employment, and involvement in prosocial activities are essential protective factors that buffer resilience among children (Forrest-Bank et al., 2013).

Children and youth who are resilient are, therefore, those whose teachers accept, respect, and trust them, and those who have teachers who give them opportunities to express
themselves within the school environment (Ungar, 2009). Schools that have extracurricular organisations tend to demonstrate less school disorder than schools that do not have supportive environments for their learners (Payne, Gottfredson & Gottfredson, 2003). Furthermore, Nix, Pinderhughes, Bierman and Maples (2005) highlight that regular communication at all levels (family, school, and community) enhances resilience among young people.

Researchers (Ungar, Tutty, McConnell, Fairhol & Barter, 2009) discovered that open communication with a significant adult enables young people to disclose abuse. This finding is supported by the findings of Cheung, Goodman, Leckie and Jenkins (2011), who reported that young people living in a house who have varied needs can access quality services if they have social workers and mental health care providers who keep the line of communication open. Researchers such as Theokas and Lerner (2006) note some neighbourhood factors that will enable the young people to develop resilience. These include social cohesion as well as the transience of residence that can influence a community in ensuring that safety and support are adequately supported in order to engage with young people and to develop future aspirations. Other studies have shown that young people living in a community that is actively involved in the activity of religion are more likely to cope efficiently when faced with risk and adversity (Linville & Huebner, 2005). This finding found support among other researchers (Ball, Armistead & Austin, 2003; Bridges & Moore, 2002; Miller, Davies & Greenwald, 2000) who state that religion can protect against several adverse development outcomes including drug use and delinquency.

Furthermore, Jessar, Turbin and Costa (1998) conducted a large survey of Hispanic, White and African – American high school learners, focusing on the protective factors that buffered resilience among them. The results emphasised the important role of the church involvement in enabling resilience among the young people. The results highlighted that church involvement strongly encourages positive behaviours such as healthy diet and exercise. According to Johnson, Jang, Li and Larson (2000), religions participation also helps to mitigate the negative effects of risk factors such as violence in the neighbourhood.
Killian (2004) maintains that opportunities for positive interaction and messages including experience can be created through a network of supportive others, thereby promoting resilience among young people. In this regard, Keyes (2004) emphasises that young people who receive care, warmth, and love from people other than their immediate family and who actively participate in church activities can do well when faced with risk and adversity. In connection with this, Makoelle and Malindi (2015) demonstrate that the resilient learners’ ecological environment adds value to the level of resilience that they developed. Children who receive social support from others are equipped with resources to develop well in all areas of life. Resilient children need to trust and enjoy secure attachments to others (Killian, 2004; Masten & Obradovic, 2007) with an assurance that people are there to guide, provide for and protect them. Young people tend to cope in the face of risk and adversity when material resources such as food, quality health care, education, shelter, financial help and job opportunities are adequately provided (Ungar et al., 2008).

Research shows that a culture that promotes interdependence, cooperation, and mutual assistance as core values can enhance resilience among people in the face of risk and adversity (The Bridge Child Care Development Service, 2007). The young people who are exposed to cultural practices, values, and beliefs have a sense of belonging that typically enables them to resiliently cope when faced with adversity (Ungar et al., 2008; Theron, 2007). With regard to values, the emphasis, for example, in some communities on the social responsibility of community members to care for one another in terms of the good of the whole community, has the potential for promoting developmental resilience at the wider community level and the whole social system (Donald et al., 2010). Beliefs such as compassion and mutual care are incorporated into religions and therefore have a cultural influence that originates at the wider community together with cultural practices. Cultural practices such as rituals and ceremonies are crucial in fostering resilience among young people (Donald et al., 2010). The above-reviewed literature demonstrates that a community can enhance resilience among young people by adequately providing resources that enable resilience. Research has highlighted that young people need internal support that must combine with external support (community and relationships) to promote resilience when faced with risk and adversity.
3.6.3 Relationship Factors

Thoits (2010) refers to social support as an emotional as well as informational assistance given to an individual by his/her family, peers or co-workers. Social support is an essential protective mechanism that can buffer the effects of risks on the child (Armstrong et al., 2005). Access to protective resources can be effectively facilitated when an individual has quality relationships with others (Benard, 2004). In this regard, Keyes (2004) highlights that young people who relate well to their siblings and who are not exposed to family conflict tend to cope with stress adequately. This implies that family support enhances resilience among young people. In other words, qualities such as appreciating other people’s gifts, listening to them and having a sense of compassion define a caring relationship (Benard, 2004). Research shows that children who relate well with their parents and peers are less likely to demonstrate violent behaviour (Junger-Tas, 2010). This finding was strengthened by other studies (Smith, 2006; Utting et al., 2006; Kruger & Prinsloo, 2008). Family cohesiveness increases self-esteem in young children, thus, promoting resilience (Baldwin & Hoffman, 2002; Ungar et al., 2013). This implies that strong bond with parents including monitoring is strongly associated with resilience among children (Tragessser, Beaurais, Swaim, Edwards & Oetting, 2007). Families with a healthy communication, who actively engage with the children in carrying out duties with adults such as washing clothes, cleaning, ironing, and who eat together, visit relatives and have peer role models are more likely to raise resilient children (Kodjoet et al., 2003; Henrichet al., 2005). Agaje (2008) found that an orphaned child who has a warm relationship and experiences from family relatives grows up in a more stable and secure environment, thereby favouring their psychological, intellectual and social development. Family adaptability fosters resilience among children (Ungar et al., 2013).

According to Walsh (2006) family adaptability refers the ability of the family to demonstrate flexibility when faced with challenges. Studies have shown the various risks the young people are being exposed to when they experience rejection from their families particularly when their sexual orientation has been disclosed (Ryan, Russel, Huebner, Diaz, and Sanchez
These risks include misuse of alcohol and drugs, suicidal thoughts, stress, and indiscriminate sex. In other words, family acceptance is essential in facilitating resilience among young people. Researchers (Brooks, 2006; Davies, 2011) have discovered that good parenting styles such as healthy communication, proper supervision and consistent discipline are useful in developing resilience among young people.

Donald et al. (2010) note that a family that sets clear limits, guides and monitors children’s behaviour helps the children to resist peer pressure groups, thereby protecting them from risk-related behaviour such as substance abuse. Resilience can be promoted through a family that has a consistent set of rules and norms that gives direction to children’s choices and their sense of identity (Donald et al., 2010).

Parental expectations about school achievement have been identified as a protective factor among young people (Makoelle & Malindi, 2015). Concerning this, Benard and Marshall (2001) emphasise the importance of high expectations in protecting young people against health – risk behaviours such as suicidal ideations. In this regard, Benard (2004) highlights that high expectations are enhanced when some structures and safety are established through consistent rules and discipline. Opportunities for participation and contribution have been noted to increase resilience among young people. A study by Benard (2004) shows that it is vital to provide young people with a chance to participate and engage in challenging and exciting activities including employment opportunities that would enable them to develop essential life skills as well as resilience qualities.

Young people that resilience in the context of risk are those who have positive relationships with teachers and peers (Reed-Victor, 2008). Regarding this, Makoelle and Malindi (2015) found that resilient young people had around them a circle of supportive peers that provided aid during difficult times, and they also derived courage from their teachers. In this regard, Kruger and Prinsloo (2008) highlight the roles that teachers play in promoting competencies in young people who are at risk. The authors emphasise that the interests, abilities, experiences including learning styles and prior knowledge of the learners need to be
incorporated by the teachers through proper planning and structuring of learners and homework.

Other researchers (Anderson, Christenson, Sinclair & Lehr, 2004; Aronowitz, 2005) have found that caring and competent teachers are strongly associated with positive developmental outcomes among street children by encouraging them to believe in their abilities, to set high expectations, to develop value and competence and to be optimistic about the future. In the study by Anderson, Christenson, Sinclair and Lehr (2004), caring teachers were found to promote resilience among street children.

In connection with this, Malindi and Machenjedze (2012) found that school engagement provides the necessary protection to the children living on the streets and helps them to develop in an environment that is child-friendly, thereby encouraging them to complete their studies and to behave prosaically.

Furthermore, according to Anderson – Butcher, Amorose, Lachini and Ball (2012), three factors are associated with school protective factors. These include a positive relationship with the school, the academic press that involves the expectation of a learner’s experience regarding academic success and motivation, which includes the overall interest, joy and engagement in education. These factors have been found to improve academic achievement, grades, higher grade points average and standardised test scores (Battin-Pearson et al., 2000; Klem & Connell, 2004; Nasir, Jones & McLaughlin, 2011; Ratelle, Guay, Vallerard, Larose, & Senecal, 2007; Bryk, 2010). This shows that positive relationships play a huge role in fostering resilience and improving academic success.

