UNDERSTANDING RESILIENCE AND COPING IN CHILD-HEADED HOUSEHOLDS IN MUTASA DISTRICT, ZIMBABWE

by

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Submitted in accordance with the requirements for the degree of

DOCTOR OF PHILOSOPHY
in the subject

PSYCHOLOGY
at the

UNIVERSITY OF SOUTH AFRICA

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SEPTEMBER 2015

Student Number 5078-163-4

I declare that **UNDERSTANDING RESILIENCE AND COPING IN CHILD-HEADED HOUSEHOLDS IN MUTASA DISTRICT, ZIMBABWE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE DATE

Ms Mary Joyce Kapesa

ACKNOWLEDGEMENTS

I would like to acknowledge and thank my supervisor Dr Monika dos Santos for her guidance and support throughout the project. My gratitude also goes to the Department of Social Welfare, the Provincial Administrator's office and Provincial Ministry of Education, Sports and Culture in Manicaland Province, Zimbabwe for granting me the permission to carry out research in the province. I also thank the child headed households who participated in the study whose lives are a moving testimony on resilience. The study would not have materialised without their enthusiastic and meaningful participation. I thank the University of South Africa (UNISA) for awarding me a bursary that went a long way in providing the financial resources needed for the study. I am also grateful to the management at Africa University where I am employed for giving me the time and resources to carry out the fieldwork for my study. I also thank my children Kundai and Kudakwashe for their high expectations of me and for giving me a purpose driven life. Above all I thank the Almighty God for the gift of life and for giving me the chance of seeing my children grow.

UNDERSTANDING RESILIENCE AND COPING IN CHILD-HEADED HOUSEHOLDS IN MUTASA DISTRICT, ZIMBABWE.

Summary

Zimbabwe had 50 000 child-headed households (CHH) in 2002 and by 2010, the figure had gone up to more than 100 000, making Zimbabwe the African country with the highest number of CHH (UNICEF & UNAIDS 2010). These statistics gave rise to the sprouting of many organisations and programmes aimed at catering for the needs of the affected children. Not much attention is given to what the CHH can do for themselves and how they have be surviving without outside help. The present study explored the resilience factors and coping strategies used by children living in CHH in the Mutasa District, Zimbabwe. The mixed method concurrent triangulation design was used in the study and a constructionist theoretical framework was adopted. Semi-structured interviews and focus group discussions were used to collect data from 28 children in CHH, 46 community members, 24 teachers, 25 child service professionals, 10 advisory panel members, 3 government officials involved in policy formulation and implementation and 5 members of the CHH's extended family. The Resilience Scale was administered to the CHH and the Tree of Life and problem solving activities were carried out with the children. Resilience scores obtained from the children in CHH were in the high to very high category of resilience. The qualitative data was thematically analysed. The research findings indicate that children in CHH use problem focused coping strategies. Their resilience is anchored in both individual and environmental factors. A Bidirectional Model of Resilience that is based on the findings emerged from the study.Three pathways to resilience that are embedded in this model were identified, furthermore the Self-Efficacy Strengths-Focused Model of Coping was proposed. Intervention strategies to foster resilience in CHH should focus on creating coping enabling environments and strengthening individual characteristics.

KEY TERMS

Child headed households, resilience, protective and risk factors, self-efficacy, strengths-focused model, bidirectional model, agency, coping enabling environment.

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DEFINITION OF TERMS

Adversity: the negative experiences that affect an individual's normal functioning.

Agency: an act of being an originator and implementer of a decision (Rapport & Overing, 2005).

Atypical behaviour: behaviour that is unexpected which may not conform to societal expectations (Ungar, 2008).

Bidirectional: relates to the two directions in which resilience is attained.

Child: a person under the age of 18 (Zimbabwe legal age of majority act).

Child-headed household: a household where the children are double orphans and is headed by a child under the age of 18 that is recognised as being independent who along with other children is responsible for feeding, maintaining the household and caring for younger siblings and adopting de-facto adult/parent roles (Plan, 2005).

Coping: the cognitive and behavioural responses of an individual in dealing with hardships (Lazarus, 1993).

Coping strategy: the mechanism or method used to deal with hardships.

Culture: a people's way of life that is shaped by shared beliefs and values (Theron, Theron & Malindi, 2013).

Desired outcome: the intended and wanted result of an action or behaviour.

Double orphans: children under the age of 18 who have lost both parents.

Ecological environment: comprises of the social and physical environment in which the child dwells in (Bronfenbrenner, 1989).

Maternal orphans: children under the age of 18 who have lost a mother but whose father is alive.

Navigation: the process of combing out the environment in search of resources that will promote resilience (Vigh, 2006).

Orphans: children under the age of 18 who have lost both parents.

Paternal orphans: children under the age of 18 who have lost a father but whose mother is alive.

Protective factors: any factor that moderates the effect of risks and brings about positive outcomes (Newman, 2002).

Pathway to resilience: a 'road' or course that leads to well-being in the context of hardships.

Resilience: remaining competent despite exposure to stressful events. Showing an ability to identify and access psychological, social, cultural and physical resources that promote well-being (Stewart, 2011; Ungar, 2008).

Risk factors: any factor that increases the chance of an undesirable outcome affecting a person (Masten, 2001).

Self efficacy: a belief in one's ability to overcome problems (Luthar, 2000).

Strengths: the positive characteristics that an individual can draw on in times of hardships.

Strengths-focused: an ability to look at the positive and strong characteristics that one posseses.

Toxic environments: an environment that is characterised by problems and hardships (Ungar, 2008).

ACRONYMS

AIDS Acquired Immunodeficiency Syndrome.

AP Advisory Panel.

BEAM Basic Education Assistance Module.

CHH Child-Headed Household/s.

CBO Community Based Organisations.

CRC Convention on the Rights of the Child.

CWF Child Welfare Forum.

FGD Focus Group Discussion.

FOST Farm Orphan Support Trust

HIV Human Immunodeficiency Virus.

ID Identity Document.

NAC National Aids Council.

NAP National Action Plan.

NGO Non-Governmental Organisation.

OVC Orphaned and Vulnerable Children.

PO Participant Observation.

POSB Post Office Savings Bank.

REPSSI Regional Psychosocial Support Interventions.

SDA School Development Associations.

SDC School Development Committees.

SPS Schools Psychological Services.

TIC Teacher In Charge.

TOL Tree Of Life.

UNCRC United Nations Convention on the Rights of a Child.

UNHCR United Nations Commission for Human Rights

USAID United States Agency for International Development.

UNICEF United Nations Children’s Emergency Fund.

ZNOCP Zimbabwe National Orphan Care Policy.

ZIMVAC Zimbabwe Vulnerability Assessment Committee.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Zimbabwe had 50 000 child-headed households (CHH) in 2002 and by 2010, the figure had increased to more than 100 000 (UNICEF, 2010). Available statistics in 2010 showed that Zimbabwe had the highest number of CHH in Africa, followed by Ethiopia with 77 000 CHH (UNICEF & UNAIDS, 2010). The National AIDS Council (NAC) of Zimbabwe has shown that approximately 1, 3 million children under the age of fifteen have lost one or both parents due to HIV/AIDS (NAC, 2010). Despite government efforts to help the CHH through NAC initiatives such as the Basic Education Assistance Module (BEAM) officials admit that their efforts have had limited impact (Foster, 2004). The BEAM programme is a government funded programme that is run by the Ministry of Education, Sports and Culture and offers educational assistance to vulnerable children by paying their school fees. (The programme used to be funded by UNICEF).

Research has shown that children in CHH face a multitude of problems in their day- to- day lives (Foster, 2000; Germann, 2005). However, the fact that these children are surviving, negotiating challenges associated with family life and are able to take care of themselves with no parental guidance, means that they are survivors. Many children may be exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to function adaptively and show only minor disruptions in their ability to cope (Killian, 2004). Unfortunately, because much of psychology's knowledge about how people cope with problems, loss or trauma has come from

individuals who sought treatment or were in great distress, the concept of resilience has not received much attention (Henderson, 2006; Johnson & Ivan-Smith, 1998). However, according to Masten and Wright (2010) there has been an increase in resilience studies. Theron (2012) concurs, but alluded to the fact that most studies on resilience have been carried out in Europe and not many studies have looked at the concept of resilience from an African perspective.

The term 'resilience' has been defined in diverse ways. However in all definitions, a common theme emerges which relates to strengths that are shown by people who manage well in the face of adversity. In support of this common theme, Ward and Eyber (2009) and Spaccarelli and Kim (1995) define a resilient child as one demonstrating an absence of psychosomatic symptoms and maintenance of normal development for their age, despite adversity. According to Ungar (2004, 2008, 2012b) resilience cannot be separated from cultural meanings as it is embedded in the cultural understanding of the term. Grover (2005) argued that although resilient children faced a number of problems in their lives, they demonstrated the ability to adjust to the challenges and made use of a number of coping strategies. According to Luthar (2000) the term resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Resilience reflects the ability to maintain a stable equilibrium and refers to those protective factors that foster the development of positive outcomes and healthy personality characteristics among children exposed to unfavourable or adverse life experiences.

When children in difficult circumstances are viewed as victims and passive recipients of assistance, a self-fulfilling prophecy comes into play and intervention strategies will unfortunately focus on their vulnerabilities and disregard their strengths (Masten, 2001). This has

a disempowering effect and overlooks the child's ability to cope. However, focusing on the child's strengths engenders the antithesis of this scenario. The child becomes an active participant and an agent of positive change in their lives (Daniel & Yamba, 2005). There is therefore an urgent need to focus on the children's own coping strategies in the face of problems and build on their resourcefulness. Psychologists have recently called for a move away from vulnerability/deficit models to focus instead on triumphs in the face of adversity (Hawley & De Haan, 1996; Masten & Coasworth 1998; Masten & Wright, 2010).

1.1.1 The notion of childhood and resilience

The growing HIV crisis in Zimbabwe seems to have redefined the concept of childhood because of the evolvement of CHH. A study by Chizororo (2005) revealed that while children in CHH are vulnerable, they exhibited tremendous competence and capacity to sustain themselves. However, the definition of childhood, according to literature and the state, runs counter to what children in CHH are exhibiting which brings about 'new conceptual struggles of childhood identities' (Chizororo 2005:1). The development of CHH seems to defy the popular notion of childhood as a time of total dependency on parents with no responsibilities and very little control over one's life.

Research on children has largely been shaped by two divergent perspectives; namely the developmental psychology paradigm and the social studies view of childhood (Rapport & Overing 2005). The major proponent of the developmental psychology perspective is Jean Piaget (1929) with his focus on developmental levels and what children can and cannot do at particular

levels. According to this paradigm, adults are supposed to guide children who are seen as passive and vulnerable. However, most if not all stage theories are Western constructions that unfortunately serve the function of characterising children as either normal or abnormal (Ansell, 2005). The emerging social studies perspective on children however advocates that childhood is a social construct which should take contextual variables like culture, ethnicity, location and gender into consideration. Children are viewed as social actors who can act on their environment to influence interactional patterns in their favour (Holloway & Valentine, 2000; Christensen, 2004). They are therefore not passive recipients of social environment dynamics.

Anthropological literature contends with the view of highlighting children's competencies and ability to navigate their social environments in beneficial ways as opposed to viewing children as passive and vulnerable (Hutchby & Moran-Ellis, 1998; Skovdal & Andreouli, 2011). However although Scovdal and Andreouli (2011) agree with anthropological trends in literature, they acknowledge the fact that the same social environments can enhance, enable, inhibit, or limit children's agency and opportunities for well- being and resilience. The current study explores the interplay between social environmental factors in enhancing or inhibiting resilience in the CHH.

The child is usually viewed as the 'paradigmatic other' with their attributes and identity being constructed by adults in relation to the adult's ideas of self and their world view (Rapport & Overing, 2005:31). As I read through the literature I consistently examined my own views on childhood. My idea of childhood is strongly influenced by the way I was brought up. I had opportunities to take care of my siblings but at the end of the day I knew that it was not my sole responsibility. If my young sibling cried consistently, I would give up and hand him/her over to

my mother. I wonder how I would have felt if I knew that at that tender age the responsibility would end with me, having the sole responsibility of my younger siblings. I guess if the mother figure was absent, I would have prepared myself psychologically for that scenario.

Researching on children generally poses some challenges because the research subject's actual being constantly changes due to the various developmental factors that characterise child growth (Marlow, 2005). These developmental changes also tend to be culture and context specific and need to be taken into consideration in child resilience studies (Theron & Theron, 2010; Ungar, 2008, 2010; Masten, 2013). The current study analyses these above mentioned factors and paradoxes in coming up with local understandings of childhood and resilience.

It is important to emphasise that children in most traditional African societies are viewed as human beings in need of assistance, protection, help and direction (Rapport & Overing, 2005). The African child is trained to conform to tenets of the culture. Children are trained to follow the prescribed paths set by the custodians of the culture. The child's cognitive development is not fully recognised because they are not given opportunities to make meaningful contributions on issues that concern their lives. This however contradicts the article on the United Nations Convention on the Rights of the Child (UNCRC) of which most Africa countries ratified which alludes to providing children opportunities to contribute meaningfully on issues affecting their lives. Article 12 of the UNCRC (1989) states that children must have the right to say what they think should happen when adults are making decisions that affect them and their opinions should be taken into consideration. It appears therefore that the notion of childhood in most African societies including Zimabwe can infringe on some of the child rights especially those pertaining to participation. However a child rights perspective should always take the child's evolving

capacity into consideration (UNICEF, 2010). Childhood and child development in general tends to be culturally defined.

Childhood in African settings is viewed as being delicate, like holding an egg in one's palm meaning that the child needs protection, nurturing and guidance from adults and caregivers (Scheper-Hughes, 2004). This notion however seems to be in direct conflict to the existence of CHH in the midst of most African societies including Zimbabwe. Drastic changes occurring in most African communities caused by conflict, forced migration and HIV/AIDS has left a lot of orphaned and vulnerable children (OVC). This has been the number one factor leading to the emergence of CHH as the extended family system fails to cope with the added responsibilities (Foster, 2005). These dynamics seem to be changing the meaning and notion of childhood which needs to be understood in light of the existing conditions. The current study attempts to shed light on these paradoxes.

1.2 CONTEXTUAL POLICY BACKGROUND ON CHH IN ZIMBABWE

Zimbabwe signed and adopted the UNCRC in 1989. UNICEF (2004) described the UNCRC as the most comprehensive international document pertaining to the rights of children. This sets out their political, civil, cultural, economic and social rights. The Committee on the Rights of the Child (CRC) identified four articles which they said summarised the UNCRC. These are: Non discrimination (Article 2); Best interest of the child (Article 3); Right to life, survival and development (Article 6); Respect for the views of the child (Article 12).

Zimbabwe has made considerable strides in ratifying most conventions and international instruments that guarantee fundamental human rights as well as protection of children.

Some progress has been recorded in domesticating the UNCRC into laws and policies (Mupedziswa, 2006). The Children's Act (2004) Chapter 5:06 provide categories of children who need care. These categories include those who are destitute or have been abandoned; who are denied proper health care; whose parents are dead or cannot be traced; whose parents do not or are unfit to exercise proper care over them; and whose parents give them up in settlement of disputes or for cultural beliefs. The Children's Act (2004) though comprehensive, fails to specifically point out the existence of CHH as a group of children in need of services.

1.2.1 The human rights based approach

The human rights approach should be the basis of child protection interventions in Zimbabwe, all the more so for interventions related to CHH. The human rights approach is based on the concept that the rights holder can claim their rights from duty bearers and must be capable of claiming the rights (Plan, 2005). There is an ethical dimension both to what should be done and how it should be done (UNICEF, 2004). The human rights approach posits that child rights are universal and indivisible. They are inalienable entitlements that must be made available to children at all times. According to the UNCRC (1989), children possess various rights including the right to education, the right to be protected from forced labour, the right to have a name and identity and the right to health care, among many other pertinent issues. There exists therefore a clear link between the fulfillment of child rights and resilience because fulfilling child rights and

ensuring the availability of basic necessities creates an environment that favours the emergence of resilience (Ager, 2013). Resilience and coping enabling environments come into existence when the state fulfills its obligation. However in Zimbabwe, provision of the very basic necessities of food and shelter for the vulnerable children is a challenge (Plan, 2010). The relationship between child rights and resilience is of a political nature. Ungar (2013:359) clearly underscores this point by advancing that resilience studies can become 'a political act that acknowledges that those who are marginalised may have far less power to influence the discourse that defines adaptive coping under stress and the way resources are provided to meet their needs'.

One of the shortcomings of the UNCRC and the human rights approach is that they tend to universalise childhood, the assumption being that all children undergo the same experiences in the process of their development (Chizororo, 2005). However, research on the ground shows that there are multiple varieties of childhoods. Children experience childhood in different and complex ways and the emergence of CHH is testimony to this reality. That which is regarded as constituting a healthy and socially acceptable childhood in one context and time epoch may be completely unacceptable in another context (Veeran & Morgan, 2009). For instance, children in the Western countries may not need to work for their livelihoods because their countries have advanced social welfare and child protection systems. However, in Zimbabwe children in CHH need to work as a means for survival. Therefore what can be considered as child labour in one context can be a pathway to resilience in another context (Ungar, Ghazinour & Ritcher, 2013). Research studies conducted by UNHCR (2012) in the Eastern Highlands of Zimbabwe indicate

that children actually work in order to raise money for school fees, uniforms, and food for their impoverished families. This demonstrates that there might be challenges in implementing the human or child rights approach, as espoused by the UNCRC, in some contexts.

Given this stark reality, some academics and activists for children's rights have argued for the domestication of the provisions of the UNCRC to ensure that children's rights are contextually relevant. In other words, the interpretation of children's rights must be understood in the cultural context in which children are born and raised (Bourdillon, 2000). Every society has values, beliefs, and aspirations that require respect and consideration in the process of developing and implementing child development projects. Zimbabwe has tried to domesticate the UNCRC into laws and policies which will be explored below.

1.2.2 The Zimbabwe National Orphan Care Policy

The Zimbabwe National Orphan Care Policy (ZNOCP) was formulated in 1999, after the realisation by the government of the increasing number of orphans due to the HIV/AIDS pandemic. Impetus for the policy came about after the determination that the specific needs of orphans were not being catered for by the general Children's Act. The ZNOCP (1999) identifies opportunities that are inherent in the country's legislative framework, the cultural tradition of caring and the collaborative approach, which exists between government and the civic society, especially the six-tier safety net mechanism to provide care and support for vulnerable children.

Objectives of the policy

The primary objective of the policy is to reorient the activities of government and all other development partners, including the Child Welfare Forums (CWF) to address the particular needs of orphans. The sub- objectives of the policy centre around supporting existing family and community based coping mechanisms in the area of orphan care and sensitising all communities in Zimbabwe to develop orphan support strategies and interventions. The other sub-objectives also focus on promoting the ability of orphans to access public and private resources and promoting continuous research into issues pertaining to children and the inclusion of orphans in all activities by children and for children particularly in the areas of health care and education. In addition, the sub-objectives also include the provision of legal assistance and support to the orphaned children and the protection of orphans from abuse, neglect and all forms of exploitation including, sexual and economic. Meeting these objectives will go a long way in creating coping enabling environments that will enhance the CHH's resilience levels.

1.2.3 Basic principles of the ZNOCP

The objectives were formulated based on the UNCRC (1989) and the African Charter on the Rights and Welfare of the Child (1999). The government of Zimbabwe established a six-tier safety net system of orphan care in accordance with the provisions of the UNCRC, the African Charter on the Rights and Welfare of the Child and the general traditions of the Zimbabwean populace. The said system states that a child belongs to the biological nuclear family, the extended family, the community, formal foster care, formal adoption and institutional care, which is considered a last resort.

Every child has a right to remain in his or her biological nuclear family for protection and care. When this mode is disrupted by way of the death of parents the next best mode of care will be preferred. Where possible and appropriate, when both parents die, the extended family will be encouraged to take up the care and protection of the orphaned children. When both the nuclear and extended families are not available to care for the children, the communities within which the children live are called upon to provide care and protection. The community will put in place an adult(s) to take up the role of guardian(s) for the children. The children will remain in their community and the village chief and CWF will monitor their situation and accord them appropriate care and protection with support from government and the CWF in the form of capacity building and monitoring. However, this role is problematic in that the commitment of the community members who are not blood relatives of the children may be questionable (Muronda, 2006). Both the extended family system and the community face a variety of economic challenges that render them helpless in assisting the orphans (Foster, 2004, 2005; Kaseke & Gumbo, 2001; Walker, 2002).

Where the first three safety nets in the six- tier system fail, children may be placed in formal foster care with government taking a more active role to ensure their proper care and protection. Children may also be placed for adoption where appropriate. However while adoption has been widely utilised in Western countries, it is not widely accepted in Africa (Powell, 2006; Bourdillon, 2000). This is due to factors such as inheritance, totems and fear of avenging spirits (*ngozi*). Powell (2006) further noted that over a 5-year period in Zimbabwe, only 19% of 187 formal adoptions processed were to black families although the vast majority of infants and children available for adoption were black. This demonstrates that there is low uptake of this

service in Zimbabwe. Orphans may be placed in institutional care as a last resort. Even then, family type institutions should be preferred to the dormitory type.

The ZNOCP (1999) is informed by a community- based model of care, which operates on the assumption that if the nuclear family is not there, the extended family and the community take responsibility for the care of OVC. However, this is untenable as the extended family and the community are now overstretched and seriously impoverished due to the collapse of social protection measures caused by generalised poverty (Roalkvan, 2005; Mushunje 2006). This has caused great suffering to OVC; hence the enactment of the ZNOCP to protect the children. The state, which is supposed to provide for the vulnerable communities, seems to be struggling to meet the plight of the orphans. Communities are themselves looking to the state to come up with solutions to cushion OVC, but the state is now conversely appealing to the communities, which have been impoverished and ransacked by HIV and AIDS to come up with solutions to the OVC problem (Muronda, 2006). The OVCs seem to be caught in the middle between the state and the communities and there seems to be diffusion of responsibility as to who is directly responsible for taking care of their needs, hence the emergence of CHH. The state should therefore formally acknowledge the existence of CHH and recognise them as an alternative and acceptable orphan care system that should be provided for by policy.

Although policies to protect the orphans have been enacted, the suffering of the children in CHH has not been alleviated (Mushunje, 2006). There are problems in the implementation of the policies hence their failure in alleviating the plight of orphans and in promoting their overall well-being. Bennett and Jessani (2011) called for closer collaboration between researchers and

policy makers for the formulation of research based policies that address the needs of the targetted populations. As previously mentioned the ZNOCP was enacted in 1999, and at that time policy makers had not envisaged the challenges that would be brought about by the increase in the number of CHH. The study therefore focuses on how the CHH's experiences can be used to inform policy for the development of services that specifically speak to their needs.

1.2.4 Child Welfare Forums

According to the ZNOCP (1999), the CWF were to be formed at national, provincial, district, chiefs', village, urban and farm settings levels. The CWF as mandated by government through the ZNOCP (1999) engages in the following activities: monitoring, advocacy, networking, training, research and resource mobilisation. The CWF's role is to monitor the situation of children countrywide, so that it can identify children who are orphaned and in need of support to improve services provided to orphans. The CWF also has to advocate for the rights of the children, and lobby policymakers to honour their obligation to children. They have the responsibility to educate communities on the rights of children, train the said communities to recognise situations that are abusive to orphans and safeguard them (the children). They are to raise community and children's awareness on the plight of orphans and should also provide an appropriate platform for networking and co-operation. Emphasis should be placed on collaboration of all service providers rather than on competition between them. The CWF is also responsible for adequately responding to the problems faced by orphans. The CWF in consultation with the relevant training institutions in the country would prepare relevant training material for future service providers in the field of orphan care. They have to offer in- service

training to service providers already in the field to reorient them towards orphan care and protection. The government in consultation and partnership with the CWF is to carry out research to update its information on the orphan situation. The government was also mandated to establish a budget line derived from its normal social safety nets to specifically target orphans. This was to form the basis of a basket fund. The CWF has to raise funds to support the basket fund whose proceeds were to be used to empower the village, chiefs and local CWF while the Ministry's Department of Social Welfare had to administer the basket fund. However, although the duties of the CWF have been clearly stated, implementation and monitoring of the policy is questionable as the CHH and OVC in general continue to suffer (Muronda 2009; Gwandure, 2009).

1.2.5 National Action Plan for Orphaned and other Vulnerable Children.

The National Action Plan for Orphaned and other Vulnerable Children (NAP for OVC) seeks to prioritise and address the urgent issues facing OVC, their families, and communities. Gwandure (2009) noted that in response to the financial challenges and poor macro-economic conditions, the government developed a framework of support for OVCs through the National Action Plan for Orphaned and Vulnerable Children (NAP for OVC, 2004). This plan of action may be viewed as a social protection initiative. The plan is being implemented in phases. The first phase ran from 2004-2010 while the second phase runs from 2011- 2015. The vision of NAP 1 was to address the needs of all OVC in Zimbabwe and provide them with basic services. The revised NAP II (2011-2015) builds on the success and lessons of the NAP I for OVC, which was launched in 2005. NAP I received funding through the Programme of Support. Under this multi

donor pooled fund, US$85million was used to respond to the needs of more than 500 000 children in the areas of education, health, nutrition and social welfare, as well as strengthening the capacity of government to build safety nets for children and their families (NAC,2010). The Ministry of Labour and Social Services concluded that the support under NAP 1 was not comprehensive. Most orphans including those in CHH were reported as not having benefitted greatly from initiatives in the first phase. This might have been caused by adverse political, social- economic conditions, which were then prevailing. It is against this erratic background that the NAP 11 is being implemented.

1.2.6 Challenges in the implementation of the UNCRC

In the provision of child protection mechanisms, several challenges in implementing the UNCRC have been noted by Mushunje (2006). They include the following:

Non-participation of children in issues affecting them

UNICEF (2002) noted that in many countries, policy making often fails to take children's views into account, thereby threatening their future. Such short-sighted approaches have a negative impact on children's current conditions and as future members of society. Article 12 of the UNCRC calls for children`s participation in all areas that affect them. Participation may be at different levels, for example, policy formulation and implementation. However, the children`s evolving capacity should always be considered. It should be noted however, that in most African countries, Zimbabwe included, children are supposed to be 'seen, not heard'; hence active

participation of children, even on issues affecting them directly is not encouraged (Muronda, 2006).

Non-availability of resources

This has been an issue of particular concern where child protection is concerned with resources that include the financial and human. An absence of resources negatively impacts child protection activities. Many countries in Africa have only a limited number of social workers who should be responsible for the administration of the Children`s Acts (Mushunje, 2006). Lack of personnel impedes effective implementation and monitoring of child protection legislation.

Gaps between legislation and practice

Although Zimbabwe has passed good and solid legislation, there still exist huge gaps between legislation and implementation. Zimbabwe has promulgated some of the most comprehensive and progressive legal instruments for the protection of children, but the extent to which these have been enforced, is cause for concern (Lachman et al., 2002). The changing nature of the challenges facing children requires continued innovative interventions that respond to the prevailing situation and should translate into effective legislation.

1.3 PROBLEM STATEMENT

From 2005 to 2010 Zimbabwe had the highest number of CHH in Africa (UNICEF, 2010). This development ushered in an era of many non governmental organisations (NGOs) and programmes aimed at catering for the needs of the affected children. The common objective of

all the programmes was, and still is, a focus on what can be done for the CHH and the orphaned children to lessen their 'burden'. Minimal attention is paid to what the orphans are able to do for themselves, how they have survived without much help and what incoming programmes can do to build on those strengths that the CHH/orphaned children already possess.

In African societies children are usually viwed as vulnerable and in need of protection by adults (Scheper-Hughes, 2008). According to Henderson (2006) this view is patronising and fails to recognise the abilities, knowledge and power that children possess. Unfortunately, most literature on CHH is rooted in this traditional and patronising perspective, and programmes aimed at responding to the needs of the CHH inevitably follow the same trend and pattern. Research on the welfare of children has generally taken a pathological and risk reduction perspective which aims at fixing problems (Killian, 2004). In the past few decades scholars have come to realise that not all children in difficult circumstances succumb to problems. Studies by Killian (2004) have shown that 50 to 66% of children growing up in difficult circumstances with multiple risk factors have managed to cope well in spite of their conditions and problems. According to Luthar (2000), Masten (2001) and Van Breda (2001) the importance of a resilience perspective in any field cannot be overemphasised. Such insights gave birth to a relatively new field of study in protective factors and resilience and the development of intervention strategies that promote resilience.

Viewing CHH and other orphaned children as vulnerable 'creates a demand for OVC services and portrays vulnerability as an empowered identity' (Cheney, 2012:8). This preoccupation with vulnerability overlooks culturally significant strengths based views of OVCs and encourages a

culture of relief aid at the expense of sustainable protective strategies that enhance the child's resilience. It is not surprising therefore that research in this area has tended to focus more on psychosocial problems and distress caused by the HIV/AIDS pandemic, consciously or unconsciously ignoring the competencies that children exhibit in the face of hardships (Cluver, Fincham & Seedat, 2009; Nyamukapa, et al., 2010). This scenario could be attributed to the fact that donors who fund most NGOs are fascinated by the problems that OVC face to justify funding for projects that intend to ease the children's hardships and suffering (Cheney, 2012). Indeed Theron (2012) thoroughly interrogates the question of whether child resilience studies are ethical. In this article, some scholars argued that it is unethical to expect children in distress to cope and manage. Their view was that the children needed help and protection from hardships. However, Theron (2012) counter argues that the rationale behind any resilience study should always be based on positive support and that it might actually be unethical not to study resilience and understand those factors that promote well-being in the midst of hardships. Indeed Luthar and Brown (cited in Panter-Brick and Leckman 2013:333) concur by saying that 'the main reason behind resilience studies is making use of scholarship that provides critical ingredients to use in intervention strategies'. This study attempts to explore those 'ingredients' that promote well- being in the CHH.

Resilience factors and coping mechanisms have also been established to be culture and context specific (Ungar, 2008; Theron, Cameron, Didkowksy, Liebenberg &Ungar, 2011). However, western perceptions and ideologies still shape the research framework on childhood perpetuating Eurocentric views at the expense of local understandings and meanings (Nsamenang, 2012). This unfortunately perpetuates a trend where African scholars continue to be consumers of knowledge

that has been generated elsewhere which might not apply to the African local settings (Kapesa, 2004).

This research is an attempt to address the above mentioned gaps and provide an analysis of the resilience factors and coping mechanisms used by children in CHH in Mutasa District, Manicaland Province in Zimbabwe. The study interrogates local understandings of resilience from the children and community perspectives. The research findings are used to develop a resilience framework that can help in promoting resilience in children who find themselves in difficult circumstances. Findings are instrumental in informing policies on programmes that cater for CHH, thereby enhancing the relevance of such policies because they would address real issues and concerns of orphaned children in CHH.

1.4 RESEARCH OBJECTIVES

Main objective:

The main objective of the study is to determine the factors that promote resilience and ways of coping in CHH.

Sub objectives include:

- To understand the factors which promote resilience in CHH.
- To explore the coping strategies used by CHH
- To determine the characteristic features of resilience-enabling environments in CHH.

- To explore the contextual understanding of resilience.
- To explore the dynamics of engagement between the CHH and their social environment in promoting resilience.
- To explore CHH perspectives on resilience.
- To analyse the dynamics of child rights in the promotion of resilience in the CHH.

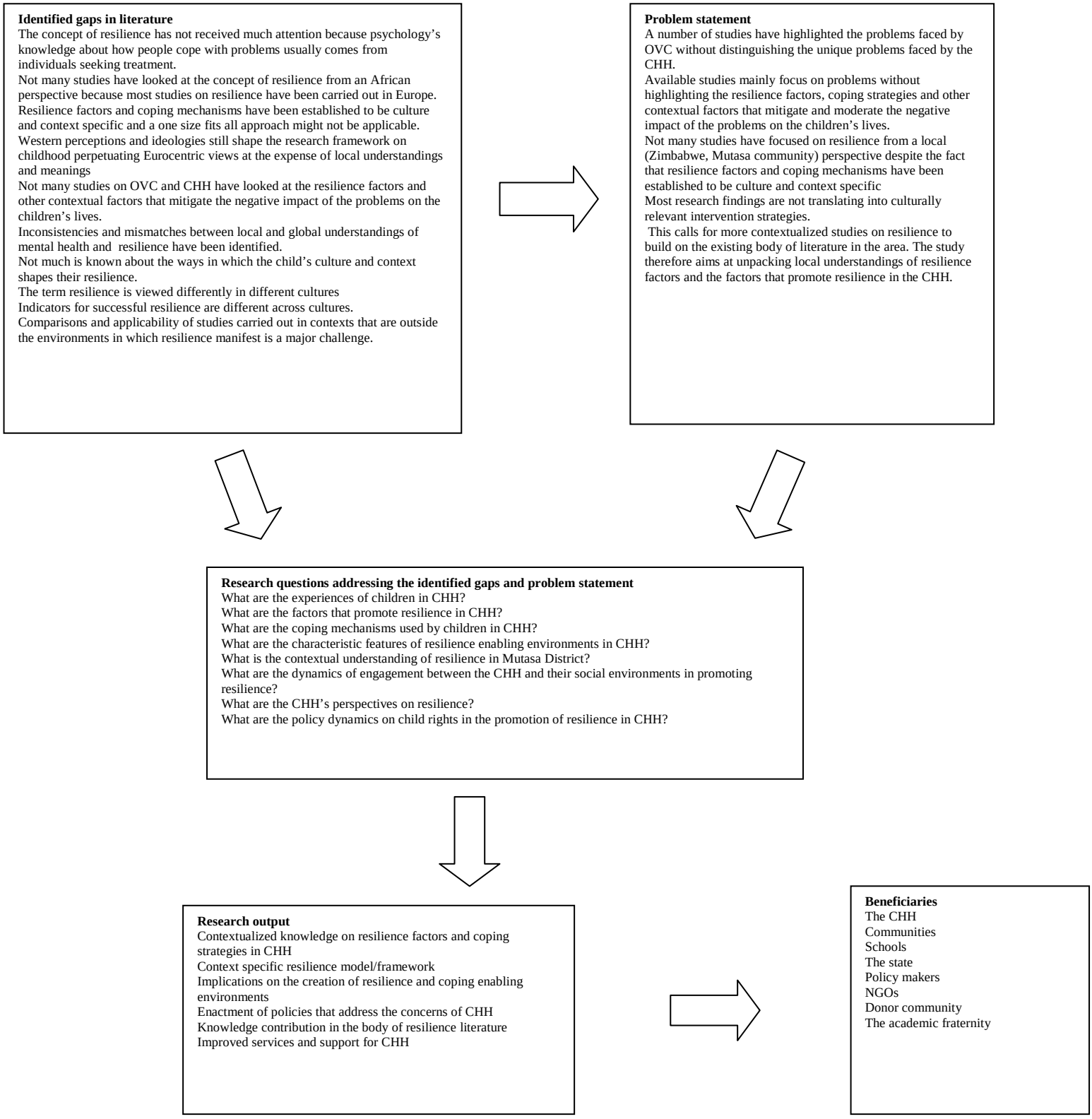
1.5 RESEARCH QUESTIONS

The study was guided by the following research questions in achieving the above objectives:

- What are the factors that promote resilience in CHH?
- What are the coping mechanisms used by children in CHH?
- What are the characteristic features of resilience enabling environments in CHH?
- What is the contextual understanding of resilience in Mutasa District?
- What are the dynamics of engagement between the CHH and their social environments in promoting resilience?
- What are the CHH's perspectives on resilience?
- What are the dynamics on child rights in the promotion of resilience in CHH?

Figure 1 below is a preliminary conceptual model for the study that captures the gaps in knowledge identified in literature which have a direct link to the problem statement. The research questions that the study addresses are linked to the identified gaps and problem statement. The proposed research output and beneficiaries of the study are also shown.

Figure 1: Preliminary conceptual model for the study



1.6 RATIONALE

A number of studies have highlighted the problems faced by OVC including the CHH (Madhavan & Townsend, 2007; Kimani-Murage, Holding, Fotso, Ezeh, Madise, Kahurani & Zulu, 2011; Bachman DeSilva, Skalicky, Beard, Cakwe, Zhuwau, Quinlan & Simon, 2012; Case, Paxson & Ableidinger, 2004; Robson & Kanyanta, 2007; Cluver, Operario, Lane & Kganakga, 2012; Guo, Li & Sherr, 2012; Kidman, Hanley, Subramanian, Foster & Heymann, 2010). While these studies vividly detail the problems faced by OVC, they do very little in highlighting the resilience factors and other contextual factors that mitigate and moderate the negative impact of the problems on the children's lives. There is a growing tendency to focus more on the bad than the good (Nsamenang, 2012; Andrews, Skinner & Zuma, 2006; Meintjes & Giese, 2006; Skovdal, 2012). Preoccupation with psychological distress can also be attributed to the global and decontextualised understanding of childhood (Scovdal, 2012). Indeed, recent studies by Harms, Kizza, Sebunnya and Jack (2009) and Betancourt, Rubin-Smith, Beardslee, Stulac, Fayida and Safren (2011) have identified inconsistencies and mismatches between local and global understandings of mental health and resilience. The studies have also looked at OVC as a homogenous group, without distinguishing the unique experiences and problems faced by the CHH.

Although a number of studies on resilience are trickling in, not much is known about the ways in which the child's culture and context shapes their resilience (Ungar, 2010, 2011). In his article, *The beginnings of resilience: A view across cultures,* Ungar (2012) strategically poses the following questions:

-Across cultures, what is a successful child?

-What are the benchmarks of healthy development in different communities?

-What protects our children best from the harm caused by different risk factors?

-Do all children feel the effects of their exposure to risk in the same way?

Masten (2011) and Theron (2012) concur with Ungar (2010, 2011, 2012) and advance that the study of resilience is riddled by many paradoxes that need to be understood. An operational definition is needed by researchers in this area because the term resilience is viewed differently in different cultures. Ungar (2010), Rutter (2006), Masten (2012) describe resilience as a construct that is inferential in nature which involves human judgement about desirable and undesirable outcomes. The multi faced nature of resilience also means that the indicators for successful resilience can be different across cultures. These challenges in the study of resilience complicate comparisons and applicability of studies carried out in contexts that are outside the environments in which resilience manifest (Theron & Theron, 2010; Masten, 2001; Ungar, 2008, 2010, 2011; Rutter, 2006, 2012). This inevitably calls for more contextualised studies on resilience to build on the existing body of literature in the area. There is therefore an urgent need to provide interactions and interventions that are context sensitive and promotive to children's well-being (Panter-Brick & Leckman, 2013).

Western researchers had naively assumed that findings from studies carried out in the west could be applied to children in impoverished environments, which was not the case (Ungar, 2008). Researchers need to open themselves to new meanings, definitions and manifestations of resilience that are different from their own. The focal point being to understand what resilience

means in a variety of cultures. This can only be achieved by carrying out research in different contexts, having a variety of research participants that include children and community members and having innovative research strategies that tap into this evasive term called ‘resilience’ (Theron, 2012; Luthar & Brown 2007; Ungar, 2008, 2010, 2012). Resilience studies are challenging the culture blind connotations in the field of psychology and more focus is now on behaviour being a result of ecological, cultural, social and biological factors (Berry & Poortinga, 2006). It is therefore important to explore the ways in which context and culture interact to enhance resilience (Davydov, Stewart, Ritcher & Chaudieu, 2010).

Renowned scholars in the field of resilience contend that the study of resilience is incomplete as long as Eurocenric theories and views on resilience dominate the resilience discourse and debate (Ungar 2008, 2012). Theron (2012) pointed out that there is a need to analyse and explore definitions and processes of resilience from Africentric and other non western world views. However, as noted by Masten and Wright (2010) there are common processes that make up resilience, but the generic processes are culturally and contextually determined. There is therefore an urgent need to explore how the culture, beliefs and values of people determine the definition and processes of resilience. The current study addresses these gaps in an attempt to enhance local understandings and meanings of resilience in Mutasa District.

1.6.1 Challenges in resilience studies

A number of limitations exist in resilience research as highlighted by Theron (2012). Early studies explained resilience in terms of individual charactersistics. The unfortunate outcome of such conclusions tended to blame children who failed to resile because they did not have the

individual characteristics. These studies failed to account for contextual factors in the resilience equation. This limitation led to changes in focus on resilience research with the inclusion of social ecologies on the research agendas, (Bottrell, 2009; Masten & Wright, 2010; Sapienza & Masten, 2011; Ungar 2010, 2011, 2012; Theron, 2012). The current study explores the processes that the CHH engage in as they navigate their social ecologies to get desired outcomes.

Another shortcoming in resilience research as noted by Theron (2012) and Panter-Brick (2013) was that most research findings were not translating into culturally relevant intervention strategies. Theron (2012) argues that the link between outcomes of resilience studies and tangible positive changes in social structures is weak in African societies with particular reference to South Africa. Indeed researchers in the field of resilience have been accused of coming up with long lists of protective factors without articulating how these protective factors can feed into intervention strategies and policies (Luthar & Brown, 2007; Masten & Wright, 2010; Bennett & Jessani, 2011, Theron, 2012). The current study addresses this gap by articulating suggestions for appropriate intervention strategies and policy frameworks that address the identified needs of the CHH. The major reason behind resilience studies however is always, ‘a positive support ethic’ (Theron, 2012:334). The aim being to understand the processes that enable children and people in general to cope under adversity so as to help others who may find themselves in similar situations. The increase in the number of OVC and CHH in Zimbabwe calls for a deeper understanding on the factors that enable them to resile and cope in a bid to develop sustainable models and frameworks of resilience and coping that do not depend on relief aid. It is my submission that these identified gaps in knowledge justify carrying out more contextual studies on resilience in vulnerable populations like the CHH in Zimbabwe. It is therefore clear that there

is a need to continuously interrogate the study of resilience so that it can respond to the multifaceted contextual ecologies that vulnerable populations find themselves in. Theron (2012) details the sensitivities and complexities on resilience studies from 2000 to 2012. Refer to table 1 below.

Table 1: Summaries of studies of South Africa youth resilience. Adapted from Theron 2012:338

Year	**Authors**	**Focus**	**Sensitivities to caveats and complexities in resilience research**
2009	Veeran& Morgan	The role of culture in resilience among Irish and South African Youth	Emphasis on resilience as a process influenced by culture
2010	Ebersohn	Youth resilience and career counselling, with particular emphasis on how quadrant mapping enabled educational psychology students to support rural black youth	Recognition of contribution of context and culture to youth resilience; use of qualitative methodologies

2010	Malindi & Theron	The hidden resilience of street youth	Acknowledgment of mainstream conceptualisations of resilience processes; use of qualitative methodologies (individual and focus group interviews)
2010	Phasha	Resilience among African survivors of child sexual abuse	Emphasis on resilience as a process influenced by culture; use of qualitative methodologies (individual interviews)
2010	Theron & Dunn	Post-divorce resilience among white, Afrikaans-speaking adolescents	Recognition of the contribution of context and culture to youth resilience; use of qualitative methodologies (individual interviews)

2010	Theron & Malindi	Resilience among street youth	Recognition of the contribution of context and culture to youth resilience; use of qualitative methodologies (individual and focus group interviews)
2011	Lau & Van Niekerk	Resilience among township youth bum victims	Recognition of the contribution of context and culture to youth resilience; use of qualitative methodologies; recognition that resilience coexists with fragility (individual nterviews)
2011	Mampane & Bouwer	The role of township schools in youth resilience	Recognition of how schools as social ecologies influence resilience; use of qualitative methodologies (focus group interviews using the Interactive Qualitative Analysis method)

2011	Odendaal, Brink & Theron	Culturally-informed schemas (personal constructions) and youth resilience	Recognition of how sociocultural ecologies and personal constructions shape resilience with a focus on how Rorschach interpretations can be used to explore this (individual interviews and Rorschach projection test)
2011	Pienaar, Swanepoel, Van Rensburg, & Heunis	Resilience among children orphaned by AIDS and living in residential care	Recognition of contribution of context and culture to youth resilience; use of qualitative methodologies
2011	Theron et al.	Cultural roots of youth resilience	Emphasis on resilience as a transaction influenced by culture; use of qualitative methodologies (individual interviews, photo elicitation, and video documentation)
2011	Ungar,Theron Didkowsky	Adolescents' contributions to their families' well-being and resilience	Emphasis on resilience as a reciprocal process influenced by cultural values and practices that may be devalued by the mainstream use of qualitative

			methodologies (individual interviews, photo elicitation, and video documentation)

As indicated in the table above, resilience studies need to be sensitive to cultural factors for the study to be meaningful and relevant in different contexts. As shown in the table, qualitative methodologies that are sensitive to cultural factors have been popular in research studies on resilience.