The studies reviewed in this subsection demonstrate how critical supportive relationships are in promoting resilience among young people, including orphaned children. If these resources (internal and external) are present in an orphan, they will help to mitigate the adverse effects of risk and therefore promote resilience in the child. Table 3.3 shows some common protective factors.
Table 3.3: Common protective factors for childhood and adolescent problems by level of influence

<table>
<thead>
<tr>
<th>Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Opportunities for education, employment, and other prosocial activities</td>
</tr>
<tr>
<td>• Caring relationships with adults or extended family members</td>
</tr>
<tr>
<td>• Social support from non-family members</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal and Social Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attachment to parents</td>
</tr>
<tr>
<td>• Caring relationships with siblings</td>
</tr>
<tr>
<td>• Low parental conflict</td>
</tr>
<tr>
<td>• High levels of commitment to school</td>
</tr>
<tr>
<td>• Involvement in conventional activities</td>
</tr>
<tr>
<td>• Belief in prosocial norms and values</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social and problem-solving skills</td>
</tr>
<tr>
<td>• Positive attitude</td>
</tr>
<tr>
<td>• Temperament</td>
</tr>
<tr>
<td>• High intelligence</td>
</tr>
<tr>
<td>• Low childhood stress</td>
</tr>
</tbody>
</table>

Source: Adapted from Fraser et al. (2004), Jenson and Howard (1999), and Hawkins et al. (1998)

Child Help (2011) organised protective resources into different categories. These categories include parent/caregiver factors, individual child factors, concrete support, access to essential services, social connections, family factors, the environment, and opportunities to positive activities, as shown in Table 3.4 below.
Table 3.4: Protective resources for resilience

<table>
<thead>
<tr>
<th>PARENT/CAREGIVER FACTORS</th>
<th>Concrete Supports – Ability to Meet Basic Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nurturing and Attachment</strong></td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td>Food</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Clothing</td>
</tr>
<tr>
<td>Positive guidance</td>
<td>Housing</td>
</tr>
<tr>
<td>Protection</td>
<td>Transportation</td>
</tr>
<tr>
<td>Knowledge of Parenting Skills</td>
<td></td>
</tr>
<tr>
<td>Respectful communication</td>
<td></td>
</tr>
<tr>
<td>Consistent rules and expectations</td>
<td></td>
</tr>
<tr>
<td>Authoritative parenting</td>
<td></td>
</tr>
<tr>
<td>Knowledge of Child Development</td>
<td></td>
</tr>
<tr>
<td>Safe opportunities for independence</td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to Essential Services</td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td></td>
</tr>
<tr>
<td>Mental health service</td>
<td></td>
</tr>
<tr>
<td>Encouraging curiosity</td>
<td>Social Connection</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Parental Resilience</strong></td>
<td>- Emotionally supportive friends, family, and neighbours</td>
</tr>
<tr>
<td>Parent or caregiver’s capacity to cope with stress</td>
<td></td>
</tr>
<tr>
<td><strong>Individual Child factors – Personal Values, Beliefs, and Behaviours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social Competence</strong></td>
<td></td>
</tr>
<tr>
<td>- Responsiveness</td>
<td></td>
</tr>
<tr>
<td>- Communication</td>
<td></td>
</tr>
<tr>
<td>- Empathy</td>
<td></td>
</tr>
<tr>
<td>- Caring</td>
<td></td>
</tr>
<tr>
<td>- Compassion</td>
<td></td>
</tr>
<tr>
<td>- Altruism</td>
<td></td>
</tr>
<tr>
<td>- Forgiveness</td>
<td></td>
</tr>
<tr>
<td><strong>Problem-solving Skills</strong></td>
<td></td>
</tr>
<tr>
<td>- Planning</td>
<td></td>
</tr>
<tr>
<td>- Flexibility</td>
<td></td>
</tr>
<tr>
<td>- Resourcefulness</td>
<td></td>
</tr>
<tr>
<td>- Critical thinking</td>
<td></td>
</tr>
<tr>
<td>- Insight</td>
<td></td>
</tr>
</tbody>
</table>
3.7 CONCLUSION

This chapter provided an overview of the literature regarding defining resilience, risks to resilience, and protective resources. The next chapter focuses on how the empirical research was conducted in this study.

Source: Adapted from Child Help (2011)
4.1 INTRODUCTION

This exploratory study aimed to explore the role of secure attachment in promoting resilience among orphans. The preceding chapter discussed the phenomenon of resilience based on literature. The literature study was then followed by empirical research. This chapter explains how the empirical research was conducted. In other words, chapter 4 discusses the research design used in this study; how data was sampled, collected, and analysed; observed ethical procedures; and enhanced trustworthiness.

4.2 DESIGN OF THE STUDY

In conducting research, an appropriate research design is chosen so that the research question can be answered. A research design refers to a plan and the procedure for research that involves the decisions from broad assumptions to detailed methods of data collection and analysis (Creswell, 2008). In other words, a research design involves steps and procedures that the researcher follows when researching in order to answer the research question.

This study followed an exploratory qualitative research design. Exploratory studies focus on topics that are relatively new and persistent phenomena for which answers are needed (Babbie, 2013). Regarding this, the role of secure attachment in promoting resilience among orphans has not been adequately explored, since most studies focus more on factors that cause orphanhood and the problems that face orphaned children. Orphans who are resilient despite traumatic experiences and adversity have not been adequately studied.

This study was also phenomenological. The phenomenon that this study focused on was the resilience phenomenon. In this qualitative study, the aim was to understand how meaningful attachment enabled the resilience of orphaned children. In qualitative studies, phenomena
are studied in naturalistic contexts where the participants’ views and perceptions can be studied (Henning et al., 2010).

4.2.1 Research Context

The place where this study took place was Alexandra Township, which is in the north-eastern suburbs of Johannesburg. This township is characterised by a high rate of poverty, and most families live in shacks. The participants in this study were housed in a home set aside for orphans. The home admitted orphans from different cultural backgrounds. The children attend the same school with other non-orphans.

4.2.2 Data Collection Methods

In exploring the role of secure attachment in promoting resilience among orphans, some data collection methods were used to obtain adequate information. These included individual interviews, focus group interviews, and illustrative drawings. This is in line with Gall and Borg (2005), who note that in collecting data, a qualitative researcher should adopt whatever methods are appropriate to their purpose, and the researcher might use multiple methods to collect data about the topic, in order to achieve a sound finding. The three research methods used in this study are discussed later.

4.2.3 Sampling Procedure

Researchers usually select samples from a target population, since whole populations are sometimes not easy to include in a study. The term population refers to a large collection of individuals or objects that are the main focus of a scientific inquiry (Castillo, 2009). Whole populations cannot always be studied; therefore, researchers routinely resort to sampling. According to Strydom (2005), a sample can be defined as elements of the population considered for actual inclusion in the study. Sampling is a scientific process whereby participants are included in a study (Babbie, 2013). This study used purposive sampling. According to Babbie and Mouton (2007), purposive sampling depends largely on the
researcher’s knowledge of the population, the elements of the population, as well as the nature of the study envisaged.

This study was limited to children who had lost one or two parents, attended school, and resided in the home. Every individual in this study who is a resident of the home and attends school formed part of the broader population of orphans.

For this study, a non-probability purposive sampling approach was utilised. The researcher sought to access children who are specifically orphans regardless of the cause of the participating children’s home in Johannesburg. The participants were purposively selected. The participants recruited were orphans aged from 11 to 17. The reason why the researcher chose this sampling technique was based on the argument by Steinberg (2004) that purposive samples are drawn from an available population without having to stratify them first.

The following are the key motivating factors for selecting the participating children’s home site:

- The choice of this home was based on convenience. The home was located close to the researcher’s home; therefore, accessibility and interaction with the participants were easier.

- The home is predominantly funded and serves as the residential care of children who have lost one or both parents including children from low-income families. This made the home the most appropriate site for this study.

- The site was located where people speak Setswana and isiZulu.

The researcher invited the participants to take part in her study, and 20 orphaned learners volunteered. The nature and design of the study, namely, qualitative research informed the researcher’s motivation for purposive sampling. Merriam (2002) notes that during qualitative research; it is best to purposefully sample participants that one can learn the
most from. Additionally, Creswell (2006) demonstrated that qualitative researchers generally do not constrain their research by giving definitive sizes of samples and that the numbers may range from 1 to 2 people as in a narrative study, and 50 to 60 in grounded theory.

In this study, three specific categories of participants were selected. These included children who have lost their mothers, those without their fathers and those who have lost both parents. These participants were chosen since they all had similar life experiences as orphans. The characteristic features of these participants included eight males and 12 females. A detailed description of the participants is provided in Table 4.1.

4.2.4 Data Collection Procedures

In this study, in order to gather data, the researcher used individual interviews, focus group interviews, and the draw-and-write technique. These methods produced two sets of qualitative data. Participants were given a choice of taking part in either individual or focus group interviews. Some of the participants agreed on both. However, as I wanted only half of the total participants (10) for individual interviews, I purposely chose ten. Others agreed to be in a focus group. There were two groups of focus group interviews; each consisted of (5) participants. Table 4.1 shows the biographical details of the participants who took part in the individual interviews and tables 4.2 and 4.3 present the biographical details of that of the focus group interviews. It is evident that three participants were in Grade 7, four of them in Grade 8, four were in Grade 9, six were in Grade 10 and 3 participants were in Grade 11. The participants’ ages ranged from 12 to 17. This subsection presents an explanation of how each of these techniques of gathering data were used.
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Grade</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mpho</td>
<td>12</td>
<td>7</td>
<td>female</td>
</tr>
<tr>
<td>Joy</td>
<td>14</td>
<td>9</td>
<td>Female</td>
</tr>
<tr>
<td>Kate</td>
<td>13</td>
<td>8</td>
<td>Female</td>
</tr>
<tr>
<td>Faith</td>
<td>15</td>
<td>10</td>
<td>female</td>
</tr>
<tr>
<td>Nomvula</td>
<td>12</td>
<td>7</td>
<td>Female</td>
</tr>
<tr>
<td>Chad</td>
<td>17</td>
<td>11</td>
<td>Male</td>
</tr>
<tr>
<td>Thato</td>
<td>11</td>
<td>6</td>
<td>Male</td>
</tr>
<tr>
<td>Lelo</td>
<td>15</td>
<td>10</td>
<td>female</td>
</tr>
<tr>
<td>Puleng</td>
<td>15</td>
<td>10</td>
<td>Female</td>
</tr>
<tr>
<td>Bethu</td>
<td>14</td>
<td>9</td>
<td>Female</td>
</tr>
</tbody>
</table>

Table 4.1: Biographical Information for Individual interviews

<table>
<thead>
<tr>
<th>FGI (1)</th>
<th>Age</th>
<th>Grade</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGIP1 (A)</td>
<td>17</td>
<td>11</td>
<td>male</td>
</tr>
<tr>
<td>FGIP1(B)</td>
<td>17</td>
<td>11</td>
<td>Male</td>
</tr>
<tr>
<td>FGIP1(C)</td>
<td>13</td>
<td>8</td>
<td>Female</td>
</tr>
<tr>
<td>FGIP1(D)</td>
<td>13</td>
<td>8</td>
<td>female</td>
</tr>
<tr>
<td>FGIP1(E)</td>
<td>15</td>
<td>10</td>
<td>male</td>
</tr>
</tbody>
</table>

Table 4.2: Focus group interview (FGI) (1)

| FGI (2) | Age | Grade | Sex |
| FGIP2(A) | 13 | 8 | Female |
| FGIP2(B) | 14 | 9 | Male |
| FGIP2(C) | 15 | 10 | Male |
| FGIP2(D) | 14 | 9 | male |
| FGIP2(E) | 12 | 7 | Female |

Table 4.3: Focus group interview (FGI) (2)

4.2.4.1 Individual interviews

Individual interviews are a predominant mode of data collection in qualitative research (De Vos et al., 2005). Interviews are ways of doing an in-depth exploration of the phenomenon under investigation (Henning et al., 2010). In this study, the researcher conducted interviews with each participant in a face-to-face manner in a room allocated for the interviews at home. The room was well ventilated and equipped with chairs and desks. The participants were given a choice to speak in any language of their choice; hence, a female interpreter who was fluent in up to six African languages accompanied the researcher.

This study used unstructured questions with the aid of an interview guide. This allowed the researcher to probe for more information about the participants’ personal experiences, views and challenges. The purpose of the interview guide was to enable the participants and the researcher to focus on the objective of the study. The interviews were recorded using two audio recorders. The participants chose to communicate in English; hence, there was no need for translation or interpretation. It took the researcher three days to complete
the interviews. In each day, the interviews lasted between 30 minutes and 2 hours depending on the participants’ willingness to talk.

The interviews took place in the afternoons when the participants had come back from school.

4.2.4.2 Focus group interviews

Focus group interviews are a means of understanding how people feel or think about an issue (De Vos et al., 2005). Focus group interviews were used as a method of collecting data. Two groups consisted of five orphans in each group. The children were all given chances to share their perceptions and experiences in a friendly manner, without any pressure. The focus group interviews occurred in the room that was used for individual interviews. The focus group interviews lasted for two hours. The focus group interviews were also recorded after the participants’ consent was obtained, and they took place in the afternoons – after school. During the interviews, participants all wanted to give their views all at the same time; they did confirm one another’s experiences during the interviews.

4.2.4.3 Symbolic drawings

In this study, in order to collect more textual (narratives) and visual (drawings) data, the draw-and-write technique was utilised. This technique has been used extensively in order to gather views from children regarding health and health services (Horstman & Bradding, 2002). According to Guillemin (2004), drawings are visual products, and through them, the drawer is simultaneously constructing knowledge. In other words, this method enables children who experience hurt and pain to express their feelings in a child-friendly way.

The draw-and-write technique plays an essential role in providing the children with the opportunity to answer the research questions themselves, without being influenced by the interviewer (Franck et al., 2007). In this study, the draw-and-write technique was chosen in order to adequately understand the children’s perception about the role of secure attachment in promoting resilience among orphans.
In the draw-and-write technique, the participants make use of symbolic drawings and the explanatory narratives in which they explain the drawings. This technique is a better choice. This is because the children are not being intimidated in any way. On that account, it helps to strengthen the response validity and internal validity because there are two within-subject sources of data, namely, drawings and text (Franck et al., 2007).

The researcher provided the participants with pencils, erasers, pens, and A4 sheets of paper. At the top of each sheet, there were short prompts or instructions, such as:

“Think about that time when your life was hard. Think about all the things or people that helped you cope with your life then. Draw this in the space provided below. How well you draw is not important.”

On the flip side of the sheet was the following instruction:

“Now write a paragraph in which you explain your drawing. You may write in any language of your choice.”

To aid understanding, the instructions were read and explained to the participants. They were told that how they drew was not significant, and they could take their time. The drawings and the writing of the narratives were administered to the participants before the interviews could take place. The participants took between 25 and 30 minutes to draw and explain their drawings. The participants, in the language of their choice, were able to write their narratives. The English language was their choice, and their narratives were not subjected to language editing. Based on the major themes that emerged, the researcher was able to group the drawings that had given rise to the data analysis process.
4.3 DATA ANALYSIS

The data collection process yielded four qualitative data sets, namely, individual interview data, focus group interview data, and illustrative drawings and narratives. Ways in which these data sets were analysed are discussed next.

4.3.1 Analysis of Interview Data

Henning et al. (2010) view qualitative data analysis as a process in which raw data is converted into final patterns of meaning. In this study, data were subjected to analysis, which, according to Henning et al. (ibid), labels small units of meaning which are systematically named according to the meaning the researcher assigns. The researcher looks for connections and differences in the text. This process is called open coding. These labels are called codes, which are later grouped to form categories or themes. Open coding is an inductive process whereby the codes are selected according to what the data means to the researcher (ibid). A code is defined as a label for a segment that signifies what the researcher understands (Henning et al., 2010). Codes with similar meanings were grouped to form categories. MacMillan and Schumacher (2010) refer to categories as themes that are composed of codes that have been grouped.

In processing the data, the researcher took a close examination of the transcripts to ascertain the underlying meanings of the information gathered. She then labelled parts of the data (open coding). Through the process of axial coding, the codes were grouped to form categories and themes were developed from the categories. The two major themes that emerged from this process are the participants connected to others, and the participants have individual strengths.

The above themes are discussed as findings in Chapter 5. The researcher compared the findings to previous research.
4.3.2 Analysis of Symbolic Drawings and Narratives

The same participants who took part in the interviews were able to draw and write the narratives that explained their drawings. The narratives were examined carefully and grouped according to the codes and themes emerging from the narratives. Similarities were noted in which the codes adequately fitted into the themes that emerged from the interview data.

4.4 ETHICAL PROCEDURES

Research should be conducted with due regard to ethics. In this regard, the researcher consulted relevant authorities at the centre before embarking on the study. The research project was submitted, and the ethics committee of the University of Johannesburg hence approved it. In other words, the researcher got permission to undertake the study from the University of Johannesburg and the shelter in Alexandra.

The researcher sent a letter to the home. The purpose and nature of the study were adequately explained. The manager of the home, after reading the letter, invited the children to take part in this study, without any form of pressure. The manager also co-signed the consent forms that the researcher had sent, since the participants were under the age of 18. It is after this that the researcher proceeded with this study. The ethical considerations that followed were observed in the study, as also presented in Figure 4.3.

4.4.1 Voluntary Participation

According to Babbie (2013), participation in research requires time and energy on the part of the participants. The personal details and stories of the participants are also involved. This, therefore, opens the participants to abuse if care is not taken. Gallagher (2000) notes that in undertaking any research, researchers must ensure that participants take part in research voluntarily. About the above ethical issue, participants were told about all the details with regard to the study.