1.7 JUSTIFICATION

Available statistics indicate that Zimbabwe has the highest number of CHH in Africa. Responses to these statiscis has been focused on studies showing the problems that the vulnerable children face which has naturally led to the formations and influx of a number of NGOs coming in to 'rescue' the children by providing services intended to ease the children's problems. Not many studies and programmes as shown earlier have looked at the coping mechanisms and the resilience factors (Meintjes & Giese, 2006; Nsamenang, 2012; Skovdal 2012). This could be attributed to the fact that the donor community that provides programme funds is fascinated by problems and the bad rather than the good (Cheney, 2012). However there is evidence of donor fatigue in Zimbabwe and due to a number of factors that range from economic, social and political, most donors are pulling out of the country which is leaving the children exposed and more vunerable than before (Muronda, 2006). There is therefore a much stronger need to

understand and focus on the strengths and resilience factors that the children possess and to explore the factors that promote well-being in the CHH so as to provide the 'ingredients' for use in intervention strategies (Luthar & Brown, 2007). The existence of CHH in Zimbabwe is a reality that societies have to contend with and there is an urgent need to understand their experiences and recognise the CHH as an alternative family care sytem given the challenges that communities ravaged by poverty are facing (Germann, 2005). The study findings will benefit the CHH by bringing their problems and challenges into the public arena which would create awareness on their plight, thereby putting their concerns on political agendas. This would hopefully translate into meaningful and relevant policies and programmes that build on their strengths and capabilities. It would also allow the state which is the duty bearer to concentrate their efforts in the creation of coping enabling environments which would boost the CHH's resilience. Indeed Panter-Brick and Leckman (2013:333) laments the fact that resilience studies seem to have been going round in circles and 'there is an urgent need to move the resilience debate forward and lay to rest some old debates on whether resilience is a trait, a process, or an outcome; whether resilience should be regarded as exceptional, or normal, in conditions of severe adversity and whether resilience is new wine, or much the same wine as risk, but packaged in a new bottle'. Ungar (2013), Theron (2012), Panter-Brick and Leckman (2013) contend that in moving the debate forward, there is need to translate knowledge into effective prevention and intervention strategies and a need for cultural and context specific knowledge on identifying and enhancing resilience which this study aims to achieve. The CHH will benefit from the improved programmes and policies that address their needs and concerns. The findings will also help the schools and communities in their efforts to compliment what the children are already doing on their own, thereby taping into and building on the children's existing strengths.

The policy makers will also be in a position to develop research based policies that address the concerns of the CHH. The findings will also assist incoming and existing NGOs to implement programmes that are relevant and need based. The academic fraternity will benefit from the knowledge generated that will contribute to existing literature in the field of resilience.

1.8 ASSUMPTIONS OF THE STUDY

The study is making the following assumptions:

- The CHH will be willing to share their stories for research purposes.
- The research participants will be truthful in answering the questions.
- The study would not evoke sad memories that would traumatise the CHH to the point of not wanting to take part in the study.
- All research participants will either consent or assent to taking part in the study.
- Time and resources will be available to undertake the study.
- The nature of the study would not cause the participants especially the CHH to alter their behaviours.

  NB. Responses to and impact of these assumptions on the study are discussed in chapter four.

1.8.1 Settings

The study took place in Mutasa district. Although the initial plan was to involve two districts, the plan was later discarded due to financial constraints. Mutasa district is the district in which Africa University where I work is located and this reduced travelling costs to the research sites. Please refer to Chapter four on the section on Study site for a detailed discription on Mutasa district.

1.8.2 Researcher's background in relation to the study

I am a registered psychologist in Zimbabwe and previously was a practitioner in the Ministry of Education before joining the academia. As a practitioner I encountered pupils who came from extremely disadvantaged backgrounds but were able to function at superior levels in all areas of their lives. Educational authorities expected a causal relationship between extreme poverty, broken families, orphan hood, terminally ill parents and negative outcomes in the children concerned. Although this assumption was entirely accurate for some pupils, there were always a certain percentage of pupils who defied the odds and performed very well despite their circumstances. It is this group of pupils who inspired me to learn more about them so that I could help the other less resilient group who seem to buckle in the face of adversity.

1.9 CHAPTER CONTENTS

The thesis contains six chapters. Chapter one focuses on the background of the study and the rationale behind the study. The research objectives and questions that guided the study are outlined. A brief analysis on the notion of childhood and the problem statement is provided. The contextual policy background on CHH in Zimbabwe is detailed. The assumptions of the study are outlined.

Chapter two explores the experiences of children in CHH. It details the reasons behind the emergence of CHH. The problems faced by the CHH and the coping mechanisms used by the children are detailed. A discussion on how retramatisation of children in CHH can be avoided is given. Chapter three focuses on the concept of resilience in CHH. The definitions of resilience and the related terms are provided. The differences between resilience and coping are outlined and a discussion on the components of resilience and the models that explain the concept of resilience is provided. The chapter also outlines the characteristics of resilient children and the resilience intervention strategies. Concepts related to the measurement of resilience are also discussed.

Chapter four looks at the research design and methodology. Information on the study site, study population and sampling procedures is provided. The process of gaining access to the various research participants is detailed. The data collection procedures and instruments are explained and justified. Information on how validity and reliability of the study was demonstrated is provided and a discussion on the audit trail that justifies the findings of the study is detailed. The

plan for data analysis is explained and ethical considerations are discussed. I also provide my own personal reflections on the methodological aspects and limitations of the study.

In Chapter five, the findings and a discussion on the findings is provided. The experiences of the CHH and the coping strategies they use are detailed. The factors that make CHH resilient are discussed and a resilience model called the *Bidirectional Model of Resilience* emerges from the findings. *The Strengths-Focused Model of Coping* is also developed based on the findings. The CHH's problem solving skills are analysed. The chapter also details the dynamics of the relationship between child rights and resilience. Chapter six consolidates the furnished results and conclusions which are based on the findings. Implications of the findings based on the conclusions are provided. Finally a summary of the whole study is detailed in this chapter.

1.10 SUMMARY

The current chapter explained the background of the study, thereby putting the research topic into perspective to provide a better understanding of it. An explanation of the notion of childhood and how it is viewed by different scholars is provided. The researcher's own perception on childhood and her background in relation to the study is explained. The research objectives and questions which guide the study are outlined. The problem statement which is linked to the rationale behind the study is given and explored in detail. The rationale which strategically poses the current study as one that will provide answers to the gaps in knowledge in the field of resilience is detailed. Brief summaries of the chapter contents are provided.

CHAPTER TWO

EXPERIENCES OF CHH

2.1 INTRODUCTION

A literature review places the research question in the context of scientific thought. It focuses on what is known about the issue and what avenues look promising for further investigation. Hence the following two chapters explore the available literature on the experiences of children in CHH and the resilience factors respectively. The research objectives and questions were used as a guideline to delineate the parameters and framework of what to include in the literature review. Reasons behind the emergence of CHH and the problems faced by the orphaned children are explored. A discussion on the coping mechanisms used by the CHH is provided. Issues pertaining to avoiding retraumatisation of children in CHH are detailed.

2.1.1 Definitions of a CHH

Various definitions have been given on what constitutes a CHH. According to Germann (2005), a CHH is a household where both parents or alternative adult caregivers are permanently absent and the person responsible for the day to day management of the entire household is aged 20 years and below. In Zimbabwe, the Children's Protection and Adoption Act defines a child as any person under the age of 16. However the Legal Age of Majority Act defines a child as any person under the age of 18. This is also the definition that is held by the UNCRC and the African Charter on the Rights and Welfare of the Child. Therefore in the Zimbabwean context, any

person below the age of 18 may be defined as a child and has the right to claim any rights accorded to all children under the law. It should however be noted that communities may have their own definitions of a child. According to Skinner et al. (2006), the period of childhood tends to be contextually defined and usually takes the period of dependency on parents as a benchmark. This therefore means that a person can remain a child well beyond the legal ages of childhood as stipulated by the laws of a particular country. Therefore someone above 18 can be regarded as a child depending on contextual dynamics.

For the purposes of the current study, the definition propounded by Plan (2005) was adopted because it was related to the ideas on what constitutes a CHH emanating from the community. The operational definition of a CHH for the study is a household where the children are double orphans and is headed by a child under the age of 18 or who is recognised by the community as being a child, who along with the other children is responsible for feeding, maintaining the household and caring for younger siblings and adopting de-facto adult/parent roles (Plan, 2005).

2.1.2 Reasons behind the emergence of CHH

Literature advances many reasons for the breakdown of traditional kinship and community support systems that are linked to the emergence of CHH. Chiastolite Professional Services cited the following reasons in a report on CHH (Chiastolite Report, 2008:28)

- Economic empowerment and private ownership have led to greater independence and individualism and a breakdown in communal values and life style (Foster, 2000).
- The influence of traditional family systems on the values and morals of young people has been replaced by the influence of peers and a broader society (Foster, 2000).
- The tradition of a man inheriting his brother's wife and children if his brother dies has fallen away, leaving widows and the orphaned children more vulnerable than in the past (Foster, 2000 ; Kaseke & Gumbo, 2001; Oleke et al., 2005).
- The high cost of *lobola* (the bride price) has led to many people marrying informally. When one or both parents die, the absence of customary sanction of the relationship means that the traditional support networks will not have been adequately established (Foster, 2000; Roalkvam, 2005).
- The economic resources of the extended family have been depleted to such a degree that they are unable to care for additional children (Kaseke & Gumbo, 2001; Thurman et al., 2008; Walker 2002).
- Some families are already caring for additional children and cannot take in more (Walker, 2002).
- The AIDS-related death toll has decimated the adult population to such an extent that close relatives are often almost nonexistent (Amber, 2005).
- The presence of conflict in the family prior to the death of the parent is a key determinant of the household becoming child-headed (Germann, 2005).

The dual impact of civil wars and HIV/AIDS has caused changes in family structures and systems that have left children vulnerable (Christiansen, 2005). This has inevitably led to CHH that do not have adults supervising the family unit. Although sibling care giving is common in many African societies, in CHH however, sibling caregiving occurs in contexts of adult absence. According to Roalkvam (2005) this occurance is a sign of the breakdown of social safety nets. MacLellan (2005:4) called this 'the double attack of conflict and AIDS'. Moreover the family structure is slowly changing with changes in the economic and social conditions. Families are shifting more towards the nuclear family structure. This means that in the event of the death of parents, the children can become alienated resulting in them living as CHH (Kurebwa & Kurebwa, 2014). In addition, family ties are slowly weakening due to westernisation, which is fueling the rise in divorce rates leaving the children vulnerable (Bourdillon, 2000).

Migration into the diaspora in search of greener pastures has also led to parents leaving children on their own. Such parents try to make up for their absence by sending a lot of money and latest telecommunication gadgets to the children. The children however develop a host of antisocial behaviours and show signs of distress due to parental absence (Samuneta & Kapesa, 2013). This phenomenon has led to the emergence of economic orphans. Generalised poverty has also resulted in the increased number CHH and vulnerable children in general. Even children living with both parents are falling into the vulnerable category as parents fail to provide for their basic needs (Buzuzi, Munyati, Chandiwana, Mupambireyi & Moyana, 2014). Most orphaned children stay with grandparents who also need care and support and thus fail to adequately look after the orphaned children hence the decision by most of them to stay on their own as CHH. These reasons suggest that society has to come to terms with the notion that CHH are on the way to

becoming an alternative orphan care system and hence should be supported and provided for by policy.

The phenomenon of CHH is one that forces society to re-examine the notion of childhood and what it entails. Society can no longer have the luxury of viewing childhood as a carefree period with no responsibilities. Henderson (2006) refers to this as a patronising form of vulnerability linked to the notion of normal and appropriate childhoods. This view, according to Henderson (2006) robs children of the knowledge, abilities and power that they already possess. Unfortunately, much of the literature on orphans and CHH is written from this traditionalist perspective, which defines children in the care of parents as the norm so that any deviation from this norm is viewed with suspicion.

This is clearly illustrated by Mkhize (2006) who refers to CHH as a deviation from the norm and a disaster. According to Mkhize (2006) CHH constitute a crisis that would lead to a breakdown of society and are a gross violation of the child's right to care. Pharoah (2004) is however of the view that when child practitioners hold such pathogenic assumptions about CHH, they will miss the strengths, positive assets and hopes that are mixed with the challenges on which CHH can build on and from which they can benefit. The importance of a resilience perspective in any field and particularly in the field of CHH, cannot be overemphasised (Van Breda, 2001). Studies by Killian (2004) challenge Mkhize's (2006) assumptions and as Germann (2005) correctly concluded children can thrive within a wide range of family forms. No specific kind of family may be considered ideal for their needs and it is a mistake to view single parent, or CHH, as deviant family forms.

2.2 PROBLEMS FACED BY CHH

Lee (2012) noted that the CHH usually move from household to household before deciding to settle on their own or with other children not related to them. Studies by Ward and Eyber (2009) showed that CHH face problems of isolation, rejection, a fear and perception that relatives and neighbours are generally not helpful and want to hurt them rather than help them. The CHH however create for themselves certain structures and systems that enable them to navigate the social environment to meet their needs (Thurman et al., 2006; Ward & Eyber, 2009; Lee, 2012). A study carried out by the Farm Orphan Support Trust of Zimbabwe (FOST) in 2002 revealed that the sample of CHH which were studied on commercial farms encountered problems, which could be grouped under the following categories:

Food security: Most CHH relied on food donations from the community. However, in most cases the communities themselves were struggling to survive and this increased the vulnerability of the CHH. Hence, this safety net completely disappeared in times of general food shortages.

Educational opportunities: CHH family members are usually forced to drop out of school due to lack of finances to pay school fees and other school requirements in terms of school uniforms and stationery. This unfortunately perpetuates the poverty cycle for the CHH in Africa where educational advancement is usually tied to economic and financial independence (Masondo, 2006). Some of the children in CHH drop out of schools well before they become orphans because they have to look after terminally ill parents (Kurebwa & Kurebwa, 2014).

Material needs: Most CHH lacked adequate basic survival materials such as clothing, food, appropriate shelter and household items. The children in CHH spend a lot of time looking for

food and basic survival material and do not have time to continue with education (Ayieko, 1997; Kakooza & Kimuna, 2005; Richter, 2004; Robson & Kanyanta, 2007). In addition to not affording school fees, the CHH also fail to buy materials needed at school, for example, pens, books and school uniforms (Yamba, 2005). A study by Walker (2002) showed that 40% of children in CHH were not attending school due to poverty related reasons.

Psychosocial support: CHH have very few people, or no one, to whom they could turn for emotional and social support. The study by FOST (2002) revealed a sense of helplessness by community members in terms of offering this type of support as most of the CHH's emotional and social problems were tied to their lack of material needs as mentioned above, which the community was unable to supply. Kapesa's (2004) observations led to similar findings where most orphaned children concurred that psychosocial support on its own without satisfying their material needs was not of much benefit. Betancourt, Meyers-Ohki, Charrow and Hansen (2013) however, indicated that although most children in the four African countries in which they carried out their study, wanted to share their problems with someone, their culture which encouraged perseverance in hardships as a positive coping strategy discouraged them.

Skills and knowledge: CHH do not have the opportunity to learn basic life skills nor acquire cultural knowledge usually passed on to children by their parents. However, in a study by Yamba (2005) the eldest member of the CHH said that he frequently holds family meetings where he teaches his young siblings that which his mother, regarding good manners, had taught him.

Abuse and Exploitation: There is evidence to suggest that CHH are vulnerable to abuse and

exploitation in a number of ways and generally have no one to turn to for protection when at risk. Labour exploitation of orphaned children has been reported in a number of studies (Ward & Eyber, 2009; Lee, 2012; Evans, 2012). However Ungar et al. (2013) has shown that labour exploitation can viewed differently in different contexts and that in some cultures it can be a crucial resilience factor. In some contexts the children may need to work to provide for their siblings. Working therefore becomes a means of survival for the children.

Poor housing conditions: Many of the CHH were found to be living in overcrowded and unhygienic living conditions. The housing conditions for CHH are generally poor and usually reflect the economic status of the deceased parents. If the late parents were relatively well off by the community standards, the houses will be roofed by corrugated iron. The grass thatched houses which are in the majority reflect generalised poverty of the deceased parents. However, the houses are generally in poor conditions as the structures lack rehabilitation and maintainance (Buzuzi et al., 2014). The HIV pandemic usually takes people in their prime and economically productive years (UNCEF, 2010). Most of the parents will be building their homes at this stage in their lives and after their death, no one in the extended family system will take up the responsibility, resulting in some CHH living in unfinished structures (Buzuzi, et al., 2014).

Poor access to health care and stigma: CHH usually lack knowledge in relation to health matters and in addition they have no adult figure monitoring their health hence they become more vulnerable. They are also at risk of HIV infection because some engage in transactional sex due to their need to support themselves (Yamba, 2005). Many CHH experience stigma, social

isolation and rejection by their communities because their parents died due to Aids related illnesses (Segu & Wolde-Yohannes, 2000; Thurman et al., 2008).

Fear and sexual exploitation: Walker (2002) found that children in CHH in Zimbabwe experienced a significant amount of fear about the future as was indicated earlier. Ritcher (2004) also noted a general fear about economic survival amongst the CHH. Kelso (1994) and Yamba (2005) reported that in most parts of Africa OVC are turning to transactional sex to obtain food and money on which to survive. This exposes them to the risks of human trafficking and contracting HIV/AIDS, the disease which may have killed their parents, and in this manner they (unwittingly) perpetuate the vicious cycle. Poverty, disease and various forms of abuse characterise the CHH's daily lives in situations of crisis. Girls are more vulnerable to sexual abuse and exploitation and their chances of contracting the HIV virus is greater than that of boys of the same age (Vigh, 2006; Lee, 2012; Mabala, 2006).

The children in the CHH face a series of problems well before they become CHH. The problems they face usually depend on who would have died first between the parents. Table 2 below summarises the problems face by the orphans in the different categories. According to Buzuzi et al. (2014:115) maternal, paternal and double orphans face the following challenges as indicated in Table 2 on page 45.

Table 2: Problems faced by orphaned children

Maternal orphans	**Paternal orphans**	**Double orphans**
Abuse by the stepmother if the father remarries	Inadequacy of basic items like clothes, food and school fees	Forced to work at an early age due to poverty
Neglect by the father who may not regularly stay at home	Children resorting to selling their labour to survive	Early marriages for girls due to poverty
Dropping out of school	Dropping out of school	Uncontrollable behaviour due to peer pressure
Vulnerability to rape	Disobedience by children especially boys	Sibling separation
Absence of psychosocial support and care,		Shortage of basics like food and clothing
Lack of education on reproductive health on girls		Emotional disturbances
Strained relations with maternal grandparents when the fathers remarry		Absence of psychosocial support and care
		Abuse by care givers, for example, rape, child labour, physical and verbal abuse

Loss of possessions

The children in CHH usually lose assets left behind by the deceased parents to greedy relatives who take the assets on the pretext of safe keeping them for the children. The assets in most cases do not benefit the children and the children risk being disowned by the extended family members if they claim the assets that rightfully belong to them (Ward & Eyber, 2009; Yamba, 2005; Donald & Clatchety, 2005).

Access to facilities and resources

Although there is the availability of health and education facilities, the challenge for most CHH is in accessing these facilities which require cash in terms of transport, medical fees and school fees. Although there are policies on free treatment of OVC in Zimbabwe, in reality this is not being implemented because healthcare personnel require cash upfront before treatment (Buzuzi et al., 2014). The selection of beneficiaries for various services and goods offered by NGOs is fraught with irregularities that sometimes leave out the intended beneficiaries (Kapesa, 2004). Children in CHH do not have access to financial resources and resort to selling their labour and some their bodies in search of this scarce commodity (Vigh, 2006; Yamba, 2005). The NGOs support the children materially and do not directly give out cash. This has resulted in some orphaned children selling material received from NGOs, for example, seed and fertilizers to raise money to buy other necessities (Buzuzi et al., 2014). A new cash transfer programme, where vulnerable families receive a certain amount of money from the government that is being run as a pilot project in some districts in Zimbabwe might rectify this problem. There is not much in terms of community resources for the orphaned children. The *Zunderamambo* (chief's/community granary) is failing to adequately cater for the needs of the CHH because of

the increase in the number of vulnerable people in the community. The chiefs also report that although the labour to work in the fields is available, the required inputs like seed and fertilizer is not available (Buzuzi et al., 2014; Chizororo, 2005). This unfortunate scenario self defeats the whole concept and principles of the chief's/community granary (*Zunderamambo).*

Role adjustments

Nkomo (2006) noted that after the death of the parents, children had to make the adjustment from being a child to being the head of a household and that this adjustment came with many challenges. Nkomo (2006) identified a number of challenges associated with this adjustment: these included a feeling of having lost one's childhood and sense of self with the accompanying feelings of deprivation. The heads of the CHH also complained that they bore too much responsibility for their younger siblings although they themselves are also children. They also reported feelings of being abandoned by extended family members whom they feel should be taking responsibility for them (Ward & Eyber, 2009; Lee, 2012). Preoccupation and concern for surviving in the face of economic hardship was also a major challenge for the CHH heads. They also struggled with multiple and competing responsibilities and reported a sense of helplessness and uncertainty about the future, personal safety, family disintegration and discipline.

Mkhize (2006) concurring with Nkomo (2006) notes the multiplicity of adult roles that the heads of CHH undertake, for example, decision- making, leadership, economic provision, care giving, conflict management and housekeeping engendered a great deal of stress. Similar findings emerged from studies on CHH by Masondo (2006) and by the Indian HIV/AIDS Alliance and

Tata Institute of Social Science (2006). The CHH interviewed in these studies all reported that the process of adjusting roles was stressful for them.

Emotional distress

The lives of the CHH are charaterised by chronic distress which affects them emotionally and socially. Donald and Clacherty (2005) found that children in CHH reported 92% negative events in their lives as compared to 55% negative experiences in children living with both parents. Kurebwa and Kurebwa (2014) reported that communities in which the children lived did not have much experience in helping the children to deal with psychological trauma. Poverty also exacerbated the children's problems and it is difficult to separate the children experiences of poverty with their emotional problems (Kapesa, 2004). The unavailability of trained counselors in the communities and schools worsen the problem.

Unavailability of continuous adult support

Children in CHH report that they lack guidance, protection, care and support from an adult and this exposes them to exploitation and abuse. The heads of the households report that their immaturity hinders them from providing appropriate care and support to their siblings (Kurebwa & Kurebwa, 2014; Masondo, 2006). The children who need guidance are put in a position to provide guidance to their siblings. This compromises their position as children who also have similar needs of care, love and security. A study on CHH in Uganda showed that the children in CHH rarely had time to play (Dalen, Nakitende & Musisi, 2009).

Problems related to power dynamics in CHH

According to Chistiansen et al. (2006), as the children in CHH move through the life phases, they inevitably interact with positions of power and authority. In the midst of these interactions and negotiations with the powers that be, the youth try to find ways of having some control over their lives. They realise that their starting point is a position of relative powerlessness due to their age. They however show resilience by socially navigating through the maze of positional power and show 'an ability to envision the unfolding of the social terrain and plot to actualise one's movement from the present into the imagined future' (Vigh, 2006:52). This view is supported by the Social Suffering Theory by Pedersen (2002). According to this theory, social suffering is a result of the effects of political, economic and institutional power on people's lives. These effects influence people's responses to problems. People respond to problems by analysing the social terrain and strategically navigating this terrain in ways that meet their needs (Vigh, 2008). Hence social navigation becomes a useful lens through which the CHH aim to get what they want from a social environment that may not be forthcoming in meeting their needs (Lee, 2012). They envision opportunities that they need to explore in the context of adversity and strive towards these opportunities to meet their respective needs. However, according to Ungar et al. (2013:351), this navigation to resources that promore well-being is mediated by 'gate keepers to the resources' who can either constrain or facilitate the navigation process.

2.3 SOCIAL NETWORKS IN CHH

Social networks make up a community and contain the emotional ties and social support that bind people together in a community (Kirmayer, Schdev, Whitley, Dandeneau & Isaac, 2009).

Social support can be emotional, material or instrumental in nature. Community members benefit from social networks. In some instances however, certain social networks can have negative consequences for chidren as was noted by Van Aken, Coleman and Cotterell (1994) in a study of Rwandan orphans where members of the extended family system exploited the orphaned children and abused assets left behind by the deceased parents. In such cases the orphaned children exhibit resilience by drawing on those social networks that benefit them and avoiding those that do not meet their needs (Rose, 2005). Caring for the younger siblings sometimes stresses the heads of the CHH and supportive networks ease the pressure (Mann, 2008; Evans, 2010).

Henderson (2006) pointed out that children in CHH when compared with their counterparts in adult headed households are able to draw on a number of social networks to obtain what they need in life. They exhibit advanced social networking skills that enable them to navigate and obtain the kinds of support they need. A study by Donald and Clacherty (2005) is supported by Henderson's (2006) findings. In their studies they found that CHH, tended to have a wide range of diverse individuals, for example, from church, school and neighbours to whom they could turn for support on different issues, rather than depending on one person. By contrast, children in adult headed households only depended on the adult family members for support. Therefore, according to these studies, the most remarkable strength that CHH seem to have developed is that of social networking. Other studies, for instance, by Shilubana and Kok (2005) also support this assertion. However a study by Roalkvam (2005) on CHH in Zimbabwe recorded exactly the reverse findings. She revealed that CHH were invisible and not connected to any effective networks outside of their household. Roalkvam (2005) advanced several reasons for this

isolation. According to her studies, stigma and shame associated with HIV and AIDS usually resulted in social exclusion. The assumption there was that since the parents had died of HIV/AIDS therefore the children might also be infected.

Another reason for social exclusion cited by Roalkvam (2005) was that communities infected and affected by HIV/AIDS are the most economically disadvantaged and fragmented and hence cannot cope with the extra burden of caring for the orphaned children. She also notes that the breakdown in social relationships and kinships was a causal factor in the social exclusion of the orphaned children. In some cases, children become orphaned before proper kinship networks have been concluded, such as the paying of *lobola* (bride price). Such children as mentioned earlier, are in danger of not being acknowledged by the kinship network and will be neglected and isolated.

Studies by Donald and Clacherty (2005) showed that CHH tended to have an external locus of control as compared to those children in adult headed households. They were not very clear as to what they wanted to be doing in five years' time, as if the concept of the future was foreign to them. Studies by Walker (2002) on CHH in Zimbabwe also indicated that the children had a general fear of the future and felt they could not positively influence events in their lives. However contrastingly, a study by Leatham (2006) showed that children in CHH were very clear on what they wanted in life and demonstrated inward strength to achieve their goals and dreams. A study by Masondo (2006) also showed that CHH had positive and hopeful views about their future.

2.4 COPING IN CHH

Coping and resilience though related mean different things. Coping refers more to individual characteristics and how these enable an individual to manage in the face of adversity. The differences between coping and resilience are detailed in chapter three. A number of themes emerged from a study undertaken by Nkomo (2006) on coping strategies used by CHH. Her studies revealed that as a coping mechanism some of the children conveyed a sense of fatalism and acceptance of the situation. They reported that it was their fate, they could not do much to change this fact and that they had to find ways of dealing with the situation. A number of children drew on religiosity as a coping mechanism. They reported drawing strength from God, through prayer or reading the Bible.

Other children reported a strong sense of belief in themselves and their abilities. They had developed a form of hardiness and were determined to make it in life despite their problems. They had big dreams and visions of their future and wanted to make something out of their hardships (Nkomo, 2006). These children also expressed the responses that the experience of receiving help and support from organisations went a long way in restoring a sense of hope, meaning and purpose in life. It made them realise that there are people who care about their well-being. Most reported that a chance to mix with their peers and friends at school made them temporarily forget their day-to-day worries and demands, and that this became a significant source of respite.

Bower (2005) reiterated that although CHH are to a certain extent vulnerable, society should acknowledge certain strengths that they possess and should offer a range of support mechanisms to uphold the integrity and functioning of the CHH.

Lazarus and Folkman (1984) defined coping as an individual's cognitive and behavioural ability to manage the demands of the person-environment transaction that is perceived as overwhelming the person's resources. Coping consists of two main components. There is problem focused coping that aims at dealing with the problem that is causing the distress and there is emotion focused coping that aims at regulating and nurturing emotional well being during the stressful experience. A number of studies have shown that both forms of coping are used by most people experiencing stressful situations (Lazarus & Folkman, 1984). Orphaned children in the CHH tend to use both forms of coping components. They engage in problem focused coping as they use a number problem solving strategies to come up with solutions to their problems (Lee, 2012; Vigh, 2008). The CHH engage in emotion focused coping as they seek out supportive networks that help to ease their emotional pain. They also learn to have a positive outlook on their situation. However, Campbel-Sill, Cohan and Stein (2006) established that task or problem focused coping was positively related with resilience and emotion focused coping was related to low levels of resilience.

Coping usually occurs as a response to a stressful event that is unfavourable to an individual. An individual engages in coping to maintain emotional well-being and good mental health. Coping consists of biological, cognitive and learning components (Lazarus & Folkman, 1984). The biological component mainly consists of a series of neuroendocrine reactions that enable the

individual to physically cope with perceived danger and stress. A number of studies have shown that orphaned children in CHH mainly use the cognitive coping strategies (Lee, 2012; Skovdal et al., 2012; Vigh 2008). These involve a series of mental processes that involve appraising stressor events and engaging in appropriate coping strategies (Lazarus & Folkman, 1984). The individual engages in primary and secondary appraisal. The primary appraisal involves assessing the stressor event and determining whether it falls in the categories of harm, loss, threat or challenge. Then secondary appraisal involves an analysis of resources available to the individual that would enable them to cope. The resources can be physical, social, material or psychological in nature. Examples of such resources include money, friends, family, support network, self esteem and good health. The degree of control over events is another cognitive factor that influences the ability to cope. The more control one has over events the greater their ability to cope.

There are a number of coping strategies that fall under these two coping styles. These include the following; positive reframing which involves viewing a problem from a positive perspective; engaging in effective help seeking behaviours, seeking support from friends and family members, problem solving which involves engaging in a mumber of problem solving strategies to find solutions to problems. Relaxation, physical recreation, and having realistic expectations can also be effective coping strategies. Unhealthy coping strategies include denial, self blame and internalisations of failures (Newman, 2004).

In a study on CHH carried out in Bindura, Zimbabwe, by Kurebwa and Kurebwa (2014) children in the CHH reported that they coped by selling family assets to raise money for other basic necessities. Similar findings were reported by Gow and Desmond (2002) in Tanzania and Uganda where radio ownership was higher in families that had not experienced death and low in

those families that experienced series of deaths because the familes sold these to raise money for basic necessities. The CHH also received assistance from childcare organisations and from sympathetic community members who provided the children with menial jobs in exchange for food and cash. The children in CHH would also choose to drop out of school so as to work and provide for the family (Evans, 2012; Vigh, 2008). A number of CHH also cope by engaging in activities that support their livelihoods, for example, vending which involves selling fruits, roasted mealies and doing a variety of menial jobs (Narayana et al., 2000; Todaro & Smith, 2003). Some resort to prostitution for survival (Yamba, 2005).

2.5 AVOIDING RETRAUMATISATION OF CHILDREN IN CHH

Tree of Life

Children in CHH face a number of problems as shown by studies cited earlier. When engaging CHH in research, it is important to allow them to share their experiences in a way that does not lead to secondary traumatisation. The Tree of Life (TOL) is a psychosocial support tool based on narrative practices. It allows traumatised children to share their stories in a way that focuses on strengths, dreams, skills and hope for a better future. They do not remain trapped in expressions of grief and bereavement (Ncube- Mlilo, 2006).

The development of the TOL was inspired by efforts to avoid retraumatisation because the retelling of the traumatic story causes trauma in itself. It was also inspired by efforts to offer children safe spaces from which to view and talk about their story in a way that gives them

control and makes them stronger and more hopeful about the future (Regional Psychosocial Support Interventions - REPSSI, 2006). This provides a strong positive foundation to proceed onwards in life in spite of the challenges. Hence, in the context of the present study, the TOL narrative tool became an indispensable method of analysing the factors that promote resilience in CHH. Details of the TOL as a research tool are provided in chapter four.

Table 3: Strengths and weaknesses of child-headed households

Source: UNICEF regional satellite conference (2002, Windhoek)

The table below provides some strengths and weaknesses of CHH

Strengths	**Weaknesses**
Siblings stay together, which reduces loss experiences	Development of older children is hampered by the new parent role they have to take.
Children do not have to move away from their home and neighbourhood. They remain with their friends. Households can be supported by their community and neighbourhood.	Heads of such households often drop out of school due to having to provide an income and care for the household. Such households lack protection.
Children receive cultural guidance and mentoring by elders from the community.	Children in such households often lack parental guidance and there is lack of intergenerational skills transfer.
Property (e.g. land or house) is protected and remains an asset for the children.	Life can be a daily struggle in such households

2.6 SUMMARY

Several reasons linked to the breakdown of traditional kinship and community support systems have led to the emergence of CHH. The dual impact of wars and HIV/AIDS in some African countries has led to changes in the family structures that have left many children vulnerable. The number of CHH is increasing and CHH are slowly becoming an alternative orphan care system that should be recognised and supported by policy. Although children in CHH face a number of challenges, they exhibit coping mechanisms that lessen their burdens. Society through the emergence of CHH is now forced to re-examine the concept of childhood and what it entails. The notion that childhood is a carefree period with no responsibilities is being challenged because of the existence of CHH that carry out family functions and roles similar to those performed by adults.

CHAPTER THREE

THE CONCEPT OF RESILIENCE IN CHH

3.1 INTRODUCTION

This chapter provides definitions of resilience and the related terms. The differences between resilience and coping are outlined. The components of resilience and theoretical models that explain the evasive concept of resilience are discussed. The characteristics of resilient children and the factors that promote resilience are detailed. Furthermore, the concept of assessing resilience is discussed.

3.2 DEFINITION OF RESILIENCE AND RELATED TERMS

Scholars in the field of positive psychology and resilience have devised a number of definitions for the term, 'resilience'. The following definitions were advanced by Stewart et al. (2011:260):

> 'Remaining competent despite exposure to misfortune or stressful events'.
> 'A capacity which allows a person to prevent, minimise or overcome the damaging effects of adversity'.
> 'The capacity some children have to adapt successfully despite exposure to severe stressors'.
> 'The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances'.

Over the years however, the definition of resilience has changed to incorporate the cultural dynamics that are inherent in the concept of resilience. Ungar (2008:225) provided an all encompassing definition of resilience as; ' In the context of significant adversity, resilience is

both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for resources to be provided in culturally meaningful ways.' Ungar's (2008) definition acknowledges the fact that resilience is an outcome of individual, ecological and cultural factors that enhance an individual's ability to adapt well despite exposure to adversity. Resilience therefore becomes a social construct that takes into account processes and outcomes that relate to what specific people in specific cultural contexts refer to as well-being after exposure to stressors. Theron, Theron and Malindi (2013) contend that manifestations of resilience are not uniform across cultures and that these manifestations encompass a child who is coping and an enabling environment that allows the child to cope. Hence in terms of resilience, studies, both the child and the environment cannot be ignored. The danger of focusing only on internal characteristics is that the child can be blamed for not showing resilient characteristics (Ungar, 2008, 2011). The ability of the child to navigate in an environment to get desired results points in the direction of resilience (Vigh, 2006). In their editorial comments, Panter-Brick and Leckman (2013:333) concur with Ungar (2008, 2013) by defining resilience as 'the process of harnessing biological, psychological, structural and cultural resources to sustain well-being'.

Masten (2001) concluded that resilience is made up of ordinary and not extraordinary processes that focus should be on positive human development and adaptation. Masten (2001) argues that if adaptational systems are conducive to optimal child development, then a child would be able to resile even when faced with adversity. Risks increase if adaptation systems are corroded, (Masten, 2013).

Adversity

Adversity refers to negative experiences that affect an individual's normal functioning (Obradovic, Shaffer, & Masten, 2012). Examples of adversities include multiple loses, orphanhood, poverty, natural disasters like earthquakes and floods. Adversities can affect an individual at various levels that include the individual, family, community and school levels. Although adversities can be generic in nature, the factors that make individuals and children resile under the adversities are culturally determined, (Ungar, 2013; Masten, 2012; Theron et al., 2013).

Competence

This is the ability to adapt well and being able to satisfy cultural, contextual and developmental expectations on what adaptive functioning means in a particular setting (Masten, Burt & Coatsworth, 2006). Early scholars viewed competence in terms of observable performance on developmental tasks originating in Western ideologies. However recent bodies of literature acknowledge the fact that different cultures have different definitions on what competence and doing well entails (Masten, 2013). Understandings of competence should not confine themselves to observable behaviours and performances but also to internal characteristics like self esteem and self efficacy (Brody et al., 2013; Luthar, 2000; Yates & Grey, 2012). However, although understandings of competence may differ, the common denominator in all is doing well inspite of the negative stressor events in one's life.

It is therefore crucial to understand the dynamics of resilience and what resilience means to different people. These implications can be summed up in Ungar's (2010: 1) caution, 'don't

believe everything you read: Different communities have very different individual definitions of what makes children resilient. There is need to ask more and tell less when it comes to understanding cultural differences in what makes kids develop well under stress……How children in our communities navigate to health resources and negotiate for what they need on their own terms are as varied as the communities from which they come'. Therefore, because of these variations, communities can respond differently and intervention strategies can vary depending on the presenting situation. A one size fits all approach will not work in resilience intervention programmes.

Risks and protective factors

A protective factor cushions an individual in times of hardships and alters responses to negative experiences, thereby reducing or eradicating negative outcomes (Alvord & Grados, 2005; Benzies & Mychasiuk, 2009). A risk factor does the exact opposite, and increases the chances of negative outcomes after exposure to adversity. Resilience is compromised by risk factors and enhanced by protective factors.

3.2.1 Differences between resilience and coping

There is a danger of equating the terms, resilience and coping which are related but different. Resilience encompasses both individual and environmental characteristics and coping refers more to individual characteristics, like the cognitive and behavioural responses of the person in dealing with hardship (Lazarus, 1993). With coping the unit of analyss is at an individual level whereas with resilience a multi level approach is used. Focus on individual characteristics as a

unit of analysis in coping implies that coping skills can be taught, for example, cognitive restructuring, and the assumption being that, when taught, individuals can change (Moskowitz et al., 2009, 2011). However the social studies point of view is that it is not necessarily the individual, who needs to be taught so as to change, but the social structures, environment and political economy need to be transformed so that they address the needs of the individual who is having problems (Skovdal & Daniel, 2012; Ungar, 2008, 2010, 2011).

Coping focuses more on reducing psychological distress by using a variety of cognitive strategies. Resilience however recognises the importance of coping but goes further by incorporating the ability of purposefully engaging with one's environment to reach desired outcomes (Rutter, 2012). Resilience therefore broadens the spectrum and includes the social psychological connotations of coping in a wider social environment. The major weakness of coping is its preoccupation with the individual as the unit of analysis. Focus on individual characteristics in coping is supported by the Tend and Befriend theory propounded by Taylor in 2011. According to this theory, people cope by affiliating with other people during times of hardships. However it is not the necessarily the actual support received from others that enable them to cope, but it is the perception of the availability of support that enables people to cope. This perception is an individual characteristic that is crucial in coping.

Lee (2012:13) summed up the differences between resilience and coping after analysing stories of holocaust survivors: 'Coping is the science of remarkable people, whereas resilience is the story of how remarkable people can be'. These differentiations according to Scovdal and Daniel (2012) allude to the shortcomings of the two concepts, coping being too individualistic and

resilience being too vague. Resilience researchers struggle to understand the environmental factors that cause people to resile. Although there is a lot of literature on risk and protective factors and social ecologies, there is lack of a science that explains how the social environment enables people to be remarkable and how resilience is an outcome of people's engagement with their social environments (Scovdal & Daniel, 2012). There is therefore an urgent need to understand how the social environment which includes policies, laws, and political economy enables or inhibits the manifestations of resilience in children and their ability to optimally engage with their environment to cope with problems.

3.3 COMPONENTS OF RESILIENCE

Children in CHH face a number of challenges in their day-to-day lives. A resilience-based perspective enables us to understand those factors that help children develop into mentally healthy adults, despite growing up in disadvantaged circumstances. A deeper understanding of these factors is crucial in helping such children to overcome their problems and to negotiate a stressful life so that they can grow up into healthy and productive citizens. According to Baumrind (1989) an understanding of resilience factors not only benefits the disadvantaged children but all children in general because all children have the same needs for social skills, assertiveness, care, competence, self-esteem, autonomy, and the other components of resilience. Therefore, information on resilience benefits everyone. According to Newman (2004) resilience may be separated into the following components: cognitive and behavioural factors, social and contextual factors and organic factors. The cognitive and behavioural factors include a child's social, emotional, problem-solving and analysis skills, as well as factors such as optimism,

autonomy and self-esteem. The social and contextual factors refer to relationships with parents, peers, teachers and others, as well as access to community support services, attendance at a school with high academic standards, and other environmental factors. The organic factorsinclude factors such as gender, temperament, intelligence and physical health.

3.3.1 Risk and protective factors in CHH

A risk factor is an aspect of an individual's life that has been indicated to be associated with the development of later adjustment problems, for example, in CHH risk factors may include poverty and lack of parental guidance and care. On the other hand, protective factors are those factors that have been shown to decrease the likelihood of a negative outcome, and in CHH, a protective factor could be a good interpersonal relationship with a mentor or adult role model. Protective factors may be regarded as the opposite of risk factors. For example, if lack of parental guidance is a risk factor then the availability of parental guidance becomes a protective factor (Howard, 1996).

Although there has not been much focus on risk factors in resilience-oriented programmes, nevertheless an understanding of the factors that place children at risk of developing problems is important because resilience is meaningless in the absence of adversity. Therefore, in order to fully understand and appreciate the concept of resilience it is necessary to understand the prevailing risks. The other important feature of risk factors relates to targeting intervention programmes. Although all children can benefit from resilience skills, targeting programmes

specifically for at-risk children and populations is most effective if resources are limited (Masten & Powell, 2003).

Although risk factors are likely to differ, depending on the presenting problem, research has shown that there are certain generic risk factors that are common to and affect most children (Benard, 1997). Social and economic disadvantages have been revealed as having a ripple effect on a number of interrelated, disadvantaging factors, such as physical health issues, limited educational opportunities, family overcrowding, and unsafe neighbourhoods (Thurman et al., 2008). Exposure to a disadvantaged child-rearing environment is a serious risk factor for the children in CHH as they negotiate life challenges in the absence of a mother or father. This suggests a significant risk factor if the child is unable to develop other functional relationships with mentors, members of the extended family system or community members at large (Rose, 2005; Henderson, 2006).

Many CHH come into existence after the death of their parents due to HIV/AIDS or other illnesses. The exposure of a child to such suffering and loss creates a sense of uncertainty about the future (Walker, 2002). Peers can act as both a risk factor and a protective factor. Acceptance by peers for children in CHH can be a strong protective factor, whereas rejection and stigmatisation by the same peers can be a major risk factor. The death of parents is a traumatic experience for most children as it inevitably brings with it many changes in the child's life resulting in short and long-term problems for the child (Nkomo, 2006; Masondo, 2006).

Newman (2004) developed a list of general protective factors that mitigate the impact of stressors in children, which also apply to CHH. The protective factors include having strong social support networks, the presence of at least one unconditionally supportive parent or parent substitute, a committed mentor or other person from outside the family, a sense of mastery and a belief that one's own efforts can make a difference. The other protective factors include participation in a range of extra-curricular activities and the capacity to re-frame adversity so that the beneficial, as well as the damaging effects are recognized. The ability to make a difference by helping others and not being sheltered from challenging situations which provide opportunities to develop coping skills were the other identified protective factors.

3.3.2 Sources of resilience

Ungar (2013) lists some of the resources that children need in order to resile as follow:

Access to material resources like food and clothing.

Relationships with people who are important to them.

An identity that is powerful and respected.