The researcher sent a letter to the shelter explaining the nature of this study. The learners who took part in the study were informed that they are free to pull out their consent at any
point of the study. The participants signed assent forms that the manager had to co-sign, indicating that they knew about the children’s participation in the research.

4.4.2 No Harm to Participants

It is essential that researchers do not expose participants to unnecessary physical or psychological harm. According to Babbie and Mouton (2001), researchers need to take cognisance of the impact their research will have on participants so as not to expose them to any unreasonable risks and harm to their emotional wellbeing. Respecting this, Roberts (2003) noted that in conducting a study, it is the responsibility of the researcher to protect the subject against any undue harm.

To ensure that the research did not cause any harm to the participants, the researcher adequately informed the participants of the nature and purpose of the study, its risks, and benefits. The participants consented to taking part in the research after fully understanding the nature of this study as well as what was expected of them.

4.4.3 Anonymity and Confidentiality

Protecting the anonymity of participants is another ethical practice. In connection with this, Creswell (2008) demonstrated three ways in which this can be done. One way is by masking the names of the individual participants. The second is by assigning pseudonyms to individuals. The final way is by choosing to withhold descriptions that would lead to the identification of participants and the research site.

To observe the principle of anonymity and confidentiality, one has to keep the information that will be written about the participants anonymous and confidential. Anonymity and confidentiality place a strong obligation on the researcher to guard the information that he/she received from the participants (Strydom, 2005). In this study, the researcher did not use the actual names of the participants, and they were assured that their identity would not be revealed to anyone. The research site’s identity was also protected by being named as a home in Alexandra. This added to the elimination of any risks.
4.4.4 Deception

The participants who took part in this study knew who the researcher was and were provided with accurate information regarding the researcher. This practice is in line with the suggestion of Babbie (2013), who notes that a researcher should identify him- or herself as the researcher. However, some researchers see the need to conceal their identities. In addition, during this study, the participants were provided with accurate information regarding the aim and purpose of the study.

4.4.5 Analysis and Reporting

Researchers (Babbie, 2013; Babbie & Mouton, 2001) have noted that the integrity of scientific knowledge ought to be protected. The researcher should be honest and transparent. With regard to this particular research study, the researcher presents analysis and interprets the findings of the study as they are. The researcher did not report on something that did not exist or reflect what actually been had done. The researcher acknowledged all sources that were used in the study, and participants were not influenced in their responses to support views held by the researcher. Excerpts from the interview data were provided together with excerpts from the narratives. The drawings are attached as Appendix D.

4.5 TRUSTWORTHINESS

The importance of trustworthiness in qualitative research was discussed in Chapter 1. Details of how credibility, transferability, confirmability, and dependability were ensured in this study were presented.

4.6 CONCLUSION

In this chapter, the qualitative research design and methodology were discussed. Details on how empirical research was conducted in this study were provided in this chapter. The design and research methods, and details on how data were collected and analysed were
presented. The research ethics and trustworthiness of the study were also discussed. The next chapter focuses on the data that were collected.
CHAPTER 5

FINDINGS AND DISCUSSION

5.1 INTRODUCTION

The previous chapter provided details on how empirical research was conducted. The data that is presented in this chapter were collected through semi-structured interviews, focus group interviews, and the draw-and-write technique. The draw-and-write technique involves the drawing of symbolic drawings and the writing of narratives in which the participants explained their drawings. This chapter focuses on the presentation and analysis of the data collected.

In presenting the research findings, the researcher gave the participants fictitious names in order to protect their privacy and to keep with ethical requirements. The name of the shelter was also withheld.

5.2 FINDINGS AND DISCUSSION

It is important to know that the interviews were recorded. All the participants were able to communicate in English; therefore, the interviews were conducted in English. The participants were, however, free to communicate with the researcher in any African language of their choice. The recordings were transcribed. A thorough reading and examination of the data enhanced the researcher’s understanding of the data.

The understanding gained enabled the process of coding. The coding process followed three steps. This involves open coding, axial coding, and the development of the themes after inductive codes had been grouped. Three major themes emerged from the data, namely, spirituality, religion and faith, connection to others and individual strengths.

It is important to note that the combinations of the resources above enabled an individual to cope resiliently in the face of difficult circumstances. However, despite these resilience resources, the orphans still face some risks.
The preceding themes and sub-themes are discussed individually. The most effective excerpts from the raw data are presented. The participants were quoted verbatim and their responses are presented in italics. Readers are cautioned about grammatical errors in participants’ expressions because English is not their first language. The illustrative drawings were scanned and marked to facilitate identification. The narratives were typed and were quoted as they are.

5.2.1 Spirituality, Religion and Faith

The findings of this study indicate that the resilience of the orphans who took part in the study was enabled because of their spirituality, religion and faith. In different communities, the young people can do well in the face of risk and adversity as a result of their spirituality, religion and faith. These resilience resources have been noted in past studies as important in enabling young people to cope resiliently in the face of challenges (DassBrailsford, 2005; Theron & Malindi, 2010; Benard & Marshall, 2001; Ungar et al., 2008). This study made similar findings. It is important to note that religious people experience a connection to the Almighty through the Holy Bible. In this regard, religion and faith enabled all the participants to deal with stress and life challenges. For example, Nomvula said the following during the individual interview:

*What helps me to cope with my life is studying the Bible……mm...yes studying*

The participant benefitted from the Bible. Through studying the Bible, she was able to cope when adversity prevails. The Bible provided strength and guidance.

Participant 4 made the drawing of a Bible, a cross and a candle.
The accompanying narrative says:

The Bible encouragement to not to lose hope. It makes me happy and not to stay angry. It gives me joy. (Participant 4)

The above narrative shows that the participant benefitted from the Bible, which gives her hope and joy in order to deal with the challenges faced.

Participant 3 made a drawing of a Book that represents a Bible. In explaining the drawing, he said the following:

I drew the Bible. It helps me a lot with my life. It encourages. It gives me strength and happy.

The above narrative also shows that the Bible was a source of strength and joy that enabled the participant to cope in the face of risk and adversity.
Another evidence of the importance of Bible is seen in what FGIP1 (B) said in an interview:

_We pray everyday and it does help me to cope and reading the Bible. The Bible helps me to cope with my life and prayer._

The above excerpt shows that the participant was able to resile due to prayer and the Bible that provided strength.

Also, Mpho benefitted from the Bible as the following excerpt shows:

_What enables me to cope with my life....we are Christians and we take holy communion and read Bible. They enable me to cope with my life._

The above excerpt shows that the participant drew her strength from the Bible and Holy Communion. It shows that she was from a Christian home and this facilitated her resilient coping.

The participants were able to resile due to their faith in the cross. For example, participant two made the drawings of a cross, a Bible a soccer ball and a boot.
In her narrative, she said:
I have drawn a cross. The cross that I have drawn has relieved my life in dangerou sitution but I was always praying infront of a cross and always reading Bible, and now I have good team

(Participant 2)

The above narrative shows that the participant’s faith in the cross and Bible facilitated his resilience to cope with difficult situations. He believed that through prayer and reading of the Bible he was able to enjoy playing with other peers. It is important to note that research has indicated that sport restores childhood to children growing outside the ideal family situation and connects them to their peers (Le Roux, 2001; Malindi & Theron, 2012). Football is a team sport that requires cooperation; therefore, football provides a meaningful attachment that enables resilient coping.

Participant 6 made a drawing of a hand placed on a cross and a Holy Bible. The role of the connection with the cross and Bible in enhancing resilient in at-risk youth is evident in the accompanying narrative:

When my life is hard, I just stay with my Holy Bible and it inspires me with lot, and most of the time it tells me what to do and shows me the way and I follow what it shows me all the time, and I know that it will help me.

It is evident that the participant draws his strengths to deal with life challenges from the Holy Bibles. He believed that the Bible provided him with needed direction and inspiration he needed when adversity presents.

Praying with the cross provides the young people at risk with some peace and ability to move on with their lives. In this regard, a participant wrote the following narrative:

Praying to God help me to cope with my life. When I am sad I pray and become happy again

The narrative shows that the connection to God through prayer enables resilience in the participant. It enables him to carry on with his life. Prayer becomes his source of strength.
Studies (Ball, Armistead, & Austin, 2003; Bridges & Moore, 2002; Miller, Davies & Greenwaid, 2000) have demonstrated that religion can protect young people against several adverse developmental outcomes.

Participant 1 made a drawing of a Bible and the cross. In her attempt to explain the drawing, the participant wrote the following:

*In such a hard time, sometimes I need to be alone, but being alone does not help me. The best way is to talk to my mother or my sister and brother. There are many circumstances I went through but the Lord is my shepherd and I fear no evil* (participant 1)

The above narrative shows that the participant, inspite of being connected to the family, also draws strengths from the Lord. She believed that in difficult times, the Lord would always protect and guide her. It also highlights that the participant was assertive. Research on resilience processes has noted assertiveness as one of the personal resources that enhance coping among young people who face risk and adversity (Makoelle & Malindi, 2015). The participant indicated that she was able to talk openly to others about her plight.
Another participant made a drawing of a house with a cross.

In explaining the drawing, she said:

_The church helps me a lot when I go to church I forget about things. I feel happy, We pray and sing, I love it_

The above narrative shows that the participant was able to resile because of the church. She draws strength from praying and singing in the church.

Also, FGIP2 (A) benefitted from prayer as the following excerpt shows:

_When I pray, it helps me to cope with my life. Prayer helps me with God, and I feel ok._

The above excerpt shows that prayer enabled the participant to resile when faced with adversity. He believed that prayer connects him to God. Studies on resilience have counted
5.2.2 Connection to Others

The findings of this study indicate that the participants were meaningfully connected to others. Coholicet _al._ (2012) indicate that supportive relationships enable positive development in children. In other words, resilience is enhanced by connection with others. Orphan hood can be stressful, as the findings of a study by Agaje (2008) show.

Several studies have demonstrated that children who show resilience are those who have social support (Brooks, 2006; Armstrong _et al._, 2005; Benard, 2004; Agaje, 2008). This study made similar findings. Social support, according to Cohen (2004), refers to a social network’s provision of psychological and material resources intended to enable a person to deal with difficult situations. A study by Decker (2007) and Ungar (2011) showed that orphans could cope if they can have access to social support. This study made similar findings. The participants related to the caregiver in a meaningful way. For example, Puleng said the following:

_Sis Jabu does not tell me anything about the past. She is always there for me, and she always calls me and advises me. She always buys me school uniform and home clothes, and she always says we must do our homework. She also asks us questions about what we read after we have finished studying._

It is evident that Puleng received social support from _the caregiver_. She felt that she was well cared for, as her needs were provided for. The caregiver provided the needed advice and encouragement. Studies have revealed that access to material resources such as food, shelter and clothing enables young people to cope in the face of adversity (Ungar _et al._, 2008).
Furthermore, FGIP1(C) made a drawing of a female human figure, and she inscribed on it “Mama Africa”.

### Participant 15

![Image of a drawing]

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

*This woman have helped me with many things, and she was the one who was there for me when life was so hard for me; she made happy all the times. She was a woman of God. She is always there when I was sick and helped me since I was a baby girl. She is my one and only parent... my Gideon. She is a mother to me, and she is my saver my hero. She was there during my sickness she was there for me, and I thank her for the food, for the clothes, shoes and help. She will always be on my mind and in my heart forever and ever. Thank you mama POTTA the woman of God. May God Bless you*

(Participant 15).

The above narrative shows that the participant had active social support from the caregiver. The caregiver acted as a mother to the participant by providing needed care, love, and encouragement. In other words, the participant had a meaningful attachment to the caregiver who was instrumental in enabling resilience.
More evidence of the social support from the caregivers appears in what FGIP1 (D) said in her narrative. She drew a human figure and wrote the following:

*The person here is sis Jabu. She is always there for me. She gives me food and tells me not to lose hope. That it will be well* (participant 16)

The narrative above shows that the participant was actively connected with the caregiver who provided encouragement and met her basic needs such as food and love.

In addition, FGIP2 (A) benefitted from the support from the caregivers. For example, he said the following:

*Bro Simon and sis Sophia and Jabu are close to me. Because if there is anything wrong I go to them and talk to them, and they always help me out.*

It is evident that FGIP2 (A) had a positive relationship with the caregivers. The caregivers provided care and warm support needed towards resilience.

FGIP2 (B) also had a meaningful connection with the caregivers. For example, he said:

*Sister Sophia is close to me. Because I have grown up in her hands and her mother. They are there for me. They help me.*

The above excerpt shows that the caregiver acted as a mother to the participant and provided care, love and encouragement needed towards resilience.

Furthermore, caregiver encouraged resilience in FGIP2(C). For example, he said the following:

*Bro Simon...is there for me. Because he is a man, and he understands me well.*

The above excerpt shows that the participant was able to cope well because he had a good relationship with the caregiver.
Another participant, Bethu, indicated that in difficult times, she drew her strength from the caregivers. For example, she said:

*When its valentine, mother’s day...and people talk about people, they love...I lost my mother in 2011. I just feel sad. These people here see that we feel ok.*

Another evidence of the support from the caregivers appeared in what Joy said:

*When life is a bit difficult or tough.....these people here....they support us. When we don’t feel alright, they sit us down and talk to us when we speak to them. We believe in these people, they teach us how to believe in ourselves and how to have faith. We are one family here. We are equal.*

The excerpt above shows that the participant was able to resile due to the support she received from the caregivers who provided needed advice and encouragement. The caregivers inculcated faith and a feeling of a positive attitude. A positive outlook on life is a personal resource, which combined with the motivation that enabled resilience in the participant. Preceding studies have demonstrated that these resources can act as a buffer for resilience, in the midst of severe challenges among young people (Zolkoski & Bullock, 2012; Makoelle & Malindi, 2015). These studies involved young people that experienced various risks including orphans but were able to cope resiliently.

In addition, FGIP1 (E) benefitted from the support from the caregivers. For example, she said:

*When life is a bit difficult...mmm...when I came here, I feel like even though it’s difficult...I feel positive. That’s what makes me strong.*

The above excerpt shows that the caregivers enabled resilience in the participant by providing encouragement and care.

The findings show that *social workers* were other sources of social support for the participants. Preceding studies have noted that young people who are at risk can cope well...
when they are connected meaningfully to the significant adults (Ungar, 2006; Killian, 2004). The social worker provided care, love and encouragement. The following excerpt from FGIP1(C) bears evidence of the above assertion:

The social worker helps me when I’m abused. She is always there to encourage me. My grandfather used to abuse me. The social worker helps me.

The above excerpt highlights risks, such as abuse. It is evident that the social worker provided needed advice and encouragement for the participant to cope well. Studies have demonstrated that children tend to disclose abuse when there is open communication with a significant adult (Ungar, Tutty, McConnell, Fairhol& Barter, 2009). The participant had a good connection with the social worker, which enabled her towards resilience.

Further, FGIP2 (A) benefitted from the services of the social worker as the following excerpt show:

The social worker...mmm...She used to encourage and adviceme to study hard, and she helps me to feel ok. She always tells us about a career.

The above assertion shows that the social worker enabled resilience in the participant by providing encouragement and motivation to work hard.

Another evidence of the support from the social worker appeared in what Lelo said:

The social worker...they encourage us. They look at yourschool work and see what happened and advice you

The above excerpt shows that the social worker provided encouragement, advice and educational support.

Other sources of social support the participants indicated were their friends. Having a good relationship with other peers helps young people to thrive in the midst of adversity (Reed-
Victor, 2008; Makoelle & Malindi, 2015). In respect to this, the findings show that the participants were connected to friends. For example, FGIP1 (1) said:

*When am feeling a bit sad, my best friend Nomthando makes me to feel better. She is very good to me*

This excerpt shows that the participant had a good supportive friend. The friend was a source of strength, and this had made the participant to cope resiliently. In other words, her best friend made her life better. This finding is in line with the findings of other at-risk youth (Pillay & Nesengani, 2006; Ungar *et al.*, 2008; Zhao *et al.*, 2011). Other participants indicated that their friends helped them with their schoolwork. For example, Bethu said the following:

*My friends help me to cope with my school work. If she doesn’t understand it, we have to sit together may be at lunch time in the school and help each other. If we don’t know we go to the teacher...then she will explain it to us.*

The above excerpt shows that the participant was able to resile due to the excellent educational support provided by both the friend and the teacher. The participant had a meaningful connection with her friends and her teacher.

More evidence of the benefits that the participants received from peers can be seen in what FGIP1 (D) said in her narrative:
The participant made a drawing of a female human being and inscribed “#HASHTAG DOPE” on it.

In explaining the drawing, she said the following:

*She made my life easy by helping me with the wrong thing that I did. She gave mean advice on how must I tell my mom. She told me to say that I was washing the dishes and I found that glass broken. That day, I didn’t know what to do and she said to me must just tell my mom everything, and I did that, and it worked, and my mom did not shout that day. She just told me that it’s ok, and I just thank my friend for giving me that advice*

The above narrative shows that the participant was able to resile because of her friend who provided needed advice. The friend was so supportive of the participant.

FGIP2(C) made a drawing of two female human beings representing her friends. In her narrative, she said the following:
This is the day when I started getting into periods. I was scared to tell my family. I talk to my friends, then they said don’t be scared, just tell only your mother. I was really scared to do that please go with me. I need a help from you, my friend.