Experiences of control over one's life.

A sense of culture, and respect shown by others for that culture.

Experiences of social justice.

Social cohesion.

According to Grothberg (1995), resilience originates from three sources:

I HAVE, referring to social and interpersonal supports.

I AM, referring to inner strengths that the individual possesses.

I CAN, referring to the individual's interpersonal and problem solving skills.

Below are the examples given by Grothberg (1995).

I HAVE

People around me I trust and who love me no matter what; People who show me how to do things right by the way they do things; People who want me to learn to do things on my own; People who help me when I am sick, in danger or need to learn.

I AM

A person who people can like and love; Glad to do nice things for others and show my concern; Respectful of myself and others; Willing to be responsible for what I do; Sure things will be all right.

I CAN

Talk to others about things that frighten or bother me; Find ways to solve problems I face; Control myself when I feel like doing something not right or dangerous.

(Reproduced from Grothberg, 1995).

Findings from studies by Grothberg (1995) showed that resilient children must demonstrate more than one of the above strengths. For example, if a child has plenty of self-esteem (I AM), but lacks anyone whom they can turn to for support (I HAVE), and does not have the capacity to solve problems (I CAN), they will not be resilient. This finding concurs with the conclusions

drawn from several studies which showed that resilience is the product of a number of protective factors and not one protective factor working in isolation (Masten, 2001, 2013; Theron et al., 2011; Wright et al., 2013; Ungar, 2010, 2011). Resilience is not a single personality attribute, but is a result of many factors which come together to buffer a child against the potentially harmful effects of a stressor.

Resilience is not an attribute of an individual, as this would imply a fixed and unchanging invulnerability that some possess and some do not. Rather, it is a complex process involving both internal cognitive and personality factors and the functioning of external protective factors, such as caring adults. Therefore, rather than labelling any child as 'resilient' or 'not resilient', it is better to think in terms of children who are manifesting resilient behaviours and those who are not (Masten & Tellegen, 2012). The skills that help a child to be resilient at the age of nine may not be adequate for the demands of adolescence. Resilience is a process that unfolds within the context of development and many other temporal and contextual factors (Stewart et al., 2004).

3.3.3 Pathways to resilience

Scholars who have tried to determine the pathways to resilience have shown that these fall into two broad categories. One category focuses on individual factors and the other category focuses on the interaction between individuals and their environment (Rutter, 2011; Ungar, 2008, 2010, 2012). Scovdal and Daniel (2012) concurr with Ungar (2008, 2012) but added another dimension that focus should not only be on interactions between individuals and their environment but also between individuals and other individuals or groups of individuals. They added that although

Ungar has detailed the individual, social environmental determinants of resilience, the contextual outplay and explanations of such interactions have not been provided. Hence in this case resilience continues to be an elusive metaphorical construct whose use and reference continues to grow (Theron, 2012).

Resilience is meaningless outside the context of hardship and adversity. A child has to cope well in the context of hardship for the process to have resilience connotations. However the interpretation of hardship and coping well is subjective and is determined by a number of variables that are culturally loaded (Ungar, 2013; Masten, 2012; Theron et al., 2011). It therefore follows that there is not one pathway to resilience but that these pathways can differ depending on who, where and what. It is important for child resilience studies to capture the voices children themselves, recognising their own agency in the resilience processes (Theron, 2012; Scovdal, 2012). Pathways to resilience are therefore contextual and a one size fits all will not be appropriate. The child's culture has to be taken into consideration. However, Theron and Liebernberg (2015:30) cautioned that 'cultural adherence can therefore serve as a protective component of resilience, or can jeopardize resilience processes.' Researchers and practitioners therefore need to be aware of the cultural factors that can either enhance or obstruct resilience in children.

3.4 CONSTRUCTIONIST THEORETICAL FRAMEWORK

The constructionist theoretical framework was used in the study. The constructionist framework is rooted in the social constructivism philosophy which views reality as being socially

constructed and that multiple realities exist (Creswell, 2003). Gray (2010:20) added that these multiple realities in the constructionist perspective can be ‘contradictory but equally valid’. Resilience as has been discussed ealier is a culturally loaded phenomenon and minifestations of resilience can differ across communities and cultures. Therefore studies in resilience should always tap into the contextual meanings and understandings of resilience. This quality of resilience as a phenomenon fits in the constuctionist framework which supports the notion that research participants construct their own meanings as they interact with their world. According to Ungar (2004:342), the constructionist perspective defines resilience ‘as the outcome from negotiations between individuals and their environment for the resources to define themselves as healthy amidst conditions collectively viewed as adverse.’ Hence in line with the objectives of this study, the negotiations that the CHH engage with their environments to access resources that promote resilience will be explored.

The ecological approach, with its emphasis on predictable interations and relationships between neatly nested systems though useful, is inadequate in explaining the complex interactions that can bring about resilience outcomes (Ungar, 2004). A constructionist framework is therefore more appropriate in accounting for the contextual cultural complexities in resilience manifestations across individuals and communites. Table 4 below adapted from Ungar (2004:344) summarises the characteristic features of the ecological and constructionist frameworks which justifies the use of the constructionist framework for this study where participants construct their own meaning of resilience and how it manifests in the CHH in Mutasa community. However some components of the ecological theory will also be used to discuss the findings.

Table 4: Ecological and Conctructionist frameworks – Two discourses on resilience

Adapted from Ungar 2004:344

	Ecological Model	**Constructionist Interpretation**
Definition Resilience	Resilience is health despite adversity	Resilience is an outcome from negotiation with environment for resources to define one's self as healthy amidst adversity
Theory	Informed by Systems Theory; predictable relationships between risk and protective factors; circular causality;transactional processes	Nonsystemic, nonhierarchical relationship between risk and protective factors; relationships between factors are chaotic, complex, relative, contextual
Research methods	Investigations can be qualitative or quantitative but knowledge is empirical, generalizable	Investigations can be quantitative but tend to be qualitative or employ mixed designs; interpretation is dialogical, relativistic, constructed
Risk factors	Risk factors are contextually sensitive; risk impact is cumulative, factors combine exponentially; attributions and belief systems are preconditions of risk; effect of risk factors may also be neutral or protective	Risk factors are contextually specific, constructed, and indefinite across populations
Resilience factors	Resilience factors are compensatory (individual or environmental characteristics that neutralize risk), challenging (stressors that inoculate individuals against future stress),	Resilience factors are multidimensional, unique to each context, and predict health outcomes as defined by individuals and their social reference group; characteristics identified by

	protective (multidimensional factors and processes that reduce potential for negative outcomes and predispose child towards normative developmental paths)	individuals as compensating for self-defined risks; challenges that build capacity for survival relative to the experiences of individuals; protection against threats to well-being through the exploitation of available health resources
Definition of health	Health outcomes are predetermined	Health is constructed with a plurality of behaviours and signifiers

3.4.1 Ecological theory of resilience

Different theories have been identified as explanations on how individuals and environmental factors interact to give rise to resilience. Ecological theories focus on resilience as a reciprocal process between the individual and their social ecology in ways that enable the individual to access resources within their environment in order to cope (Ungar, 2011). Ungar (2008) proposed a theory of resilience that emphasised more on social ecologies in influencing resilience and other developmental components in children. Ungar (2008) was influenced by studies on child development from Vygotsky (1978) who showed that with the right environmental interventions children can attain achievement levels that are beyond their chronological ages, hence the availability of culturally relevant ecological resources can enhance and boost developmetal factors including resilience (Ungar, 2008, 2011). Therefore from this perspective, development can be said to be more socially facilitated than biologically determined. Ungar (2011) advanced four principles, namely the principle of decentrality, complexity, atypical and cultural relativity in trying to explain the phenomenon of resilience.

According to his theory these principles influence the contextual development of resilience and our understanding of the manifestations of resilience in different cultures. The benchmarks for resilience differ in different cultures.

Principle 1 Decentrality

Ungar (2008, 2011) interrogates the factors and processes that can be attributed to resilience outcomes. It is only when these factors and processes can be identified that sound intervention strategies can be implemented. The principle of decentrality tries to advance the superiority of the environment over individual factors in influencing resilience. Facilitative environments tend to account more for resilience outcomes than individual factors. The principle of equifinality which calls for a decentred understanding of resilience where changing environmental factors contribute more to well-being than the changes at an individual level is subsumed under decetralisation of resilience (Ungar, 2011, 2013). Resilience manifests more with the presence of structures that support such manifestations.

One major paradox in the resilience discourse is the fact that resilience refers both to the process leading to resilience and to the outcome of resilience. However, most studies still focus on the outcomes and pay lip service to the process. Outcomes automatically focus on the individual and this inevitably causes the environment to be secondary. This is inspite of the fact that the environment in most cases is the one causing changes in individuals and Ungar (2011) and Hammen (2003) argue that because of this fact, the environment cannot take a secondary role. The danger of focusing mainly on individual charactersistic in resilience studies is that the individual can become blamed for not manifesting resilience in toxic environments and this

notion has been critisised by different scholars (Rutter, 2005; Seccombe, 2002; Seidman & Pedersen, 2003; Ungar, 2005, 2011). Recent studies seem to suggest that 'children change not because of what they do but as a consequence of what their environment provides' (Ungar, 2011:5). More emphasis should therefore be placed on 'installing' enabling factors in the children's ecologies to encourage the emergence of resilience. Studies by Elliott et al. (2006) on the effects of neighbourhoods on individual development support the notion of environmental superiority over individual characteristics. In their studies they showed that children coming from advantaged backgrounds exhibited more prosocial behaviours than those coming from disadvantaged backgrounds. Baron and Byrne (2009) also showed that children coming from disadvantaged backgrounds can become so used to suffering that they become insensitive to the suffering of others. To support Elliott et al. (2006) studies by Klebanove, Brooks-Gunn, Chase-Lansdale and Gordon, (1997) also showed a link between children born to low income families and low IQ levels. According to these studies, creating the right environment that ensures success is crucial in achieving successful outcomes in children. The child can therefore become a passive recipient of environmental factors that ensure success and as long as as the environment has features that promote success; the child can manifest resilience characteristics. Successful outcome on the child will largely depend on the 'resilience of the environment' (Ungar, 2011:6). According to this view individuals cannot make it on their own, they need an enabling environment to succeed. This notion disagrees with studies that tend to put superiority on individual characteristics. Ungar (2008, 2011) contends that the ability of the child to navigate the social terrain to access resources that ensure well-being has to be matched by the availability of these resources.

However, in poverty stricken environments, where the environments contain limited resources, positive outcomes might depend on the child's abilty to navigate his ecology scouting and accessing the resources that enable them to survive. Caution should however be taken that this ability to navigate within a negative environment to access resources that result in resilience does not victimise or blame the child who may not have this ability. Studies by Tiet (1998) and Beckett (2006) on resilience factors and adverse life events and on the cognitive outcomes of Romanian adoptees respectively support Ungar's (2011) submissions and suggest that resilient outcomes in children depend more on the availability and accessibility of resources that are culturally relevant and meaningful to the child. Ungar's (2011) theory prioritises those factors that enhance resilience in children and ranks them in order of importance. In this prioritised order, the child's ecology which is the child's environment comes first, followed by the interactional patterns between the child and the environment, and the child's strengths takes the third position. It therefore goes without saying then that according to this view, more focus should be on enhancing environmental capacities. This then calls for the decentralisation of individual factors and allow environmental factors to take precedence.

Principle 2 – Complexity

Resilience is a complex phenomenon that encompasses a variety of processes. Focusing only on protective factors and a list of desired outcomes does not do justice to the rich information that resilience studies can generate and contribute to the body of knowledge in child development (Ungar, 2011; Barton, 2005). Individual characteristics change over time and context and therefore cannot be a reliable measure of resilience. It therefore naturally follows that a person cannot be resilient all the times and in different circumstances and longitudinal studies on

resilience are testimonies to this fact (Phelps et al., 2007; Werner & Smith, 1982). Individual capacities and strengths tend to respond to environments that sustain them. For example, if the environment supports the emergence of self confidence, the child tends to acquire this characteristic of self confidence (Phelps et al., 2007). The complexity in the study of resilience comes out of the many processes that need to be taken into consideration when studying the phenomenon of resilience. Researchers need to assess the child's strengths, environmental capacities and interactional patterns between the two and changes occurring in the individual and in the child's environment. There should be caution in viewing models of resilience as permanent due to the constant changes in these variables occurring at individual and community levels. Protective factors that enhance resilience have also been found to have differential impact for different people in different contexts and time. Brown (2003) showed that the provision and availability of human services which are protective in nature have greater impact and enhances the resilience of the disadvantaged populations but will not have the same impact on the priviledged.

Principle 3 – Atypicality

According to Ungar (2011) protective factors that lead to resilience, need not be dichotomised or categorised as good or bad. This is because the contextual environments in which protective processes emerge are different. What might be viewed as bad in one context can serve as a protective factor in another context. For example, in early studies on protective factors in African American youth living in unsafe neighbourhoods, Dei, Massuca, McIsaac and Zine (1997) established that dropping out of school though viewed as unhealthy, was in this case a protective factor for the youth. This phenomenon also emerged in the current study where the head of a

CHH's decision to drop out of school so as to 'work' in order to provide for the family, or to engage in transactional sex to get money to buy food for their siblings provide examples of atypical protective factors that ensure the survival of the family in the here and now. This is discussed in detail in chapter five. Hence the notion of atypicality as put forward by Ungar (2008, 2011) cautions people not to use their biased lens when evaluating resilience factors in cultures different from their own. Ungar (2008) referred to these as resilience that was hidden in nature. The atypical nature of these processes has to be viewed from the perspective of the child's ecology. However, some types of behaviours are not universally acceptable, for example, enaging in transactional sex and dropping out of school. There are some values that are universal due to popular consent, a phenomenon that Ungar (2010) reffered to as cross cultural homogeneity.

Atypicality is also found in unexpected and unanticipated relationships when certain environmental factors that can be considered as risks can be linked to other protective factors (Sameroff, Gutmann & Peck, 2003). In their study of 500 families in Philadelphia, Sameroff et al. (2003) established an association between oppressive policies such as not being given the right to democratic decision making and improved school grades for at risk African American youth. This atypicality of resilience processes also emerged in findings of the current study in that the CHH live in conditions of extreme poverty (risk factor) and this poverty led the children to develop entrepreneurship and networking skills that enabled them to survive. More on this is dicussed in chapter five. Sameroff (2003:387) contended that 'promotive processes in one context may prove risky in another'. The opposite can also be true, in that risky processes in one context can prove to be protective and promotive in another context. Therefore according to

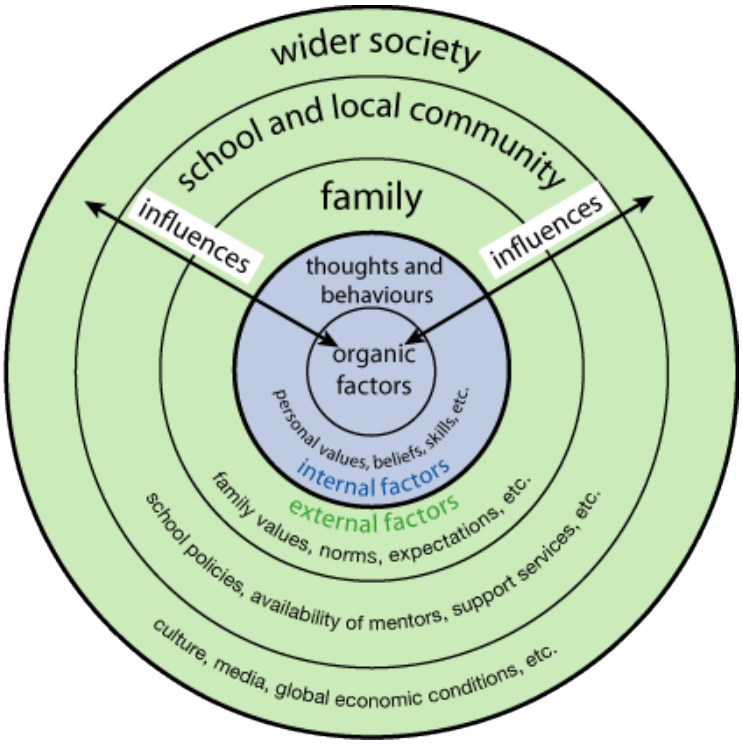
these submissions resilience can manifest in unusual patterns and behaviours that depend on existing ecologies but might not be socially acceptable. This therefore means that less focus should therefore be given to predetermined resilience outcomes as they change over time and are dependent on individuals' realities and the conditions they live under. Emphasis should be on the function the behaviour is serving to the individual in a particular context. Positive changes in the environment can alter the decisions that children make in various situations.

Principle 4 – Cultural Ralativity

According to Ungar's (2008, 2011) ecological theory of resilience, positive adaptation mechanisms are entrenched in cultural systems. Culture refers to shared values and norms that guide a people's way of life and resilience manifests in culturally relevant ways. The custodians of culture in particular areas are usually asked to provide how resilience can manifest in their respective cultures. It therefore becomes difficult to ignore cultural connotations in resilience studies and a cultural lens has to be used to understand the process of resilience. The atypical nature of resilience discussed in principle 3 is closely related to the cultural relativity principle. This is because resilience tends to manifest differently depending on the existing ecologies and ways of life. The way people navigate and negotiate for resources that promote resilience is influenced by culture (Chen & Rubin, 2011).

Figure 2: An ecological model of factors affecting resilience

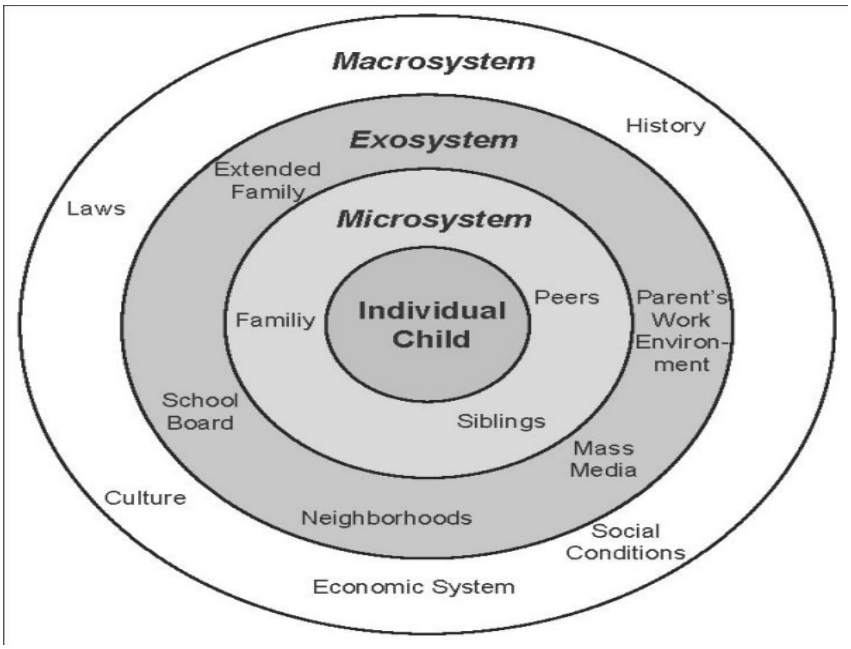
Sources: Benard (1991); Masten & Powell, (2003)



As illustrated in the diagram above, resilience is a function of a network of bidirectional influences embracing the individual's inner world of thoughts and feelings, his or her family, school, the immediate community and the wider world. The social environment in which children live have a great impact in determining resilience outcomes. Children need to have plasticity, which is the ability to adapt to their environment and get what they need from that environment (Lerner, 2006). The environment however has to provide what is needed by the child in order to resile. According to Lerner (2006) resilience therefore becomes the prevailing condition of the family, school, community to avail that which is needed for an individual to resile. Ungar (2012) and Theron et al. (2011) concur with this observation. Linked to this model is Bronfenbrenner's (1989) ecological model of child development shown in Figure 3

Bronfenbrenner's (1989) theory focuses on child development in the context of their environment and the relationships that exist in that environment. The name of the theory has recently changed from *Ecological Theory of Child Development to Bioecological Systems Theory of Child Development.* This was necessitated by the need to give emphasis on the child's own biology being the major environment influencing the child's development. The interactions that occur between the child's biology and the outside environment which includes the child's family, school community and broader societal factors influence the child's development.

Figure 3 Brofenbreiner's ecological model of child development



Ecological Model. Bronfenbrenner's Ecological Model describing the environmental influences on a child, Niederer et al. BMC Public Health 2009 9:94

The diagram of the model above explains the interactions clearly. Bronfenbrenner (1989) gives the following submissions about his theory:

1. The child is at the center of this model.

2. The model acknowledges that a child affects and is affected by the settings in which he spends time.

3. The most important setting for a young child is his family, because that is where he spends the most time and because it has the most emotional influence on him. Other important settings may include his extended family, early care and education programmes, health care settings and other community learning sites such as neighbourhoods, libraries and playgrounds.

4. A child's development is determined by what he experiences in the settings he spends time in. These experiences, called proximal – or near – processes that a child has with the people and objects in these settings are the primary engines of human development (Bronfenbrenner, 1989: 996).

Literature on a number of resilience studies agree with Bronfenbrenner's (1989) theory because they acknowledge that resilience is an outcome of interactions between the individual child's characteristics and the supportive social relationships that exist in their environment (Masten, 2012; Ungar, 2010). Ungar (2013) provides details on the complex relationship that exists between Bronfenbrenner's (1989) theory and the ecological theory of resilience that he came up with.

3.4.2 The sytems in Bronfenbrenner's theory and resilience

The microsystem represents interactions between the child and the structural features in their environment like the family, school, neighbourhood and church. The human body is also another

microsystem with the emotional and cognitive subsystems which relate to early studies of resilience which focused on individual characteristics. Resilience is likely to be enhanced with children who positively engage with structures in their microsystem, for example, their churches, school, community and prosocial peers (Donnon & Hammond, 2007; Mikani & Hinshaw, 2006; Theron & Engelbrecht, 2012). The exosytem and resilience refer to those social interactions that indirectly influence the child's development, for example, positive parental interactions within their communities and local schools which can lead to positive parenting styles which in turn would benefit the child. The CHH can also benefit from such interations in which they are not directly involved, for example, the extended family member's engagement in community activities can create networks and opportunities that the orphaned children can benefit from. There is also a strong connection between the mesosytemic processes that involve interactions between the child's microsystems and resilience, for example, positive interactions between the child's family and school ensures sustained support for the child that enhances resilience (Ungar, 2013). For the CHH, interactions between the school and members of the extended family system can promote the child's well-being.

The macrosystemic processes relate to the parts of the social ecology that involve the cultural environment and transmission of cultural norms and values. Resilience factors have strong cultural connotations and cultural adherence was among the seven factors identified to promote resilience by Ungar et al. (2007). However Theron and Liebernberg (2015) alluded to the fact that cultural adherence can either enhance or obstruct resilience depending on the prevailing context. The chronosystems relate to the sociohistorical dimensions of resilience and risks which influence human development and well-being. The impact of a stressor event, for example,

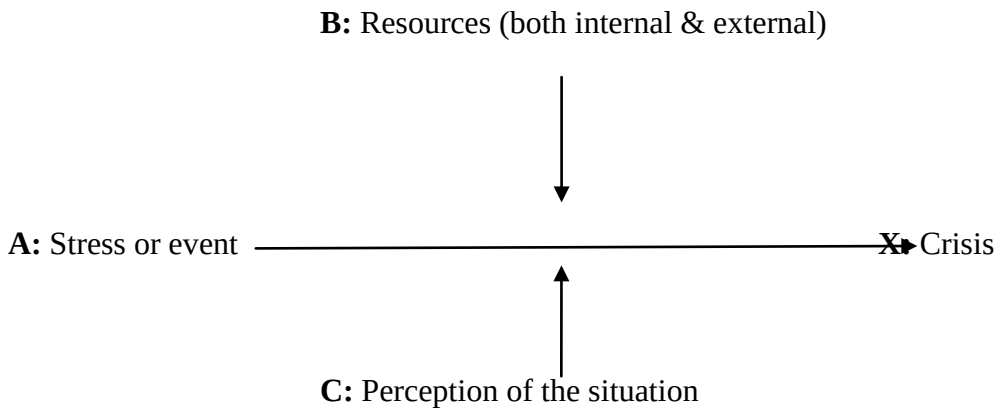
orphanhood, can be mediated or worsened by the timing and general historical background when the stressor event occurs. Losing parents at a young age and during times of economic hardships and generalised poverty will negatively impact the orphaned children in CHH because no one will be in a position to help them. However, the same stressor event can be mediated positively if it happens during an economic boom and also when the children are much older.

However, according to Ungar (2013), although Bronfenbrenner's (1989) model has systems nested in each other, that appear to be hierarchical in nature, in reality no system is above the other or is more important than the other, for example, microsystems are not less important than mesosystems. There exist system interactions across levels which are complex in nature and interact in a variety of different ways to promote well-being. This therefore shows that the circles in Bronfenbrenner's ecological model are not representative of actual research findings because systems interact and depend on the other systems. Indeed Ungar (2013:356) posits that, 'the notion that systems are nested is a heuristic that imposes unnecessary order on a phenomenon that resists determination'. This perception supports the view that focus must shift from individual to multiple adaptations and interactions between the sytems propounded by Bronfenbrenner (1989) to explain resilience dynamics and factors. The CHH substitute these systems to include those that best meet their needs and display an ability to navigate the social environment and act on the people and structures within their environment in a way that ensures survival (Vigh, 2006; Lee, 2012). The CHH are therefore not passive recipients of environmental dynamics.

3.4.3 Hill's ABCX Model

Hill's (1949) model laid the foundation on family stress and resilience theories and provided a platform from which later theorists launched their own theories and models of resilience. According to the model, (A), the stressor event interacts with (B) and (C), (the family's crisis-meeting resources and the definition the family makes of the event respectively) to produce (X), which is the crisis (Burr, 1973/1982; McCubbin & Patterson, 1982). According to the ABCX model, the power of a stressor event (A), such as, for example, death in the family, orphanhood and divorce to cause a high degree of crisis in a family system (X), is mediated by the family's crisis-meeting resources (B), for example, internal and external relationships, and (C), which is the family's definition and perception of the stressor (Van Breda, 2001). In this study the resources available to the CHH and the definitions and meanings they assigned to their stressor events are explored.

Figure 4 Hill's ABCX Family Stress Model



3.4.4 Compensatory and Challenge models of resilience

The Compensatory Model is an early model put forward by Garmezy in 1983. In this model Garmezy (1983) postulates that certain characteristics can compensate risk factors to reduce the risk and increase protection, for example, orphaned children who live in impoverished conditions are likely to experience negative outcomes than orphaned children in less impoverished conditions. However the presence of a responsive community can reduce the impact of negative outcomes. This therefore compensates for the risk factor of an impoverished environment. In the Challenge Model a stressful experience is viewed as a booster of competence. Stressful experiences challenge the individual to do better and cope. Competence is enhanced by moderate hardships and extreme hardships incapacitate the individual and he or she is left helpless (Yates, Egelang & Sroufe, 2003). Overcoming challenges strengthens the individual and increases resilience (Fergus & Zimmerman, 2005).

3.4.5 Protective Factor and Protective Stabilising Models

The Protective Factor Model model was developed by Garmezy (1983) and Fergus and Zimmerman (2005). According to this model a conditional relationship exist between stress and personal attributes as they relate to adaptation. Personal attributes can increase or decrease the impact of a stressor in a child's life (Fergus & Zimmerman, 2005). Protective factors have the ability of interacting with risk factors in a way that reduces the chances of a negative outcome, for example, with high levels of community support, the relationship between poverty and antisocial behaviours in CHH is reduced. In the Protective Stabilising Model**,** protective factors

neutralise the effects of risks and have a stabilising effect on a negative outcome (Luthar, 2000). In the absence of a protective factor, high risk levels are connected to high levels of negative outcomes. On the other hand however, if the protective factor is present, no relationship exists between risk and outcome. For example, CHH with no material assets left by parents (risk factor) and do not have networking skills (protective factor) may steal food from neighbours (negative outcome). However the CHH in similar situations but with networking skills may navigate their way in the social environment to get what they want. Hence the presence of a protective factor stabilises the impact of risk.

3.4.6 Protective Reactive and Protective Protective Models

The Protective Reactive Model postulates that a protective factor may not necessarily remove a risk, however the presence of the protective factor weakens the connection between risk and negative outcome (Luthar, 2000). On the other hand the absence of protective factors increases the connection between risk and negative outcome. However, according to the Protective protective model, a combination of protective factors reduces negative outcomes where one protective factor allows the emergence of another protective factor, for example, academic excellence can amplify other protective factors like problem solving, meaning making and networking skills to reduce negative outcomes.

3.4.7 Attachment theory perspectives on resilience

According to Atwool (2006), although attachment theory and resilience theory have developed separately, the concepts of the two theories are complementary in nature. Considerable literature exists providing evidence that children can achieve positive outcomes in the face of adversity without fully understanding the processes that enable these children to do so (Luthar & Brown, 2007). Atwool (2006) postulates that the dynamics of attachment provide a clearer explanation of resilience.

Rutter (1986, 1987) underscores the importance of secure and harmonious relationships as central to the establishment of a positive self-concept, which is crucial in the development of resilience. According to Masten and Coatsworth (1998), the competence of an infant is embedded in the caregiving system. These studies reinforce the concept that the quality of attachment is instrumental in the four central areas associated with resilience which include individual characteristics, supportive family, positive connections with adults or agencies in the environment, and culture. It is rare for these individual characteristics to develop in the absence of a secure child relationship with at least one other adult where they feel worthy and loveable. This is in agreement with Grothberg's (1995) I HAVE source of resilience, where the child needs to have people who love them unconditionally, and whom they can trust, to be able develop resilience.

The first models of resilience were risk based approaches but were criticised on the premise that they focused on deficits rather than strengths and in so doing negatively stereotyped and

stigmatised at-risk children (Garmezy, 1991). The strengths based approaches grew out of the risk based approaches and aimed at addressing the weaknesses of such models. The strengths based approaches reinforce the idea that the two approaches are complementary but reiterate the importance of focusing on strengths and the child's capacity to cope and successfully adapt to stressful situations (Benard, 1997). However, as discussed earlier, the resilience discourse has since shifted to focusing on ecological and cultural factors as crucial determinants of resilience (Ungar 2008, 2011; Theron et al., 2011; Theron & Theron, 2010; Theron & Liebernberg, 2014).

3.5 CHARACTERISTICS OF RESILIENT CHILDREN

Although manifestations of resilience can vary across cultures, findings from cross cultural studies have detailed adaptive systems in human development that can be generic determinants of resilience (Obradovic, Shaffer & Masten, 2012). These are learning systems of the human brain which include superior problem solving and information processing skills and attachment systems which entail the ability to form close relationships with caregivers, friends, romantic partners and spiritual figures. A mastery motivation system is also associated with resilience and this includes traits such as the need for achievement and self-regulation systems which entail appropriate emotion regulation, and a peer system that requires the ability to make friends and having a value system that is culturally acceptable. These adaptive systems can also be used as analytical lens in exploring resilience factors in CHH. The adaptive systems link biological and behavioural approaches in resilience studies. Current resilience studies tend to use these multi levels of analysis (Ungar 2013; Panter-Brick & Leckman, 2013).

Longitudinal studies on children with special needs have shown that those who manifested resilient characteristics looked for personal control over their lives, were willing to seek out and accept support, set goals, possess a strong will to succeed and demonstrated high levels of persistence (Werner &Smith, 1982). Resilient children have characteristics that induce positive responses from others. They know how to engage with others in ways that make people want to help them (Werner, 2000). The other characteristics as evidenced from research include, close bonds with a care giver during the first year of life, sociability, strong sense of independence, optimistic view of experiences and helpful behaviour (Werner &Smith, 1982; Mychasiuk, 2009).

According to Masten (2001) and Newman (2004) resilient children are usually easy going and are not easily upset. They have good self-regulation of emotional arousal and impulses. Their studies also revealed that resilient children possess good problem solving skills, can think in abstract terms and have the ability to adapt to stress. They also display advanced social competence and communication skills, are empathic, caring and have a sense of humour. Resilient children are generally appealing and they demonstrate attentiveness toward others and have an ability to elicit positive reciprocal responses from others. They are autonomous, have self-awareness, a sense of identity, an ability to act independently, the ability to exert control over the external environment and an internal locus of control (Newman, 2002).

Resilient children, according to Newman (2004) possess a sense of purpose and a future orientation. In addition, they have talents that are valued by self and society, have healthy expectations and are goal oriented. They display achievement motivation and a sense of optimism and they maintain a hopeful outlook and employ active problem focused coping

strategies. Findings similar to these characteristics emerged from studies by Nkomo (2006), Masondo (2006), and Leatham (2006). Their studies revealed that although children in CHH faced a number of challenges, they showed a sense of purpose and had good problem solving skills. They remained optimistic in the face of adversity.

3.5.1 The resilient personality

According to Thurman et al. (2006), resilience in children and youth manifests in a resilient personality. Thurman et al. (2006) defined a resilient personality as intrapersonal characteristics that enhance coping in the midst of hardships. This includes characteristics such as flexibility, solution oriented, good communication skills as defined by the context and culture, assertiveness, self determination, a sense of self worth and acceptance of challenges faced in life. These characteristics enhance the youth's ability to navigate the social environment to get to resources that lead to positive outcomes. The characteristics are nurtured and brought about by active support syatems in the CHH's lives (Theron, 2012; Ungar 2011). The active support systems include, a supportive extended family, especially grandmothers, supportive peers, social support structures and networks. These systems actively operate in the youth's lives providing emotional and material support. The forms of support provided by the structures and systems vary, but they all work in unison in enabling the young person to manage and positively adjust to challenges.

Social support structures provide support in meeting the CHH's basic needs. Positive peer support encourage the youth to adopt values and practices that are constructive and respected by

others. Prosocial peers also encourage the youth to develop prosocial behaviour. Experiences of love and care from supportive families provide a secure base for the children. Acceptance by the extended family gives the youth a sense of security, identity and self worth (Thurman et al., 2008). This provides the youth with chances to show their responsible nature. Community members and teachers provide the youth with good role models and pass on norms, morals and values to the youth. Accepatance by their teachers enhances resilience in the youth (Bernad 1997; Theron &Engelbrecht, 2012; Vanderven, 2004). In the programme implemented by Thurman et al. (2008) resilience was an outcome of a number of factors working together and not one factor in isolation (Grothberg 1995; Lee 2012; Skovdal & Daniel 2012; Ungar 2008, 2010, 2011; Masten, 2013). These factors are supportive peers, responsive community, social services and family support. Active support from these sources enhance a sense of belonging which nurture a resilient personality that brings about positive outcomes in a number of domains in the youth's lives, for example, academic, problem solving and making good choices in life (Theron, 2012).

According to the advisory panel (AP) in Thurman's (2008) studies, resilient youth are also value driven; they have values that influence them to behave in acceptable ways as defined by the community. They have respect for self, others and God. When faced with a problem the youth would manage well because of their positive values and roots. Positive school engagement also contributes to youth resilience. Educational progress enhances the development of a variety of skills related to resilience, for example, effective communication, entrepreneurship and positive future aspirations. Resilient youth are also viewed as 'dreamers'. They have visions and goals that direct their activities. They have a vision of a wanted future and they search and use

available resources to strive towards this future that they envision for themselves (Masten, 2010; Thurman et al., 2006, 2008).

Resilient youth accept and do not deny challenges facing them. They stoically resign to certain circumstances that are beyond their control, for example, losing a parent. They are however not passive but show equanimity by accepting challenges and continue to find ways and means of rising above the challenge (Chizororo, 2005; Lee, 2012). They therefore accept a challenge and acknowledge the existence of a problem and the fact that what has happened cannot be changed. However they realise that what can be changed is their perception and response to the problem and the belief that they can rise above the problem. They find ways of managing in spite of the problem, thereby changing the path of their lives for the better in the process (Thurman et al., 2008).

3.6 BUILDING RESILIENCE

Ginsburg (2011) developed the concept of the 7 Cs essential for building resilience in children and youth. These follow:

Competence: Allowing children the opportunity to develop important skills. This can be observed when a child is allowed to do a project on their own with minimal interference from the parents.

Confidence: Observed in children's ability to think 'outside the box' when they are recovering from challenges. It can be seen when children take their own path to problem solving.

Connection: Developed when children form relationships with other people outside the home which includes making friends from as many social circles as the child comes into contact with. This helps children to stand on their own and to develop an identity.

Character: Includes aspects of right and wrong developed when the child is able to make moral decisions when faced with different situations in their lives.

Contribution: The ability of the child to give back to others, which involves children being able to contribute to the well-being of others around them. Children will be able to see the other individuals' perspective.

Coping: Developed when children go through challenges and come out of the situation with effective strategies that will help them in future.

Control: Involves understanding of privileges, demonstrated by responsible behaviours.

The 7 Cs, to some extent are linked to the developmental stages that children go through. These are related to Piaget and Erickson's theories of child development and moral development respectively, where the child develops through a variety of stages that entail a progression from primitive to superior cognitive and moral development. The criticism of these is that they seem to be based on the premise that families and children live in an environment of harmony, which may not be true for some children born in adverse circumstances such as war, or disease and some who may not have parents or primary care givers. Such children are disadvantaged from an early age. This is not to say that resilience cannot be realised, as children are still able to find ways of becoming resilient if they are supported by an enabling environment. Other ways to build resilience include respecting the child, positive reinforcement of the child's activities, being involved in the child's life as much as possible, which includes taking part in school

activities and showing through words and actions that they are loved (REPPSI, 2006). Taking time to listen to the child when they have a problem, communicating with the child at all times about different matters and singing, playing or laughing with other children are some of the activities that can be carried out with children in difficult situations to support them emotionally and build their resilience (Ncube – Mlilo, 2006).

Yates and Masten (2004) suggested three types of approaches to developing resilience. These are the risk-focused, asset-focused and process-focused methods. Risk-focused methods aim to reduce or prevent risks. However, some risks may be unavoidable, such as the death of parents in CHH. When the avoidance of risk is not possible, or the risk is not amenable to change, other approaches may be required. The asset-focused approaches emphasise resources that enable adaptive functioning to counteract adversity, such as improved problem solving and social networking skills. These approaches are useful when risk factors are unavoidable. Process-focused approaches aim to protect, activate or restore fundamental adaptational systems to support positive development, such as strengthening positive, long-term relationships with mentors or significant others within the child's environment. The most effective intervention programmes are those that involve the use of all three types of strategies. A multi-systemic approach involving a mixture of risk, asset and process-focused approaches, which combines strengths located at the child, family, and community levels, yields the best results (Ungar et al., 2013; Panter-Brick &Leckman, 2013; Betancourt et al.,2013).

Daniel and Wassell (2002) developed a model of developing resilience in terms of two basic domains, the intrinsic and extrinsic factors. The intrinsic factors are regarded as three building

blocks that are necessary for resilience. These are a secure base where the child feels a sense of belonging and security, good self-esteem which relates to an internal sense of worth and competence and a sense of self-efficacy and understanding of personal strengths and limitations. The extrinsic factors are described as having at least one secure attachment relationship, benefitting from access to wider supports such as extended family and friends and positive nursery, school and /or community experiences. This framework provides a useful method for informing assessment of children, as well as the design and implementation of potential interventions strategies to promote resilience by targeting key building blocks.

3.6.1 Factors that promote resilience

A number of scholars have proposed many factors that promote resilience in children (Newman, 2004; Masten 2001, 1999, 2010; Ungar, 2008, 2010, 2013; Theron et al., 2011, 2013; Lee, 2012; Daniel &Wassell, 2002; Henderson, 2006; Donald & Clacherty, 2005). Factors that promote resilience include, a strong social support network and the presence of at least one unconditionally supportive parent or parent substitute, the presence of a committed mentor or other person from outside the family, positive school experiences, a sense of mastery and a belief that one's own efforts can make a difference as well as participation in a range of extra-curricular activities, the capacity to re-frame adversities so that the beneficial, as well as the damaging effects are recognised and the ability or opportunity to make a difference by helping others. Some of the factors are captured in table 5 on page 96.

Table 5: Factors that promote resilience at different levels

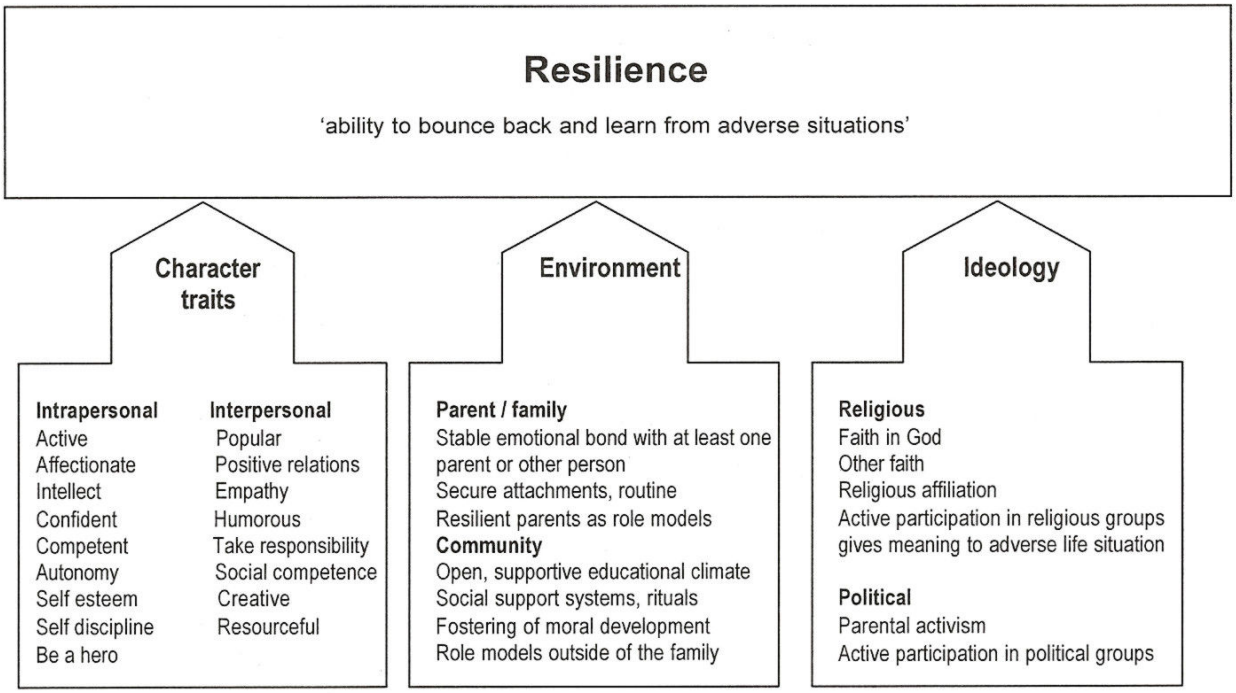
Individual factors	**Family factors**	**Community factors**
Sense of competence and self-efficacy Internal locus of control Empathy with others Problem-solving skills Communication skills Sociable Independent Reflective, not impulsive Ability to concentrate on schoolwork Autonomy (girls) Emotional expressiveness (boys) Sense of humour Hobbies Willingness and capacity to plan Responsibility Empathy with others Social maturity Positive self-concept Achievement orientation Gentleness, nurturance Social perceptiveness Preference for structure A set of values Intelligence Networking skills	Close bond with at least one person Nurturance and trust Lack of parental mental health or addiction problems Required helpfulness Encouragement for autonomy (girls) Encouragement for expression of feelings (boys) Close grandparents Sibling attachment Four or fewer children in the family Sufficient financial and material resources	Neighbour and other non-kin support Peer contact Good school experiences Positive adult role models Cultural awareness

The above submissions can be summed up in a model of resilience put forward by Germann (2005) as illustrated in Figure 5.

Related to the factors in the tables above, Ungar et al. (2007) also identified the following seven factors that were associated with resilience in a study of adolescents that span across 11 countries; relationships, a powerful identity, power and control, social justice, access to material resources, sense of cohesion, belonging, spirituality and cultural adherence.

Figure 5: Model of resilience for CHH

Source: Germann (2005: 250)



3.6.2 The strengths-based practice

The strengths-based approach is a social work practice that focuses mainly on the strengths, competencies and characteristics that individuals, families and communities possess. The focus is on abilities rather than pathology (McCashen, 2008; Saleebey, 2002, 2008). The relationship

between resilience theory and strengths-based approaches is that of theory and practice. The strengths-based practice provides the application component to the resilience theory.