The narrative above shows that the participant was able to cope well due to the friends who provided needed advice and care.

FGIP1 (E) also benefitted from the friends, as the following excerpt bears evidence:

*When life was a bit tough... when I play other children... it makes me strong. Yes*

The above excerpt shows that the participant was able to cope well in the face of adversity due to his friends whom he enjoyed playing with. The friends provided support to the participant.

Furthermore, Thato also benefitted from the friends. For example, he said:

*The thing that makes me strong is... I play with other children so I can forget about what happened at my family... yah.. at my family.*

The above excerpt shows that the friends enabled resilience in the participant when adversity presented. The friends enabled him to move on with his life.

The findings show that the participants benefitted from the support of the family members. Several studies have shown that having a network of family enabled resilience among at-risk young people (Ungar, 2003; Ungar, 2006, Armstrong et al., 2005). The participants pointed out that they resiled because of the support that they received from their older siblings. For example, FGIP2 (D) made the drawing of a female human figure.
In explaining her drawing, the participant wrote the following narrative:

I draw my sister because she is the one who help me when I thought I was only a failure, she told me that am not the only one who failed but I was scared that my mum was shouting at me but my sister made me better and I told myself that next term am going to try harder.

The narrative above shows that the participant received support from her older sibling who provided needed encouragement and motivation. Previous studies show that caring relationships with siblings provide protective mechanisms for young people to adequately cope with stress (Keyes, 2004; Smith, 2006). The participant was able to resilience because of her sister. Feeling positive about the school was regained.

Participant FGIP2 (B) made a drawing of a female person representing her grandmother. In explaining the drawing, she said:

This is my grandmother who helped me when life is hard for or when am into the problem he helped me so much when they want to beat me. They will not beat me without my grandmother’s permission.
The above narrative shows that the participant was able to resile due to her grandmother who provided care, love and protection. The narrative also highlights risk such as maltreatment. The grandmother adequately cared for and protected her.

Another evidence of the benefit that the participants received from their family appeared in what FGIP1 (A) said:

_In such a hard time, sometimes I need to be alone but being alone does not help me. The best way is to talk to my mother or sisters or brothers. They help me._

From the excerpt above, the participant was able to resile due to the advice and encouragement received from the family members. Studies have noted family communication and actively listening to each other among the resilience resources that protect young people against risk (Kodjo _et al._, 2003; Benard, 2004).

FGIP2 (C) also received support from his family. For example, she said:

_At home, am very close to my mum. She is always there for. She is proving things food for us._

The above excerpt shows that the participant’s mother was instrumental to her resilience by providing her basic needs. The excerpt also shows that she is close to her mother indicating emotional bonding. Studies have shown that emotional attachment enables resilience among children who are faced with adversity (Ungar _et al._, 2013; Tragesser _et al._, 2007).

Furthermore, Paul also benefitted from the family as the following excerpt bears evidence:

_The person that helps me to cope is my sister....When I did not have something...I told her, and she gave it to me._

The above excerpt shows that the participant’s sibling facilitated resilience by providing care, love and basic needs.
Another participant, Chad, benefitted from the family members. For example, he said:

*When life is a bit difficult for me.... it's my father that makes me strong.... My father sometimes... I can call him. He makes me feel strong.*

The above excerpt shows that the participant was able to resile in the face of adversity due to the father that provided needed encouragement. The participant had a warm relationship with his father. In other words, his father was a source of strength. Studies have shown that a warm relationship from family members enables psychological, intellectual, and social development among young people who are at risk including the orphans (Agaje, 2008; Unagret et al., 2013).

Evidence from the support from family members is seen in what Pulani said:

*When am sad...yes... I can talk to my mother. I don’t have a father. I speak to my mother. That is what makes me strong.*

The above excerpt shows that the participant was able to cope well because of her mother who provided needed encouragement. She had a good relationship with her mother. Research shows that children who report a strong bond with their parents can resile in the face of risk and adversity (Junger-Tas, 2010).

Mpho noted that her mother is her role model. For example, she said:

*My role model is my mum... when I don’t have something like... maybe, they asked us to bring something in school. If I asked my mother if she doesn’t have any money, she will find by all means or she will go and borrow somewhere so that I can get into school.*

Mpho noted all the sacrifices that her mother displayed towards her in the context of adversity. She regarded her mother as a role model who could go extra miles in providing for her. It is important to note that having positive role models enables young people at risk...
to be able to cope in the face of adversity. Studies (Vanderbilt-Adriance & Shaw, 2008) note that having a positive role as one of the protective resources that enable children at risk to cope in the context of risk and adversity.

Another participant FGIP2 (E) made a drawing of an owl representing his father.

In his narrative, he said:

*Idrew the owl as a symbol of my father because I don’t know my father. My father walked away since I was young and I don’t know my father’s face even his picture. It was my mother who was there for me. My mother don’t want to show me. An owl has wings, but mine doesn’t have one. I say this because since my father walked away, he never comes back, it’s like they stole his wings so that he never come back. That’s why I dreweda owl without wings.*

The narrative by FGIP2 (E) highlights the risk of being neglected by his father. However, it is noteworthy that resilient coping in the participant was enabled by having the necessary support provided by his mother. His mother was there for him.
Another participant, Joy, benefitted from the support of the family members. For example, she said:

_Eish...when I feel sad may be in school...may be other students have money or are talking about their parents. And then I start thinking about my mom, and my dad. Huu... idon’t ever know my father. My mother passed 2001 mmm... eish. It was my grandmother that was helping me. When am faced with challenge, may bel sleep without food, it makes me to think if ever my mother was alive it wouldn’t have happened._

The above narrative also highlights risks such as feelings of hurt. However, it is important to note that the participant’s grandmother enabled resilience by providing needed care, love and support.

Moreover, another participant drew male and female human beings.

In explaining the drawings, she said:
I drew my brother and my sister; they used to help me when I have fell that year. Like 2010 I fell grade 5. I felt like I was hit by a bus. They told me that to fell is not the end of the world. Now I am in grade 7. I am proud of myself.

The narrative shows that the participant was able to resiliently cope due to her siblings that provided needed encouragement and gave her hope.

Another participant made a drawing of a female human being.

I drew my grandmother; She is always there for me. She used to buy me things and tells me not to lose hope and be focus on my studies.

The above narrative shows that the participant was able to resile because of her grandmother who provided her with love, care and encouragement.

*Pastors* played a crucial role in facilitating resilience among the participants as the following excerpt from FG1P (E) shows:
Hmm ... this lady was making me strong. That Pastor, she is the one that helps me when life is tough for me. I’m 13 because of this woman. I was getting education through this woman. She is the one who put me in the holiday programme. Every time the time is finished, we give our reports to this woman, and she will send them to the Tomorrow Trust Programme, and we get more education. That school is so good for me. She is the one that put me in that school because she wants my life to carry on, and now I get more happiness to myself.

The excerpt mentioned above shows that through the advice and guidance provided by the pastors, the orphaned learner in the research group was able to resile when faced with adversity. It is important to note that education was accessible to her through the pastor. The excerpt suggests that the pastor played an essential role in facilitating coping skills in the learner, by giving her educational support through a holiday programme, and she also regained joy. Studies (Malindi & Machenjedze, 2012) show that school is one of the resources that enhance children who are at risk to cope with life’s challenges.

Furthermore, FGIP2 (E) also benefitted from the support provided by the pastors as the following excerpt shows:

The pastors, they help us...mmm...may be you have a problem...then go to the pastor, he will pray for you.

The above excerpt shows that the participant was able to cope resiliently due to the support provided by the pastor.

Another evidence of the support from the pastors appear in what Mpho said:

When I have a problem when they pray for me, I receive healing, and I’m always happy. I get lucky too. They come here to visit us, give us clothes and money for transportation.

From the above excerpt, it is evident that the combination of prayer and provision of material needs by the pastor enabled the participant to cope resiliently.
FGIP1 (D) drew a picture of a male human being and a house with a cross on top representing a church.

In her narrative she said:

My pastor helps me a lot. He used to pray for me and always tell us to trust God, that all will be well. He tells me to sing in the church. They also visit and give us things. I love my pastor.

It is evident that the participant had a meaningful attachment with her pastor that enabled her towards resilience. The participant pointed out that the pastor always encourages her and advices her to participate in church activities. It is important to note that church involvement has been noted to be significantly associated with health-enhancing behaviours among at-risk young people (Jessor, Turbin, & Costa, 1998; Keyes, 2004). Furthermore, the participant noted that the pastor provided love, care and material things.