Researchers and practitioners have developed principles that serve as the foundation for guiding and implementing a strengths-based practice (McCashen, 2008; Saleebey, 2008). According to the said practice, there is an absolute belief that every person has potential and unique strengths and capabilities. The model postulates that what we focus on becomes one's reality and the language we use creates that reality. Positive change occurs in the context of authentic relationships and it is argued that people have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.

3.7 RESILIENCE INTERVENTION STRATEGIES IN CHH

Intervention strategies are needed to enable children in hardship to develop optimally and steer away from destructive tendencies (Luthar & Cicchetti, 2000). Effective strategies should focus more on enhancing assets, strengths and resources for the affected children (Fergus & Zimmerman, 2005; Luthar et al., 2003; Yates et al., 2000). Interventions should be appropriate for the developmental level of the children. Interventions can be targeted at an individual, family, community and school level.

Individual level interventions

These should focus on developing coping skills in children before the actual adversity surfaces in the child's life, more like stress inoculation which involves experiencing low levels of stress before the actual stressful event occurs. Enhancing internal characteristics has always been the unit of analysis when focusing on the individual. According to Olsson (2003), Fergus and

Zimmerman (2005), the following internal assets should be developed for the manifestation of resilience, social skills for connecting with peers, self efficacy, academic skills and involvement in extra curriculum and community activities. Life skills programmes can also enhance the individual characteristics linked to resilience (Botvin & Griffin, 2002).

Interventions at family level

Family level interventions mainly focus on systemic dynamics that enhance communication and interaction patterns between parents and children and amongst siblings (Hogue, Liddle, Beker & Johnson- Leckrone, 2002). Programmes that strengthen family cohesion are recommended to enhance the resilience of family members.

Social environment interventions

Olsson (2003) identified the school environment and the broader social environment as important resilience intervention targets. As children spend most of their time at school, interaction patterns with teachers and peers become crucial targets for the enhancement of resilience (Noam & Hermann, 2002). Intervention strategies should focus on supportive peers, positive teacher influences and the provision of opportunities for success which have been linked to resilience, (Olsson et al., 2003; Bernat, 2009; Ungar 2009; Vanderven, 2004).

Masten and Powell (2003) made the following recommendations aimed at fostering resilience in children. The category of CHH may benefit from the same recommendations by virtue of its members being children.

Identifying and developing protective factors.

Programmes should focus on either identifying factors that protect against risks, or aiming to develop known, protective factors. The focus on development of protective factors is what distinguishes resilience-oriented programmes from other programmes intended to assist those at risk. The protective factors in CHH should be explored and enhanced so that the CHH become aware of them and can take full advantage of them to mitigate the impact of the stressors. Luthar (2000) noted that the presence of one protective factor can allow the emergence of other protective facors in CHH. This is in line with the Protective Protetive model of resilience as postulated by Garmezy in 1983. It is important that programmes should either advance knowledge in the field by testing new ideas, or should implement the findings of previous research in the area of resilience. This underscores the importance of research based interventions in programmes aimed at developing resilience in CHH (Ager, 2013). Nothing should be left to chance or trial and error.

Fostering supportive environments.

One of the key findings to emerge from resilience studies is the fundamental importance of positive, supportive interpersonal relationships and environments. Thurman et al. (2006) referred to these as active support structures available in the child's life. The presence of at least one caring, supportive adult, for example, a parent, teacher, relative or friend, is one of the strongest protective factors identified in several studies (Masten, 2010, 2011; Luthar, 2000; Rutter, 2011). The environments in which the CHH live therefore need to be analysed so as to identify supportive networks from which CHH can benefit. Resilience programmes should focus on system wide interventions rather than focusing solely on the individual. This recommendation

stems from the fact that resilience does not encompass only one internal attribute of the individual. Schools, families and the wider community are essential in creating an environment conducive to the development of resilience. This is in agreement with the ecological models of resilience (Ungar, 2008, 2011). Monitoring and evaluation mechanisms should be built into the programmes to assess effectiveness. Indicators of success should be analysed and the long-term effectiveness of the programme should be determined. Successful intervention programmes may then be replicated with other CHH.

3.8 MEASUREMENT OF RESILIENCE

Recent studies on resilience have used a range of different measures of risk, protective factors, and outcomes that indicate resilient functioning to develop measurement scales for resilience. Some scholars also argue that resilience is problem specific and may require different measures. These differences in measurement have created some ambiguity regarding resilience and its various meanings (Rutter, 1999). The current study adopted the Resilence Scale to measure resilience in the CHH.

The Resilience Scale (RS)

The RS was developed by Wagnild and Young in 1987. It is used to assess an individual's resilience core in five essential components of resilience:

- Meaningful life (purpose)
- Perseverance
- Self- reliance

- Equanimity (balance and harmony)
- Coming home to yourself (existential aloneness - being comfortable with who you are)

The RS has 25 items and can be used to assess adolescents as well as the adult population. The RS has been validated for use across ages and ethnic groups, (Ahern, Kiehl & Byers, 2006). Please refer to Appendix L to view a copy of the RS25. The CHH's results on the RS were triangulated with findings from a qualitative enquiry on resilience. Details on this are provided in chapter four and five.

Differences in the definition of risks, and what constitutes exposure to high levels of risk and adversity, have led to the confusion around the concept of resilience (Masten, 2001). Different studies have devised their own definitions with some advocating for measures that focus on exposure to a single adverse event or type of risk. Others, meanwhile, suggest measures that focus on cumulative adversity. Studies on resilience by Hjemdal, Friborg, Stiles, Rosenvinge and Martinussen (2006) used a wide-ranging 18-item life stress scale that measured exposure to a wide range of stressful life events such as divorce, having been bullied, serious illness in the family and exposure to violence. Recent studies however seem to suggest that it is the number of risks and chronicity of the risk that are more important than any one risk factor (Luthar & Brown, 2007; Vanderbilt-Adriance & Shaw, 2008). Various scholars have also viewed protective factors as an element of resilience differently. Protective factors exist at the individual, family and community level and may vary depending on the presenting problem being faced, the child's age and the context within which the problem is manifesting (Schofield & Beek, 2005; Vanderbilt-Adriance & Shaw, 2008; Ungar 2013).

3.9 SUMMARY

Scholars in the field of positive psychology and resilience have devised a number of definitions for the term, ‘resilience’. However, a common theme emerging from all definitions is the concept of remaining competent, despite exposure to misfortune or stressful events. To appreciate the concept of resilience better, it is crucial that related terms, such as risk factors and protective factors, are analysed and understood in context. A risk factor is something in an individual’s life that has been demonstrated to be associated with the development of later adjustment problems, for example, poverty or lack of parental guidance. Protective factors are factors that have been shown to decrease the likelihood of a negative outcome, for example, good interpersonal relationships with an adult role model. Although resilience and coping are related terms, they however mean different things. Whereas coping refers more to individual factors in managing hardships, resilience is all encompassing and includes both individual factors and broader contextual factors relating to the social environment and available support networks.

Resilient children have been found to exhibit certain characteristics that differentiate them from non-resilient children, which include possessing good self regulation, good problem solving skills, and an ability to adapt to stress. These characteristics may however, differ across cultures. There are several models that attempt to explain the how and why resilience emerges in some individuals. Scholars in the field of resilience have developed checklists, scales and interviews to assess resilience. However standardised approaches are recommended and these have been divided into tests focusing on families, children and adolescents.

CHAPTER FOUR

METHODOLOGY

4.1 INTRODUCTION

In this chapter, an outline of the research framework and methodology used to address the research objectives and questions are presented which provide a holistic picture on how, where and from whom data was collected. In addition a justification for the use of the mixed method research design, with both qualitative and quantitative research methods being used is outlined. The use of children, community leaders and members, school authorities, an AP and child service professionals as the key research participants in the study is discussed and justified. The sampling methods used in the study are highlighted. Issues of access to the CHH, schools and the communities are discussed. The process of data management, from recording, transcription, interpretation and analysis is highlighted. Information on the audit trail that justified analysis and interpretation of the findings is provided. Issues of validity and reliability of the data collected are highlighted. Ethical issues and considerations that guided the study are provided. The researcher's reflections on the methodological limitations and how these were addressed is provided.

4.2 RESEARCH DESIGN

The mixed method concurrent triangulation design with the use of both qualitative and quantitative methods was used. Mixed methods research contains a number of designs that

require researchers to choose and explain the reasons behind adopting a particular design (Mertens 2005, 2015; Creswell, 2002). The reasons behind the choice of a particular design are determined by a number of factors. These factors include, the implementation sequence of qualitative and quantitative data collection, the priority that would be given to both qualitative and quantitative methods and the stage at which the qualitative and quantitative data and findings would be integrated (Bryman, 2004; Creswell, 2003; Mertens, 2007). The current study was skewed towards the qualitative approach as I wanted to dig deeper into the contextual meanings, manifestations and definitions of resilience. The quantitative component was in the form of an objective ordinal measure of resilience using the RS 25. This was used to assess resilience in the CHH and to determine if the children in the CHH who were purposively selected to take part in the study were indeed resilient. The other purpose was to compare and cross validate results on the RS with data obtained from the qualitative enquiry on the 'resilience statuses' of the CHH. Hence the mixed method concurrent triangulation design was used. The concurrent triangulation design is used when a researcher uses the qualitative and quantitative methods to confirm or cross validate findings in a single study (Mertens 2005, 2007; Denzin & Lincoln, 2005; Bulmer, 2008).

Quantitative research design aims at quantifying variables (Smith, 1988). The results of quantitative methods can be easily transformed into numerical form there by making it easier to interpret data. The RS 25 was used to objectively measure resilience and provided a resilience ordinal score for each child. The scores are divided into low, medium and high. The higher the score the greater the resilience and conversely, the lower the score, the lower the resilience levels. The use of this quantitative method minimised subjectivity and ensured an objective

measure on the notion of resilience which can have different manifestations in different cultures and settings. It therefore provided common ground and focal point on the fluid term which gave the study an element of objectivity. However the major drawback of this approach is that in-depth study and analysis of experiences cannot be done due to the approach's emphasis on numbers and measurables. This limitation is addressed by the qualitative component of the study, where the in-depth interviews and FGDs carried out with the CHH and other research participants provided answers to the how and why questions which elicited deeper levels of awareness and analysis. The qualitative component provided in-depth description of the CHH's experiences and how resilience manifests in their lives. However, qualitative research is time consuming and can be subjective. The limitation on the subjective nature of qualitative research was however addressed by the quantitative component of measuring resilience using the RS25.

I had to consider the intricacies of both quantitative and qualitative research to come up with the decision of using the concurrent triangulation design in this study, where the two methods are used 'as a means to offset the weaknesses inherent within one method with the strengths of the other method' (Creswell 2003:217). According to Saunders, Lewis and Thornhill, (2009) triangulation refers to the use of different data collection methods and instruments in one study to make sure that the data is telling you what you think it is telling you. Hence in studying resilience it is imperative to be creative and use innovative ways and different methods to tap into the notion of resilience and understand it from a variety of angles. Triangulation also enabled me to check on the truthfulness and accuracy of data from different sources (Jacobsen, 2011). In this study a total of eight different groups of research participants provided their

insights on the research questions. This enabled me to compare and cross check for accuracy, consistency and mismatches in information.

Resilience is a highly elusive fluid term that can manifest differently in different cultures (Ungar, 2008; Theron et al., 2011, 2013; Masten, 2010). It was therefore imperative to objectively assess resilience with a tool like the RS which has been validated for use across ages and ethnic groups (Ahern et al., 2006; Luthans, Avolio, Avey, Norman & Combs, 2006; Neill & Dias, 2001; Wagnild, 2009). The greatest advantage of the concurrent triangulation design is that it results in effectively validated and substantiated results (Mertens, 2005; Creswell, Clark, Gutman & Hanson, 2003). The limitations are that comparison of results can be challenging and discrepancies that arise in findings may be difficult to explain (Cronin, 2008). The figure below is a diagram showing the concurrent triangulation design that was used in the study.

As shown in figure 6, qualitative and quatitative data were collected in a single study. The results from both methods were analysed, compared and integrated to strengthen conclusions and themes emanating from the study.

Figure 6: The mixed method concurrent triangulation design

(Adapted from Creswell 2003:214)

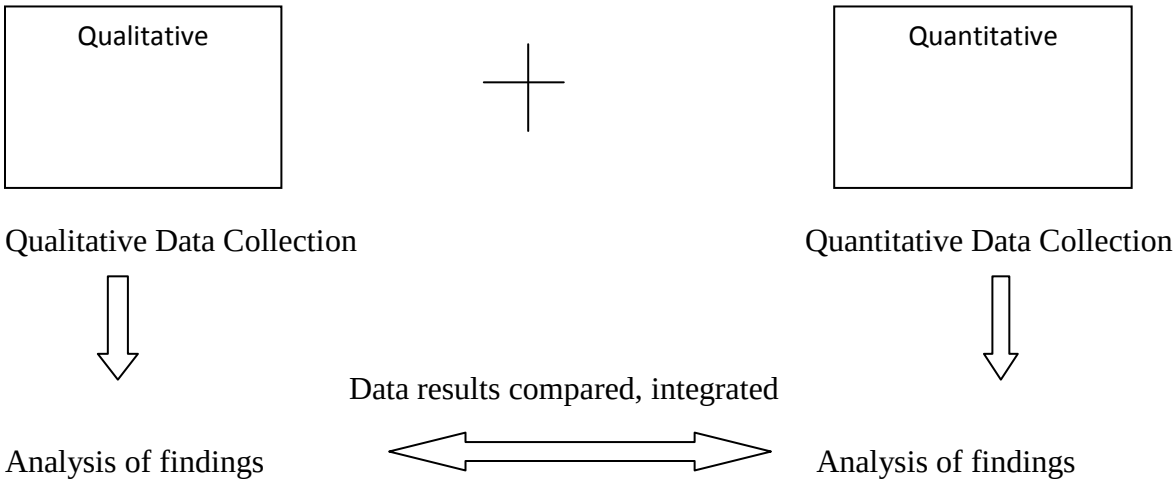
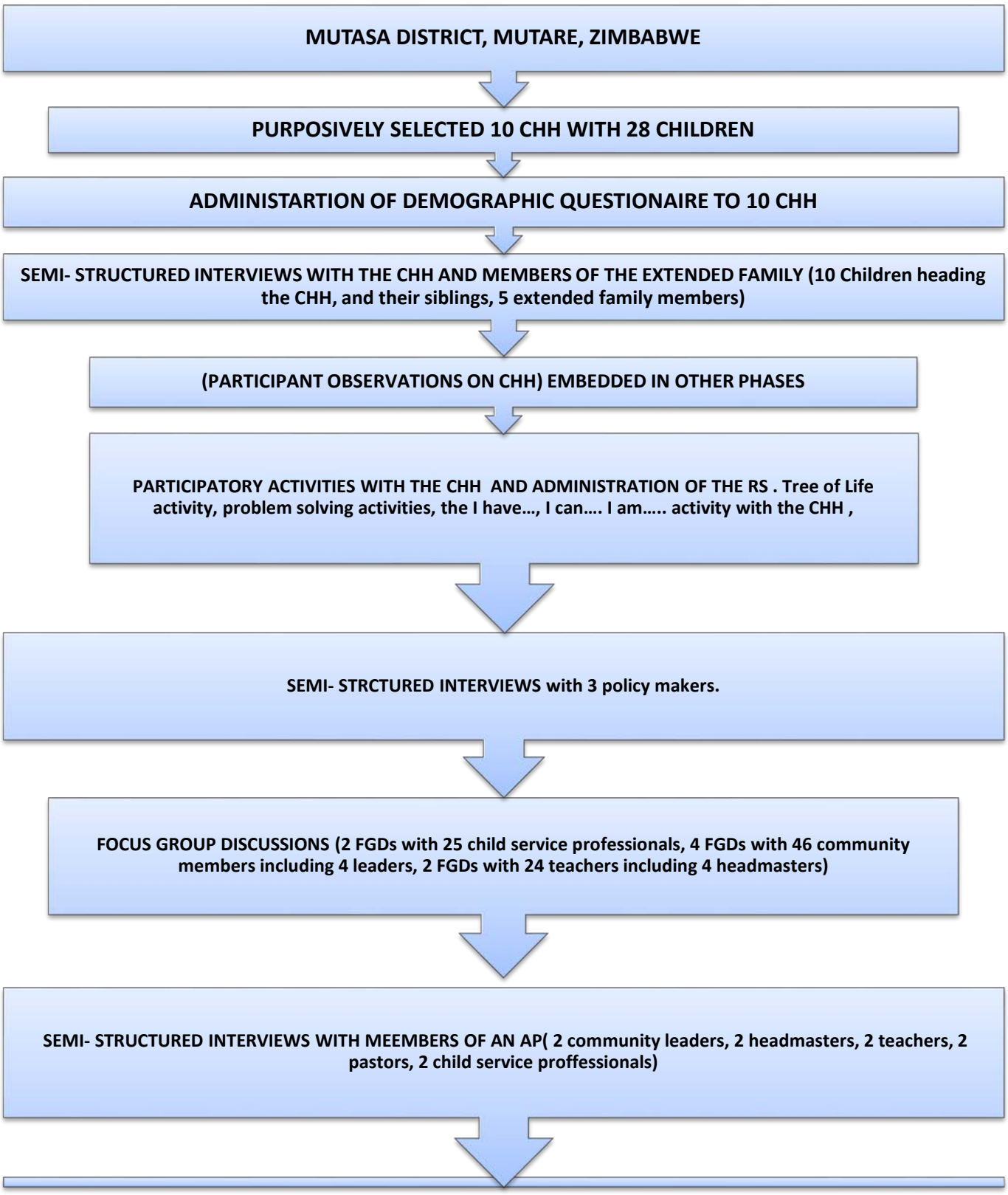


Figure 7: The Research framework (shown on page 109)

Figure 7 on page 109 is a pictorial diagram of the overall research framework showing the research process and from who and how data was collected.


MUTASA DISTRICT, MUTARE, ZIMBABWE
PURPOSIVELY SELECTED 10 CHH WITH 28 CHILDREN
ADMINISTARTION OF DEMOGRAPHIC QUESTIONAIRE TO 10 CHH
SEMI- STRUCTURED INTERVIEWS WITH THE CHH AND MEMBERS OF THE EXTENDED FAMILY (10 Children heading the CHH, and their siblings, 5 extended family members)
(PARTICIPANT OBSERVATIONS ON CHH) EMBEDDED IN OTHER PHASES
PARTICIPATORY ACTIVITIES WITH THE CHH AND ADMINISTRATION OF THE RS . Tree of Life activity, problem solving activities, the I have…, I can…. I am….. activity with the CHH ,
SEMI- STRCTURED INTERVIEWS with 3 policy makers.
FOCUS GROUP DISCUSSIONS (2 FGDs with 25 child service professionals, 4 FGDs with 46 community members including 4 leaders, 2 FGDs with 24 teachers including 4 headmasters)
SEMI- STRUCTURED INTERVIEWS WITH MEEMBERS OF AN AP(2 community leaders, 2 headmasters, 2 teachers, 2 pastors, 2 child service proffessionals)

Researchers in the field of resilience must be creative in using a variety of methodologies to tap into the evasive concept of resilience (Theron et al., 2013). Qualitative methodologies were used to tap into the subjective meanings of resilience and the factors that promote resilience in the CHH. In-depth and semi structured interviews, focus group discussions, were carried out with the CHH, child service professionals, headmasters, teachers and an AP. Details of these are provided below. Since the study was skewed on qualitative strategies, I will discuss in detail the elements of qualitative research that fit into the current study.

Qualitative research is usually undertaken in the natural setting where the researcher interviews the research participants in their homes, offices or in an environment the participants are used to and feel comfortable in (Fielding & Thomas, 2008). In light of this characteristic, the CHH were interviewed at their homes and at their schools. Community members and leaders were interviewed at the schools and community centers positioned near the village shopping centers. Taking the research to the participants enabled me to get a deeper perspective on their experiences and contextualise them in a particular setting.

Qualitative research makes use of a variety of data collection methods that are interactive in nature (Schaff & Greenwood 2003; Creswell 2002). The methods can involve active participation by the participants in the research process. In this study, I used a variety of methods that included, in depth interviews, semi structured interviews, focus group discussions, participatory activities that included problem solving activities, the TOL activity and the I have, I am and I can activity. Participatory activities enable the research participants to actively engage in the research process making them co-researchers in the process (Theron & Liebenberg, 2015).

The children in the CHH actively participated in these activities. Using a variety of methods enabled me to triangulate my findings which increased the validity of the study. Qualitative research is emergent and continuously evolves. The research questions and data collection process can change as the research progresses due to the different directions qualitative research can take (Chase et al., 2008; Denzin & Lincoln, 2005; Miles & Huberman 1994). This was the case in the current study where I had to change from carrying out observations that involved staying with the CHH for some days because the intended objective was not being met as the CHH started to view me as mother figure within the household. I also had to change from my initial strategy of including two districts in the study and had to focus on Mutasa district alone. This was due to the fact that some participants in Mutare urban were asking for incentives in cash for them to take part in the study which unfortunately was not budgeted for. One CHH, headed by Simba (not his real name) relocated to their Mutasa village during the course of the study and the household was therefore included in the sample.

Qualitative research is interpretive and requires the researcher to interpret data. This involves providing vivid descriptions of participants' experiences and views, developing themes and making an interpretation that is filtered through the researcher's personal lens (Creswell et al., 2003). This personal lens can be shaped by factors like the researcher's background, academic orientation, values and interests. Theron and Libenberg (2015) discussed the 'Johari Window' as a crucial exercise in which researchers can engage in to ensure honesty and reflexivity in the research process. In this exercise researchers are asked to reflect on things they are either aware or unaware of concerning themselves that would influence their choice of research methods and the ways in which they interact with the research participants. Hence the process of reflexivity on

the part of the researcher is always important to highlight the personal biases the researcher can bring into the research process to give an impression of openness, and honesty (Neuman, 2000; Patton, 2002). In line with this requirement, my own personal reflections make an important component of the study and are embedded in most of the chapters. In analysing and interpreting the data, I made use of reasoning strategies that are multifaceted to bring out detailed themes and models in explaining the findings. This resonates well with qualitative research that advocates for holistic views of social phenomena (Creswell et al., 2003).

However, some scholars have criticised participatory approaches for fuelling power inequalities (Cooke & Khotari, 2001). In response, Hickey and Mohan (2004) argue that the approach is transformative and is able to positively change communities if power structures are understood and handled well. Arnston and Duncan (2004) also argue that the act of asking members of CHH about their life and listening to them indicates to them that their experiences, opinions and ideas are valued. This added an empowering element to the study and validated the CHH's role as active participants and rights holders in society. Indeed Mertens (2015) argues for a paradigm shift in resilience research and advocates for studies that are transformative in nature and would positively change the lives of the research participants in the process. She argues that the best benefit that can accrue to research participants from the process of research is the change in policies and structures that will have a positive impact on their lives.

4.3 STUDY SITE

The study took place in Mutasa district in Manicaland Province in Zimbabwe. I chose to carry out the study in Mutasa district after careful consideration and discussions with social welfare officers and educational psychologists who indicated a higher prevalence of OVC in the area. It was also convenient for me because this is the district in which Africa University where I work is located. Hence travelling distances during the fieldwork was reduced in line with the limited financial resources that were available for my use. Mutasa district is in the eastern highlands, and in the mountainous area of Manicaland province. It is situated 30 km from the provincial capital city, Mutare which borders Mozambique. Mutasa district has an estimated population of 167,462 people according to the 2012 census and an estimate of 14,005 households (Parliament Research Department, 2011- 2012).

People in Mutasa district mainly survive on subsistence farming. The main crops grown in Mutasa are maize, groundnuts, rapoko, beans, potatoes, and bananas. The district also has large commercial plantations of wattle and pine trees. Apples are also grown on commercial basis in some parts of the district. The most common housing in Mutasa district consists of pole and brick dwellings that are grass thatched. Housing with iron corrugated roofs is common near the main growth points and are a reflection of more economic power according to the community standards. Families in Mutasa dwell in clustered housing structures that are near each other. The majority of the houses belonging to the CHH that I visited were in need of repair. Most of the grass thatched roofs had thinned out and needed replenishing. At one household I noticed one girl pulling off parts of the dry grass that was thatching their round kitchen. She then used that

same grass to make a fire that would be used to cook their dinner. I noted that if they were to pull out that grass frequently, the hut would be leaking when the rains come. I tactfully and conversationally made this known to the young girl who looked down shyly and smiled pulling at her skirt. The head of the household playfully interceded and said that is exactly what she has been telling her.

4.4 STUDY POPULATION

The target population for the study was the orphaned children who are below 18 years and living in CHH. The children were attending either primary or secondary school while some had temporarily dropped out of school due to financial reasons. The study population also included an AP, community leaders and members, teachers, headmasters, pastors and child service professionals. These were purposively sampled to include people who frequently interacted with the OVC and the CHH and had ideas on the challenges faced by the CHH and the contextual meanings and perceptions of resilience in Mutasa district.

4.4.1 Sampling procedure

Non-probability sampling procedures were used in this study because the population of CHH in the districts remains unknown. The sample size consisted of ten CHH in the Mutasa district. The inclusion criterion was CHH with heads of household aged between 14 -18 years. I used the legal age limit that defines a child in Zimbabwe, which is 18 years. I however noted that most of the children did not have birth certificates and were estimating their ages. My assumption was that at

these ages (14-18 years) the heads of the households would be in a position to articulate factors that make them resilient. The children would have to be leaving as a CHH for a period of three years and above. The assumption on this criterion was that a period of three years and above would be adequate for the manifestations of resilience characteristics in the CHH. The research participants sample also included purposively selected 10 members of an AP, 3 policy makers, 25 child service professionals, 46 community members (including 4 community leaders), and 24 teachers (including 4 headmasers). I specifically selected people who interacted with the OVC frequently.

Purposive sampling

Purposive sampling was used to recruit the research participants. (10 CHH, 10 members of an AP, 3 policy makers, 25 child service professionals, 46 community members, 24 teachers, 5 extended family members of the CHH). In such sampling, the researcher employs his/her professional judgment to select cases that represent the population of interest (Neuman, 2006). In this study certain CHH were chosen to participate in the study based on the characteristics that best met the objectives of the study. I talked to the headmasters about the purpose and objectives of the study and explained that I was mainly interested in talking to those CHH whom they perceived as resilient and coping well given their circumstances. I also asked them to define the characteristics of resilient children and to define the term resilience according to views and perceptions in Mutasa district. The answers on the definitions of resilience included the following;

‘*Munhu akashinga, munhu anotsungirira mumatambudziko, munhu anoita kunga pasina zviri kumunetsa izvo zviripo, munhu anogona kuita zvirikuitwa ne vamwe vasina*

matambudziko'.meaning 'a resilient person is someone who is strong and perseveres in hardships, someone who appears as if there is nothing bothering him/her and manages well like those who do not have problems'. (This is detailed in the next chapter on findings and discussion)

After such an enquiry which will be discussed in detail in the results section, I then asked the school authorities to select CHH that best fit into the category of their definitions on resilience. To cross validate these submissions, I later administered the RS to the CHH. The RS which has been validated for use across ages and ethnic groups gives an objective ordinal measure of resilience (Arhen, Kiehl, Lou Sole & Byers, 2006). The headmasters and teachers who took part in the study were those at the schools that the CHH attended. The sample also included the teachers in charge of the guidance and counselling programmes at the schools. I also implemented purposive sampling to recruit community members and leaders from the School Development Associations (SDA) at the schools, and those who were in ongoing community programmes that the child service professionals who participated in the study were involved in. Convenience sampling was used to select the child service professionals who consisted of professionals who were students on the Masters in Child and Family Studies at Africa University where I teach. The 3 policy makers consisted of those who work in Mutare where I live. The AP consisted of Mutasa community members and professionals purposively selected for their cultural knowledge and expertise. The 5 extended family members of the CHH were the ones that were nearby and those who also agreed to talk to me. I did not encounter many challenges in recruiting research participants as the majority of the participants were already involved in issues dealing with the orphaned children. I was also collaborating with an educational psychologist from the provincial education offices who was well known in the schools and communities.

NB: Although the study was mixed method in nature, I had to use qualitative sampling methods due to it being skewed torwads qualitative methods.

4.4.2 Gaining access: Places and people

I had the advantage of carrying out the study in Mutasa district which is the district in which Africa University, the university I work for, is situated. Incidentally, Mutasa district is also my district of origin. I was therefore not totally a complete 'outsider' in the district and was able to blend in, in terms of language and other customs related to the Manyika tribe in the district. To gain access to the research participants, I initially wrote to the Provincial social welfare officer, explaining the purpose of my study and the need to carry out the study on resilience in CHH. The provincial social welfare officer directed me to their head office directors in Harare who later informed me through the Provincial Social Welfare Officer that the custodians of all provincial and district activities relating to research was the Ministry of Local Government through the Provincial Administrator's offices. I then approached the Provincial Administrator's office and was informed to put my request in writing, which I did and permission for me to carry out research in the province was formally granted. The letter was copied to all the District Administrator's offices including Mutasa District where I carried out my study.

However, since the study involved children in CHH who were still in school, I had to seek additional permission from the Ministry of Education Provincial offices. Permission was granted on condition that I visit the schools in the company of officers in the Schools Psychological Services (SPS) department who handle issues concerning vulnerable children and those with

special needs. I worked as an educational psychologist in the SPS department of the Ministry of Education before joining the academia. This made it easy for me to gain access to both the Ministry of Education and to the SPS department. I was therefore accompanied and collaborated with an educational psychologist from Manicaland province for the entire duration of my fieldwork. Accessing the teachers, headmasters and the children in CHH in schools became very easy because the educational psychologist who already had a working relationship with the district education officers and the school authorities introduced me to the district education officers and the school headmasters respectively.

The headmasters in turn introduced me to the Teachers In Charge (TIC) and deputy headmasters who selected the orphaned children in CHH at their schools based on the criteria we had come up with. I then purposively selected the CHH who were to take part in the study. The criteria for inclusion and sampling procedures are detailed in this chapter. The headmasters also introduced me to members of the SDAs who recruited other influential community members who formed the greater part of the community members and leaders who participated in the study. I was interested in community leaders who interacted with the CHH on almost a daily basis, hence my decision to choose the SDA leaders. Three child service professionals who are students on the Masters in Child and Family studies programme at Africa University and work with communities in the district allowed me to accompany them on their community outreach programmess to carry out my study. This provided me with significant opportunities to talk to community members who were attending the community outreach programmmes run by the students on our masters programme at Africa University. Therefore armed with the approval letter from the Provincial Education Offices and Provincial Administrator’s offices and

accompanied and supported by an educational psychologist from SPS and community based child service professionals who already had a working relationship with my potential research participants, accessing the places and people vital for my study was made easy.

4.5 DATA COLLECTION PROCEDURES

The study involved the use of mixed methods of qualitative and quantitative techniques that included participant observation, semi-structured interviews, focus group discussions, key informant interviews, participatory activities and the administration of the RS. The research was conducted in phases in which there were some overlaps in some phases.

The first stage involved administering a questionnaire to the child heads to gather socio demographic data. The heads of the CHH provided most of the information. In some instances, however, the teachers had to refer to their records to provide information that the heads of the households would not remember. I obtained the CHH databases from the Social Welfare offices, District Education offices and the schools.

The second and third phases involved semi-structured interviews with the CHH and participant observation which happened concurrently. The initial plan had been to actually stay with the CHH for a period of at least one week or more. However, as indicated earlier I discarded this idea after staying for two days with Rumbi's household. The children in the CHH began to see me as the mother figure in the house and began referring a number of problems to me. I realised that I was not going to obtain the desired resilience factors from the children if I continued

staying with them. I then decided to visit the CHH and would go back to my home after the interviews. Participant observation which was done in conjunction with the interviews provided an in-depth understanding of the CHH as well as the context in which they live. It also facilitated the establishment of rapport with the children which ensured their active participation. The interviews focused on the challenges they faced in life and the strategies they used to survive, the nature of support received from family and community members was also explored. The interviews were mainly with the head of the households and some older siblings. The younger siblings were present for some time during the interviews, they keenly observed what was happening and would frequently leave to go and play with their friends and come back after a few minutes to continue watching. The interviews took place at the schools and continued at the homes of the children. The interviews were long which necessitated taking short breaks in between. One session lasted an average of about 45 minutes per day. I carried out 2 sessions with each household over an everage period of 2 days per household.

After talking to each CHH I enquired about the whereabouts of members of their extended family system. I interviewed those who were willing to take part in the study. Some of the CHH's relatives lived in far off places and I could not travel there to interview them due to lack of resources. I tactfully talked to members of the extended family so that I would not create or escalate levels of 'perceived animosity' that were present. On the other hand there were some who were willing and forthcoming to take part in the study. All in all, I managed to talk to a total of five relatives of the CHH. I sensed feelings of dejection in some members of the extended family system who felt that society was judging them unfairly for 'letting' the young children stay on their own. Their notion of what childhood entails was clashing with the reality on the

ground and I sensed internal conflict in them. Being a psychologist by profession, I managed to emphathise with both the CHH and the members of their extended family system and assured them that our realities as people differ and that these differences do not make one reality more superior than the other. As I talked to them, I realised that as people we all have the same needs for acceptance and being validated as a human beings. I was glad to see small positive changes in terms of relating to one onother in some of the familes I talked to. I somehow felt like this might have been the hidden purpose of my study.

The next stage involved the use of participatory activities and techniques with the CHH. I also took this opportunity to administer the RS to the children. I excluded 3 children from assessment on the RS due to age. I carried out age appropriate participatory activities with the children and these included problem solving activities, the TOL activity, and the I Have, I Can and I Am activity. (These are discussed later in this chapter). These activities took place at the four purposively selected schools that provided the children in the CHH who participated in the study. The children enjoyed the exercises. The problem solving activities spilled over and continued at the homes of the CHH.

The following stage involved the key informant semi-structured interviews with three policy makers. The three policy makers consisted of two senior government policy officials and one retired ambassador. In the next stage I carried out two FGDs with 25 child service professionals, four FGDs with 46 community members and two FGDs with 24 teachers. The dynamics of these FGDs are detailed in this chapter. I took advantage of the fact that most child service professionals who participated in the study are students in the Masters in Child and Family

studies programme that is offered in the Faculty of Humanities and Social Sciences at Africa University. I teach on this programme and I am also the current coordinator. After going through the issues of informed consent, all of them agreed to be participants in the study.

The last stage involved semi-structured interviews with an AP that consisted of two community leaders, two headmasters, two teachers, two pastors and two child service professionals. The criterion for inclusion into the AP was to include respected members of the community who interacted with vulnerable children on a daily basis. These also needed to be people who were well vested in the culture and customs of the local people. The aim of putting together an AP in resilience studies was justified by Theron (2012) where she alluded to the fact that an AP helps in getting the definitions and manifestations of resilience as defined and perceived by a given community. In the current study, the views on resilience as defined by the Mutasa community were elucidated by the AP. For the purpose of this study the AP was included in the last phases of the research because its main function was that of elucidating the cultural meanings and manifestations of resilience as opposed to giving research logistical advice. The inclusion was also a response to the comments coming from the examiners.

Embedded in each stage was a referral component to a social worker, counsellor or psychologist if the child showed signs of distress or became emotionally overwhelmed. I made use of data collection procedures that minimised chances of re-traumatising the children, for example, the TOL concepts. This method allows children affected by HIV and AIDS, poverty and conflict to tell, hear, and explore stories of loss and trauma without remaining trapped in expressions of grief and bereavement (REPSSI, 2006). Avoidance of re-traumatising the children was achieved

by focusing on the skills, hopes and dreams that the child has, which provided a strong positive foundation to proceed further in life despite the challenges (Ncube-Mlilo, 2006). Thus, in the context of this study, The TOL concepts become an indispensable means and process of analysing the factors that promote resilience in the CHH.

4.5.1 Data collection methods

Semi-structured interviews

Semi-structured interviews with the CHH

I used semi-structured interviews as one of the main methods to collect information from the research participants. Semi-structured interviews were appropriate for this study as this gave me room to pursue leads and also provided room to improvise some questions based on the direction the interview took. This enabled me to gather in-depth information that disclosed more of the richness of the participants' experiences.

I went into the schools in the company of an educational psychologist from the Ministry of Education, SPS. This was a requirement from the Provincial Education Offices. This arrangement worked well for the study in the sense that there was someone trained in counselling and available on site to provide counselling to the children in case the study evoked memories and emotions that would negatively affect the children. The educational psychologist introduced me to the headmasters of the respective schools we visited. I explained the purpose of my study to the headmasters, outlining the objectives and what I hoped to achieve. The headmasters consulted with their deputy headmasters and TICs who went through their records of orphaned

children and those living in CHH. I mentioned that I particularly wanted to recruit those they deemed to be managing well by their standards, taking the communty's perceptions on resilience into consideration. The headmasters allocated a class to me for purposes of the study. In all the schools they had to ask one class to temporarily move out of their classroom with their teacher and engage in some outdoor activity. I did not feel very good about having to ask a class to go outside to create room for me and the children in my study, but that was the only workable solution given the conditions at the schools. I needed a safe space to talk to the children confidentially and without interruptions.

As the selected orphaned children living in CHH came into the classroom, I noticed their expectant eyes. I could sense that they were expecting me to present them with some gifts in the form of food humpers, books, clothes etc. I also noticed the torn conditions of their uniforms. At one school, an eleven year old girl was wearing a uniform so torn that one could see the equally torn undergarments. I was alarmed by this condition and the fact that both the school authorities and teachers could not see anything out of the ordinary with this situation. I felt tears welling up in my eyes and had to take a short break. I returned to the classroom a few minutes later after having gained my composure. After the interviews with the children for that day, I asked the headmaster if I could buy a school uniform for the young girl. The headmaster accepted my offer and when I got back home I bought the school uniform for the young girl. Qualitative research is unique in the fact that it has the power to transform the researcher (Creswell, 2003) As I talked to the CHH getting a deeper understanding of the challenges they face on a daily basis and how they manage to resolve them, I could sense my perspective on life slowly shifting and that what I perceived as problems paled in comparison to the stories I was hearing from the young children.

Again and again the question of benefits that would accrue to the CHH out of my study kept flashing back and forth in my mind. (Please refer to sections on personal reflections on methodological aspects of the study and comments on methodological limitations).

The interviews took place at the schools and continued on to the CHH's homes. Issues of informed consent were dealt with and are detailed in the ethical considerations section. Visits to the CHH's homes were done to place context to their experiences and what they were saying. The TOL activities, the problem solving activities and the administration of the RS were all done at the schools because it was easier to have all the children at one place in the school environment. (Some problem solving activities however continued into the homes of the CHH). Details of the interviews are provided in the sample of transcribed interviews included in the appendix section. I explained to the children the purpose of the interviews and how I was going to make use of their submissions. I discussed issues of informed consent and asked the children to name a trusted adult who could consent on their behalf. Most of them named their class teachers. I also asked the children to assent to taking part in the study. I noticed that the heads of the households were used to making decisions from the way they confidently named their trusted adults and their mature attitude in assenting to the research. I asked for their permission to tape record and they agreed. Their child like nature would come up when some of them asked me to play back parts of the tape. They listened with childhood interest and giggled on hearing their voices. I asked the children to tell me their stories, reasons leading to them living as CHH, the challenges they faced, what contributed to their resilience and how they managed to cope in spite of the challenges.

Participant observations

I carried out participant observations on the CHH in conjunction with other data collection methods such as the series of informal interviews that I carried out to establish trust and rapport with the CHH. This method gave me a richer and deeper level of understanding on the lives of CHH. The disadvantage of this approach is that the line between the researcher and participant might become blurred resulting in role confusion. This could explain why the CHH that I stayed with for a short time began to see me as the mother figure. Another limitation was that my presence could either bias the observation or the behaviour of the CHH. Reactivity describes the problem of participants changing their behaviours as a result of the researcher observing them (Greenstein, 2006). In this study, I controlled reactivity by spending a lot of time with the CHH which was necessitated by the numerous activities I carried out with them, so that they could become comfortable with my observations.

Focus group discussions

FGD with Child service professionals

I carried out two FGDs with 25 child service professionals. One group was composed of twelve participants and the other had thirteen. The FGDs with the child service professionals took place at Africa University and at Ranche House College where they have their lectures. I talked to the students enrolled in the Masters in Child and Family studies programme about my study explaining the objectives and rationale behind the study. The group consists of social welfare officers, programme managers and officers, field officers, pastors, teachers, nurses, and NGO workers who work with vulnerable children. After going through issues of informed consent 25 students agreed to take part in the study which involved answering some questions on a prepared

interview guide. The process was enlightening and generated lively discussions from people who work with vulnerable children on a daily basis. Some indicated that participating in the study provided an opportunity for them to learn how academic research at higher levels is undertaken. I however explained that participation in the study was completely voluntary and that no one would be prejudiced or disadvantaged for not participating. My hope was that issues of power dynamics between lecturer and student would not come into play making some students obliged to take part in the study when they did not want to.

FGDs with Community members

A total of four FGDs were carried out with community members including the community leaders. There were twelve participants in three FGDs while the last group had ten participants. Three FGDs took place at the schools and one FGD was conducted at a community center. The community leaders who formed part of the group were mainly the SDA chairpersons. This was because I particularly wanted to talk to community leaders who interacted frequently with the CHH. The headmasters I interviewed had indicated that community leaders like the chiefs who are high in the leadership hierarchy may not have frequent opportunities to interact with the orphaned children on a daily basis and hence may not be fully aware of their resilience characteristics. The other community members were recruited by the SDA leadership.

The community FGDs combined both males and females. The males sat on one side on chairs and benches. The females spread their wrappers on the ground and sat on them. The discussions were mainly dominated by the males, even when I tried to probe the women. The females responded only to confirm and support what would have been said by the males. The discussion

themes centred on the reasons for the emergence of CHH, the challenges they face, factors that made the CHH resilient and the meaning and manifestations of resilience in Mutasa district. I was particularly interested in how communities can create resilience enabling environments for the CHH.

I provided refreshments for the FGDs and I decided to join the women who were cleaning up after the refreshments. It was during this time that I decided to informally continue with the discussions. The women opened up and said that it is not easy for them to provide some answers in the presence of males as they feared being labelled in a negative way and that even if their husbands are not in the meeting, the men who will be present will report to the husband that his wife was talkative at the meeting, which would bring about trouble for them. They said that most of the CHH were from their relations because the husbands refused to take in orphaned children from their side of the family. The women said this was a contributing factor to the emergence of CHH in their communities.

After this experience I decided to change the structure of the other FGDs and wanted to have two separate discussions with one group comprising of only males and the other comprising of only females. I however noticed that both the males and the females were uneasy about this arrangement. One elderly female lady confided in me indicating that if I went ahead with this arrangement, the females would not be given permission by their husbands to attend the FGDs. The males would suspect that I would be talking about ‘gender’ issues which they suspect would make their wives rebellious and disobedient. I therefore mixed both sexes on all the remaining community FGDs and continued with my strategy of joining the women when they were

cleaning up to informally continue with the discussions. I obtained more unbiased information from the women during this time.

FGDs with Teachers

Two FDGs with teachers including the headmasters were carried out. Each FGD had twelve participants. The duration of each FGD was about one hour. The FGDs with the teachers were carried out at the schools and included teachers in charge of the guidance and counselling programmes in the schools. I carried out the discussions in the afternoon because in most schools, formal lessons end at 1pm. The discussion themes centred on the role of the schools and teachers in enhancing the resilience of children in CHH, and the manifestations of resilience in CHH. The teachers lamented the fact that most guidance and couselling programmes were not given much priority because guidance and counselling is not an examinable subject. They added that their performance as teachers is rated on the pass rates achieved in their subject areas. Hence, although they appreciated the need for the programme, they could not prioritise it over the examinable subjects meaning that although a programme existed to cater for the emotional needs of the vulnerable children in the schools, there was no tangible evidence and benefits of the programme on the ground. Most of the programmes seemed to exist on paper. I noted a resigned attitude on the teachers as they explained that the magnitude of the problems faced by the CHH was beyond them as the challenges faced by the CHH were of a financial and material nature. Details on the FGDs with the teachers are provided in the results section.