Other sources of social support for the participants were the teacher. Teachers have been noted as protective resources in previous studies of at-risk young people (Anderson et al., 2004; Aronowitz, 2005; Malindi & Machenjedze, 2012). This study found that the
participants were able to cope in school due to the support they received from the teachers. For example, Kate said:

*The person who helps me to cope with my life at school is my teacher, because when I told her everything that happened to my life ... she helped me.*

The excerpt above shows that Kate received support from her teacher. Her teacher provided the needed help. Another participant, FGIP1 (D) indicated that the teacher provided her with academic support, as the following excerpt shows:

*When I don’t know something in the class and I went to my teacher to explain to me, and she did explain to me ... it makes me happy.*

The above excerpt shows that the participant was able to resile because of her teacher who provided needed help.

FGIP1 (B) drew a picture of a male human being and inscribed the word “my teacher”.

UNIVERSITY OF JOHANNESBURG
In explaining the drawing she wrote:

*I draw my teacher. He is the one that help me. When am stuck with something. He listens to me. He tells me that I can reach my goals, I can be ant thing I want to be. I should work hard to finish school.*

The above narrative shows that the teacher enabled resilience in the participant by providing encouragement and instilling confidence and hope. In other words, the participant draws strengths from his teacher who expected more from the participant. Studies have shown that high expectations for completing school enhanced resilience among at-risk children (Benard & Marshall, 2001).

Moreover, FGIP2 (E) also benefitted from his teachers as the following excerpt shows:

*When I feel a bit sad, my class teacher helps me to feel much better when she speaks to me.*

The excerpt shows that the teacher enabled resilience in the participant by providing needed advice and encouragement.
Another evidence of the benefits from the teachers appeared in what FGIP1 (E) said:

*May be in school everyone talks about their fathers... I feel sad, lonely. Even this day, I still feel that pain. But my teacher always makes us feel better.*

The narrative by the participant FGIP1 (E) highlights risks such as feeling lonely. It is important to note that the resilient coping was enabled by the teacher who provided encouragement and support.

Books positively impact the lives of the participants. Puleng made some drawings that showed that she was able to resile because she had access to education that occurs within social settings.

It is important to note that resources such as books and significant adults assisted the participant in promoting resilience. In describing the drawing, the participant said:

*The picture represents the Education and classmates. This book helped me a lot because I was a student that does not care about Education. So I was told that I should try to read the book; I found it interesting, so now I care about education.*
The above narrative shows that education, which promotes connectedness, improved the life of the participant. The reading of the book as well as the person that encouraged the participant to read the book positively changed the learner. Studies (Boger & Hulse-Killacky, 2006; Theron, 2007) show that education plays a crucial role in encouraging resilience in at-risk youth.

5.2.3 Individual Strengths

The findings of this study indicate that the participants have individual strengths. Individual strengths that found expression within social settings were noted as significant resources that enhanced resilience among the participants. One of these resilience resources is having a sense of humour. In this regard, the findings show that a sense of humour played a considerable role in the participants’ lives. Individual strengths such as having a sense of humour are counted among individual strengths that foster resilience despite adversity (Luthar, 2006; Killian, 2004). This study made similar findings. For example, Mpho said:

Yes, I like to make jokes with my friends, and we just like to make jokes or something to be happy, we just like to do jokes. I also like to make fun with my other friends. I enjoy it a lot.

From the excerpt above, it is evident that Mpho was meaningfully attached to her friends. The participant indicated that she used to laugh off her difficulties with her friends and that this made her stay happy. This shows that despite the adversity experienced, the participant was able to find a means of relieving her stress by using her sense of humour.

Another evidence of the benefits of humour appears in what Joy said in the excerpt below.

To be happy yaah... it makes me forget about things in my life. When am sad, I go and hang out with my friends, and that makes my life easier. It makes me feel good.

It is evident from the excerpt above that Joy was able to shift her mind from adversity due to humour. She was able to cope resiliently due to the availability of social support from her
peers that she was able to “hang out” with. Studies noted active social support as pivotal in enabling at-risk young people to cope resiliently (Armstrong et al., 2005).

Furthermore, Chad also benefitted from his sense of humour. For example, he said:

_What makes my life easier….making fun with each other._Makes my life easier...with my friends_

The above excerpt shows that the participant and his friends use humour to lessen the hurt they feel.

Another individual strength that facilitates resilience is _perseverance or tenaciousness_, which was facilitated by meaningful connection or attachment to a competent adult. An adult provided the encouragement that Kate and other participants benefitted from. It is noteworthy that young people who are resilient do not easily give up (Dass-Brailsford, 2005). In other words, they persevere and continue despite failure or challenges to achieve their educational goals. The participants indicated that they had tenaciousness, as the following excerpt from Kate shows:

_She always gives us advice like if we were doing something and we wanna give up, she always come to tell us to never give up. She always wants the best for us. Even if we don’t have uniform, she makes sure she provides for us._

Kate pointed out in the excerpt that she received advice and the motivation she needed to continue despite adversity. She and others were provided with some material support such as school uniform. The encouragement, which stimulated tenacity, advice, as well as material support, enabled the resilience of Kate and other participants.

Mpho pointed out that she was finding it difficult to plan and do things sometimes. It is important to note that she was determined to resilience through accessing help from others. For example, she said:
Yes...I can do and plan things. But may be if its difficult to do it, then I will try to do it again and again and may belcan’t do it. I will ask someone to help me.

It is evident that Mpho always wanted to do things herself and was determined to cope by being tenacious. It also shows that she had confidence in herself. Studies have demonstrated that resources such as having confidence can protect young people against risk (Ungar et al., 2008). Having confidence and being tenacious serve as resilience resources.

Another participant FGIP1 (D) made a drawing of himself reading on the table inscribed “im struggling my book, Life Orientation and Sepedi”. In explaining the drawing, he wrote:

I went through a challenge whereby I was not paying attention in my studies so what I did is I seat down and set my study plan and I wrote my goal down and study timetable so I did not stop, so from that time I knew who I am and from that time I started looking forward not focusing on my negative circumstances and I started achieving my studies. What I always like about me is that if I see someone struggling, I always advise them to set their goals.

The above narrative highlights risks such as poor attention in the class. However, the participant was able to resile because he persevered. He did not give up easily, and therefore he encouraged himself to set his goals, and this enabled him to enjoy helping others to cope well.
Having a sense of independence enhances children’s ability to withstand adversity. This resource has been noted in previous studies of at-risk young people (Ungar et al., 2008; Makoelle & Malindi, 2015). The study found that a sense of independence played an essential role in the lives of the participants. The resilience of the children in this study research group was, therefore, enabled by having a sense of independence. For example, Mpho said:

*It’s just that sometimes I like to do things by myself and I don’t like to ask from others.*

The excerpt shows that despite this participant having meaningful attachments, she still maintains her independence.

Joe noted that he would like to own a successful company. For example, he said:

*My future dream is to own my company and to be successful. I think these people here will help me. I will study hard to be successful.*

It is evident that Joe was determined to make something of his life and to be independent. It is important to note that he believed that with the social support from the caregivers, he would make his dream come true.

Another participant FGIP1(C) also pointed out that she wanted to be independent as the following excerpt shows:

*I want to be a designer. To make everything perfect for myself. To design for people things that they want. I want to have profit on my business*

The above excerpt shows that the participant wanted to stand on her own feet. And not to rely on people. She pointed out that she was willing also to make people look good.

Participant FGIP1 (B) indicated he would want to be his own boss as the following excerpt shows:
I want to have a big house, a car my office…mmm…and I don’t like to be like drug people.

The excerpt shows that the participant was willing to make something of his life. He was determined to stand on his both feet and not be involved in unhealthy behaviours.

Resources such as having future hopes and dreams enhance young people’s ability to cope resiliently in the face of risk and adversity. Researchers have pointed out the importance of having future hopes and dreams in enabling children at risk to cope with their lives (Butler, Winkworth, MacArthur,& Smyth, 2010). The findings of this study showed that the participants had future hopes and dreams even though they were orphans and that they were experiencing stress relating to orphan hood and being learners. The resilience of these participants was thus enhanced by having hopes and dreams. It is notable that most of the participants wished to be social workers.

In this regard, Faith said:
My future hope is to come here and help. I think if I work hard and communicate with people, that will be better. I think sis Sophia can help me by showing me how to work and talk with other people and know their feelings.

The excerpt shows that Faith cared for others. It also indicates that she had an active relationship with the caregivers whom she hoped would assist her to achieve her goals.

Another participant pointed out that she looked forward to life as it appears in the following excerpt:

…mmm…In the future, I look forward to love, I look forward to life and achieve at school and being focused in school.

The participant wanted to live a fulfilled life. She wanted to achieve success in her life so that she could be happy. Achieving school would ensure her independence in the future.
Nomvula pointed out that she engaged in sports with other children to forget what happened to her. For example, she said:

*Mmm...it just ...just be with other kids and don’t remember what happened to my family; we go out and play sports so I can forget about things.*

The excerpt shows that she had meaningful attachments to her friends. The resilience of this participant was enhanced through involvement in sports with friends. In other words, engaging in sports helped her to forget what she was going through.