FGD with the Advisory Panel

I enquired from some local headmasters on who to include on the AP. An AP consists of a group of local people within a community who are knowledgeable in the culture, customs and values of a particular community (Theron et al., 2013). After going through the characteristics I was looking for in prospective members of the AP, I came up with a list of people whom I approached. The characteristics I was looking for in the AP were; someone born and raised in the Mutasa community and knowledgeable in the customs and way of life in the community. AP members also had to be professionals who interacted with vulnerable children in Mutasa district and would have an idea on resilience factors and how they manifest in the CHH. Having been born and raised for part of my life in Mutasa District helped me in understanding some of the resilience characteristics. The AP consisted of 10 people. Since the members did not live in close proximity, I had one FGD with six members and had one on one interviews with the remaining four.

4.5.2 Tree of Life exercise with CHH

The TOL is a methodology that allows children to talk about traumatic experiences in ways that do not lead to re-traumatisation. It is suggested to the children that they use parts of a tree in telling their story in a way that focuses on hopes and dreams. All the children who took part in study enjoyed this exercise. It enabled them to talk about themselves and their experiences in an insightful and less threatening way that elicited different emotions. Before the exercise, I shared my own personal TOL with the children. It was a spiritual journey for me. The process increased my own self-awareness and I hoped it would elicit the same emotions in the CHH.

I started by asking the children the following simple questions:

1. Imagine you are a tree.
2. What type of tree are you?
3. Name the different parts of a tree
4. What are the functions of these different parts?
5. Draw the tree. You can give the tree your name if you so wish.
6. Now we want to imagine our life and the experiences we have gone through as parts of a tree.

ROOTS

The roots represent your background/ancestors Let us start with the roots *(midzi)* - tell me about your background, your ancestors. (N*ditaurire kwamakabva, kumusha kwenyu,)* who told you about your background? *(Ndiani akakutaurira nezve nhoroondo yekwamakabva)*

GROUND/SOIL

The ground and soil represent things that strengthen you emotionally, physically, mentally and spiritually *(Nditaurire zvinhu zvinokusimbisa kana kugwinyisa mupfungwa dzako kana pakufunga).*

THE FALLEN LEAVES OR FRUITS

The fallen leaves or fruits represent special dear things or people you have lost. They also represent opportunities that you have lost. *(Nditaurire nezve vanhu vanga vakakukoshera muupenyu hwako vasisisipo. Nditaurire nezve mikana yekuita zvimwe zvinhu yawakarasikirwa nayo.)*

LEAVES

The leaves represent the important people in your life right now *(Vanhu vanokukoshera muupenyu hwako, vanokubatsira kana uine dambudziko).*

THE TRUNK

Outside of the trunk – represents your strengths and weaknesses *(Zvinhu zvaunogona kuita, zvinhu zvinoyemurika pauri. Wondiudzawo zvakare zvinhu zvausingagoni kuita)*

Inside of a trunk – represents the memorable events in your life both good and bad. *(Nditaurirewo zvinhu zvakaitika muupenyu hwako zvinonakidza, zvausingafi wakakangwana. Wondiudzawo zvakare zvinhu zvakaitika muupenyu hwako zvinokurwadza, zvausingafi wakakanganwa).*

THE BRANCHES

The branches represent people and organisations that support you in various ways. *(Nditaurirewo nezve vanhu kana ma Organisations/NGO anokubatsira. Unobatsirwa nemutowo upi).*

THE FRUITS

The fruits represent your gifts, talents and achievements *(Nditaurire kuti chipo chako ndechipi, zvaunogona kuita zvisingagonekwe nevazhinji).*

BUGS AND WORMS

The bugs and worms represent things that disturb and bother you *(Ungandiudzawo here pamusoro pezvinhu zvinokushungurudza).*

(After the TOL exercise, I explored the chidlren's coping mechanisms by asking them to imagine that the air which brings in freshness would represent their coping strategies).

The air represents your coping mechanisms – socially, emotionally, spiritually and physically. What you tell yourself to do in order to cope *(Zvaunoita kuti urege kushungurudzika, ukwanise kuenderera mberi neupenyu hwako zvakanaka).*

4.5.3 The problem solving activities

The children were presented with the following problems and were asked how they would solve the problems if they encountered them. Most of the CHH said they had actually faced most of the hypothetical problems in their lives.

Problem number 1

What would you do if there is no food in the house?

Problem number 2

You are working on a job where others get paid double for the same work you are doing. What would you do?

Problem number 3

What would you do if your young sister or brother is being bullied at school?

Problem number 4

Your relatives come and take things that were left behind by your deceased parents. What would you do?

Problem number 5

There is no food in the house and you have tried and failed to get the food. A man/woman comes and asks for sexual favours from you in exchange for food. What would you do?

Sometimes I would vary the question and ask how they would advise another child having a similar problem. I did this when I sensed some emotional distress in the child. I would follow up their responses with enquiring whether they would handle the problem in the same manner. Their responses were always in the affirmative. I noticed that asking the questions in that manner helped to externalise the problem and allowed the CHH to view it as such.

The responses given by the children are detailed in the results section.

4.5.4 The Resilience Scale

I administered the RS25 to the children in the CHH at their schools. Please refer to Appendix L for a copy of the RS25. As a registered psychologist, I am authorised to administer psychological tests. The test items on the RS were translated into Shona by a specialist in language translation. The RS and its translated version are included in the appendix section. However, I had to provide extra explanations on the meaning of the questions to the children as they could not understand some of the questions. I also used examples in my explanations and this could have unintentionally given the children some clues. These factors could have compromised the validity of the results. However, the results provided indications of an objective ordinal measure of resilience which was cross validated with submissions from the qualitative methods.

I also noticed that most of the items on the RS require a deep sense of self awareness and self reflection. This can be an advanced skill that improves with age for some people. The children took some time to answer the questions and initially appeared lost. In addition the lickert scale of agree, strongly agree or strongly disagree was a challenge to translate into Shona with its dichotomous terms of either agreeing with a statement or disagreeing with it. I however managed to explain the differences in degrees of agreeing or disagreeing with the statements and after some time the children managed to grasp the concepts. I noticed some challenges in translating question number 8 – *'I am friends with myself'*. The literal meaning of the question in Shona is different from the English version. The interpretation tried to take this into consideration and hoped not to dilute the meaning of the question in the process. I had to give extra explanations to most of the children to enable them to understand some of the questions.

4.5.5 I have, I am, I can activity

This is an activity that is used to explore the child's individual characteristics and support networks available to him/her. I asked the children to list what type of person they were, for example friendly, helpful, shy etc. I also asked them to list their strengths and what they can do well. I then asked them to list the support networks available to them in terms of people and organisations that help them. I could see that this exercise enabled the children to view their circumstances in a lighter and positive way. I added another dimension to the exercise and asked them to name the strengths of their friends in the group. The children enjoyed the exercise and all of them volunteered to provide feedback on what they had written. I noticed the children opening up, as they beamingly accepted the strengths they were not aware of which were mentioned by the other children in the group.

4.6 DATA MANAGEMENT: from recording to transcription to translation and interpretation

Transforming research participants' verbal submissions into text to facilitate the process of data analysis in qualitative research is a complex and time consuming process (Creswell, 2002; Tilley 2003). Transcribing is a lengthy process and in my study it was complicated by the fact that transcription was done in English whereas most of the interviews and FGDs were carried out in Shona. The CHH and the community leaders and members communicated in Shona which is also my native language. The other research participants namely, teachers, headmasters, child service professionals, policy makers and the AP mixed both the English and Shona languages in their

communication. All interviews were recorded after obtaining consent from the research participants. The CHH assented and also named a trusted adult who consented on their behalf.

There are three main approaches to transcription according to Elliot (2005), and Reissman, (2008). One approach involves the process of data cleaning to provide rhythm and easy access of the contents. The other approach involves detailed transcriptions that use a precise notation system for conversational analysis. The third approach uses units of discourse that maintain the rhythm and structure of speech without notations. I used the first two approaches in transcribing the interviews and focus group discussions with the research participants. I constructed the transcripts in Shona and translated them into English. Due to limited financial resources, I could not make use of the services of a translator in this process. Since Shona is my native language, the process though challenging was manageable. The translations were however, verified by a specialist in translation services. I also transcribed my own questions and interjections. This is in line with current views that suggest that the researcher's role in the interviewee's submissions is an important element of analysis as it influences the direction and flow of the interview. I therefore must accept and acknowledge my role in shaping and influencing what the research participants disclosed during the interviews. I have included a number of randomly selected samples of transcribed interviews in the appendix section.

4.6.1 Demonstrating validity and reliability

Reliability refers to whether an instrument is measuring what it is supposed to measure (Greenstein, 2006). Although I used the mixed methods approach, my study was skewed towards

the qualitative component which focused on exploring the research paricipants' experiences and perceptions on resilience and the meanings they attached to their experiences. Thus the concept of measuring does not fully apply in qualitative research (Lincoln, 2000). Validity in qualitative research refers more to the trustworthiness and truthfulness of research findings and submissions from research participants (Yin, 2009). A number of ways used to establish the trustworthiness and truthfulness of qualitative studies have been used in this study. These relate to establishing the credibility, dependability and confirmability of the information provided by research participants (Lincoln, 2000).

The question of validity on qualitative studies has been an emotive one with some scholars criticising qualitative research on the grounds that it is highly subjective, not scientific and difficult to generalise to settings outside the study context (Quinn, 2002; Glaser, 2001). To counter this weakness, I used the mixed method approach and used the RS, to assess resilience in the CHH. Results from the RS were then compared with the information obtained from the research participants using the qualitative enquiry. The process of triangulation was also used in the sense that a variety of data collection instruments were used to obtain information from different groups of research participants and this information was compared to determine any inconsistencies in the submissions. Table 6 details the ways in which trustworthiness was ensured throughout the study.

Table: 6 Ensuring study trustworthiness

Trustworthiness criteria	**Assessment criteria**	**Implementation**
Credibility (truthfulness)	Prolonged engagement with the CHH and other research participants	I managed to establish a trusting relationship with the CHH and the other participants.Privacy and confidentiality was ensured to all participants
	Triangulation	I used a variety of data collection instruments to cross validate findings.
	Peer briefings	I took the opportunity to discuss findings, i e. the codes and emerging themes with collegues who already hold PhDs in Psychology and Sociology
	Member checking	I provided summary feedback to the participants on what they would have said for clarification and verification.
Transferability	Sampling procedures	All research participants were purposively selected.
	Saturation of data	Interviews and discussions were undertaken until data saturation (when no new ideas and concepts were emerging).
Depandability	Traceable findings	Interviews were transcribed before allocation of codes and themes.
		An audit trail to justify findings is included in the thesis.

Confirmibility,and neutrality	Triangulation	Findings gathered from different data collection instruments were given and compared.
	Reflexivity	I highlight my own reflections on the research process, my own assumptions and biases that could affect the research. I also discuss how I delt with these to maintain objectivity.
Authenticity	I was sensitive to the issues raised by the participants	I directly quote what the participants were saying to support my findings.

4.6.2 Personal reflections on methodological aspects of the study

The qualitative researcher consistently reflects on who they are in the research and must be sensitive and have awareness on how their identity affects and shapes the research process (Yin, 2009). Introspection and sensitivity to values, biases and interests is crucial in qualitative research as it brings in an element of transparency and honesty to the research process, 'the personal self becomes inseparable from the researcher self' (Creswell, 2002:182). I have therefore included statements of personal reflections on most chapters of the thesis.

I had to incorporate participant observations into the other phases of the research and had to do it during the interviewing and FGDs processes because as mentioned earlier, one household that I stayed with for two days started to view me as a maternal figure within the household and they began to refer some of their problems to me. In qualitative research the line between researcher

and participant can become blurred and data collection methods continuously evolve depending on incoming information (Creswell, 2007; Curry et al., 2009). One of my assumptions and the assumption that most researchers hold is that participants would be truthful in answering the questions. I however sensed that research participants had their own assumptions regarding the purpose of my study, inspite of me imparting to them the reasons behind the study. My view is that they held the idea that my talking to them especially about the problems they faced as CHH and as communities would translate into some form of tangible material support and assistance for them. Hence, participants could have exaggerated the problems they face. I had to counter this by making use of a variety of data collection instruments and asking questions that could elicit similar responses. I would then note the consistency of the responses across participants and data collection instruments.

I also brought into the research setting my own assumptions and perceptions on the notion of childhood and what it entails. My perception on childhood has been shaped by my upbringing. My idea is that children should grow up in the presence of a responsible adult who helps and directs them in the process of growing up to becoming an adult. This notion ran counter and was the exact opposite of the reality I was seeing with the CHH. My researcher role sometimes became blurred as my maternal protective instincts got the better of me. I sometimes would feel an urge to protect the children from all the challenges and problems they were facing. In some instances, I found myself questioning the rightfulness of my study and would ask myself weather it was fair to expect children to cope and manage under such conditions. I began to understand the position that was held by some scholars whose views Theron (2012) interrogated, when they questioned the ‘ethicality’ of childhood resilience studies, arguing that children need to be

provided for and not to be expected to cope under adversity. I therefore constantly had to remind myself of the purpose of carrying out such a study. It is of no use turning a blind eye to the existence of CHH because they are a reality. Society has to find ways and means of recognising them and understanding how they survive. This would enable duty bearers to capture and address their concerns at policy level. It would also encourage the adoption of intervention strategies that build on their existing strengths. Therefore the purpose of any resilience study should be focused on positive support and the provision of 'ingredients' for use in intervention programmes (Luthar & Brown, 2007; Theron et al., 2011, 2012; Panter-Brick & Leckman, 2013). This indeed was a study that impacted me in all spheres of my life - emotional, spiritual, social, cognitive and economic domains. My challenge was to stay as objective as possible in spite of all these impacts. I somehow managed to achieve this by occasionally taking time out from the study, reflecting on it and talking to colleagues about the study and the unfolding findings. These sessions helped me to unwind and maintain momentum in terms of the study.

The main issue that kept arising during the interviews with the CHH and focus group discussions with the other research participants was the mistreatment and exploitation that the CHH were exposed to and receiving from those they thought would help them, for example, the extended family members using the assets left behind by the children's deceased parents for their own benefit and community members excluding the CHH from NGO programmes meant to benefit the CHH, people using the CHH as cheap labour and sometimes not paying what was due to them and policies that were not addressing their needs. During the process of data collection, I kept asking myself, if I was also not getting into the same category of 'those people' who were 'exploiting' the CHH. I was getting information from the CHH for my studies, but what exactly

where the CHH getting from my study? I therefore kept asking and reminding myself of the benefits that would accrue to the CHH from my research. However, when the CHH speak of benefits, they refer mainly to tangible material things that meet their here and now needs. My idea of the benefits of my research to the CHH was in terms of having policies that address their needs, development of appropriate intervention strategies and the generation of knowledge on resilience factors that would benefit children who find themselves in difficult circumstances. Although the rationale behind these benefits was clear to me, I was not sure if the CHH shared my views. These benefits could be abstract for people battling with survival basic issues.

I shared my dilemma with my undergraduate research methods class and also with a colleague, whose wife was in charge of a community project that caters for the needs of vulnerable children in one of the high density suburbs in Mutare. Without my knowledge, my undergraduate research methods class sought book donations from other students and the following week presented me with books to donate to the CHH. My colleague also donated books from the project ran by his wife. This made me realise that it does not take much to change communities for the better. It is the little actions that go a long way. The issue of providing incentives to research participants is one that has raised a lot of unanswered questions (Yin, 2003; Munhall & Chenail, 2008). This is discussed later in some sections on this chapter.

4.6.3 Researcher values

Researchers are individuals with feelings, emotions, values and perceptions that can affect the what and how data is collected, organised, interpreted and analysed (Greenfield, 2006; Theron &

Liebenberg, 2015). It is therefore important for researchers to engage in the process of self reflection and documentation of the process during the study. There has to be transparency between the researcher's experiences and values and how these impact on the process of data collection and interpretation. This process is called reflexivity (Pink, 2001). In this study, I continuously engaged in the process of reflexivity where I bring to my own awareness and to that of the reader, ways in which my own values could have impacted on the research process. In this respect questions about my own interest in the field of resilience and in CHH were asked by some vigilant research participants. I became reflective, examined and shared aspects on my 'Johari Window' pertaining to my personal life that had a bearing on the study (Theron & Liebenberg, 2015). I did this during the TOL activity and I was continuously aware of any unfinished business on my part that could impact on the research process. This awareness allowed me to be objective and to tactfully maintain a balance between reciprocity and maintaining focus and interest in the research participants' experiences which were the core issues at hand. As I talked to the children, I had to discard my own notion on resilience and work from the perspective on what resilience means in Mutasa district. This is because for the CHH, simply having food to eat for the day was considered a strong resilience indicator, whereas from my own background, putting food on the table is an automatic duty I perform without straneous and extensive negotiations and navigations for survival.

4.7 DATA ANALYSIS AND INTERPRETATION

The process of data analysis and interpretation is intensive and involves preparing data for the process of analysis, transcribing audio data into written form, doing the analysis, getting a deeper

understanding of the data and interpreting the data to get the holistic meaning and picture (Yin, 2009). In the quantitative component of the study, I used the prescribed scoring key for the RS which provided a resilience measure for each child. In the qualitative component of my study I used the interpretive and thematic approach which calls for a deeper understanding on how participants make sense of their experiences (Elliot, 2005). I analysed the meanings that the CHH attached to their experiences. I used direct quotes to support my interpretations. Hence data analysis involved interpretations of detailed descriptions of participants' views, perceptions and experiences to develop emerging themes. The research findings from all the research participants' submissions were mainly analysed using a generic process of analysing qualitative data as propounded by Creswell (2002: 191-193). I provide an outline of this generic qualitative data analysis process and how it matches the components of the current study.

Step 1

This step involves organising and preparing data for analysis. On this step I transcribed the interviews from the participants and typed up my field notes. I also organised and typed up responses from the problem solving activities, the TOL activity and consolidated the children's responses on the RS 25 to come up with a score for each child.

Step 2

At this stage the researcher reads through all the data to get a general sense and feeling of all the information and reflecting on the overall meaning. I had to read and re- read all the transcripts, field notes, the answers from problem solving activities, the TOL activity, and the RS scores to

get an overall picture of the data. Throughout this reading process I wrote down notes on my thoughts.

Step 3

The stage involves the detailed analysis of the prepared material, the coding process which entails organising data into related chunks of information. At this stage, I went through the transcripts to get a feel of similar ideas emerging from them. The Atlas-ti7 was used to code the transcripts. Please refer to appendix G. I then manually reduced the number of codes by putting together those that were closely related. I engaged in this process until I had themes emerging that represented the coded data leading to step 4. An audit trail to this effect is provided on page 149.

Step 4

This step entails using the coded material to generate themes for analysis. The step also involved coming up with detailed descriptions of participants, their views and experiences. In qualitative research, the themes are usually written as sub headings and should be supported by various quotations on what the participants would have said. The themes in qualitative research can be used for various purposes depending on the type of design. In grounded theory, themes are used to develop a theoretical model and in case studies themes are analysed in each case study and across different case studies (Yin, 2009). In this study I analysed the themes coming from the research participants. Specific quotations from what the participants were saying were used to support the themes. The themes were connected to advance a process model that came out of the interconnections of the themes to explain the resilience factors in the CHH.

Step 5

This step entails providing the way the researcher proposes to present the themes and descriptions on paper. Qualitative research involves the use of many methods to achieve this. Written passages can be used to convey findings of the study, along with discussions of the themes, sub-themes and multiple perspectives from participants with supporting quotations (Glaser, 2001). Creswell et al. (2003) also suggest the use of visuals, figures, tables, process models and descriptive information about participants as ways of representing the findings. In this study I used written passages detailing the themes and multiple views coming from the participants. I also used process models to show the interconnections between the themes. In addition, figures and tables were also used to covey the findings.

Step 6

This final step entails interpreting the data to provide the meaning of it. According to Yin (2009) and Creswell (2002) the interpretation of qualitative research can include mentioning the lessons that were learnt from the study. It can also involve comparing findings with existing literature or suggest areas for further studies that address new questions that were raised by the study. Interpretation can also give rise to an action agenda for change in policies and intervention strategies. My interpretation of the current study satisfies all of the above mentioned requirements as suggested by Creswell (2002), on interpretation of qualitative research.

It is also important to note as mentioned earlier that although this study was mixed method in nature, it was skewed towards the qualitative component, hence the deeper concentration on qualitative concepts.

4.7.1 Audit trail

An audit trail is a description of the research steps taken to develop and report research findings to enable justification of emerging themes and conclusions based on findings (Braun & Clarke, 2006). Audit trails add an honest and authentic element to research findings. As Malterud (2001: 486) rightfully concluded, 'declaring that qualitative analysis was done or stating that categories emerged when the material had been read by one or more persons is not sufficient to explain how and why patterns were noticed…. the reader needs to know the principles and choices underlying pattern recognition and category foundation'. Table 7 below shows the audit trail that led to the findings in this study. Ideas for this audit trail are adopted from Braun and Clarke (2006).

Table 7: Audit trail for the study

Recommended steps in thematic analysis	**Location of evidence**
Step 1 Data familiarization	Reading and re-reading the transcripts. Please refer to Appendix G for samples of transcripts.
Step 2 Generating initial codes. The questions that guided me in this process were: what is being said, by who and how is it being said.	I used the Atlas-ti7 to code the the transcripts. Please refer to Appendix H. NB the Atlas-ti7 was only used for the generation of the initial codes. Most of the analysis was done manually.
Step 3 Searching for themes	I then combined similar codes from the initial codes to develop emerging themes from the transcripts. The Atlas-ti7 grouped the codes and also generated the frequency per code Please refer to appendix H.

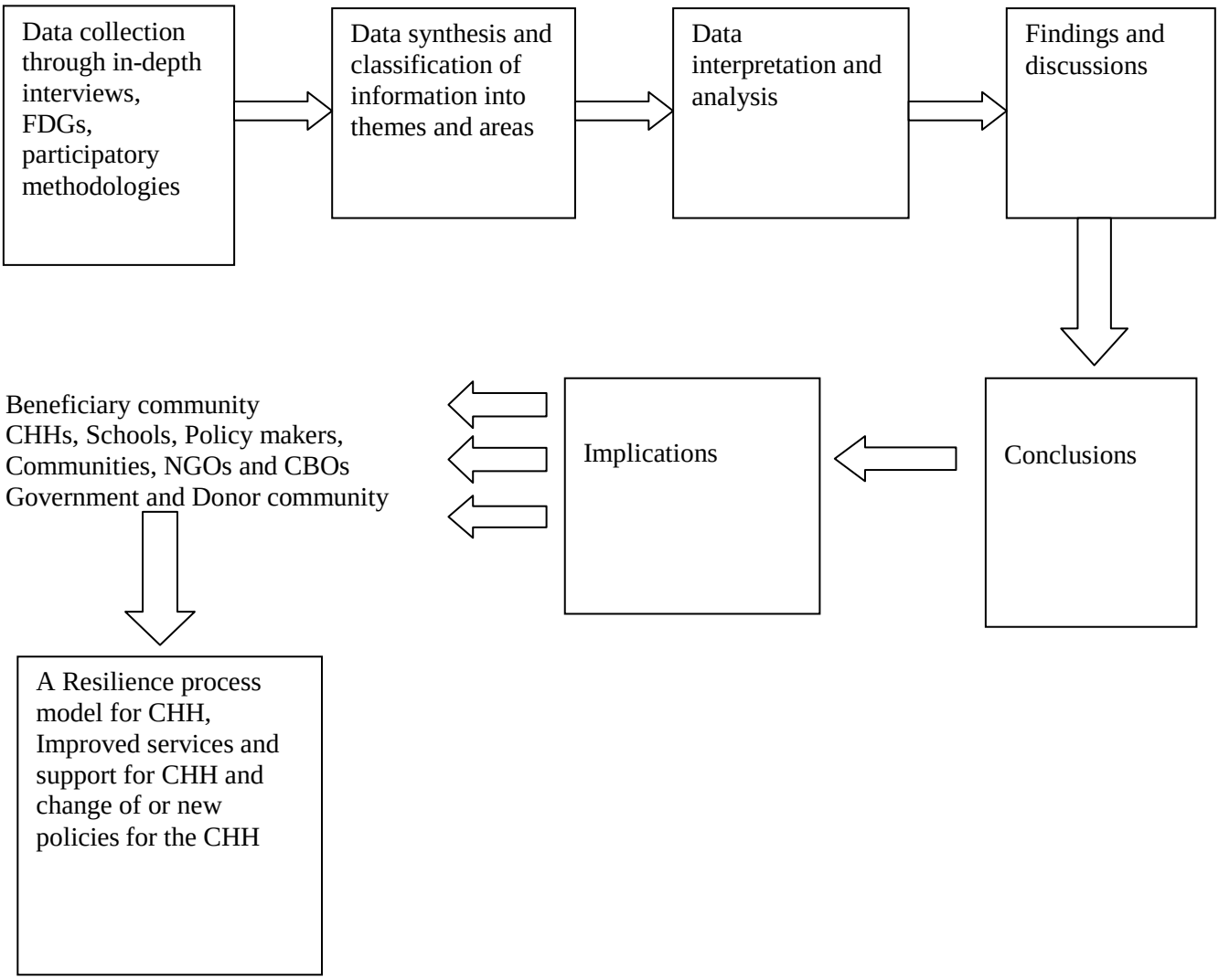
Step 4 Defining and naming the themes	I then had to find a common phrase that best described the emerging theme, for example, spirituality, and labour exploitation. I then incorporated the themes into the sub headings in my chapter 5 on results and these were supported by various quotations on what the participants would have said. Please refer to subtopics in chapter 5 for the subheadings that subsumed the emerging themes and quotations from the participants.
Step 5 Producing the report	I then produced the initial report on the findings. The codes and emerging themes were verified by colleagues, a registered psychologist and a sociologist.
On-going reflexivity	Reflexive memos are included in most chapters in the thesis. This enabled me to maintain objectivity throughout the study.

4.8 ETHICAL CONSIDERATIONS

Ethical issues regarding the research were explained to all participants. Voluntary participation in the study was also explained. All participants gave their informed consent to take part in the research. The CHH were given an opportunity to name a trusted adult who could sign the informed consent on their behalf. Most of them named their teachers as their trusted adults. The CHH were also given an opportunity to assent to taking part in the study. Ethical clearance to carry out the research was obtained from the Research Ethics Board, Psychology Department, at UNISA. Clearance to conduct the study was also obtained from the Child Welfare Services in

Zimbabwe through the Provincial Administrator's offices. Copies of the informed consent forms and clearance letters are in the appendix section of the thesis. Below is a chart illustrating the research process and procedures that guided the study.

Figure 8: Research process and procedures chart



4.8.1 Reflections on methodological limitations

There is a paucity of psychometric tests in Zimbabwe and psychologists in the country rely on tests that were validated mainly in Europe. As mentioned earlier I used the RS25 to assess resilience in the CHH. Although the RS 25 was translated into Shona for the children to understand it, the intended meaning of the questions could have been diluted in the process. The children asked for additional explanations on some of the questions and in the process of explaining the questions some clues could have been unintendedly given and this could have affected the validity of the instrument. It was however necessary to administer it to get a measure of resilience and cross validate the results with findings from qualitative enquiry.

I had to provide food in the form of refreshments to the all the research participants. I also provided stationery to the children in CHH who participated in the study. I noticed that the refreshments became a huge incentive to the research participants in the communities whose environment is characterised by hunger and poverty. This gesture could have made the research participants want to reciprocate by providing answers they thought the researcher was looking for. I therefore had to vary the methodologies and questioning styles to determine authenticity and consistency in their responses. Findings from various sources were intergrated to determine the validity of responses. Grant and Sugarman (2004) interrogated ethical issues pertaining to the use of incentives for research participants. They concluded that the following two questions have to be asked to determine weather providing incentives compromises research ethics:

1. Can the use of incentives constitute undue influence or a coercive inducement to a participant?

2. Can the use of incentives compromise the dignity of the subject? (Grant & Sugarman, 2004: 719).

If the answers to these questions are in the affirmative, then the use of incentives in research can become unethical. In the context of the current study however the provision of refreshments constituted a form of hospitality that is culturally expected and therefore cannot fall under the category of incentives. The refreshments were also provided sometimes during the course of the discussions or at the end of the discussions. They served to lighten the atmosphere and enabled the participants to lossen up and to freely discuss issues. It can therefore be safely concluded that the issue of coercion and undue influence was not present in the study.

I used the Atlas-ti7 in a simplistic way and I carried out most of the analysis manually. I appreciate the fact that more elaborate coding and analysis can be done with this software. However due to limited resources in terms of purchasing the software and undergoing training in using the software I had to do most of the analysis manually. This however enriched my analysis as I interacted with the data which led to the richness in accounting for the findings discussed in chapter 5. I used a free version of the Atlas-ti7 which can only be used for a very limited time period. A request has been made to the University to purchase the software which they promised to include in the next budget in 2016.

I had access to limited financial resources. This entailed that I had to do most of the translation for the documents, i e. questionnaires and transcribed interviews. Shona is my native language and this made the translations manageable. The translations were however verified by a specialist

in translation services. The verification costs were much lower than the actual translation and transcribing costs; hence my decision to do most of the translations and transcriptions on my own. The Resilience Scale 25 (RS 25) which I used to assess resilience levels in the CHH and a limited number of documents were however translated by a specialist because the documents were not long and the translation costs were manageable.

I carried out the study while I was working full time on my job. I thefore encountered time constrains during the study. I however have to thank my employers who allowed me to have a teaching timetable that created some 'free' days in which I had to concentrate on my studies. I could not take time off from my work as I needed the money to finance my studies. I also focused my study on Mutasa district which is the district I work in and this reduced my travelling time to the study sites considerably.

4.9 SUMMARY

A mixed method concurrent triangulation design was used in the research. The study was skewed towards qualitative methods with the quantitative component used in the administration of the RS. The study was also participatory in nature. Ten purposively selected CHH were studied in their natural settings, analysing their experiences, factors that made them resilient, and the subjective interpretation of their situations. Data was collected using semi-structured interviews, FGDs, participant observations and participatory activities. Two FGDs were carried out with child service professionals, four FGDs with community members and leaders and two were carried out with teachers and school headmasters. In-depth discussions were also carried out with an AP to get a clearer meaning of resilience as it is perceived in Mutasa district. Three policy makers and five extended family members of the CHH were interviewed. Ethical issues and

issues pertaining to gaining access to the research participants, transcribing the interviews and validity of findings are discussed. An audit trail that justified the findings of the study is provided. The plan for data analysis and interpretation is also detailed.

CHAPTER FIVE

RESULTS AND DISCUSSION

5.1 INTRODUCTION

This chapter presents the results as well as an analysis of the results. A discussion of the results is given. The research objectives and research questions were used as a guideline in data analysis and discussion. Themes emerging from the findings are propounded. These are supported by direct quotes from the research participants. Figures and tables are used to illustrate the results.

5.1.1 Sociodemographic information on the CHH

A total of 28 children in 10 CHH in Mutasa district participated in the study. The children's ages ranged from 6 to 16 years old. The children had been living in CHH for periods ranging from 3 to 4 years. The children were either in primary or secondary school. Below is a table summarising the sociodemographic information on the children.

Table 8: Sociodemographic information on the CHH

Household name (pseudonyms of the head of the CHH)	**No of children in CHH**	**Ages**	**Level of education of the household head**	**Period in CHH (in years)**
Rudo	3	16, 12, 9	Secondary education	**3**
Simba	3	15, 12, 9	Secondary education	**4**
Tatenda	3	15, 11, 9	Secondary education	**3**
Ngoni	4	14, 10, 9, 6	Primary education	**3**
Fungai	2	16, 11	Secondary education	**4**
Tawanda	2	14, 12	Primary education	**3**
George	3	15, 11, 7,	Primary Education	**3**
Nyari	2	13, 8,	Primary Education	**3**
Clara	3	12, 10,8	Primary education	**3**
Rumbi	3	14, 12, 9	Secondary education	**3**

(The youngest siblings in Ngoni, George and Nyari's households stayed with maternal relatives and had only been staying with the CHH for less than a year).

Table 9: Distribution by gender - Other research participants

The table below shows the number of the other research participants who took part in the study. They are distributed by gender.

Research participants	**Total number**	**Males**	**Females**
Community members	46	17	29
Community leaders	4	4	0
Teachers	24	10	14
Headmasters	4	4	0
Childservice professionals	25	8	17
Advisory panel	10	5	5
Policy makers	3	3	0
CHH Extended family members	5	0	5

5.2 PROBLEMS FACED BY CHH AND RELATED RESILIENCE

The problems that the CHH in Mutasa district faced were not having enough food, not having money for school fees and stationery, problems in getting identity particulars, exploitation and abuse by certain community members, stigmatisation, not having time to play and socialise with peers, problems in accessing services and emotional problems related to not having the basic necessities of life. The root cause of the children's problems could be traced to poverty.

When asked to describe their typical day, the majority of the CHH said that they normally do not have a typical day but a common element in all the days iinvolves looking for food. Tatenda a fifteen-year-old girl heading a CHH of three children said: (verbatim from CHH and other research participants translated from Shona into English by the researcher and verified by a specialist in translation services).

'Every day is really different depending on a number of things especially the availability of food. I wake up very early in the morning and I go to the stream to fetch some water for us. Sometimes I ask neighbours if I can fetch water for them as well and they will give me a plate of sweet potatoes or some mealiemeal. Sometimes I just let the young ones go to school and I remain behind working (kumaricho) in other people's fields. They usually pay me in the form of food or second hand clothing. Sometimes they give me money especially if I work for a family where the father works in town. If I do not get 'maricho' piece job, I go to school. In a week I might go to school for 2 or 3 days. But that is only for me, everyone else has to go to school. Especially Farai (the younger brother) because he is very intelligent and I want him to learn, so that maybe he can be a temporary teacher (untrained teachers who can teach in primary schools after passing their O levels pending training). If he becomes a temporary teacher, I will be very happy because I know he will take very good care of the family. Then I can also rest and maybe go to school continuously'.

Food was a major problem for all the CHH and community members that participated in the study. This was confirmed in the submissions from community members. One community member said:

'Isusu hatitorina chikafu chinotikwanira, zvinobva zvanetsa kuti ubatsire munhu ane nzara iwe uinewo nzara' meaning *we are all suffering, we do not even have enough to eat and it becomes difficult to help someone who is starving when you are also starving'*

The CHH however demonstrated agency by making bold decisions that enabled them to survive, for example, by dropping out of school in order to 'work' and provide for the younger siblings. Agency refers to the capability of being an originator and implementer of an action or behaviour (Rapport & Overing, 2005). The CHH also demonstrate agency by analysing their situation and purposely engaging in actions that bring about desired outcomes. In the above case, Tatenda, who is the head of the household continuously makes decisions that ensure the survival of the family. Studies by Ward and Eyber (2009) on CHH in Rwanda concur with these findings where the CHH used their agency to create opportunities for themselves. Tatenda also sacrifices her own needs by choosing not to go to school so that she can work on small jobs to raise money to fend for the family. Studies by Lee (2012) also showed that the heads of the CHH sacrificed their own educational prospects or sold assets to enable the young siblings to go to school. This gives the heads of the households a sense of responsibility, control and feelings of being needed. This boosts their sense of self worth which becomes a pathway to resilience (Ungar et al., 2007).

Most of the experiences of the CHH revolved around looking for food. They would do this by doing menial jobs or engaging in petty trading so as to get money for survival. A district social welfare officer summed this up by saying:

'They weigh what is more important food or education and their answer is always food'.

This is because food is a very basic need and without satisfying that basic need, one cannot think of anything else. This ties in very neatly with Maslow's (1943) hierarchy of needs. Studies by

Evans (2012) and Ruiz Casares et al. (2009) showed that the lives of the CHH are a daily struggle looking for the very basic necessities in life. The CHH find ways and means of ensuring their survival irregardless of the consequences, for example, by engaging in transactional sex. Such experiences are well captured by the Social Suffering Theory in the sense that the young people's problems are a result of the wider social-economic factors that negatively impact on people (Kleinman, Das & Lock, 1997). The children and youth respond by finding ways and means to cope and manage in the face of challenges. They seek solutions that enhance their survival and that of their siblings. The long term effects of their decisions are either consciously or unconsciously ignored (De Boeck & Honwana, 2005; Christiansen, Utas & Vigh, 2006). The children in CHH, especially the heads of the households can sacrifice their own morality and even engage in transactional sex to get money to buy food (Yamba, 2005).

Fungai, a young girl heading a CHH said:

'Tinozongozviita kuti tiwane mari yekutenga chikafu' meaning, s*ometimes you have no choice but just to do it (transactional sex) to get money to buy food. Akati tanga wandida kuti ndikupe magwere ekunogayisa* meaning *he said get into a relationship (with sexual connotations) with me and I will give you a bag of maize that you can grind to make mealimeal'*

Hence the CHH do not just passively accept hardships but find 'creative' ways of dealing with the problems, regardless of the concequences. However, the agency they exhibit in such toxic ridden environments tends to mirror the same toxic nature of their ecologies in the sense that the decisions they make to survive in the here and now tend to be self defeating in the long term. Ungar (2008, 2011) referred to these as hidden resilience and atypical behaviours that foster resilience. Ungar (2011, 2012b) argues that protective processes that lead to resilience need not be dichotomised as either good or bad because the contextual environments in which the

protective processes emerge are different. Hence contextual realities can cause children to engage in behaviours that may not be universally acceptable. Emphasis however should be on the function that the particular behaviour is serving for the individual child in a particular context. It may not be proper to blame the child in such circumstances. Ungar (2011, 2012, 2013) cautions people not to use their own biased lens in evaluating resilience factors in cultures different from their their own.

Similar themes on problems related to food emerged from Simba heading one of the CHH. He had this to say:

'I wake up every morning, 'basa se basa haungaregi mhuri ichifa ne nzara mother' (its work as usual you cannot let the family starve) everyday is different selling air time, gardening, and sometimes kana zvaka presser (if it is really tough) I go to the bus terminus and ask the guys in charge for work, they usually ask me to start shouting the mini bus destination point so that commuters know where the mini bus is going. After about 5 hours of shouting, Marange Marange, Marange (the supposed destination) I get a dollar. Hapana chisingabhadhari mother, (you can get paid for almost anything mother) I then buy a loaf of bread for the day. It's better than stealing.'

The children benefit from social networks that meet their needs. Social networks contain ties and different forms of support that bind people together (Dandeneau & Isaac, 2009). In the case cited above Simba benefits from the instrumental support that he gets from touts at the bus terminus. The touts (unofficial bus terminuses rank marshalls) give him a 'job' that enables Simba to buy food for his siblings for the day. The CHH purposely seek out those networks that enable them to survive. The children use their agency to navigate through their social ecologies to engage in processes that benefit them. This concept of social navigation was also highlighted in studies by Vigh (2006), Lee (2012), and Thurman et al. (2008) where it becomes a useful lens through which the CHH explore their social environments for opportunities that enhance their survival.

Vigh (2006:52) defines social navigation as a process that requires assessment of 'immediate dangers and possibilities as well as an ability to envision the unfolding of the social terrain and to plot and actualise one's movement from the present into the imagined future'. This characteristic of strategically plotting one's actions to get a desired outcome also emerged in the problem solving activities that were carried out with the CHH. Their plotting emerged in terms of planning what to say to the target person, how to say it and when to say it. When I asked Ngoni what he would do if relatives borrow their assets and do not return them, he said:

Tinotowakumbira zvakanaka kuti tishandise zvinhu zvedu, pane bhara redu riri kwababamukuru, kuti tirishandise tinotoita zvekuwakumbira' meaning *,'when we want to use our wheel barrow that was taken by our uncle, we ask for permission to use it and actually 'borrow' or beg to use our own items from our uncle'.*

The CHH use communication strategies that are well thought out in advance, so as to achieve the desired outcome. This also makes it clear that although CHH heads are children themselves, they are thinking and strategising like adults. Thinking and acting like a child would mean starvation for the family. They are basically adults inhabiting children's bodies. The children's level of maturity does not match their chronological ages. This characteristic can become a double edged sword in the sense that on one hand it enhances their coping and resilience and on the other hand it can increase their vulnerability and chances of being abused and exploited because of their constant interaction with adults in the absence of a parental figure. According to the discussions held with the social welfare officers, most of them, when being abused do not even realise that it is sexual abuse because they think that people are doing them a favour. They indicated that, for this reason the abuse is usually reported three or five years later. The social welfare officer said that when cases of sexual abuse are reported years after the occurrence of the abuse, the legal

process of apprehending the perpetrator becomes complicated and in most cases justice is not upheld. The children either consciously or unconsciously engage in transactional sex, which disguises itself in the form of a relationship. This exploitation of the children in CHH was also reported in studies by Ward and Eyber in 2009.

Nyarai summed up her problems with a sigh,

'Pamwe unenge uchida kutombotambawo newamwe but hazviite nekuti mazuva ese zvekuita zvacho zvakawandisa'. meaning *'sometimes I just want to play and not care about anything, but I know I can't. Everyday, I always have a lot of things to do'*

Nyarai's statement is well captured by Mkhize (2006) when she alluded to the fact that the multiplicity of adult roles that the children have to play places a lot of pressure and stress on their lives. Rumbi who is heading a CHH of three also echoed the same sentiments when she alluded to the fact that she does not have time to rest and that resting would mean starvation for the family. She responded by asking a rhetorical question:

'Kutamba futi….. time yacho ndinoiwanepi yekutamaba' meaning *'playing is a luxury, where can I get the time to play?'*

One community member also said:

'Havana nguva yekutamba vana ava, unotopedzisira wova nzwira tsitsi' meaning *'these children do not have time to play, you end up feeling sorry for them'*

I noticed some form of internal conflict in the children. Although they take up adult roles of looking after the family, the child in them does not totally disappear. Sometimes they integrate play into their daily chores. As one community member explained:

'These children are very hardworking and even when they are playing, they will be working. They can play 'pada' (a game that involves throwing a small stone for some distance and jumping over the small stone) whilst going to the well to fetch some water'.

They therefore try to integrate the two sometimes conflicting roles of adult and child. The non availability of food was a general concern for the CHH. I noticed the expectant mode the CHH got into when they were explaining the problems they faced. They were somehow hoping that my talking to them would culminate into donations of food. I managed to provide basic refreshments and some stationery, but even I knew that this was a drop in the ocean considering their challenges. The children happily accepted because these goods satisfied their here and now needs which matched their lifestyles of focusing on what they need to survive for the day. Walker (2002) reiterated the fact that children in the CHH had lifestlyes that focused on the here and now and that the challenges they faced on a daily basis could not allow them to do any long term planning. The extended family system and the Mutasa community in which the children live is also experiencing the same problem of hunger and expressed their incapacity to offer much help when they themselves do not have enough to eat. Poverty has caused individuals and communities in general to become egocentric and being concerned with meeting their needs and those of the immediate family. As one community member said:

'Chido chekubatsira tinacho, asi isisu hatitorinawoba' meaning *'the desire to help is there but we ourselves do not have enough'.*

Due to poverty the community and extended family system now lack the capacity to extend assistance especially that which is of a financial or material nature to someone outside their nuclear family. I managed to talk to Ngoni's aunt who seemed reluctant to talk to me. She later explained that a lot of people judge her in a negative way because she could not take in her late brother's children. Staring blankly into space she said:

'Vanhu havazivi kuti zvinonetsa seyi senge wakaroorwa kudayi, ini ndirikutochengetwawo nemurume, ukati dai tatora vana tigare nawo, zvinozi iwewe chienda kumusha kwako unonyatse kuwachengeta wakasununguka' meaning that *'people who are not in the situation do not really understand the dynamics, I am married and am being looked after by my husband, If I suggest to him that we take in my late brother's children, he informs me to leave my marital home and go back to my family so as to take care of my late brother's children'.*

Hence the issue of looking after the deceased relatives' children can be a source of conflict in the homes of the extended family members. In some cases the extended family system 'share' the children thereby separating the siblings who will be looked after by different relatives. The CHH I talked to all agreed that this option does not go down well with them and that such decisions are usually done without consulting them. George said:

Takazongotaurirwa kuti uyu arikuenda kunogara ku Nyanga nasekuru, uyu ku Watsomba na tete, inini ku Nyazura kwa sekuru vakuru, takamboenda but takazongoona kuti zviri nane tigare hedu pamba pedu tiri tega, vanopota vachiuya hawo kuzotiona but not stereki. Meaning, *we were only informed that this one will be going to Watsomba to stay with Auntie, the other one was to go and stay with Uncle in Nyanga and I was to go and stay with another Uncle in Nyazura. We agreed but after a while I realised that we would be better off staying on our own. They sometimes come and visit us but the visits are not frequent'.*

The children bemoaned the fact that decisions concerning their lives were usually made without their input and this frustrated them. Living as CHH gave the children an opportunity to make their own decisions and act on them. This characteristic of excluding children from decision

making processes on issues that affect them is common in African communities and this could explain the tensions between some members of the extended family system and the children in the CHH who chose to exercise their agency, making decisions and standing by their decisions. This was evidenced by comments coming from community leaders and members of the AP:

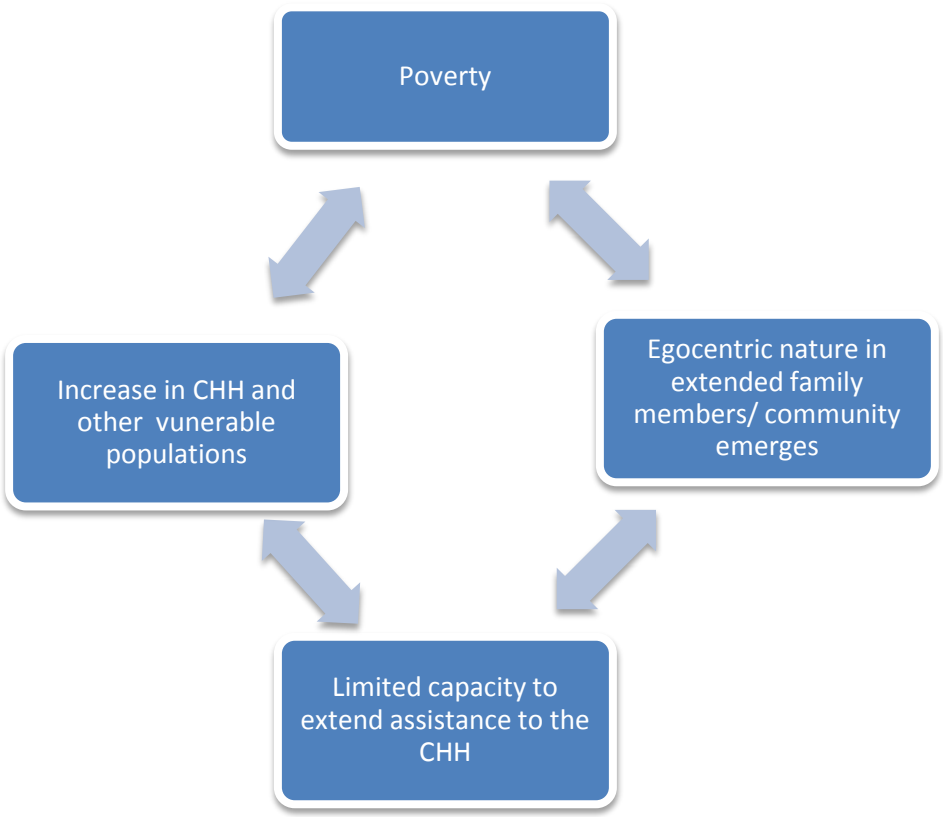
'Hazviitiba patsika dzedu kuti wa pwere wandomiremire pane vanhu wakuru wachitatura zvavanoda, wanotaurirwa zvekuita nevanhu vakuru' meaning *'Our culture does not allow children to contribute in discussions with the elders, they must wait and should be told what to do'*

Meaningful participation of children in most activities that affect them is usually on paper. It is also interesting to note the word the community leader chose to describe children which is *'pwere'*. The literal meaning of '*pwere'* is that of someone who cannot be taken seriously. This could explain the internal conflicts that our societies could be struggling with in the sense that the existence of CHH is running counter and is the exact opposite of what the notion of childhood entails in an African society. In Africa children are seen as delicate and in need of protection and care (Scheper-Hughes 2004). The UNCRC article 12 also calls for meaningful participation of children on issues that affect them. However, it appears as if in African communities, cultural values and a people's way of life seem to override the provisions of the UN declarations.

It is therefore evident that the food challenges experienced by the CHH affect all areas of their lives; the educational, the social, the moral and the spiritual. Poverty is at the root cause of most problems faced by the CHH and the solution could lie in fixing the socio economic situation of the country. This dimension however is beyond the scope of this study. The figure below

illustrates the dynamics explained above. The challenges that the CHH have with food, shelter, school fees and stationery, the extended family's inability to take care of them can all be traced back to poverty. Further studies in the area of food problems in the CHH could focus on the role that nutrition plays in the enhancement of resilience in the CHH. In their annual research review on nutrition as a pathway to resilience, Yousafzai, Rasheed and Bhutta (2013) showed that nutrition alone does not account for resilience, but that resilience can be enhanced by a combination of nutrition and appropriate psychosocial stimulation. The type psychosocial stimulation that can be combined with nutritional food to boost resilience could also be explored.

Figure 9: Poverty cycle that fuels problems for CHH.



Generalised poverty is also having an impact on the overall emerging culture in the Mutasa community. It is interesting to note that a number of studies by Hosftede, Garibaldi de Hilal, Malvezzi, Tanure & Vinken, (2010) have related the emergence of an individualistic nature to increased wealth; however, in the current study the individualistic and somehow egocentric nature is emerging as a result of poverty. This in turn impacts on the multi systemic interactions and negotiations that the CHH engage in with their ecologies to sustain their well-being.

5.2.1 Social lives of CHH

The children in CHH reported very little or no time to socialise with their peers. The second time I visited Fungai's household, her younger brother informed me that she was attending a funeral in the village. I followed her to the funeral. It was interesting to note that, Fungai a 16 year-old-girl heading the CHH, also wore the regalia that the older women wear at funerals, *dhuku nechizambia*, meaning a long cloth that women wrap around their waist and a cloth covering the head. The only thing that distinguished Fungai from the older women was her small frame and young facial features. One community member commented that the behaviour and mannerisms of the children heading the CHH are like those of adults. During one of the community FGDs, one elderly lady said:

'*Vanoita zvinongoitwawo nevanhu vakuru'* meaning *they behave like adults'*

The community seemed to endorse the children's adult behaviours which encouraged the children to exhibit more of such actions. Whilst Fungai was engaged in this very adult occupation, her age mates in the same community were doing what teenagers do in that

community, some were plaiting each other's hair and some were just walking around and talking to their friends. Fungai said that she had to attend funerals in the neighbourhood because the community helped them a lot when their parents died.

'Rufu rwacho rwakaita rwavo' referring to her mother's funeral meaning that the community treated the funeral as their own.

She says she feels obligated to take part and assist in any way possible, even by just being present. Fungai is engaging in the crucial strategy of endearing herself to potential benefectors which is a crucial networking skill. She knows that she will require help from members of her community and attending funerals demonstrates her sense of community and oneness with others. This gesture endears Fungai to the community members and when she asks for assistance from the same community, chances of them complying with her requests are increased. Studies by Werner (2000) also showed that endearing themselves to potential benefectors was an important factor that enhanced resilience in CHH. Networking skills and the availability of people to network with therefore becomes a crucial factor that enhances resilience in the CHH. Similar findings on the importance of networking skills have also been reported in studies by Ward et al. (2009), Thurman et. al (2006, 2008), and Lee (2012). Thurman et al (2008) referred to these as active support structures that supported the CHH in providing encouragement, emotional and material support in times of need. However studies by Roalkvam (2005) on CHH in Zimbabwe showed the exact opposite where she reported that the CHH had no effective network outside their family.

The case of Fungai and the other heads of the households clearly demonstrate what Evans (2010) and Christiansen et al. (2006) explored on how the children heading the CHH move in life's social trajectories and transitions from childhood to adulthood when they are already behaving and carrying out adult roles and duties whilst they are still children. They concluded that for these children, some of life's expected stages, for example, school, graduation, working, marriage, and raising a family may lag behind as they concentrate on the business of survival and taking care of their siblings. This could be similar to Honwana's concept of 'waithood', discussed by Theron et al. (2015) in the sense that the CHH's concentration on the day-to-day struggles for survival does not give them an opportunity to engage in that which is expected of them at their ages. 'Waithood' is a phenomenon coined by Honwana (2012) that represents the experiences when the attainment of social adulthood is disrupted due to unfavourable social and economic systems. Chronologically the youth would have attained adultdood but because of unfavourable social and economic systems the youth cannot fully exercise and engage in duties expected for the adulthood developmental stage. However, in this study, most of the children in the CHH, especially the heads of the households have been 'fast tracked' into adulthood roles when they are still children. There exists a situation where some components of their lives are in 'waithood', whereas other components have been 'fast tracked' into adulthood. However, this 'fast tracking' happens in contexts of inadequate resources and the children are forced to make do with what they have.

The children in CHH also tend to have few friends that are close to them. They formed close bonds with their few friends. They socialised more with people who were slightly older than they were. As Simba a 15 year-old-boy heading a CHH of three pointed out:

'Ndinotamba nevanhu wandinoona kuti vangandibatsira, vamwe wandinofunda nawo hawanatsi kuzvinzwisisa. Saka shamwari dzangu zhinji vakuru kwendiri nekuti ndidzo dzinondipa ma ideas' meaning *'I also make sure I befriend and hang around people with constructive ideas. Some of my school mates do not understand me if I do not join them for fun. They do not understand my life, so most of the time the people I hang around with people who are older than me because they give me ideas and help me'.*

When I asked Tawanda whose friend Kudzie was slightly older than him, why he preferred to play with older friends, Tawanda smiled and said that he also played with his age mates but indicated that most of them were 'childish'. This trend was common in most of the children in CHH. Early studies by Grothberg (1995) concur with this observation and concluded that resilient children tend to have mature friends who accept them unconditionally. A number of studies have also indicated that having prosocial friends enhanced the orphaned children's resilience (Lee 2012; Ungar, 2013; Newman, 2004). The children in this study were very close to their friends and the friends became part of the significant other in the children's lives in addition to their siblings. In some cases, the friend's parents especially the mothers played a significant role in the orphaned child's life. The friend's parents somehow fill in a void that was left behind by the deceased parents but without total accountability and responsibility for the CHH. Betancourt, Meyers-Ohki, Charrow and Hansen (2013) also found that social support from peers, community and family enhanced resilience in children affected by HIV/AIDS in Zimbabwe, Uganda, Rwanda and Kenya.

As I talked to Tawanda, he affectionately referred to his friend, Kudzie's mother as *'mama'*. The arrangement seems to work out well for both parties, in the sense that the orphaned child gets to have their friend in addition to a 'mother, father, or mentor' in their friend's parents. On the other hand the friend's parent gets to have a child they can mentor and support emotionally without the

added ‘burden’ of total responsibility for the child, which even members of the child’s extended family system shun away from. The importance of supportive friends has also been highlighted in a number of studies (Thurman et al., 2008; Theron, 2012; Ward & Eyber, 2009; Ungar, 2012). The current study added the dimension of the important role played by the friend’s parents. Thurman (2013) observed that supportive friends nurtured a resilient personality in the children in CHH.

Acceptance by their friends and families provided the CHH with experiences of love and care which gave them a secure base that nurtured the emergence of resilience in the CHH.

I noticed that children in CHH are psychologically and emotionally mature taking their chronological ages into consideration. Physically, they look similar to their peers. However, after talking to them, one realises that they have wisdom that does not match their chronological ages. This could explain their attraction to friends who are slightly older than they are. Although this is an attribute that enhances their coping abilities, in some unfortunate cases this exposes them to abuse by unscrupulous people who take advantage of their vulnerabilities. Yamba (2005) reported that children in CHH were exposed to sexual abuse and that the children ‘consented’ to sexual relationships to get money for basic nessecities like food and clothes.

5.2.2 Challenges experienced in accessing education

All the ten head participants of the CHH revealed that they spend most of their time looking for food or working on small jobs to earn a living, supporting the family and ensuring that the younger siblings go to school. The focus group discussions with child service professionals

revealed that according to the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) statistics, 10% of the boys of school going age, and 13% of the girls population are out of school at any given time during the school term. They pointed out that the children preferred to 'work for a living' doing small piece jobs that bring immediate tangible results such as food and money. George, a 16 year old boy heading a CHH of three said:

'Zvinonetsa kuti uyende kuchikoro vana vaine nzara. Unotosarudza kushanda tumabasa twunokupa mari yekutenga chikafu pane kuenda kuchikoro kuti upenyu hwacho hufambe. Pazvinenge zvakaringanawo ndipo pandinoenda kuchikoro' meaning, *it is difficult to go to school when the children are hungry. I have to make a decision not to attend school sometimes and on such days I 'work' to provide for the family. When all is in order then I can attend school'.*

In this statement although George at 16 is a child, he is taking himself out of that bracket and refers to his younger siblings as the children. However, in the long term, not getting a sound education can perpetuate the vicious cycle of poverty for the children. The head of the CHH analyses their situation and determines that the benefits of education though clear are however in the long term. The long term is abstract to them because of the urgency of their here and now needs (Donald & Clacherty, 2005). As noted earlier the head of the household chooses to forfeit certain essentials like education for the sake of their siblings. This is clearly illustrated in Fungai, George, Simba, Ruth and Tatenda's cases where they gave up school for some days or even weeks so that they could work and pay for the education of their younger siblings. The heads of the CHH's behaviour enhanced their sense of responsibility which created a fertile ground for resilience characteristics to emerge. Vigh (2006) also found out that the heads of CHH gave up a lot of opportunities and goods that included education, food and clothing for their younger siblings. This characteristic behaviour of the heads of the CHH resembles that of parents.

However in studies carried out by Thurman et al. (2006) attending school enabled the emergence of supportive structures that enhanced resilience for the CHH. Ungar (2011) noted that factors that enhance resilience differ from culture to culture. This is also evidenced in studies by Dei, Massuca, McIsaac, and Zine (1997) where dropping out of school though viewed as unhealthy was seen as a protective factor in adolescents who lived in unsafe neighbourhoods that were characterised by gang culture and drug abuse.

The majority of the orphaned children in CHH cannot afford to pay for their school fees, stationery needed at school and school uniforms. A government funded programme called BEAM which is run by the Ministry Of Education is intended to assist orphans and other vulnerable children in paying school fees, especially at primary school level. However, the teachers and the headmasters whom, I interviewed in this study revealed that most of the intended beneficiaries were not benefitting from the programme. They said that this was because community leaders and selected community members had the sole responsibility of identifying the vulnerable children and making recommendations to the schools on who should benefit from the programme. They pointed out that the schools are given a list of the names of children to place on the programme, by the community. The schools provided very little or no input on which children should benefit from the programme. Most school authorities mourned the fact that the BEAM programme had become politicised and that the community selection committees consisted of people affiliated to the ruling party. Anyone perceived as belonging to the opposition parties is excluded from such programmes. The exclusion would extend to the whole family including children and even the grandchildren of such people. The CHH thus felt dejected as they navigated the field of relational power. Ungar, Ghazinour and Ritcher (2013:351) alluded

to the fact that vulnerable children's navigation to resources was sanctioned and determined by gate keepers and this 'navigation can become constrained or facilitated'. In their study on CHH, Lee (2012) and Evans (2012) also showed that the orphaned children were let down by the very people and policies that were meant to protect them. In this case it appears the children's social ecologies tended to obstruct rather than enhence resilience. Ungar (2011, 2013) referred to these as toxic environments. The CHH however did not sit back and mourn their condition. They employed tactile agency by making bold decisions to 'occasionally'drop out of school and 'work' for a living.

The school authorities revealed that community members place their children and children of their friends and relatives on the BEAM programme leaving out the intended beneficiaries who in most cases will not have anyone to stand up for them. This trend was perculiar to other NGO programmes meant for vulnerable children. In cases where the gate keepers are also languishing in poverty, they scrounge for the same resources that are meant for the orphaned children and this worsens the children's plight. In some cases the children said their relatives registered the names of the orphaned children but when the goods are delivered the relatives divert them to their use. These findings are supported by studies on CHH carried out by Lee (2012) where in their efforts to find solutions to their problems the extended family system, neighbours and community members are either unable or unwilling to help. This scenario increases the orphaned children's social suffering because of the dysfunctional nature of the social support networks (Utas & Vigh, 2006). However, even in such bleak situations the CHH exhibit agency by strategically navigating the social environment in ways that increase their chances of survival. In

their navigation however they sometimes make decisions that may not be acceptable and universal by popular consent (Ungar, 2011).

5.2.3 Problems in getting identification particulars.

One serious problem that the majority of the orphaned children in CHH encounter, as reported by the social welfare officers and the children, is not having any form of identification particulars like birth certificates and national identification cards (IDs). Without birth certificates and IDs it becomes difficult if not impossible for the orphaned children in CHH to access services that are meant to cater for their needs. From a legal perspective, they will not be recognised as citizens; hence they are also denied other basic rights that accrue to citizens. According to the UNCRC, every child has a right to an identity and therefore not having a birth certificate or an ID is a serious infringement of child rights. The social welfare officers indicated that the reason why most of the children in CHH do not have birth certificates is that the parents usually die before obtaining the identification particulars for them and there is either diffusion of responsibility on the part of the extended family members or explicit unwillingness to assist the orphaned children. They further explained that in order to obtain a birth certificate, the child will need to go to the Registrar's office with a relative who bears a surname that is similar to theirs. The CHH reported that in most cases members of their extended family refuse to assist and the child's situation becomes hopeless, as a birth certificate is the key to attaining the rights that one should enjoy as a citizen.

Without identity particulars it will be difficult for the children to access surportive structures within their social ecologies that will enable them to resile (Thurman et al., 2006). Resilience in this case becomes closely intertwined with the provision of child rights. In toxic environments, to borrow a term from Ungar (2011) the very basics that enable children to resile are missing, for example, food, shelter and in this instance, an identity. It is every child's right to have an identity and be identified as a citizen of their country. According to Plan (2010) the duty bearer which is the state has an obligation to provide the basics that enable children to thrive. The children will tend to have restricted agency in such situations. Their agency becomes restricted in the sense that the decisions they make in order to survive become marred by the problems that characterise their environments.

The unwillingness by members of the extended family system to assist the orphaned children was a common theme, not only in the current study but in a number of studies (Roalkvam, 2005; Henderson, 2006; Ward & Eyber 2009; Lee, 2012, Donald & Clacherty, 2005; Thurman et al., 2008). Some heads of the CHH reported that the extended family members liked them because of the food and other goods that NGOs sometimes donated to the familes staying with orphaned children. They however lamented the fact that their relatives would give most of the donated goods to their children. This angered the children who then made decisions to stay on their own. Nyarai said:

'Takapiwa mabhuku kuchikoro asi ndasvika kumba tete wakati ndipe Donnie, (mwana watete), meaning, *'I was given some donated books at school but when I got home my Aunt told me to give the books to her son Donnie' (not his real name).*

The CHH in this study however show resourcefulness by seeking out other supportive relationships outside the extended family system and also by engaging strategic agency in choosing to engage in survival activities that do not require identity particulars. This unfortunately exposes them to exploitation but their survival spirit is not quenched. The CHH make use of what Yosso (2005) referred to as 'resistant capital' which relates to actions that resist oppression and inequality.

Simba said:

'Pese pese panotodiwa chitupa, kana usina unoita kunga tsotsi and hapana anokupinza basa' meaning *'an identity document is needed everywhere, if you do not have it people may think you are a thief and no one will employ you'.*

I could sense seething anger in the few members of the extended family system that agreed to talk to me. Some of them thought the children in the CHH had reported them to me despite having explained the objectives of my study to them. They portrayed a wait and see attitude in the sense that, because the CHH had decided to live as a household of children, it therefore meant they were capable of doing everything on their own. Simba's maternal aunt said:

'Ini ndakageza maoko angu panyaya yevana ava ', literally meaning *I have washed my hands on the issue of these children'.*

I however realised that the root cause of all the tension and unwillingness to assist was emanating from the fact that the CHH had decided to take control over control assets left behind by the deceased parents. The CHH did not however passively accept the state of affairs but instead sought other beneficial networks outside the extended family system. Ngoni said:

'Kuti uende mu town kunotswaga basa usina chitupa kana birth certificate hazvitomboiti, unozongopedzisira wangoita munhu wekuruzevha kusina chinhu, apa kana takuda kunyora form 4 panodiwa birth certificate, kana usina birth certificate haubvumidzwi kunyora' meaning *'you cannot even think of going into the urban areas to look for employment without a national identity document. On top of that you are not allowed to sit for the Ordinary level (form 4) examinations without a birth certificate. You end up resigning yourself to a rural life with limited or nonexistent opportunities'.*

During the FGDs, the social welfare officers also indicated that in most cases the children do not have the death certificates for their deceased parents because the parents would have died in remote rural areas. This, they said, results in an unfortunate situation where the children will not even be recognised as orphans because there is no evidence of the death of their parents. Hence, the children will be unable to access any services meant for orphans that require proof of orphanhood. Rumbi the 14 year old girl heading a CHH summed it up by saying:

'Handitomboziwi kuti ma birth certificates ne zvitupa zvacho zvinotorwepi kana kuti zvinotorwa sei' meaning 'I don't know how and where to get birth certificates and IDs'.

This issue troubled me at a personal level and I felt an urgent need to have it rectified. I talked to a representative from the registrar's office who is a student on the masters programe in Child and Family studies at Africa University and was part of the child service professionals who participated in the study about the concerns of the children. The representative however said that although there has been problems concerning such children, they however could bring an informant who can testify on their behalf and confirm their story and they can be assisted in getting identity particulars like birth certificates and national IDs when they reach the legal ages for obtaining the IDs. I relayed this information to the CHH, who looked resigned to their fate after long struggles with administrative structures that do not seem to have their needs at heart. Rudo asked if I could write her a letter to take to the registrar's office. She asked:

'Zvinoita here kuti mundipe tsamba yekuenda nayo ikoko, pamwe zvingabatsira, meaning *'is it possible for you to give me a letter that I can take to the regisrar's offices, maybe that will help'.* I tactfully informed Rudo that, it was beyond my jurisdiction to do that but assured her that when she gets to the offices with her informant and encounter any problems she was free to contact me and I could come and try to clarify any issues with the responsible offices. I felt myself acting like an advocate for the CHH and my researcher role becoming a bit blurred. Creswell (2002) alluded to this common scenario in qualitative research where the personal self and researcher self can become inseparable. I felt the study beginning to take an emotional toll on me. I took a short break of two days from the study to recollect and pull myself together so that I could maintain objectivity.

5.2.4 Problems in accessing services meant for their benefit

The social welfare officers also said that the Ministry of Social Welfare administers a fund called Public Assistance from which all orphaned children are supposed to benefit. From this fund, all orphaned children are given US$20 per month as public assistance. They pointed out that the money is supposed to be deposited only in the orphaned child's bank account. These officers however reported that most orphans and CHH are not benefiting from this service because they are unable to meet most of the requirements needed to access the funds.

One requirement is that the orphans in the CHH must open a bank account with the Post Office Savings Bank (POSB). However they cannot do so, because one needs to have an ID, which one can only acquire if one has a birth certificate. Most orphaned children in CHH do not have these documents. For those that maybe lucky enough to obtain a birth certificate, the law stipulates that

one can only be given a national ID at the age of 16. Most of the orphaned children are younger than 16 years of age and hence cannot get an ID. For those that may have both the birth certificate and the national ID, they will still need US$5 to open a bank account with POSB, which most of them will not possess as the majority of the CHH fail to raise the US$ 1 to $2 bus fare to travel to the district social welfare offices.

I asked the social welfare officers why such policies and programmes are passed, when in reality they do not serve the purpose and needs of the intended beneficiaries. Ager (2013) called for more collaboration between researchers and policy makers for the enactment of relevant policies. These officers at district level who work with issues concerning the CHH and other vulnerable children had no answer regarding the process of policy formulation. They said:

'All we know is that a policy comes from Head Office and we are asked to implement it.'

As alluded to in the Social Suffering Theory by Pedersen (2002), that the problems people have can be linked to broader political dynamics that uphold policies that do not address the needs and concerns of the people. Ungar (2013:359) also alluded to the fact that resilience studies can become 'a political act….' as the marginalised with limited powers negotiate for resources that sustain their well-being. As clearly observed in this case, the CHH feel unprotected by policies that are meant to protect them. They however seek out ways of going round the problem by looking for other means of survival. The failure of administrative structures in meeting the needs of the CHH is not unique to this study alone but has also been reported by Scheper–Hughes (2008) and Vigh, (2008). During the time of data collection, the social welfare officers however mentioned that a cash transfer project was being implemented as a pilot study in some districts where the government would give vulnerable families money to survive on and to engage in

income generating projects that will eventually sustain the families economically. If successful, the project would spread to the other districts in the province. It is hoped that the CHH would benefit from the cash transfer programme. This concluded my initial conversation with the social welfare officers and led me to my next port of call which involved scrutinising the process of formulating policies that impact on CHH. This is discussed on the section on policy formulation and implementation.

5.2.5 Emotional problems experienced by children in CHH.

Most of the emotional problems that the CHH reported had their root cause in them not being able to afford basic necessities such as food, clothing and education. It was difficult to separate an emotional problem from a material and social one as they were enmeshed, each affecting the other. Kapesa (2004) confirmed this in a study on counselling in the era of HIV/AIDS. Kapesa (2004) lamented the fact that a lot of NGOs had invaded most communities all in the name of providing psychosocial support to OVC which appears to be a favourite area for most donors. However, the provision of psychosocial support without addressing the basic needs of food and shelter for the children would be meaningless. Cheney (2012) also alluded to the fact that most NGOs were capitalising on the demise of the OVC to get funding for their programmes with no tangible benefits trickling down to the OVC. Tawanda added by saying:

'Kana pasina chikafu, musoro wako hautori zvakanaka' meaning that *'if there is no food, your head and what you think is affected'*.

Children in CHH deal with a lot of emotional issues, however the absence of trained counsellors in the communities and schools means that this area remains a grey area as people may not know how to help the CHH. Buzuzi et al. (2014) also noted the absence and limited number of trained counsellors to assist vulnerable children in a number of African schools and communities. The headmasters and teachers who participated in the study confirmed that it is manadory for every school to have guidance and counselling programmes. However, they said that the programmes are usually there on paper but are not being implemented because the teachers are not trained in counselling. They also said that teachers are evaluated on the pass rates in their subject area and only concentrate on teaching the subjects they are evaluated on. Chireshe and Mapfumo (2005) concur when they indicated that the guidance and counselling programme is only given lip service in the schools.

For most of the CHH their problems started long before their parents died. Tawanda, the 14 year-old head of a CHH, said that he single handedly nursed his parents until they passed on. He disclosed that this was the most difficult time for him as he had to spend all his time looking after his sick parents, one after the other. Tawanda sadly narrated his experiences of looking after his terminally ill parents:

'Ndakavachengeta vese vachirwara, hama dzaingouya dzichingotarisa wobva vangodzokera kumba kwavo vondisiya ndega nawo' meaning *'I looked after them (late parents)when they were ill. Relatives would visit and watch but did nothing much to help out'.*

He said that then, he had no time to take care of the needs of his younger siblings. He indicated that he now had the time and energy to look for resources that would ensure the survival of his siblings. He quickly 'apologised,' saying he was not implying that he was not sorry that his

parents died. Tawanda's case points to a need that most service providers have tended to ignore in their service provision. The issue of taking into consideration the needs of child carers has not received much attention, as most resources are spent on the sick family members. Further research can be carried out on the experiences of child carers in this era of HIV/AIDS.

All the CHH, including the household heads, confided that they sometimes cry when they think of their late parents and in some cases siblings who have died. However all the heads of the households said that they cry in private and never want the younger siblings to see them crying. In a study on children affected by HIV/AIDS in Zimbabwe, Betancourt et al. (2013:435) also expressed the view that, 'in general, many children expressed a desire to share thoughts and worries but this went against the general opinion that perseverance and not breaking down are the most positive ways to cope'. This could explain the heads of the households' behaviour of crying in private, where no one could see them. They put up a brave and capable front with their younger siblings to make the young ones know and feel that they can depend on them. A common statement coming from the heads of the CHH was:

'Ndikachema vachiona, ivo vanozoita sei? meaning *if I cry in their presence what will they do?' (Referring to the younger siblings).*

Crying becomes a crucial emotion focused coping mechanism. According to Lazarus (1993) coping mechanisms can be divided into two main categories. There is problem focused coping which mainly relates to engaging in problem solving strategies that remove or reduce the problem that is causing stress and there is emotion focused coping which focuses on regulating the emotional responses to stressful situations. Crying therefore tends to reduce the pent up stress as it relieves the tensions associated with stressful situations and is an emotion focused coping

strategy. The children also lamented the fact that sometimes relatives do not visit them fearing the fact that the orphaned children would ask for various forms of assistance from them. The CHH however said that in most cases they just want to talk to them. The CHH however know that crying on its own will not solve their problems. Hence they engage mainly in problem focused coping which is discussed in detail on problem solving skills used by the CHH.

These attributes all point to the fact that children are children and that sometimes they all need safe spaces in which they can be who they really are. These outlets offer them 'breathing' spaces to replenish their energy, enabling them to carry on with the business of survival. This is also supported by the fact already noted that when I initially stayed with one CHH for a few days, I noticed that the children were beginning to see me as a mother figure of the household and their behaviours began to slowly change to behaviours exhibited by children in general.

'Breathing' spaces are also provided by the supportive networks that the CHH manage to establish with some community and church members. Their friends and the parents of their friends also provided forms of support that alleviated their suffering. This social support enhanced the CHH's locus of control over their lives which increased their resilience. Thurman et al. (2006, 2008) called these supportive structures whose function is to support the CHH in boosting their resilience. Individual strengths on their own may not be enough to lead to the emergence of resilience. According to Ungar (2011, 2012, 2013), Masten (2010, 2011, 2013) and Theron (2011, 2012) interplay between individual characteristics and supportive elements within the child's social ecology is needed for resilience factors to emerge. A multisystemic approach is needed in exploring and enhancing resilience in the CHH.

5.2.6 Stigmatisation of the CHH

There were mixed reactions from the community members on the issue of stigmatising and discrimination of the CHH. Some community members empathised with the CHH and some did not expect much good to come out of the children because of their situation. Buzuzi et al. (2014) showed that some community members blamed most antisocial behaviours on CHH. The sad outcome was that in some cases the orphaned children fulfilled the prophecy that the community had attached to them and developed antisocial behaviours such as stealing and bullying. However, this study was focused more on the children who did not succumb to the community's negative attitudes and perceptions. These were the CHH which thrived in spite of the negativity and challenges they faced. However, in spite of them thriving in such environments, the challenges they faced sometimes caused them to behave in ways that are not socially accepatable to ensure the survival of the family. One community elder said:

'Hatisakambozvionaba kuti vana vanogara vega, asi sezvamurikuona izvi, ndizvo zvirikutoitika, diko nyika yaakuguma' meaning *'it's unheard of for children to stay on their own but this is what is happening now as you can see, surely the world is coming to an end'*.

Some community members tended to have negative attitudes towards the CHH because of their belief that CHH were a phenomenon that departs from the norm and were a sign that all is not well. Mkhize (2006) had similar views where he advanced that CHH were an indication of a broken down society. However, Roalkvam (2005) and Thurman et al. (2008) concluded that CHH were isolated because their parents had died of HIV related illnesses. Communities

stigmatised them on the basis that they too might be infected. Tatenda had this to say concerning the negative attitudes emanating from the community:

'I know what they say about us but I always strive to prove them wrong. I was a good girl when my parents were alive and I don't have to be a bad girl just because they have died.'

This outlook by Tatenda can best be explained by the Challenge Theory of resilience which postulates that stressful experiences challenge the individual to do better and cope. According to the theory too little and too much stress is not good. The stress levels should be moderate thus providing the person with a challenge that strengthens them when they overcome the challenge (Garmezy, 1991, 1993; Zimmerman & Arunkumar, 1994). Findings from a study carried out by Buzuzi et al. (2014) in Manicaland showed that the community usually blamed the CHH for societal and community problems. Ungar (2011) also cautioned against transferring blame from toxic environments to children who lived and tried to survive in such environments. The CHH said that all antisocial problems are usually attributed to them because of their poverty stricken positions. Rumbi added that some community members used derogatory terms when they referred to her family. Tatenda and Rumbi's comments are closely related to what Ward and Eyber (2009) found out in a study of CHH in Rwanda where the orphaned children had perceptions that the community and extended family members wanted to hurt them more than they wanted to help them. This perception stressed the CHH. However the Tend and Befriend theory postulated by Taylor (2011) suggests the exact opposite and says that it is not the actual support that enables people to cope, but it is the perception of the availability of support that enables people to cope. Therefore according to this theory the community members and

members of the extended family system may not necessarily have to render actual support but if they behave in tolerant and friendly ways that enables the CHH to perceive them as helpful, that perception will go a long way in enhancing the CHH's ability to cope and resile.

The negative attitudes from some communities were also echoed in the way some leaders diverted services meant for the CHH to cater for their own needs, for example, the BEAM programme. These negative attitudes however did not perturb the CHH or quench their survival spirit. It spurned them on to work even harder to prove the prophets of doom wrong. They simply avoided the negative people and spent their energy nurturing those relationships that were beneficial to them. They explored opportunities that enabled them to survive as a family. Issues related to stigma in the CHH were also noted in studies by Roalkvam (2005) Donald and Clarchety (2005), Evans and Becker (2009). Betancourt et al. (2013) also indicated that stigma from community members emanated from misinformation and lack of awareness on HIV/AIDS and how it is transmitted.

The problem of stigma was not much of an issue amongst the children and their peers in school. The children related well on their own. However some studies have indicated stigma and discrimination emanating from the other school children (Buzuzi et al., 2014). In this study I wondered why the stigma was coming from an adult community who should be spreading values of oneness, unity and tolerance to the young ones. My assumption is that perhaps the existence of CHH reminds communities of their indifference to the plight of their own kind, hence the stigma towards the children and apathy in developing mechanisms and policies to formally recognise CHH as an alternative orphan care system and acceptable form of family unit, because doing so

would paint a bad picture on society as renegating its duties to humanity. The glaring truth however is that the HIV/AIDS pandemic has ushered in an era of CHH where children are carrying out family duties and functions that are similar to those carried out by adults in conventional families and they are in need of recognition and support from their communities and the state.

5.3 COPING AND RESILIENCE IN CHH

When I analysed the coping strategies used by the CHH, I constantly had to keep in mind the differences between coping and resilience. Coping refers more to individual characteristics, the cognitive and behavioural responses of an individual in dealing with hardships (Lazarus, 1993). The individual level is the unit of analysis in the concept of coping, whereas resilience is all encompassing and is an outcome of individual, ecological, and cultural factors that enhance an individual's ability to adapt well despite exposure to adversity (Ungar, 2012).

After exploring the challenges that the CHH face, I then explored how they cope with the many challenges they face on a daily basis. The resilience factors naturally encompassed the coping strategies. Some of the coping mechanisms were explicitly mentioned by them and others I observed as I interacted with the CHH. In addition, I also deduced some of their coping mechanisms from the many problem solving strategies that they used in their lives. I noted that the coping strategies used by the CHH could be categorised into two broad categories; namely, problem focused coping that aims at dealing with the problem that is causing the distress and emotion focused coping that aims at regulating and nurturing emotional well-being during the

stressful experience. A number of studies indicate that both forms of coping are used by most people experiencing stressful situations (Lazarus & Folkman, 1984). In this study however the trend was skewed towards the problem solving approaches. The explanation for this is the fact that the lives of the CHH are characterised by chronic problems, some of which threaten their survival. Their emotional problems could be tied to their physical problems, and it could prove difficult to tackle an emotional problem without addressing the tangible physical needs. It would therefore make sense for the CHH to engage more in problem focused approaches, because doing so would directly or indirectly address the emotional problems. Studies by Campbell-Sill, Cohan and Stein (2006) concur with this finding where they showed that task/problem oriented coping was related to higher levels of resilience in children than emotion focused coping. Kapesa (2004) also alluded to the fact that in Zimbabwe most emotionl problems are tied to inavailbility of the the basics for survival like food and shelter.

5.3.1 Spirituality in the CHH

The ten CHH all said that they used prayer as a coping mechanism. Prayer can fall under both an emotion focused coping mechanism and a problem focused mechanism depending on an individual's outlook. Prayer provided the children with direct communication to a super being in instances they felt unsupported and not cared for by people. Their prayers would petition for supernatural interventions in their problems. A similar finding emerged from studies by Nkomo (2006) and Lee (2012) who found that CHH usually turned to God when faced with challenges that went beyond their ability to cope.

George who is heading a CHH of three said:

'I pray to God, so that He can provide for our needs, Nothing is difficult for God. 'I used to go to church but most of the time I pray at home now'.

George said that his reason for opting to pray at home was because all the churches he had tried to attend had the same message. He said the churches wanted him to give something, even the little money he had so that he could be blessed and have plenty. This created a dilemma in George because he disclosed that he actually thought the churches were going to help him and not vice versa. The same sentiments were echoed by heads of the other CHH, Simba, Nyarai and Ruth who indicated that most churches focus on getting money from you rather than helping you. Nyarai said:

'Ndikayenda kuchurch, kunenge kuchingotaurwa zvemari, saka ndinozoregedza hangu kuenda, meaning *when I go to church all they talk about is money, so in the end I decide not to go'.*

This showed that the CHH had the ability to scrutinise the sermons and distinguish between that which applies to them and that which does not. The CHH were therefore not following the sermons blindly. They processed the message and came up with a decision that they followed through. This is an important skill that may well be undeveloped in some people who might be much older than these teenage children. The pastors who formed part of the community FGDs however said that the children were taking 'things' out of context. One pastor said:

'Zvekwa Mwari zviri spiritual, hazvidi ku reasona maningi' meaning *the things of God are spiritually discerned, one does not need to use a lot of reasoning'.*

They added that in some cases it is not them directly who can help the CHH, but someone within the congregation can be moved to assist the orphaned children, hence they should keep coming to church, moreover coming to church is to have your souls saved and that giving to the church benefits the giver, they said. I could sense feelings of uneasiness amongst the community members who felt as I also felt that the pastors were taking that opportunity to preach. I had to tactfully bring back the discussions on issues of the CHH. I realised that I needed to separate the pastors from the rest of the community members in the remaining FDGs because some people could give socially desirable answers in the presence of pastors.

Seven out of the ten CHH interviewed reported feeling a spiritual connection with their late parents. As Tatenda thoughtfully said:

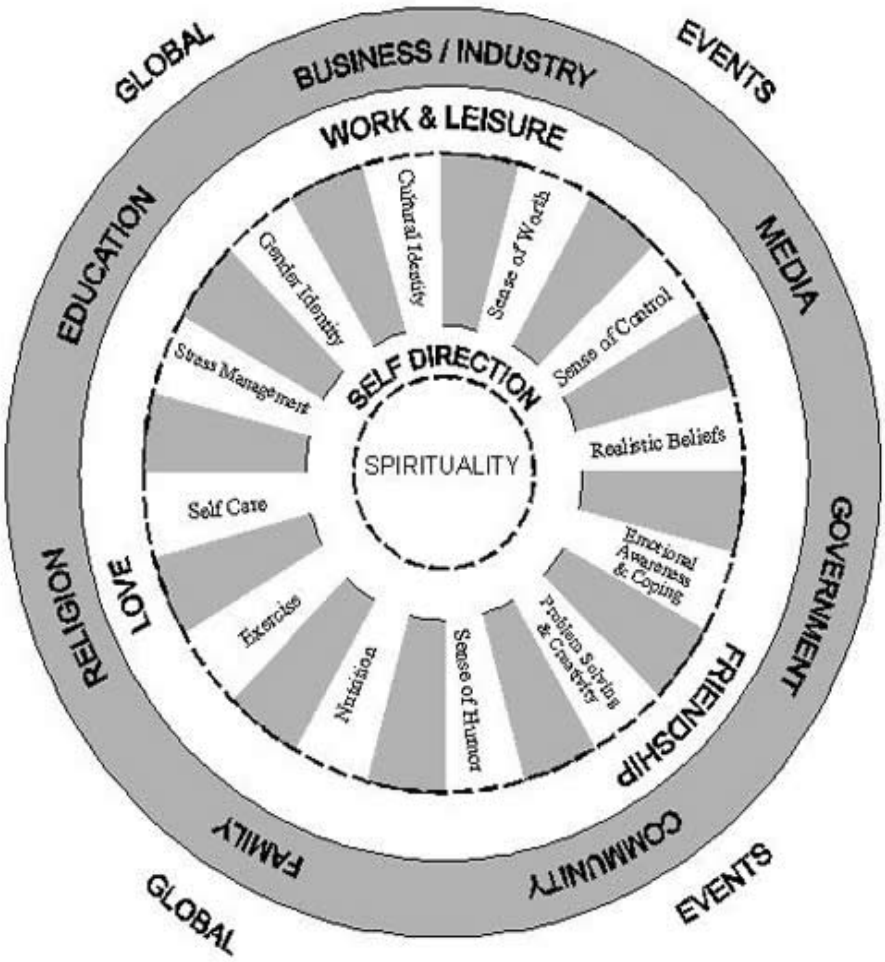
'I know she is looking at me (referring to her late mother) and I want her to be proud of me'.

This is in line with certain beliefs in the Shona culture where it is believed that the deceased join the ancestors who died before them. Their major function would be to look after the living in the clan. It is also believed that the closer you were to the deceased, the more active their function becomes in looking after you. The belief that the late parents were seeing them was strong in the CHH. It appeared as if they wanted to please their late parents by their actions. This resulted in them exhibiting more socially acceptable behaviours and working hard in what they were doing at any given time. Studies by Nkomo (2006), Lee 2012 and Vigh (2008) also revealed that the CHH turned to prayer because they did not know how else they would survive in the long term. Their focus was on survival for the day and the future was in *'God's capable hands'*, as Tatenda

concluded with a long sigh. The children managed to do what they could manage, but as for the unknown, they left that to the Almighty and frequently engaged in prayer to cope emotionally.

The Wheel of Wellness by Myers et al. (2000) shown below on figure 10 clearly indicates the centrality of spirituality in bringing about general wellness in an individual. Spirituality in this model is viewed as the core characteristic of healthy people and is the key to attaining all of the other dimensions of wellness. The CHH capitalise on their spiritual nature which enables them to find inward strength to carry on with the business of living.

Figure 10: Wheel of Wellness



5.3.2 Teamwork in CHH

A common trend in all the ten CHH who participated in the study was the team spirit and obedience to the head of the household that was shown by the younger siblings. When I asked Rudo how she managed to instill obedience and team spirit in the young ones, she had this to say:

'After our mother passed on, even Joseph our youngest brother who used to be the naughty one changed. He became more subdued and would do some chores around the house even without being asked to do so. This was the same for everyone. It was like an unwritten rule that we all have to help out and not argue. In a way I think they are not really obeying me but they are obeying our late mother who used to tell us to be good and obedient children. Sometimes I cry when I wake up late after a hard day's work and I notice that my young sister would have started the fire and the water would be boiling already.'

This shows that the CHH quickly adapted to the absence of parental presence and guidance in the home. They achieved this by ascribing the respect and obedience they had for their parents to the head of the household. Every member of the household cooperated including the young ones who used to be naughty when the parents were alive. It appears as if they could no longer afford the luxury of being naughty since they were now all children in the household. This ability displayed by members of the CHH to analyse a situation and adapt by discarding and adopting other ways of doing things made life a lot easier for them and ensured that they all had a common objective as a family unit. This was supported by a statement that kept being expressed by the younger siblings in one of the households,

'Tinobatsirana, tinototi tibatsirane' meaning w*e help each other, we have to help each other'.*

Teamwork gives the children a sense of oneness, solidarity and working towards a common goal which enhances meaning and purpose in life. This in turn boosts the CHH's confidence and self efficacy which becomes a strong pathway for resilience characteristics to emerge. The children silently shift their allegiance from their late parents to the eldest sibling who is heading the household. Adaptation to role changes also emerged in studies by Nkomo (2006) and Masondo (2006). Studies by Nkomo (2006) however showed that the process of role changes was stressful for children in the CHH and that the multiplicity of roles overwhelmed them. In the current study the multiplicity of roles had a two way effect. On one hand it overwhelmed the children and on the other hand the hardships and the multiplicity of roles challenged the heads of the households to overcome them which in turn boosted their self esteem and confidence when they overcome the hardships. Fungai said:

'*Unobatanidaza batanidza zvakawanda kuti zvifambe, kana zvikaita tinofara kana zvikasaita woedza zvimwe* meaning *I have to do a lot of things to ensure survival, if something works out, it's good and we celebrate but if it does not I try other means'*

This indicates that the CHH do not give up, they persevere to achieve their desired outcomes. Perseverance is viewed by different scholars as a crucial resilience factor (Masten, 2001, Ungar, 2008, 2009, 2010; 2012; Newman, 2004).