Joy, another participant, highlighted that she wanted to be in an excellent position to help others. The following excerpt evidences the above assertion:

*Mmm...my dream is to be successful in life. Have my own company ... have money so I can help with this place. This place is small. I want to help other people.*

The excerpt shows that Joy wanted to have her own company and be rich, to provide a suitable building in which others like her could benefit.

Another participant, Mpho, indicated that she wanted to practice hard and eventually become a good dancer. The following excerpt illustrates this:

*My dream ...my hope...I hope that I can do better this term because, at second term at school, I did very well. I’m sure that I passed in my report, but I want to do very very well. My goal is to practice my ballet because I’m a ballerina ... I have to practise every day so that I can be a good ballerina, good dancer. I want to be famous, and my dream is to finish school, be a doctor or a ballerina.*

The excerpt shows that the participant, Mpho, demonstrated optimism when she pointed out that she wanted to study and become a doctor or a ballerina. She also needed to clarify her career aspirations, since she had two career aspirations in mind. For example, she wanted to be a doctor or a good dancer.
Another participant, Chad, indicated that he had to work hard. For example, he articulated:

*My dream is to work hard, praying and be focused in school to be successful. You see, I want to have my own company. My teacher in school will help me.*

The excerpt shows that Chad is determined to do well. It is evident that the participant is connected to his teacher, whom he hoped would help him to be successful and to have a company and be independent.

It is noteworthy that all the learners who took part in the study wished to be financially independent so that they could look after themselves and others. The participants all had a meaningful attachment to their teachers, friends, and caregivers.

**5.3 CONCLUSION**

Chapter 5 has provided and discussed the outcomes of this study. Expressions regarding what helps the participants in this study resile were documented in the chapter. Several factors which assisted the participants to deal with their lives were explained. The next chapter provides this study’s summary and conclusion.
CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The exploration of the role of secure attachment in promoting resilience among orphaned children was the main focus of this study. The researcher on realising that much is known about the various risks that face orphaned children was then motivated to carry out the study. However, few studies were noted with regard to the resilience resources among orphaned children and its relationship with psychosocial problems. The penultimate chapter presented and analysed data used in this study. This chapter revisits the central research question, indicates whether the aim of the study was achieved or not, revisits the research design, provides a synopsis of the findings, makes recommendations, and discusses the limitations of the study. Figure 6.1 provides an overview of this chapter.

Figure 6.1: Overview of Chapter 6

6.2 CENTRAL RESEARCH QUESTION

The central research question that this study sought to answer was:

What is the role of secure attachment in orphans?
6.3 AIM OF THE STUDY

The primary aim of the study was:

To establish the role which secure attachment plays in promoting resilience amongst orphans

The researcher conducted a literature study in order to find out what had been discovered about the resilience among orphaned children. In the next phase, she conducted an empirical study in order to collect empirical data about the resources that enhanced resilience among orphans as well as the risks to which they were exposed. The literature review showed that much was known about the factors that increased and pushed children towards orphan hood. Literature also showed that some orphans took a negative developmental pathway while others were resilient despite adversity. However, not much was known about the resources that enabled children’s ability to thrive after a parental loss as well as risks that they experienced.

This study documented the resources that facilitated resilience among orphans together with the risks that they experienced. To this end, the aim of this study was achieved.

6.4 RESEARCH DESIGN

The qualitative method was used in this study. The individual interviews focus group interviews, as well as illustrative drawings together with narratives that explained the drawings were the data collection methods utilised in this study. The methods that were used yielded textual data as well as visual data. The unit of analysis comprised orphans whose ages ranged from 11 to 17. The grades of the participants were from 6 to 11. The participants lost one or both parents. The researcher used content analysis to analyse the data.
6.5  SYNOPSIS OF THE FINDINGS

6.5.1  Findings from the Literature Study: Concept of Orphanhood

A review of the literature showed that orphanhood is challenging to define, and the concept of orphanhood varied primarily concerning age and parental loss (Doku, 2012). Literature also showed that there is a high increase in orphans in developing and developed countries (USAID, 2004; UNICEF, 2005; UNICEF, 2014). Various factors mostly contribute to orphanhood. The literature further showed that traumatic parental loss leads to risk factors that can affect young people's development. Orphans who do not have warm and supportive people experienced poverty and health problems because they cannot resiliently cope with their lives. However, other orphans cope efficiently because they are connected to others and have personal, interpersonal, and problem-solving skills (Shetgiri et al., 2009; Ungar, 2004; Brooks, 2006; Armstrong et al., 2005).

6.5.2  Findings from the Literature Study: Resilience Phenomenon

Literature study shows that individuals are born with some potential that must combine in complex ways with resources in their environment to facilitate resilience (Zolkoski & Bullock, 2012; Alvord & Grados, 2005). Connection to others together with individual strengths can enable children to cope despite adversity.

Research shows that the resilience phenomenon is influenced by individual factors. These are namely, a sense of humour, perseverance, social value, and religion and faith; contextual factors namely, care and supportive family, caregivers, teachers, peers, and pastors. As well as interpersonal and problem-solving skills such as open communication, determination to do well, goal setting, and a sense of independence (Coholic et al., 2012; Ungar, 2011; Dass-Brailsford, 2005; Pienaar et al., 2012).
6.5.3 Findings from Empirical Research

The findings showed that connection to others enhanced the resilience of the orphans and their strengths. Figure 6.2 provides a synopsis of the findings from this study.

![Connection to others + Individual strengths → Resilience]

**Figure 6.2: Synopsis of findings from empirical research**

6.5.4 Connection to Others Enhanced Resilience in the Participants

This study showed that orphans who took part in this study were able to cope resiliently because they were connected and received support from others. They were connected to peers, teachers, caregivers, siblings, grandmothers, and pastors.

6.5.5 Individual Strengths Fostered Resilience in the Participants

The findings of this study showed that having a sense of humour enabled the resilience of the participants. The participants had tenaciousness and were determined to pursue their educational goals. The participants were religious and had faith in God, trusting that things will work out well for them. The participants indicated that they had social values that enabled them to be focused and to cope in the face of adversity.

6.5.6 Recommendations for Future Research

The researcher recommends that one can replicate this study in the dimension of age and gender of the orphans. This will show whether early orphanhood shows greater resilience than recently orphaned children. It will also show whether girls manifest greater resilience than boys.

It is also recommended that this study is repeated in other areas in and around the country. This will throw a brighter light on essential concepts of resilience and orphans.
It is noteworthy that the sample of orphaned children in this study cannot be representative of the whole population of orphaned children in South Africa. The orphans in the research group are living with extended family in the township and some with caregivers in the shelter home. However, many of South African’s orphans leave with their grandparents or other caregivers in rural and suburb areas and some on the streets. Therefore, I recommend that this study should be replicated but it should include more children than the children that participated in this study.

6.5.7 Methodological Recommendations

This study was exploratory and qualitative, having made use of individual and focus group interviews as well as symbolic drawings. It would be good to see what other research design and data collection methods could result in considering the sensitive nature of the study. Using other approaches would be important.

6.5.8 Recommendation for Practice

It is very important to facilitate resilience among orphans because of the negative outcome of the risk. The incorporation of programmes into school curricula is deemed significant to provide these children with strategies and skills to deal with adversity. The issue of school connectedness is fundamental, since school is the only place where these children have a sense of belonging. It is, therefore, recommended that caregivers, communities, and teachers are educated on the importance of social support using all means such as media.

6.5.9 Policy Recommendations

It is recommended that clear policies at all levels of education be put in place in order to guide the teachers in South Africa by providing adequate support to the orphans. This would help the teachers to encourage peer acceptance and learners to relate well while preventing the victimisation of orphans.

Another recommendation is for the government to assist social workers, psychologists, and teachers in providing pamphlets and printed materials on social support as a way of educating the public.
It is also recommend for the government to protect orphans and make essential services accessible to them, while community-based centres should be mobilised where these children can receive psychosocial support.

6.5.10 Limitations

This study has some limitations which should be given due attention. First, this study threw some light on a particular group of orphans in a particular setting. The sample of this study used a few orphans from the shelter home. A larger sample with more differences in the method of data collection and orphans from other provinces and countries may have revealed more insights. The problems experienced by the orphans in this study represent only some of those faced by South African orphans. The participants, because of the research purpose, might have overemphasized their conditions with the hope that they might receive adequate services from the researcher. At the same time, the orphans that participated in the study might given answers that are accepted socially in order to hide their conditions and as a result the data collected might be distorted.

6.6 CONCLUSION

Based on the literature study and the empirical research, chapter 6 provided a synopsis of the findings. This chapter also presented some recommendations for future studies, recommendations of a methodological nature and those that focus on practice and policy development. The limitations of the study were provided. This study has, therefore, highlighted the role of secure attachment in promoting resilience among orphans.
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