5.3.3 Help seeking behaviours displayed by the CHH

Help seeking, according to Frydenberg (1997), is any activity or action carried out by anyone who perceives himself or herself as needing personal, psychological assistance, health or social service with the purpose of meeting this need in a positive way. This includes seeking help from

formal services, for example, clinic services, counsellors, psychologists, medical staff, traditional healers, religious leaders or youth programmes. Informal sources of help include peer groups, friends, family members, kinship groups or other adults, for example, those in the community.

There are a number of factors that influences the help seeking behaviours of children. These include, individual strengths, personal motivation, perception of need, agency and perception of social support networks as being helpful and supportive (Barker, 2007). The CHH reported that they usually consult their friends and those community members whom they perceive to be helpful when they encounter problems. They consult a few people whom they perceive to be helpful and sympathetic to their problems. When I asked members of the AP what their definition of a resilient child in Mutasa district was. One characteristic they mentioned was that of a child who is not always asking for help. They said:

*'Mwana anoita basa rake chinyararire, anotsungirira mumatambudziko, asingakumbiri kumbiri kundobatsirwa pese pese.' m*eaning *a resilient child is one who does his/her work quietly, perseveres in hardships and is not always asking for assistance'*

These submissions from the AP suggest that the resilient CHH perseveres in hardships and does not frequently ask for help. The issue of persevering in hardship as a resilience factor has cultural connotations in the Mutasa community. This characteristic is even supported by a popular saying that was alluded to by one community member that *one should never disclose what is in their armpits.* This saying relates to suffering in silence as being a virtue. In the current study however, the CHH indicated that they do ask for help but only engage in selective help seeking behaviours that are targeted at specific people. Theron and Liebenberg (2015) said that it is not all cultural factors that can enhance resilience. Resilient youth will have the ability to discard cultural factors that obstruct resilience. This is evident in this case where people may assume that

the CHH are not asking for assistance if they are not approached by them when in actual fact they could be asking help from those whom they perceive to be helpful. Indeed the Tend and Befriend theory suggests that it is not the actual assistance that makes a difference but the perceptions of the availability of people who can offer help (Taylor, 2011). Hence, the CHH ask for assistance from those people they perceive to be helpful, for example, their friends and selected community members. As mentioned earlier their friends are usually older than they are. The advantage that this has is that they receive mature advice from people who have more life experiences. Findings from the current study also indicate that the CHH preferred informal channels when seeking help. This was in part due to the negative experiences they encountered with the formal structures that required proof of identity which the children did not have. The Social Suffering Theory suggests that problems that the CHH have are a result of broader political structures that enact policies that do not address their concerns (Pedersen 2002; Ager, 2013). Hence seeking help from such structures becomes a waste of time and effort. This could explain the CHH's preference for the informal structures and channels for assitance. Some formal structures also required the children to bring relatives or guardians bearing surnames similar to the children's, for example, the registrar's offices. As mentioned earlier some of the extended family members had developed negative attitudes towards the orphaned children, hence their reliance on friends and the supportive community networks they had established. In the same vein, intervention strategies to help the CHH could target the informal channels that the CHH are already using.

A study that was conducted by Birungi (1998) in Uganda concurred with findings in the current study and showed that trust and familiarity were found to be the key factors in determining

whether a young person seeks help. For instance, Ugandan youths were found to have lost trust in public health services. They therefore shunned these services and sought help from people whom they knew, for example, their family members and members of their social networks. Similarly, research in urban slums in India conducted by Zoysa et.al. (1998) found that even when professional health services were available and adolescents knew about them, they sought treatment for health needs from non-professionals. Newton (2000) also similarly notes that trust in professional help providers can be complicated in regions where the behaviour of the adolescent is seen as deviant. The phenomenon of CHH is relatively foreign and deviant to some formal structures which have not formally recognised the existence of CHH and hence do not have policies that specifically cater for their needs. This explains the CHH's preference for informal help seeking sources.

5.4 PROBLEM SOLVING SKILLS

The CHH also cope by engaging in a number of problem solving strategies that bring about positive outcomes for them. Employing advanced problem solving strategies also emerged as a factor that fosters resilience in a number of studies (Newman, 2004; Lee, 2012; Ungar, 2013). The CHH were presented with a number of problem scenarios and asked how they would solve the problems. The coping strategies and factors related to resilience were then deduced from the ways in which they solved problems that most admitted to facing in their lives.

Problem relating to not having enough food

What would you do if there is no food in the house?

Tatenda responded:

'I plan ahead and make sure that we can at least have food for the day and the following day. So I always make sure that we do not get to a stage where there is totally nothing to eat'.

Although her definition of 'planning ahead' was a day in advance it was clear that Tatenda exercised a valuable life skill that drove starvation away from their family. A number of studies have also shown that for the CHH, planning is always in the short term because of the unpredictable nature of their lives (Lee, 2012; Thurman et al., 2006; Evans & Becker, 2009). The children make decisions and plan on a daily basis to come up with strategies that enable them to survive. They live in constrained and harsh environments where long term planning is not possible. The main concept expressed by the CHH was that they would find ways and means to make sure food is available. Their responses ranged from looking for piecework in exchange for food, to petty trading, for example, buying and selling in small items. Some indicated that sometimes when they do not have the money to buy goods for resell, they would ask those selling if they can 'assist' them in selling their goods. They would place a small mark up on the goods when they sell them. They pocket the difference and the person they 'work' for gives them a token of appreciation for selling their goods. Ngoni said that the most important thing was to be honest so that people will trust one with their goods. He reported:

'Once they trust you, they will keep giving you goods to sell and that way you do not starve'.

The CHH exhibit advanced intrepreneurship skills in their problem solving strategies. This is a skill that is not directly taught in primary, secondary and even University level studies. The skill

might be implied in some courses or subject areas. This is a crucial survival skill that all the CHH who participated in the study made use of. The CHH would demonstrate agency by chosing not to go to school and engage in activities that ensured the survival of the family. Although the importance of education is never questionable, it has to be offered as suggested by Ungar (2011) in ways that are perceived to be meaningful and meeting the needs of the intended beneficiaries. There has to be a clear link between education and the benefits it is supposed to bring. The CHH seem to have either consciously or unconsciously done the analysis that the education on offer was not meeting their current needs. The benefits of education are also in the future and with their focus on the here and now, and their struggles with basic survival needs, the children fail to make a connection between education and how it can address their current need for survival. They would make bold decisions to either selectively go to school on some days as they 'work' to provide for their siblings. Intervention strategies need to take all these dynamics into consideration so that programmes can respond to the real needs of the CHH. Education has to be offered in meaningful ways and the central role of education should be explained to the CHH in ways that address their concerns (Ungar, 2011).

Problem relating to labour exploitation

You are working on a job where others get paid double for the same work you are doing. What would you do?

All the CHH indicated that this had happened to them a number of times. Rudo said she is sometimes asked to collect firewood for one dollar and yet when someone older collects the same bundle of firewood they are paid two dollars. They said if this happens, they usually just

keep quiet and accept whatever they are given. They said voicing their concern about the low payment might alienate them from their benefactors and that most of the people they work for are much older and dictate how much they can afford to give them without giving them room for negotiations. As Rudo thoughtfully concluded:

'Zviri nane kutombopiwa shoma iyoyo pane kushaya zvachose, meaning it is much better to be paid the little that they give us than not being paid at all'.

This 'half a loaf is better than nothing' mentality was evident in the CHH. Although the CHH possess negotiation skills as evidenced from what they do if there is no food in the house, they demonstrated the insight of knowing when it is safe to use the negotiation skills and when it is not safe to do so. According to Masten (1999, 2001) and Newman (2004) one of the characteristics that differentiate resilient children from their non resilient peers is their ability to re-frame adversities and unfavourable experiences so that both beneficial and damaging effects are recognised. The children then capitalise on the beneficial components. This is clearly illustrated in this characteristic shown by the CHH, in that although they know that they are being unfairly treated by being given less for their labour, it is better for them to accept the little they are offered rather than complaining as this would alianate them from their benefectors. Ungar (2013) also noted that experiences of child labour exploitation can be viewed differently in different cultures and contexts and that in some contexts what can be perceived as labour exploitation can become a pathway to resilience for the vulnerable children.

The CHH revealed an ability to anticipate certain responses from people and to adjust their behaviour in accordance with certain anticipations. Hence, their behaviour is well thought out in advance. This social perceptiveness is a crucial factor that enhances resilience. They think before they act. On the other hand, culturally children do not tell adults what to do. Hence, in this context their behaviour becomes culturally correct and is in line with their being children. They therefore show an ability to move from being children to acting and behaving like adults, depending on the prevailing situation and what they can gain from it. Ungar (2011) also showed that resilient children act in ways that are culturally acceptable.

The CHH also showed an ability to exhibit those characteristics that would endear them to their benefactors. Hence elements of social intelligence were evident in the functional CHH. Social intelligence entails the abilty to correctly read and interpret social cues and respond in ways that are appropriate to the deduced social signals. This characteristic enables the children to be accepted by those they interact with (Newman, 2004; Masten, 2001; Evans, 2012). The children exhibit agency by being the originators and implementers of the decisions they make in order to survive. They do not passively accept a hopeless situation, but strategically navigate the social terrain to get what they want and this enhances their resilience (Vigh, 2006). In their quest for survival the CHH interact with power dynamics that sometimes exploit them in the process. However their survival spirit is not extinguished. They use tactile agency and strategic agency in the field of relational power that guarantees the survival of the family. Similar findings on labour exploitation of children in CHH emerged from studies carried out by Scheper- Hughes (2004), Vigh (2006) and Lee (2012). These studies revealed that children in CHH were usually exploited by unscrupulous members of society who took advantage of their desperation.

As one by one, the children were narrating their experiences of being exploited, I started questioning weather I was not falling into the same category of the community members who were exploiting the children. As mentioned erlier, I started questioning the benefits that would accrue to these children as a result of my study. Although the benefits were clear to me, I was not sure if the CHH shared my views. I continuously interrogated the question on how my study would translate into something tangible and beneficial to the children.

Problem relating to the responsibilities of the head of the household.

Your young brother or sister is being bullied at school. What would you do?

Ruth the 16 year-old-head of a CHH sighed deeply before she answered. She then narrated that this had happened the previous week where her young brother in grade five was beaten up by one of the boys in the same class. Ruth said she was so angry that she waited for the young boy to come out of school and she also beat him up. She however said she only realised later that she had done the wrong thing because later on in the evening the parents of that boy paid them a visit and shouted at them. Ruth said she was very embarrassed by the whole experience and that now she knows that if it happens again she would not mete out instant justice but would go and report the bullies to their parents or to their teachers, neighbour or relative. The protective nature shown by the head of the CHH has been reported in a number of studies (Ward & Eyber, 2009; Donald & Clarcherty 2005; Lee, 2012). This gives the CHH a sense of responsibility and purpose which creates an atmosphere that favours the emergence of resilience.

The other CHH reported that they would also report the matter to their teachers or to the parents of the bully. It was interesting to note that the younger siblings said if they were bullied they would report the bully to their elder sister or brother. The eldest, who had no one to report to in the family, said they would either beat up the bully or report the matter to an elderly figure that they thought would best deal with the problem. The CHH showed an ability to learn from past mistakes and not to repeat actions or behaviours that do not bring out desirable results. The children show a great sense of family unity and look out for each other's interests. They support each other and this creates a fertile ground for resilience in the CHH. Protecting siblings from harm also gave the children a sense of purpose and of being needed which gave their lives meaning which according to Thurman et al. (2006,2008), Lee (2012), Evans, (2012) is a strong resilience factor. This is also supported by the McMaster model of family functioning where family unity and cohesion is viewed as a strong characteristic for resilient families.

Problem relating to ill treatment by relatives

Your relatives come and 'borrow' things left behind by your parents and do not return them.

Four out of ten CHH that took part in the study indicated that they do not have much which people can borrow from them as they do most of the borrowing. One CHH answered that they possessed a wheel-barrow and a plough that were left by their father. However the items were not at their homestead because their uncle had 'borrowed' them, but later on indicated that the items would stay at his homestead for 'safe keeping'. It was interesting to note that although the items belonged to the CHH they had to strategically think of how to approach their uncle and ask for permission to use the items.

Ngoni said:

'Tinotowakumbira kuti tishandise zvinhu zvedu, pane bhara redu riri kwababamukuru, kuti tirishandise tinotoita zvekuwakumbira' meaning ,*'When we want to use the wheel barrow we ask for permission to use it and actually 'borrow' or beg to use our own items from our uncle'.*

The children said that if they somehow imply in the statement that the items belong to them, they are given harsh treatment and sometimes will not be given the items. The CHH use communication strategies that are well thought out in advance, so as to achieve the desired outcome. Effective communication skills are also listed as crucial resilience factors by Newman (2004) and Masten (2011). This shows wisdom far beyond their chronological ages. The CHH feel rejected by an extended family system that is supposed to help them. Simba, the 15 year-old-boy heading a CHH of three said their aunt was taking all the rent money from the house that was built by their late mother and diverting the money to her own use. The abuse of assets was common in most of the CHH that participated in the study. This phenomenon was also reported in studies on CHH in Rwanda by Ward and Eyber (2009) and Donald and Clacherty (2005). The children displayed agency by making bold decisions to stay on their own and be in control of their own resources and assets which enhanced their locus of control and boosted resilience. On the other hand such decisions angered the extended family members who responded by isolating the orphaned children. The CHH however showed resourcefulness by looking out for other beneficial social networks from the community and school. Studies by Lee (2012), Ward and Eyber (2009), Evans and Becker (2009) also show the rejection that the CHH faced from members of the extended family system. However, not all members of the extended family

system rejected the orphaned children. Those who accepted the CHH provided a sense of security and experiences of love and acceptance which boosted resilience in the CHH.

Problem relating to sexual exploitation

There is no food in the house and you have tried and failed to get the food. A man/woman comes and asks for sexual favours from you in exchange for food. What would you do?

I noticed an uneasy atmosphere in the room as I asked this question. The teenage girls took a while to answer the question. Rumbi asked for permission not to answer the question which I gladly granted. I decided to change the strategy and to ask the question on a one on one basis because I noticed that the children were uncomfortable answering this question in the presence of the other children. Both the boys and the girls said they would favourably consider that offer if the survival of their siblings depended on it. They said they knew about HIV/AIDS but either way you die, if not from hunger then from HIV. Fungai said:

'Manje nzara inogona kukuuraya nekukurumidza, ne AIDS unombodhonza' meaning *death from hunger is quick but death from HIV takes a while'.*

The heads of the households said that they would rather sacrifice their health for the survival of their siblings. Making sacrifices for their siblings gave the heads of the household a sense of responsibility which gave meaning to their lives. Studies by Ungar (2011), Theron (2012) and Masten (2010) concur in which meaning making was a strong pathway to resilience. It was interesting to note the differences in reactions to this question between the young boys and girls. The girls appeared disturbed by this question whereas the boys appeared amused by the same

question. This could relate to the socialisation process where boys are socialised into thinking that it's macho and manly to sleep around with many girls and if girls engage in the same activity, they are viewed as girls of lose morals. From these submissions it is clear that the CHH focus on the here and now and the decisions they make focus on meeting present and not future needs. Studies by Donald and Clarchety (2005) showed that children in CHH appeared as if the idea of long term decisions in the future was foreign to them. Although the CHH's decisions threaten their survival in the future, in the absence of alternatives the CHH have very little to fall back on. Ungar (2008, 2010, 2011) noted that sometimes the social ecologies can force children to behave in ways that are atypical but which meet their needs. He argued that more emphasis should be on transforming toxic environments as these can have negative impacts on the child's individual characteristics and that factors that lead to resilience differ in different contexts. Ungar (2011) cautioned against using biased lens when analysing manifestations of resilience from cultures different from one's own.

It was however interesting to note that from these imagined problem solving scenarios the heads of the CHH said they would consider getting into transactional sexual relationships if the survival of the family was at stake, Some indicated that they had engaged in these during the one on one interviews, however when they were accused by the community members of *'falling in love'* with older man for money, they denied these allegations by putting the blame on children from the other households. This can be attributed to the fact that the behaviour in question is not socially desirable and that although they may engage in such behaviours; this is something the children are not proud of.

The findings on the problem solving strategies used by the CHH are clearly captured by the transactional-ecological conceptualisations on resilience that views resilience as a reciprocal process of interactions between the CHH and their social ecologies in ways that bring about desired outcomes for the children (Ungar, 2011; Masten & Wright 2010; Lerner, 2006; Rutter, 2006). The CHH do not passively accept problems but engage in a number of strategies that allow them to either look internally or externally for solutions. The problem solving strategies that they use mainly fall under the problem focused coping mechanisms according to dichotomies by Lazarus (1993).

5.5 THE TREE OF LIFE EXERCISE AND RESILIENCE FACTORS

The TOL as a methodology that allows children to talk about traumatic experiences in ways that do not lead to re-traumatisation is clearly narrated in the methodology chapter. I asked the children to use parts of a tree in telling their life stories in ways that focus on hopes and dreams.

All the children who took part in the study enjoyed this exercise. It enabled them to talk about themselves and their experiences in an insightful and less threatening way that elicited different emotions. Before the exercise, I shared my own personal TOL with the children. It was a spiritual journey for me and the process increased my own self-awareness and I hoped it would elicit the same emotions in the CHH. I asked the children to imagine they were trees and that they were free to name themselves.

The roots

Six out of the ten CHH were very clear on where they came from and the history of their families. I could sense feelings of pride as George was narrating in detail his family background which he said had been passed on to him by his late father and grandmother. He revealed that he is also passing on this history to his younger siblings. Knowledge about their family background gave the CHH a deep sense of identity. This enhanced their sense of belonging which in turn enhances resilience. A sense of identity was identified by Thurman et al. (2008) as a crucial element in resilient personalities. Studies by Yamba (2005) showed that the heads of the CHH took pride in their roots and origins as a family. This was usually passed on to them by their parents. The CHH felt they needed to protect that identity to make their ancestors proud of them. Some could talk about their late parents as if they were still alive. They conveyed a need to make their dead parents proud of them. It was as if the desire to please the late parents was fuelling them to go on and prove that they could rise above their difficulties. This created a clear pathway for the emergence of resilience in the children's lives. This sense of belonging gave meaning and purpose to their lives. Meaning making was also seen as a crucial characteristic trait in the resilient personality in studies by Thurman (2009), Ungar (2011), Lee (2012), Scovdal and Daniel, (2012).

The ground/soil

The answers that the children gave could be divided into three broad categories. They said they were strengthened emotionally by God, prayer and reading the Bible. Spirituality was also seen

as a core characteristic in determining wellness by Myers et al. (2000). These coping strategies are related to the emotion focused strategies as elucidated by Folkman (2000). Emotion focused coping aims at helping an individual cope emotionally as they are going through hardships. The other common response was that they are strengthened by their friends and by their 'parents'. When I asked for clarification on the parents' role since they had passed on, the children explained that these were the *'sarapavana'* meaning someone appointed by the clan to act as a parent after the death of the biological parent. It emerged, however, that instead of taking the children to stay with them, the appointed parents preferred to visit the children occasionally and enquire about their welfare. This was mainly due to financial constraints. However the availability of this '*sarapavana'* enabled the children to experience feelings of acceptance and love which nurtured resilience characteristics. This shows that there still exist some cultural safety nets that the children can benefit from. The CHH also indicated the crucial role played by their friends in helping them to cope with their hardships. Rose (2005), Masten, (2011), Evans (2012) and Ward and Eyber (2009) also showed that friends provided orphaned children with supportive networks. The children in this study indicated that they sought help form their friends more than they did from formal structures. This was also supported by Buzuzi et al. (2014) who indicated that one of the crucial factors in determining help seeking behaviours in children was trust and the presence of an existing relationship. An analysis of children's help seeking behaviours shows that they tend to rely more on their peers for help and tend to use the informal, rather than the formal, channels for seeking assistance (Birungi, 1998; Zoysa, 1998; Becker, 2007). Most of the CHH indicated that they were strengthened by their friends. The phenomenon of the critical role that friends play in the lives of CHH therefore emerged frequently during the interviews held with the orphaned children.

Praying, reading the Bible and talking to God emerged as a major theme on emotional focused coping. The children in CHH show a spiritual maturity level that is well beyond their chronological ages. They exhibited a deep sense of awareness and realisation that there is a super being or force that is much bigger than they are. This helped in providing meaning and a sense of acceptance to the CHH, which in turn boosted resilience. Similar findings on the importance of prayer emerged from studies by Lee (2012), Evans and Becker (2009), Ward and Eyber (2009). The children also used payer as a problem solving strategy. They however sadly reported that most of the churches they had tried to attend were more focused on generating money than in assisting them. This was however disputed by one pastor who indicated that the children could be taking the issue of '*giving in the church out of context*'.

The trunk (inside and outside)

All the children from the CHH who took part in this exercise were very clear and eager to share their strengths which included being intelligent at school, singing, dancing, talking well with others and excelling in sports, and an ability to plan and get what they want. However, when I asked them to share their weaknesses, they stared blankly into space as if they had to think really hard to come up with their weaknesses. The weaknesses they eventually came up which were reported as things that they do not possess, for example, not having school uniforms or enough food and stationery to use at school. Although most children indicated that they were intelligent, their teachers seemed to have different ideas. The teachers said that the children's school attendance was erratic due to a number of reasons ranging from not having school fees, having to 'work' to provide for the family, not feeling well and not having school stationery. Could it be

that the children's definition of intelligence is different from that of their teachers? It is clear that intelligence is a socially desirable characteristic that the children wanted to associate with even if their teachers held different views on the children's levels of intelligence.

It was easier for the CHH to focus more on strengths than weaknesses as weaknesses would tend to disempower them. Focusing on strengths, positive characteristics and having a positive outlook have been reported in a number of studies as crucial factors that enhance resilience (Masten, 2001, 1999, 2011; Theron et al., 2011; Ungar, 2008, 2009, 2011; Rutter, 2006; Lerner 2006). The CHH also express a need for acceptance and love. It appears as if focusing on weaknesses would take away the little love and acceptance they could be enjoying hence their focusing more on strengths. Resilience feeds on strengths and is diminished by weaknesses. The children in the CHH either consciously or unconsciously know this crucial fact and that it is up to them to use their strengths to navigate the social terrain to get desired outcomes (Vigh, 2006). This explains their concentration on strengths rather than weaknesses. The strengths based model by McCashen (2008) support this view. Strengths are also a strong basis in the coping equation. The children have to call upon their strengths to act on a social environment that is either friendly or unfriendly in a bid to survive. However the environment has to be supportive of the strengths shown by the CHH. The environment should have the resources that the children can navigate to. The children cannot navigate in a vacuum. These factors are discussed in detail in the *Bidirectional process Model of Resilience* that is advanced later in this chapter.

The fallen leaves

All the children indicated that they had lost parents. Some had also lost siblings. The children used very adult words to indicate the passing on of their parents. Rumbi said:

'Ndakarasikirwa nevabereki vakatungamira kumusha' meaning '*I lost parents who have gone home'.*

In the Shona culture this is an adult way of saying that someone has died. This language was being used by children as young as 9-10 years old demonstrating maturity levels far beyond their ages. This maturity was also been reported by the community members, who said:

'Vana ava vanoita sevanhu vakuru meaning these children behave like adults'

The terms they used are also less hurtful and give them hope of reuniting with their parents when it is also their turn to 'go home'. There was a somber mood as the children narrated their loss. I asked them to remember the 'good' things they had learnt from their departed parents and asked how they are trying to implement those 'good' things in their own lives. It was clear that the parents had left a legacy of love, responsibility and hard work that the children were trying to emulate. I realised that good role models whether living or dead were crucial determinants of a resilient personality in the orphaned children. Masten (2010), Ungar (2011), Lerner (2006) and Thurman (2006) also indicated that the availability of good role models gives the CHH a sense of direction and models of culturally acceptable behaviours that boost resilience.

I reflected on what kind of legacy I was leaving for my children. I realised that the CHH did not choose to be in this situation, any child can find himself or herself in situations similar to the

CHH. Fate and maybe luck makes some children to be born in functional and supportive families. A lot of what if ……. questions crossed my mind. What I was seeing and hearing transformed my life and all the credit goes to the strong young children I was talking to.

The fruits

This part of the exercise was also a favourite for the children. They narrated their gifts and talents confidently. The gifts and talents were similar to those features that they articulated as their strengths. I also asked the children to get into pairs and write down the strengths they saw in their partner. The children lighted up as their partners read out their strengths. The exercise brought to their attention those characteristics they thought were not important like being friendly, honest, being reliable and being a good friend- '*shamwari yakanaka'*. I realised that it was these same good characteristics that endeared them to people within their communities and helped them in networking with appropriate people who provided them with the much needed assistance in a number of areas. As was propounded by one member of the AP:

'*Vana vanobatsirika kuburikidza netsika nemaitiro awo* meaning *they are children who make you want to help them because of their good behaviours'*.

Newman (2004) noted that resilient children have talents that they value and are also valued by others. The strengths and talents enabled the children to view themselves in a positive way which enhances resilience.

The leaves and branches

The children mentioned their friends, a few community members, some of their teachers as the important people and organisations that support them. Relatives did not feature greatly in terms of providing help. Simba said that the closest relative they had was their late father's brother whom they last saw five years ago, soon after their father's funeral. The children showed resourcefulness by seeking out the 'leaves and branches' like the supportive networks in their lives. The supportive networks which included their friends, teachers, their friend's parents, some community members and a few members of the extended family system provided protective factors that enabled the children to gain momentum to carry on with the business of survival. The children also mentioned some NGOs that were providing them with assistance, although part of that assistance was being diverted by some community members. Thurman et al. (2006) referred to these as active support structures in the children's lives. Therefore although certain elements within the children's ecologies tended to obstruct resilience, there existed some limited supportive structures within their social ecologies that supported the children. These then interacted with the strengths that the children had to create effective interplays between the individual and the environment that led to resilience outcomes. Ungar (2008, 2011) concurs with this finding.

The bugs and worms

Common answers that emerged from the children on things that disturb and bother them included thinking about their parents, being sick most of the time, not having enough to eat, inadequate

clothing and not having money to pay for their school fees. These 'bugs' also emerged from the other activities that were carried out with the children and from the interviews with other community members. However, the existence of these 'bugs' did not deter the orphaned children. They scouted for ways and means of going round the problems to ensure the survival of the family. They persevered inspite of the many challenges they faced in life. Perseverence was also identified as an important factor in enhancing resilience in studies by Betancourt et al. (2013).

The air

The air though not part of the TOL exercise was included to represent the child's coping strategies. The common responses with regards to coping mechanisms were praying, playing with friends, doing some physical work and keeping busy with the day-to-day chores. The coping mechanism of praying that was used by all the CHH enables one to self-reflect and changes a person's mindset positively. These changes in mindset translate into positive behaviours and this enhances the child's resilience and coping strategies. I enquired on the day-to-day chores that the children used as a coping mechanism and from the children's submissions, I realised that some of the day-to-day chores that they engaged in related to specific problems or challenges they faced, for example, working in other peoples's fields to get money for food or clothing, or watering people's gardens to get vegetables/relish for the day. Their coping strategies could be categorised under emotion focused and problem focused coping mechanisms as mentioned earlier.

Please refer to Appendix M for a sample of some of the responses on the TOL exercise from the children in the CHH who participated in the study. The names of the children have been concealed to protect their identities. Permission to use the drawings was obtained from the children through the trusted adults they named. The children also assented to my using their drawings for purposes of the study. Their responses were written in their mother tongue, which is Shona. This is an example of a visual participatory research method where the research participants can become co-reseacrhers in the process (Theron & Liebenberg, 2015). I had to ask the children to explain certain aspects of their drawings. Their responses indicate that they cope mainly by praying and that their lives involve a lot of working on different jobs to survive which sometimes strains them. This is supported by what they disclosed in the interviews I carried out with them. They are also illustrating the central role that is played by their friends in their lives. In the first drawing the child writes that her parents support her while on the same drawing she also indicates that her parents died. When I asked her to explain further she responded that even if they are dead, she knows they watch over her. She then added that she had another set of parents (*sarapavana*) that were appointed by the clan to look after them. The 'parents' were, however, not staying with them. The children also used very adult terms in describing their loss and coping strategies. Although the appointed parents were not living with the children, their attitude towards the children was important in the creation of feelings of love, care and acceptance in the children. This is supported by the Tend and Befriend theory by Taylor (2011) on perceptions of help and not the actual help being crucial in determining resilience and coping in people.

I noticed that the TOL activity enabled the children to view themselves and their circumstances in a positive way that boosted their self image. Wood, Theron and Mayaba (2012) also noted that

reading stories with heroes and heroines to children orphaned by HIV/AIDS enabled the children to identify with the heroes in the stories which boosted their self esteem and enhanced their coping mechanisms. In the TOL activity the children narrated their life stories in ways that focused on hope and strengths and enabled them to become more aware of their talents and dreams which propelled them on the right path in life. The children began to identify themselves with the type of person they were creating from this exercise. They realised that this person was them. They became the heroes and heroines in their life stories. The activity was highly interactional and entailed that the children did most of the talking. They were in charge and in control of their 'trees'. There was a sense of honourship of the new identities gained. The TOL activity enabled them to see the positive side of their experiences. This gave them self support and a sense of control over their lives which enhanced resilience. The I have, I can, and I am exercise with the CHH discussed below cross validated the children's responses on the TOL activity.

5.5.1 Internal and external support for CHH (I have, I can and I am activity)

This is an activity that is used to explore the individual characteristics and support networks that the CHH can draw on in times of trouble. The activity is based on ideas propounded by Grothberg (1995). Table 10 shows the responses of the children on the I have, I can and I am activity.

Table 10: Individual and support network factors in CHH

I HAVE	**I AM**	**I CAN**
Friends	Intelligent	Sing
God	Hopeful	Dance
My brothers and sisters	Responsible	Take care of my siblings
Good values and morals	Focused	Plan ahead
People and NGOs who can help me	Strong willed	Communicate well
Relatives	Kind	Solve problems
Teachers	Determined	

I noted that on the I am, part of the exercise, the CHH experienced difficulties in coming up with a single phrase that described them. They could describe the challenges they faced and what they did to overcome those challenges. It is these activities, experiences and challenges that they have overcome that informed their identity. From the TOL and the I have, I am and I can activity, it became clear that CHH were gaining their identities from their strengths, but they refused to let their weaknesses be part of that same identity. This was evidenced by the fact that they phrased their weaknesses in terms of the things that they do not have, for example, insufficient food. Whether consciously or unconsciously, the children were engaging in a crucial process of internalising strengths and externalising weaknesses. The CHH were using the self-serving bias

in the attribution process to their maximum advantage. In the self-serving bias, according to Baron and Byne (2009), people attribute successes to internal causes and failures to external causes. This bias tends to boosts people's self esteem and people who suffer from depression usually use the exact opposite of the self-serving bias by attributing failures to internal causes and successes to external causes. Therefore by attributing their strengths to internal causes, the children in CHH boost their self-esteem and self-efficacy levels which enables them to solve the many challenges they face in their lives. This in turn enhances their resilience levels. Newman (2004), Masten (2001, 2010, 2013), Leatham, (2006) and Lerner (2006) identified self-esteem and self-efficacy as crucial pillars in resilience. The children talked about their families and siblings with observable fondness. It was clear that the bond between the siblings was strong. The CHH family, though unconventional provided the children with a secure base and feelings of unconditional love and acceptance. This gave the children a sense of purpose in life which fuelled them to work hard and ensure the survival of the family.

5.5.2 Performance on the Resilience Scale

I administered the RS to children in the CHH aged above 10 years. I chose this test because the test has been validated for use across ages and ethinic groups (Ahern, Kiehl &Byers, 2006). I however chose to administer the test to the 10 years old and above children because they seemed to have the self-awareness levels that are required to grasp concepts in the RS. The scores obtained by the children on the RS were in the 140 – 165 range. This is the high to very high category of resilience. The majority of children (10 children) were in the high category. Six children were in the in the very high category and one child in the moderately high category of resilience. These results show that the CHH who were identified through the qualitative enquiry

as being resilient obtained scores that indicated superior levels of resilience. These results confirmed the findings from the qualitative interviews held with the CHH, community members and leaders, teachers and members of the AP. The administration of the RS produced an ordinal score of resilience which made up the quantitative component of the study. As has been submitted by various scholars Ungar (2011), Theron (2012), Masten (2010) and Lerner (2006) the concept of resilience is highly fluid and can have different connotations in different contexts. An objective measure of resilience is therefore crucial in such instances to give a sense of objectivity to the phenomenon of resilience.

The RS was transalted into Shona by a specialist in translation services. There were challenges in translating some of the questions, for example, question 8 - I am friends with myself- which would have different meanings in Shona if literally translated. I had to provide extra explanations to the children taking the test. I also had to give the children a lot of examples on the questions to enhance their uderstanding of the questions. This as discussed earlier, could have unintendedly given the children some clues which could compromise the credibility of the results. This limitation was countered by using a variety of qualitative methods to tap into the resilience factors in the CHH. Test taking is usually an anxiety provoking exercise and I sensed this anxiety in the children as I was giving out the papers. I however assured them that the test was merely an exercise for research purposes and had nothing to do with their school work.

5.6 SCHOOL EXPERIENCES AND RESILIENCE IN CHH

The availability of positive adult role models, supportive networks, opportunities to be responsible and participate in community activities, opportunities to attend school, supportive peers, neighbours and teachers were strong protective factors that promote resilience in the children. Identification of existing resources, strengthening and extending them also provided additional support to the children, for example, extending the role of teachers to provide emotional support to children in addition to their normal teaching was a strong protective factor, especially in the case of the few teachers who went the extra mile and provided emotional support to the children.

The introduction of the guidance and counselling programmes in schools by the Ministry of Primary and Secondary Education should contribute to the preventative aspects of psychosocial problems. Children who go through stressors such as effects of HIV and AIDS, orphanhood, lack of parental care and other vulnerabilities should be cushioned and emotionally supported by provisions on the guidance and counselling programme, of whom teachers can become role models. A study carried out by Nkala (2013) at a secondary school in Bulawayo, Zimbabwe showed that teacher involvement in building children's resilience assists affected children in regaining a sense of belonging, safety, a more positive school environment and improvement of social skills.

However, the guidance and counselling programmes give an assumption that the school system has capacity to assist children who are under difficult circumstances which is not necessarily so.

The Zimbabwe school system does not have many teachers who have been trained in counselling. The teachers who took part in the study said they are not formally trained in counselling but some have attended workshops hosted by NGOs on basic counselling. In addition counselling is placed under extra curriculum activities and teachers have normal teaching loads in addition to the counselling responsibility. Rural teachers in Mutasa said that most of the problems that the CHH face are of a material nature of which they cannot offer much assistance as they are also struggling financially. The self defeating nature on the provision of psychosocial support in the absence of basic needs has been highlighted extensively (Plan, 2010; Kapesa, 2004). As mentioned earlier, the teachers indicated that they are not evaluated on the guidance and counselling programme but on the pass rates achieved in their subject areas. Therefore, negative attitudes by some school personnel, for example, teachers and headmasters, towards the programme that is supposed to offer emotional support to the CHH becomes a hindering factor. A study by Chireshe and Mapfumo (2005) concurs with this view.

Emotional support and counselling in African societies including Mutasa District is usually done informally, sometimes without the people involved knowing that they are engaged in a crucial therapeutic process (Chireshe & Mapfumo, 2005). I wondered if the formalisation of the counselling programmes in schools was creating a problem for both the teachers and the pupils in formalising a helping process that they could not identify with. The FGDs with community members also revealed the fact that when the people in Mutasa talk about assistance or help, they refer mainly to assistance and help that comes in the form of tangible things like food or money. The provision of psychosocial support in the absence of tangible basic survival commodoties like food is viewed suspisciously.

In Zimbabwe, NGOs have been on the forefront in providing formal support networks so as to meet the psychosocial support and material needs of the CHH. A number of organisations work with vulnerable children in addressing their needs for example Childline Zimbabwe, Plan International, Swedish Organisation for Individual Relief, UNICEF, and REPSSI. Although their contributions are making an impact, the actual beneficiaries of the programmes do not benefit as the programmes are hijacked by some unscrupulous community members who place their own children onto the programmes. Sustainability of the programmes is questionable as the organisations tend to come in for short periods of time to support the children which disturbs their lives. The protective and risk factors identified in the CHH that participated in the study can be summarised in Table 12. The risk factors can also be perceived as the opposite of the protective factors and vice versa.

5.6.1 Protective and risk factors in CHH in Mutasa district

Leading a life with a purpose appeared to be a crucial resilience factor emerging from the CHH. The heads of the households lived their lives for their younger siblings. The self gradually disappeared as the head of the household catered for the needs of the family. This huge responsibility gave their lives meaning and purpose. Meaning making has been identified as a crucial factor in enhancing resilience in children. Several studies have indicated that living a purposeful life steers people towards responsible behaviours that enhance resilience (Thurman et al., 2008; Masten, 2010; Ungar, 2010, 2012; Theron & Malindi, 2012). It is this purposeful and meaningful life that gave the heads of the households the strength and emotional energy to overcome the daily challenges that characterise their lives. The younger siblings reciprocated by

responding purposefully as well. This is clearly captured in what Rudo, the 16-year-old heading a household of three children said:

'After our mother passed on, even Joseph, our youngest brother who used to be the naughty one changed. He became more subdued and would do some chores around the house even without being asked to do so'.

Therefore the younger siblings' purpose becomes that of cooperating well within the family unit. They could see the sacrifices that the elder siblings were putting up with for their benefit. This stirred a reciprocal attitude and frame of mind in them. They felt obligated to reciprocate by working hard for the success of the family unit. This in turn made the heads of the households want to work even harder for the family. The notion of reciprocal considerations was therefore at work, where both, the household heads and the younger siblings reciprocated each other's efforts in meeting the needs of the family. This enhanced the resilience of the family as a unit and also of the individual family members. The CHH showed great perseverance in their pursuit for survival. They do not give up easily but engage in a number of strategies that enable them to overcome hurdles in their lives. Perseverance also emerged as a factor enhancing resilience in submissions by Wagnild (2009b). In the midst of challenges the CHH maintain a positive outlook that maintains their positive energy to tackle other challenges. They exhibit characteristics of a resilient personality (Thurman et al., 2006; Werner & Smith, 2001). A resilient personality is one that is characterised by traits that enable one to cope well in adversity. These characteristics can be found in supportive structures and in active individual traits.

A resilience based approach to psychosocial support considers the culture and value system in which the children thrive. Recognition of the cultural and indigenous aspects assists in designing

strategies that can be readily accepted by families and communities in meeting the needs of children (Ungar, 2011). Protective factors that cushion the CHH are therefore culturally determined. In this study a number of protective and risk factors emerged. Strengthening the protective factors would go a long way in enhancing the resilience of the CHH. Traditional systems of care, for example, assistance through the extended family have worked over a long period of time, however as the extended family becomes overwhelmed by the numbers of orphaned children in need of support, the safety net is slowly disappearing as was observed in the current study. There are however some cultural practices which tend to threaten the psychological well being and the emergence of resilience in children. In an evaluation conducted by Ncube-Mlilo (2006) in Matobo district, it was revealed that families and some communities strongly resist the notion of telling children about their parents' death and do not allow children to attend funerals or body viewing including that of their own deceased parents. There were indications that the children in the CHH were not given an opportunity to mourn and grieve for their departed parents. In most instances soon after the burial of the deceased, some family and community members will immediately disperse expecting the remaining children to return to regular normal life. This unresolved grief usually manifests in a number of behavioural and emotional problems for the children. This could explain the common statement coming from community members that:

'*Nherera hadzichengeteke* meaning, *it is difficult/impossible to look after orphans'*.

Nobody takes time to talk to the orphaned child and explore some the emotions they go through after the death of the parents. The indisciplined behaviours that were hinted on by some members of the extended family system could be a way of dealing with unresolved grief on the part of the

orphaned children. Therefore, one can argue that not all cultural and value systems promote resilience as in this instance repressing of children's emotions is unhealthy and destructive. Children may fail to bounce back to normal especially when they are the ones who were taking care of the deceased prior to his or her death. Table 12 below highlights the risk and protective factors identified in this study.

Table 11: Protective and risk factors in CHH

Protective factors	**Risk factors**
Maintaining a sense of family within the CHH	Negative self concept
Supportive networks	Inability to plan ahead
Effective help seeking behaviours	Poor problem solving skills
Effective social interaction and networking skills	Social isolation
Clear policies that address challenges faced by the CHH	External attribution of strengths
Ability to develop beneficial and lasting friendships	Poor team spirit
Enabling social environment	Limited or absence of entrepreneurship skills

Positive community attitudes	Inability to make friends
Positive spiritual beliefs	Poor interaction skills
Acceptance and support from teachers Entrepreneurship skills Cultural practices that promote resilience Availability of 'work' or people to work for.	Negative community attitudes Cultural practices that obstruct resilience

In line with the constructionist framework, although some of the risk and protective factors tend to be generic, most of them are contextually specific and constructed based on the experiences of the CHH. From the findings of this study, intervention strategies to promote resilience in CHH should therefore adopt a three pronged approach that addresses factors at individual levels, environmental levels and cultural levels. At an individual level, emphasis should be on enhancing the individual strengths and capacities of the CHH. This concurs with the asset focused intervention strategies propounded by Yates and Masten (2004). At the environmental level, emphasis should be on creating resilience and coping enabling environments that create conducive atmospheres for resilience to emerge. These environments should be supported by policies and administrative structures that address the needs of the CHH. The coping enabling environments should also contain supportive networks that the CHH can access and make full use of. This means that the communities in which the CHH live should be willing and active in availing such networks to the children. At the cultural level the strategies adopted should be culture sensitive and be totally embedded in values and norms of the Mutasa district people. This would ensure total acceptance of the intervention strategies by all concerned. NGOs and other

service providers should focus on what the children already possess and build on these, instead of introducing new programmes that do not support the children's capabilities.

5.7 FACTORS THAT MAKE CHH RESILIENT

Factors that make the CHH resilient were identified from the numerous interviews held with them, the general observations on how they lead their lives and the exercises carried out with the CHH, namely the problem solving scenarios, the TOL exercise and the 'I have, I am, I can activity', and from the discussions held with all the other research participants. The following resilience factors that fall into three categories namely, individual, environmental and cultural characteristics emerged from the study. The resilience factors are contextual and are related to the different ways in which the CHH negotiate for available resources that promote their well-being.

Table 12: Factors that make CHH resilient

Individual characteristics	**Environmental factors**	**Cultural factors**
Demonstrating agency. Being the source of a decision and the implementer of subsequent actions.	Supportive friends	Cultural knowledge, awareness and selectivity
Sense of purpose and responsibility, sense of being needed	Acceptance by community members	Displaying culturally correct behaviour and abilty to discard cultural values that do not meet their needs

Internal locus of control	Availability of supportive networks	Appropriate interpretation of cultural values and norms
Having a survival spirit, not giving up easily	Availability of mentors	
Self efficacy	Supportive policies	
Positive self identity and self-esteem	Acceptance by the extended family system	
Advanced problem solving skills	Social navigation	
Strengths-focused	Availability of role models	
Networking skills, ability to ingratiate self to potential benefectors.	Sense of community	
Ability to plan 'ahead'	Team spirit in the CHH	
Self determination	Availability of material and financial resources	
Spirituality	Relevant counselling services	
Proactive thinking and behaviour	CHH family unity and cohesion	
Social intelligence	Acceptance by members of the extended family system	
Entrepreneurship skills		
A desire to please the deceased parents Appropriate help seeking behaviours targeting informal channels. Engaging in atypical behaviours for survival.		

5.7.1 Cultural manifestations of resilience in the Mutasa Community

The constructionist perspective as propounded by Ungar (2004) was used in analysing the cultural manifestations of resilience in the CHH in Mutasa community. According to the constructionist perspective 'resilience factors are multidimensional and unique to each context' (Ungar 2004:344). The unique manifestations of resilience in the CHH are therefore detailed in this section. Culture is defined differently by scholars in different fields. For purposes of this study I will use the definition propounded by Theron and Liebernberg (2015:32) who define 'culture as socially-constructed and socially shared ways-of-being and-doing'. Culture is therefore simply a people's way of life that is shaped by their values and beliefs. As mentioned ealier, the Mutasa community culture appears to be shifting from a communal to an individualistic and more egocentric nature due to poverty and the generally unfavourable economic climate in the country. This trend is mirrored in the community's definitions of resilience and well-being as will be discussed in this section.

Submissions that came from members of the AP and the community members were related hence my decision to discuss these together. The AP members were also part of the Mutasa district community. Before looking at the various resilience factors, I had to explore the meaning of resilience from the perspective of Mutasa community. This is because the concept of resilience is highly contextual and what can pass as resilience in one context and culture might have a totally different meaning in another culture (Ungar, 2012). Members of the AP and community members described to me what was needed for a family in that community to be considered functional. They said the family has to have direction, good planning, able to send children to school, must meet the needs of the family first before meeting the needs of others, should have

discipline and order within the family and should be part of the community. They said if a family is able to meet all these requirements after and during ongoing hardships, then that family is resilient. Resilience means: '*kushinga mumatambudziko*' literally meaning being strong and persevering in hardships said Mr Buwe (not his real name).

When I asked whether the CHH are meeting these requirements despite having lives that are characterised by continual hardships, members of the AP responded by saying that the CHH like most families in the community live from hand to mouth, they cater for their here and now needs which is their way of survival. Living in the present and not doing much future planning also emerged from my interviews with the CHH. Members of the AP and some community members categorised the CHH into three groups. They said one group consists of those who are always begging, then comes a group of those who are a problem and source of pain to the community because of their antisocial behaviours like stealing, bullying and being disrespectful. They said the third group consists of those who are surprisingly managing well. One member of the AP said:

'Vanototi shamisa vana ivavo' meaning 'they surprise us these children'

I then explored what made the children who were managing well 'surprise' the community and the kinds of behaviours that they were manifesting. It is these characteristics and manifestations that would pass for resilience in the Mutasa community. The community members and members of the AP had this to say:

'Vanoshanda nesimba, vanoita zvinhu zvavo vakanyarara, unozongoona kuti zvinhu zvinenge zviri kutowafambira', meaning *'they work hard, they do their things/work quietly, we only observe the results of their work and realise that the children are actually managing '.*

They said when such children come asking for help from them, they listen to them and respect them because:

'*Havasi vanhu vanongokumbira rubatsiro pese pese, meaning they are not people who are always asking for assistance'* said one community member.

Analysis of the CHH's help seeking behaviours as discussed earlier in the thesis showed that they only seek assistance from a selective few people whom they perceive to be helpful. Buzuzi et al. (2014) concurs with this view. They also indicated that the resilient CHH seek help when in real need since it would be rare for them to ask for help. They try to do those things they can do for themselves on their own and it is only for the big problems that they seek help for. They are unlike those in the first category who are always asking for assistance even for trivial issues. They added that when these children who are managing well ask for help, they do not end at just seeking assistance but they qualify their requests by adding what they can do for you in return for giving them assistance, for example, they can ask for a bundle of vegetables to cook as relish for the day and in return they offer to fetch water for you from the well or they offer to water the garden for you. One member of the AP said that it becomes easy to help such a child, unlike the one who simply asks for a bundle of vegetables and ends there. (eating sadza - staple food in Zimbabwe - and vegetables continuously in most Zimbabwean families is considered to be a sign of poverty). This was confirmed by the CHH who indicated that the main strategy they used to survive was to look for *'maricho'* term used to mean working for somebody in exchange of money, clothes or food. Searching for supportive networks also emerged as a factor that

enhanced resilience in the CHH who were studied by Ward and Eyber (2009) in Rwanda. One community member said:

'Vana vanobatsirika' meaning, *they are children who are helpable'*

I asked the members to explain to me the differences between the 'helpable and unhelpable' children they were referring to and one of the responses is recorded below:

Vanobatsirika, vana vane unhu, vane tsika, vanoziva kuti varikutaura ne munhu mukuru, vanochingamidza vanhu vakuru kwete kuzondichingamidza uchida chimwe chinhu, vana vatinoona kuti vari kuedza kuita zvimwe zvinhu kwete kungogara kumirira kupihwa chete meaning *those who are helpable have acceptable morals and know how to talk to adults in culturally acceptable ways. They greet you when they see you and do not wait to just greet you when they want something from you. They engage in a number of activities on their own and we can see that they are trying, they do not just wait to be given everything'*

From these submissions it is clear that resilient children are those who behave in culturally acceptable ways which endears them to community members. The need to be respected by the children emerged from various discussions with the community members. This concurs with Theron et al. (2011, 2013) who indicated that resilience involves a transactional process that is rooted in cultural values and norms. The child engages with their environment in ways that enable the attainment of desired outcomes in situations characterised by adversity. It is also clear from the submissions that resilient children are those with an ability to endear themselves to the community. The community members said that *'they greet them and do not wait to just greet you when they have a problem'.* This characteristic makes them likable to community members. Studies by Masten (1999, 2001) showed that resilient children exhibit characteristics that endear them to people. Scholars in the field of social influence acknowledge the fact that people are

usually agreeable to requests from people they like (Baron & Byrne 2009; Aronson 2008). Hence by making themselves likeable to community members, the CHH widen their social support network base.

I then explored what the community members meant by resilient CHH:

'Doing their things/work quietly'.

I realised that this phenomenon is in line with the popular Shona culture that was explained by one community member who said:

'*Munhu haafanirwi fugura hapwa* literally meaning *that strong, honorable and resilient people should never disclose what is under their 'armpits'*. meaning *that resilient people do not broadcast their problems, but act quietly and produce results'*.

The resilient children are action oriented and concentrate on efforts that bring out desired results. From these submissions it is clear that although the CHH somehow fit into this cultural mode of showing resilience by 'suffering' in silence and not broadcasting their problems to everyone. They realise when this type of thinking works against them, and they get out of the cocoon and strategically seek help from a few selected individuals in ways that they know will produce results. Theron and Liebenberg (2015) alluded to the fact that culture can have both protective and obstructive features when it comes to the promotion of resilience in children. The CHH know when, how and who to ask for help. They also know that it would be difficult for someone they are not related to, to just give them assistance without the children offering to do something for the individual in exchange for that assistance.

However, as observed in the case of Fungai, the 16 year-old-head of a CHH who engaged in transactional sex that disguised itself as a form of relationship. Some unscrupulous males abuse the female children from the CHH and demand sexual favours in exchange for goods and food. This phenomenon of sexual exploitation of the children in CHH was also reported in a number of studies (Yamba, 2005; Ward & Eyber, 2009). This as highlighted by Ungar (2011) is hidden resilience showing itself in uncharacteristic and atypical ways that may not be universally appropriate. Different contexts seem to demand different manifestations of resilience. It may not be fair to put the blame of toxic and unfavourable social ecologies on children (Ungar 2011). A child rights approach demands the availability of basic survival necessities of food and shelter for children to resile and thrive well (Plan, 2010). It therefore may not be proper for society to blame Fungai who is engaging in an atypical behaviour to get that which the duty bearer was supposed to provide (food) to ensure her survival. According to Ungar (2013), focus should be on equipping the social ecologies with resources and structures that promote well-being.

They added that those managing well (the resilient ones) know exactly what they want. They do not have confusion but are realistic and know what enables them to survive.

'Kana uchitaura nawo unoita senge uri kutaura nemunhu mukuru, unhu hwavo ngehwechikuru, saka tinotowaonawo sevanhu vakuru', meaning *'when you talk to them, it's like you are talking to an adult, even their mannerisms are those of adults. This on its own forces us to treat them likewise'*.

This shows that the CHH have a need be taken seriously and want acknowledgement and validation from the community that they are a family like any other with the only difference being the absence of an adult heading the family. They show an ability to read the social

environment and devise ways of responding to the social cues in ways that are in line with the community values so as to get what they want. This is similar to the concept of social navigation that was propounded by Vigh (2006).

A variety of comments coming from discussions with the teachers, community members, the AP and the CHH themselves pointed to the fact that when the CHH needed something, they are tactful in the way they proceed. This social perceptiveness was also reported as a resilience factor in children in a number of studies (Luthar 2000; Masten, 2001; Newman, 2004). The children do not just come and make their request there and then unless it is something extremely urgent. They take the time to properly get acquainted with their target person, greeting them, talking to them about other issues and helping out with small chores even without being asked to do so. They do all this before they approach the target person with their request. Mr Sami (not his real name) said the following:

'George aida kuti ndimurimire munda wavo nemombe dzangu, aingouya achitibatsira batsira tumabasa twakakangowanda wanda. Pa Christmas jana remombe ranga riri kwedu, vana vangu vakaramba, asi George akauya akati ndonodzifudza hangu mombe dzacho. Paakazouya achikumbira kurimirwa tichishandisa mombe dzangu, zvanga zvisingaiti kuti ndirambe' meaning *I remember when John wanted my assistance in using my cows to plough their field, he would come and offer to do certain chores around the house and on Christmas day when none of my children were willing to herd the cattle, he offered to do that for us, so when he eventually asked if I could assist him in using the same cows to plough their field, I could not refuse'*

This shows that the CHH have effective networking skills. They network with people who advance their interests, people who are in a position of meeting their needs. They know that the root of networks is in establishing a relationship first and that the relationship has to be

bidirectional, hence their strategy of spending time ingratiating themselves to the target person. They engage in crucial target directed tactics that involve making themselves likable so as to enhance compliance (Baron & Byrne, 2009; Aronson, 2008). The importance of networking skills in enhancing resilience was also reported in a number of studies (Dandeneau & Isaac, 2009; Henderson, 2006; Lincoln, 2006; Donald & Clarcherty 2005).

Most of the CHH prepare for hardship way before they get into the CHH situation. They take care of terminally ill parents and during that time they amass a variety of living skills that equip them to manage the household in the absence of the parents. One community member said:

'Ndiwo waito mira mira kuchengeta mhuri yese vabereki vachirwara' meaning *they have been running the household on their own when the deceased parents were sick'*.

Hence when the parents eventually pass on, being in charge will not be a new thing for them. Buzuzi et al. (2014) detailed a number of challenges that the orphaned children faced depending on who would have died first amongst their parents. These challenges prepare them for hardships and when the hardships come, the CHH would have amassed a lot of skills in dealing with the difficulties. Cognitive behavioural theorists detail the concept of stress inoculation as a crucial coping mechanism. In stress inoculation an individual 'injects' himself with certain levels of stress before the stressful event occurs, so that when the actual stressful event occurs the individual is used to the stress and would have acquired skills to manage the stress. The person would have been 'inoculated' against the stressful event. The injection comes in the form of gradually experiencing levels of the stress before the actual stressful event occurs. The children

will be able to look after the family without the extra burden of taking care of terminally ill parents. As Tawanda the 14-year-old heading a CHH of two apologetically said:

'I now have time to run around and look for food for the family'. This was after the passing on of his parents.

The CHH accept their situation and focus on the positive. They possess an ability to reframe adversities and to focus on the good rather than the bad (Masten, 2001). Communities should take a more proactive role in standing up for the needs of the CHH. This seems not to be happening as most people in the communities I interviewed focus more on meeting their own needs before they assist others. This was evidenced by a common statement from the community people and leaders that were interviewed. They said:

'Chido chekubatsira tinacho asi nesuwo hatinawo chekubata' meaning that *the will to help is there but we do not have enough even for ourselves'*.

Buzuzi et al. (2014) also noted that most communities are experiencing challenges similar to those experienced by the orphaned children. This also explains why some community members were diverting the NGO goods and services meant for the orphaned children to their own use. I also noticed an unusual trend in the community's definition of help. The concept of help is usually considered in relation to giving something tangible that addresses the other person's need. Most of the people interviewed believe that help should come in the form of material things. Help that arrives in any other form, for example, talking or visiting someone, giving advice and so forth is usually viewed suspiciously if it is not accompanied by something that is tangible and material in nature. As a result, people may fail to receive or give the intangible

forms of assistance because it does not have something tangible to accompany it. This was evidenced by what one villager said in relation to offering help to CHH:

'*Tinosvikapo sei tisina chatakabata?'* meaning *how can we go there empty handed?'*

Thus, the CHH may fail to receive the much needed psychosocial support from community members not because the communities do not want to extend it but because they feel awkward visiting the CHH empty handed. This can be related to Maslow's 1943 hierarchy of needs. Food is a basic need and when it is not available all efforts are geared towards attaining it. Therefore counselling and emotional support that does not lead to the attainment of food will be considered as a higher order need that will not address the CHH's need for survival. However although there is this clear link between material and emotional problems, findings from the study indicated a need for emotional support coming from the CHH. The provision of food alone could not solve all of their emotional problems. The children also yearned for some form of emotional support from significant others in their lives. As Rumbi sadly asked:

'Vanobvei kana vakapota vachiuyawo hawo kuzongotiona chete, meaning what do they lose (referring to the relatives) if they just pass by or visit just to see how we are doing.'

This submission contradicts with views commonly held by some community members and teachers who all feel uncomfortable about providing emotional support in the absence of material goods like food. The meaning of resilience from the perspective of Mutasa district community can therefore be summarised using direct quotes from the community members and leaders as follows:

Perseveres in hardships

Someone who works hard and does his/her work quietly

Does not broadcast his/her problems

Produces results

Appears as if there is nothing bothering him/her

Someone who is not always asking for help

Displays culturally correct behaviour (a child who knows how to talk to elders).

This is in line with the constructionist theoretical framework that guided the study, in that the Mutasa community construct their own meaning of resilience and this meaning in turn shapes the contextual manifestations of resilience in the CHH. As can be observed from the above submissions, the meaning of resilience mainly centres on what the individual child has to do to become resilient. This is related to what Panter-Brick (2015) described as having 'To do this in order To get that' when she described the resilience shown by the children in Palestine who participated in her study. The CHH have to persevere, work hard and engage in most of the characteristic behaviours listed above to achieve the resilience indicators of availability of food in the house, siblings going to school and having clothes to wear, to name just a few. However, there is a need to take one step back in the resilience equation and analyse 'what it causing the children to do this in order to get that'. Ecological structural factors that are the root cause of the children's actions have be analysed and addressed. If these are addressed, then the CHH's efforts can latch on to existing ecological positives and strengths leading to exponential growth in their resilience. In the same vein, the contextual connotations of resilience that may be self defeating in the long term need to be unpacked together with the participants. It is of no value to simply point out that certain behaviours are bad without providing alternatives. However, the

alternatives should not be prescriptive in nature but should be constructed by the CHH and other key stakeholders.

The resilience factors are embedded in the multisystemic interactions between the child and the social, cultural and economic environments in the child's life (Ungar 2013). Taking ideas propounded by Bronfenbrenner (1989), the orphaned child's ability to access resources in these ecologies is not executed in isolation but is influenced by the broader macrosystem which has a culture that is in turn being influenced by the general socioeconomic situation prevailing in the country. Interactions between the CHH's ecological systems can bring about resilience in the CHH when and if the systems are functional. However the semi-functional nature of the systems in the CHH's lives means that they can only bring about resilience factors to a certain extent, for example, the harsh economic climate in the macrosystem causes generalised poverty which affects the microsytem and the exosystem. This in turn affects the decisions that the CHH and the people in their systems have to make in order to survive. In an ideal situation, for example, at the exosytemic level, the extended family members' positive interactions and involvement in community activities can create opportunities for the CHH in the microsytem that enhance the children's well-being. On the other hand the community leaders' active engagement with NGOs working in the community can provide or unlock resources like food or money for school fees that can enhance the CHH's resilience. However the reality in the Mutasa community is totally different from this ideal situation. The structures and people within the CHH's systems, for example, the extended family system, the community members and leaders and the churches are all navigating torwards the same resources as the CHH for survival due to generalised poverty that characterises the environment. This creates a situation where the systemic interactions in the

CHH's ecologies become obstructive to resilience and this demands a lot of creativity on the part of the CHH to access the resources that will ensure their survival. The CHH engage their resourcefulness and work harder looking for alternative solutions in the toxic environment. They engage their B and C factors in Hill's ABCX model where they scout for surpportive networks and at the same time adopt a positive mind frame and perception of their situation. The negative experiences they encounter challenge them to work hard and to persevere. A constructionist approach is therefore needed when trying to adopt a theoretical framework to study and promote resilience because of the complex contextual relationships that exist between factors as discussed on this section. Different contexts will demand different approaches and it is prudent for practitioners to take that which applies to their settings and leave out that which does not apply. It will not be appropriate to come in with neatly packed intervention strategies, because interventions are just as contextual as the different manifestations of resilience across communities, people and cultures.

5.7.2 Indicators of resilience in CHH

The following indicators of resilience in CHH were observed in the study,

1. The availability of food in the house.
2. The children (some of the children in the family) attending school.
3. Harmonious relationships amongst the siblings.
4. Evidence of reciprocal considerations (head of household being responsible for the younger siblings, younger siblings cooperating with the head of the household).

5. Purposeful engagement such as engagement in activities that bring about positive outcomes.
6. Display of proactive behaviours.
7. Helpful communication strategies with community members and extended family system.
8. Beneficial friendship relations.
9. Display of entrepreneurship skills.
10. Sense of self-awareness.
11. Availability of supportive networks for the household
12. Demonstrated agency
13. Exhibited cultural awareness and cultural selectivity
14. Evidence of spiritual qualities

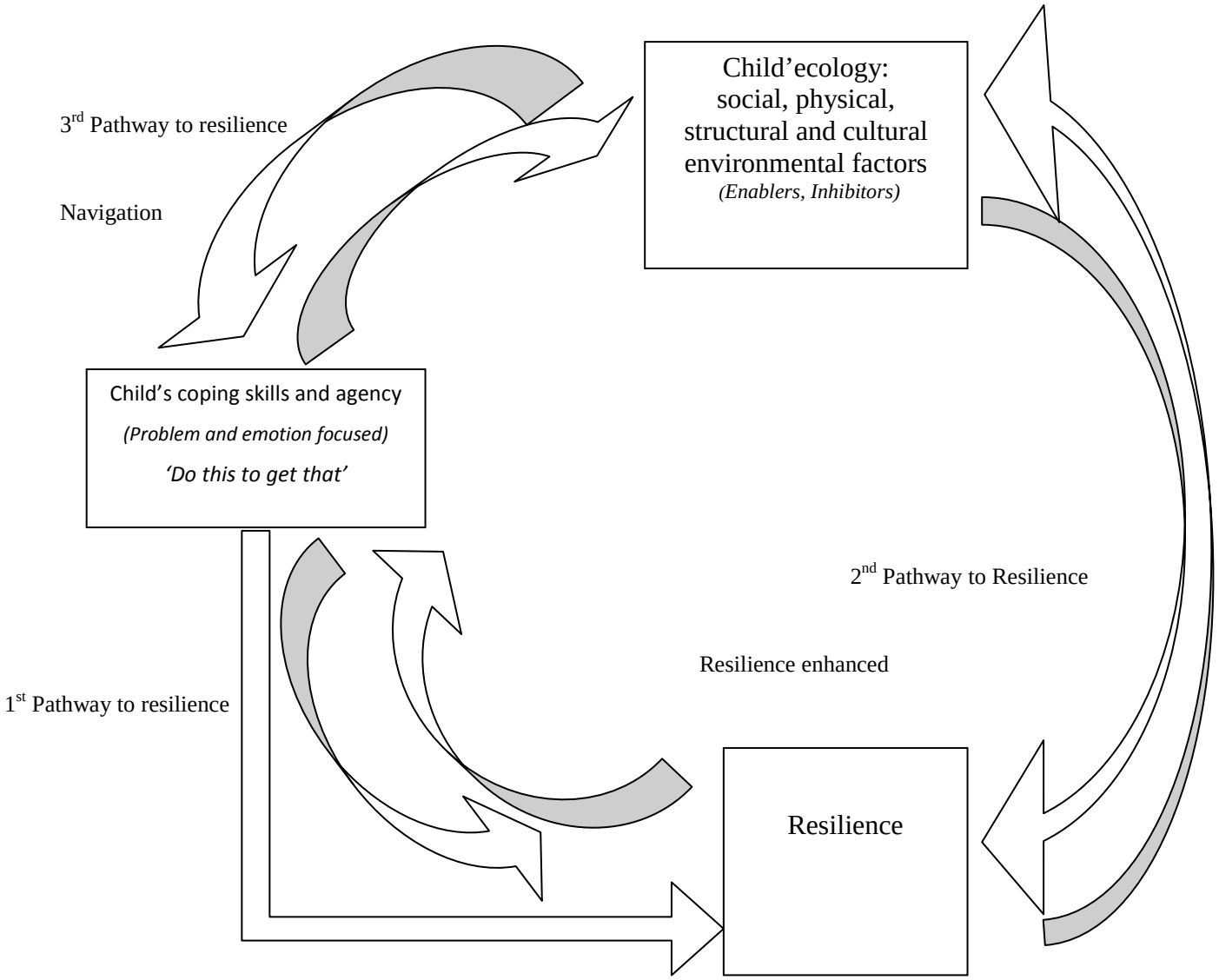
Adaptive functioning, competence or positive outcomes, regarded as key indicators of resilience, are understood and measured in different ways depending on the presenting adversity and the context (Masten & Powell, 2003). In addition to the differences in indicators, research suggests that these outcomes may fluctuate over time and across various domains. Therefore, measures of successful indicators and competent functioning should be strongly linked to the risk factors under consideration, for example, for the CHH studied in this research, the presence of food in the house is considered competent functioning, whereas high academic achievement may not be relevant to the risks at hand. The definitions of positive outcomes differ across diverse situations and studies (Ungar, 2004, 2008, 2013). What could be a positive outcome for CHH in Zimbabwe could be completely different from what a positive outcome entails for a vulnerable child in Europe. The constructionist perspective supports this notion in the sense that there are multiple realities and the fact that one reality differs from the other does not necessarily make some

realities more superior than others. Indeed Gray (2010:20) posits that, ‘multiple, contradictory but equally valid accounts of the world can exist’.

5.8 THE BIDIRECTIONAL MODEL OF RESILIENCE

A *Bidirectional Model of Resilience* that captures the findings from this study on what contributes to the emergence of resilience in the children in the CHH is proposed. (Refer to figure 11). The bidirectional nature of the model means that resilience in the CHH in Mutasa is achieved in two directions that compliment each other and as indicated in the diagram either way, resilience is achieved. However, it should be noted that according to this model, there are three pathways to resilience. As shown on the diagram, the first pathway to resilience is found in the child’s coping skills and agency which becomes a direct pathway to resilience. On this pathway the child uses his/her agency and also engages in various problem and emotion focused coping strategies to solve problems they encounter on a daily basis. On the second pathway, the child uses his/her coping skills and agency to scout and navigate around the social, physical, structural and cultural ecologies looking for and accessing resources that ensure their well-being. The resources are mainly basic survival materials. These come in forms supportive networks that provide opportunities to get food, clothing and shelter, doing small piece jobs within the communities and engaging in petty trading. The CHH make use of these environmental enablers which create a coping enabling environment that provides another pathway to resilience.

Figure: 11 The Bidirectional Model of Resilience



The third pathway to resilience according to this model involves the social, physical, structural and cultural factors in the child ecology in turn influencing the types of decisions and behaviours that the child engages in that also lead to resilience. It however should be noted that on this third pathway, the decisions made by the children that are influenced by the challenges faced in the environments they live in might in some cases not be culturally acceptable. Navigation in this

case becomes constrained leading to restricted agency where the child engages in atypical behaviours that are not culturally acceptable but enable them to survive. A phenomenon Ungar (2011) referred to as hidden resilience. Intervention strategies on this third pathway require that duty bearers avail coping enabling environments to the CHH. However, as suggested by Ungar (2013), the creation of coping enabling environments requires that individuals get empowered to negotiate with the responsible authorities for their creation. Empowerment on the other hand entails awareness of those rights and an ability to articulate those rights to the duty bearers. This is a skill that the CHH in Mutasa district and children in general might not have. On the other hand there must also be willingness on the part of the state or local authorities to create the coping enabling environments. The question then becomes, what happens to the CHH when those entrusted with the duty of creating the coping enabling environments are either unwilling or become the perpetrators in destroying the same coping enabling environments. The CHH therefore realise that they may not have the power to influence their structural and physical ecologies. In such cases they tend to focus on their social and cultural ecologies which they can impact using networking skills. The impact they exert on their social and cultural environment positively impacts their structural and physical environment by creating opportunities that sustain their well-being. It therefore follows that if a deliberate effort is made to enhance and boost resources in their structural, physical, social and cultural ecologies, building on what the children are already doing for themselves, the children's resilience levels will be enhanced.

Research is all about providing practical answers to social problems and changing social structures for the better. However, most researchers in Africa are found wanting in this aspect. As Theron (2012:339) rightly propounded that psychologist researchers 'are also guilty of not

explicitly advocating social change'. Theron (2012) argues that in South Africa, the link between findings from resilience studies and tangible positive changes in social structures is weak. The study of resilience therefore requires us to challenge and change social ecologies so that laws, policies, intervention strategies and social structures become shaped by findings from research. Indeed Ager (2013) in his annual research review on *Resilience and child wel- being: Public policy implications,* laments the fact that although researchers can come up with solid findings that can inform policy, they however lack the urgency to push their findings onto the political agendas in their respective countries. There is therefore a need for collaboration between researchers and policy makers.

To boost resilience, child service providers can target these three pathways leading to multi level and multi systemic interventions that target the child, the social, physical, structural and cultural ecologies of the child. The factors that make the children resilient are embedded in the pathways shown in the model. These factors consist of interplay between the individual characteristics of the child, the social, physical, structural and cultural environmental factors. An interaction of these factors and not one of them acting in isolation enhances resilience in the children. This as indicated earlier on in this chapter confirms with most of the existing literature in the field of resilience. The only departure is in the manifestations of resilience, as they tend to relate to what resilience means in Mutasa district. Therefore although the components of resilience, in other words what makes up resilience can be similar, the indicators and manifestations of the phenomenon varies in different contexts (Ungar, 2012). For example, a number of studies have alluded to the fact that education is an important active support factor in enhancing resilience, (Thurman et al., 2008, 2006; Newman, 2004; Luthar 2000; Masten 2001). However in this study

the children use tactile and strategic agency to weigh and determine what is most crucial in enhancing their survival and they prioritise their activities accordingly.

Although the CHH realise the importance of education as evidenced by the head of the household's decision to drop out of school in order to work and pay for the young siblings' education, the benefits of education are however abstract and in the long term for them. The CHH construct their own definition of well-being and they therefore decide to engage in activities that satisfy the here and now needs for them, for example, working in other people's fields to get food and clothing for the family. This act, in different contexts would be considered as child labour and an offense. In essence the CHH are consciously or unconsciously making a statement that the education that is on offer is not meeting their needs, it is abstract and they cannot use it to meet their present survival needs. I am reminded of Ungar's (2012) statement that for education to be a resilience factor it must be offered in ways that are meaningful to the child and should be able to meet the child's needs. Education in the current context might not be meeting the current needs of the CHH. This also relates to the atypical manifestations of resilience in different contexts.

As I was reflecting on these submissions, I wondered whether the CHH were actually making the responsible authorities aware of the need to change the structure of our educational system. The educational system and curriculum has lagged behind and has not kept pace with a number of socio-economic changes that have occurred in the country. This could be the reason why there is a high rate of unemployment because the system is churning out graduates with irrelevant skills that do not address the real issues on the ground. This might be a wake up call for the responsible

authorities that the education on offer could be irrelevant. These valid views could need to be interrogated in a different forum and separate studies.

The state has an obligation of creating coping enabling environments that will benefit all children (Plan, 2010; UNICEF, 2011) As Ungar (2011) rightfully submitted that it would be wrong to place the responsibility of resilience on a victim of toxic environments. However, in most African countries including Zimabwe, the state has been accused of being a pepetrator in violating the enabling conditions (child rights) that it is supposed to safeguard (Gwandure, 2009). Therefore a two pronged approach could be appropriate, where on one hand civil society continues to lobby the state to fullfil its obligation of creating enabling environments for the emergence of resilience and on the other hand, deliberate programmes to enhance CHH's basic living skills and individual characteristics and capacities that can boost resilience can be put in place. The environment should therefore 'be made to offer' enabling conditions. In the case of the CHH in Mutasa most of the enabling conditions are not there and the children use their agency to create these enabling environments. However this should not exonerate the duty bearers from doing their job. Duty bearers can build on what the children are already doing for themselves.

In Ungar's (2011) ecological theory of resilience emphasis is placed on the environment in enhancing resilience. Studies by Elliott et al. (2006), Klebanov and Brooks-Gunn (2006) and Ungar (2011) concur that children change for the better not so much because of what they do but because of what the environment provides. Therefore creating the right environment that ensures success becomes crucial in achieving resilience related outcomes. Ungar (2011) and Elliot et al. (2006) contend that in cases of conducive and coping enabling environments the child can be a

passive recipient of environmental factors that ensure success. This however differs in toxic environments characterised by generalised poverty as is the case in Mutasa district. Being passive in such environments becomes a luxury that the CHH cannot afford and can hinge on the very survival of the household. The prevailing environment forces the children to be in constant motion engaging with the business of living and ensuring their survival. The child is constantly scouting the environment for resources that allow them to survive. To achieve this, the child inevitably engages their individual capacities. The child's resilience therefore takes a variety of dimensions which include the following:

- Developing individual strengths and capacities
- Having the ability to use those individual strengths/capacities in culturally accepatable ways that meet their needs,
- Ability to identify resources within their ecologies that address their needs.
- Having the ability to navigate to those resources and use them in ways that achieve desired outcomes for the CHH.
- Creation of coping enabling ecologies by the state because navigation to resources by the CHH requires that the resources be present for such navigation to take place.
- Availability of ecological resources and opportunities that ensure their survival.
- 'Ability' of the ecology to avail the resources to the CHH.
- 'Ability' of the ecology to accept and encourage the CHH's survival initiatives.

As can be observed, a multisytemic lens should be adopted in understanding resilience factors in the CHH. The above dimensions also tend to place some responsibility for resilience on the shoulders of the young children. It is my submission that if the state can reciprocate the efforts of the CHH by providing conducive ecologies, the resilient CHH will function at even higher levels

and the non resilient orphaned children will also benefit from the coping enabling environments. The children in the CHH in Mutasa district tend to have multiple portions of resilience and are not only resilient but are ‘resilient resilient’.

5.8.1 The process of transforming resilience factors into positive outcomes for CHH

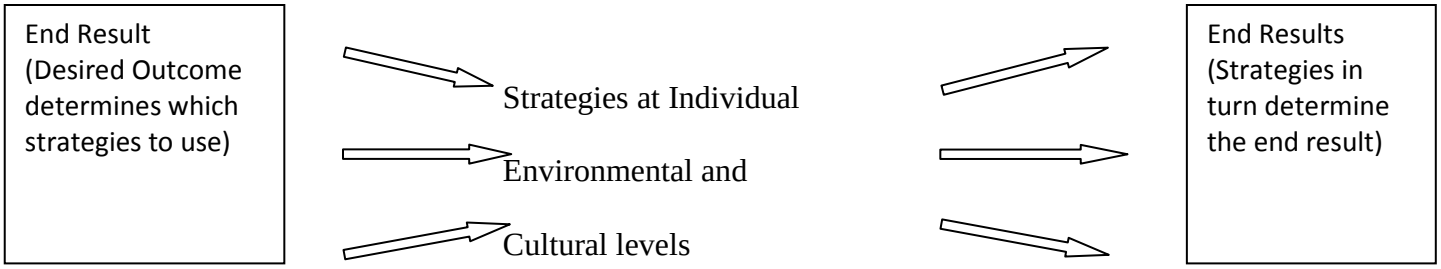
The study of resilience factors may have limited use if these factors do not produce indicators of success in the CHH. The process of transforming a resilience factor into a positive outcome is important as it helps in understanding the concept of resilience at a deeper level. This would also have significant implications for intervention strategies to promote resilience.

Risk and protective factors are differently understood and defined by various researchers. Researchers in the field of resilience have been criticised for producing long lists of risk and protective factors that are of limited practical use because of their vague and unclear connection to intervention strategies (Luthar, 2000; Theron, 2012; Panter- Brick & Leckman, 2013). These issues have led some scholars to question the usefulness of studies in resilience. However a thorough understanding of the process and continual focus on the uniqueness of individuals and their presenting challenges will continue to make the study of resilience useful (Theron, 2012). I try to address these issues by proposing the *Bidirectional Model of Resilience* discussed earlier in this chapter and the *Starting and Ending with the End in Mind Strategy and the Self-Efficacy Strengths-Focused Model of Coping* that emanated from findings in the study. These are discussed below.

5.8.2 Starting and Ending with the End in Mind Strategy

In this study, I propose a simple process of transforming resilient factors into positive outcomes called the *Starting and Ending with the End in Mind Strategy*. The CHH that participated in the study know exactly what they want out of a social interaction or encounter. They engage in a number of internal processes that involve both cognitive and social strategies to get what they want from a social interaction (Aronson, 2008). The CHH showed superior intelligence in practical social psychological concepts of attribution processes and social influence. They know how to influence other people's behaviours to their advantage. If the strategies succeed, they are strengthened and repeated on similar incidences. If the strategies fail, the CHH do not lose heart but persevere until they get strategies that meet their needs. The CHH discard and learn lessons from their mistakes. They do not dwell on what has gone wrong. They focus on their strengths to right the wrong. They consciously and purposefully engage with their environment in a way that creates a positive outcome. Findings from studies by Evans (2012), Lee (2012), Ungar (2010, 2012), and Vigh (2006) concur with these findings in that the CHH engage in internal processes and interact with their environment in ways that meet their needs.

Figure 12: Starting and Ending with the End in mind strategy



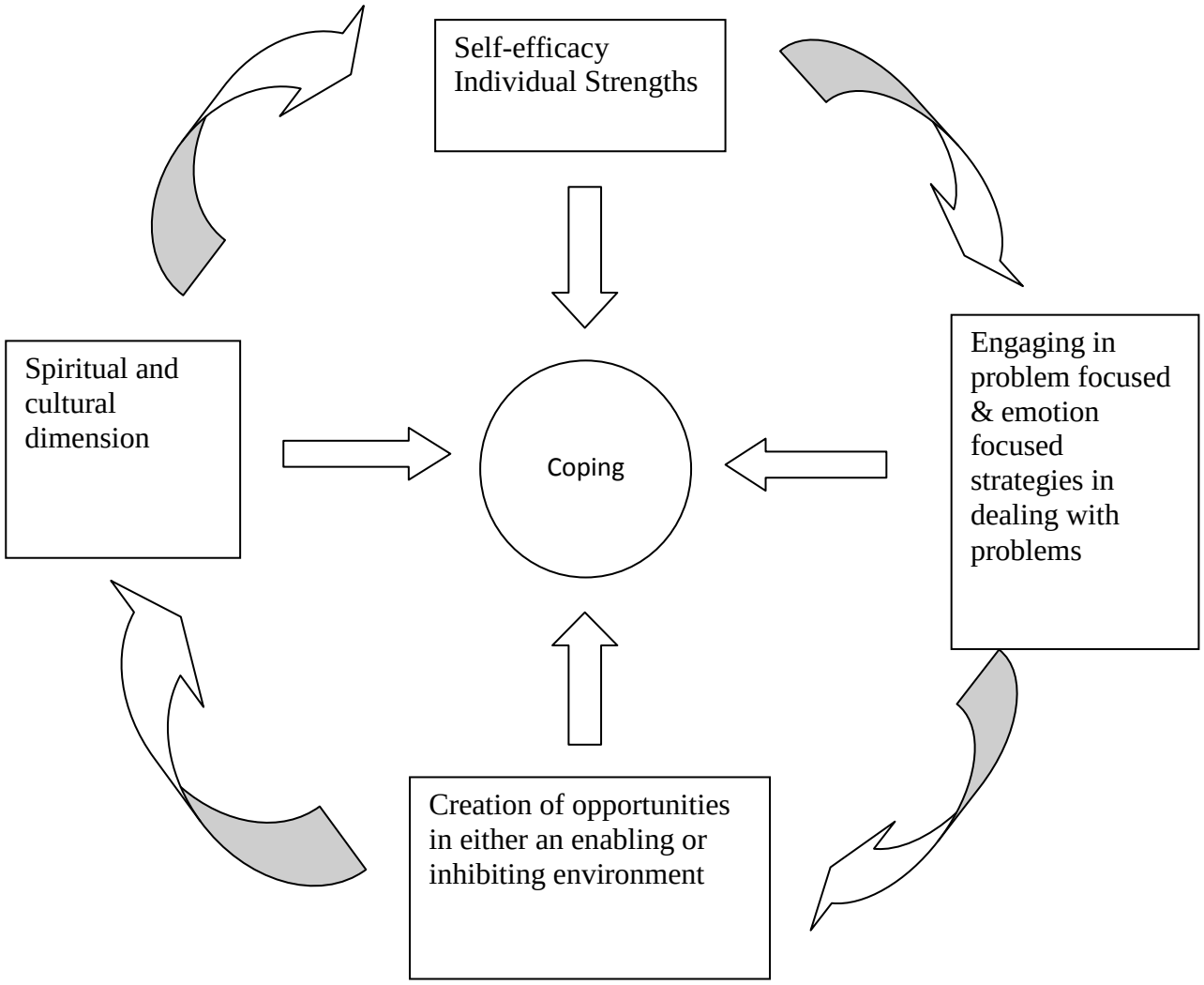
As indicated on the diagram above the children start with the end result which is their desired outcome. This desired outcome determines and informs them on which strategies to use in order to achieve the outcome. The strategies can be at individual, environmental or cultural levels. These strategies when employed by the CHH lead again to the end result (desired outcome). Their behaviour and actions are therefore guided and informed by the end result which is the desired outcome that they want to obtain from their actions and behaviours.

5.8.3 The Self-Efficacy Strengths-Focused Model of Coping (SESF)

The model of coping that emerged from this study is called the *Self-Efficacy Strengths-Focused Model of Coping (SESF).* This is because the children drew on their self-efficacy, believing in their ability to influence events by the actions thay take as a starting point in the engagement of other resources that enabled them to cope. The CHH used their self-efficacy and strengths to engage in a number of problem focused or emotion focused strategies to deal with the many challenges in their lives. They used these strategies to create opportunities for themselves in their respective ecological environments. A spiritual dimension that is rooted in their culture was also used by the children to enhance coping.

Figure 13 below shows the *Self-efficacy Strengths- Focused Model of Coping*

Figure 13: The Self-Efficacy Strengths-Focused Model of Coping



5.9 POLICY INTERVENTION STRATEGIES ON ISSUES AFFECTING CHH

Three interviews were carried out with government officials responsible for policy formulation and review. One interview took place at Africa University, and the other two interviews took place at the offices of the government officials. Discussions with Mr Samson, Mr John and Mr Peter (not their real names) revealed that all policies dealing with issues concerning orphaned children are formulated and implemented by the Ministry of Social Welfare. The interviews also revealed, as noted earlier, that despite the increase in the number of CHH over the years there are no policies that specifically cater for this constituency. The CHH are subsumed under the broad category of OVC.

Mr Samson explained that the process of developing a policy in Government follows a certain sequence with distinct phases.

Phase 1

Specialist officers in the area requiring a policy carry out research in that area. These officers are mainly directors based at head office. This research is supposedly done with the inclusion of a representative sample of the population concerned.

Phase 2

The specialist officers report their findings to the Permanent Secretary in that Ministry.

Phase 3

The Permanent Secretary reports the findings to the Minister.

Phase 4

The Minister reports the findings to the Cabinet.

Phase 5

The Cabinet endorses the report and the policy. However, Mr Samson said:

'The Cabinet is usually made up of people who may not be directly involved in the issues at hand and in most instances it simply rubber stamps whatever comes from the Ministry. The policy is then passed and distributed to Provinces and districts and is thereafter supposed to be implemented'.

I informed the three officers that opinions at the grassroots levels showed that most of the policies were not addressing the needs of the vulnerable children and the CHH in particular. They said that the district personnel should engage their provincial heads of department who should use the same routes to relay the message to the top so that the policies can be changed. Mr Peter however said:

'They do not do that because most of them fear to challenge existing policies because doing so might be wrongly perceived as working against the government that is paying your salaries, so they keep quiet and continue working with dysfunctional policies'.

Eggerman and Panter-Brick (2010) cited in Ager (2013:490) insightfully propounded that there is a great need to target 'the major political and economic drivers that create a context of adversity for children, not just the mechanisms available to address such adversity'. This therefore calls for unbiased and honest appraisals on functional and dysfunctional policies. Studies in the area of policy development seem to suggest that a 'bottom up' approach is usually effective when formulating policies. This seems to be the method that has been adopted by the

Zimbabwean government. However, a closer examination on this process suggests that it is not as ‘bottom up’ as the term entails, since it commences at head office and more resembles an ‘Up-Bottom–Up’ approach. This is because the whole process starts at head office (Up) with the directors reportedly doing the research with people at the grassroots level (Bottom) after which the process is returned back to head office and Cabinet (Up) for approval.

The drawback of this approach is that those people at the top who spear head the process may not be fully in touch with what is happening on the ground. If they lead the research and needs analysis process, they may advance research objectives and questions that may not tally with the actual needs of the target population and the unique needs of the targeted population such as the CHH, may be lost in the process. This therefore calls for an urgent need to strengthen the connection between research and policy for the formulation of policies that are research based (Bennett & Jessani, 2011). Policy makers and researchers need to collaborate and meaningfully engage in the policy formulation processs if tangible benefits are to be realised. Bennett and Jessani (2011) cited in Ager (2013:495) point out that ‘there are major challenges with both the ‘push’ model of knowledge transfer (where researchers seek to identify policy consumers for their work) and the ‘pull’ model (where policymakers commission research related to current agendas). They advocate for a process of ‘knowledge brokering’ which will regulate and coordinate ‘the supply of, and demand for, research evidence’. This inevitably calls for dialogue between researchers and policy makers so that researchers can carry out studies that are policy need driven and policy makers will have the availability of policies that are research based. This will lead to a ‘win, win’ situation where all parties, the politicians, the researchers and the CHH or any targeted population will benefit from the process.

5.9.1 Promotion of child rights as a resilience factor

Resilience and the realisation of child rights are closely related in Mutasa and it becomes a challenge to tackle one and leave out the other.

Mr John said:

'Yes I agree with you that the issue of resilience that you are talking about is a child rights issue, But you see the moment you start talking about rights at any level, people view you with suspicion: it is not a user friendly term, you see, (laughs from Mr John and me) so you have to tread very carefully'

In Zimbabwe, advocating for human rights is usually done by people who are perceived to be anti-government. This could be attributed to the fact that the activists will be challenging the status quo and making people aware of their rights and how they are being violated. I could therefore understand where Mr John's hesitations were coming from when the discussion took a rights based approach. Being a government official he could not appear like he was biting the hand that was feeding him. The CHH's daily challenges revolve around survival which entails spending most of their time looking for food. Food is a very basic need and right for the children. It becomes a scarce commodity due to poverty and threatens the very survival of the CHH. A rights based approach to resilience would require the obligation of the state to provide these basic rights that create a coping enabling environment which would enable the CHH to thrive and resile (UNICEF, 2004). Poverty which is at the root of the CHH's problems is a denial of child rights and poverty eradication can be seen as being synonymous with the process of meeting human rights (Plan, 2009).

The dynamics of resilience in Europe and Africa are different in the sense that in most European countries, the social protection structures that cater for the basic needs of the vulnerable populations are usually available, for example, food, shelter and education which relate to the child's rights to survival, protection and development. In Mutasa district however, the children struggle for the very basics of food, shelter and education. Looking a bit disturbed and upset, Mr John said:

'Honestly how can you expect a child to cope when there is no food, no money, no parents, someone should be responsible for these children, but are you sure that these CHH really exist?'

This statement was disturbing considering the fact that it was coming from someone responsible for the formulation of policies for the CHH and he was not sure if the CHH really existed. My mind flashed back to the heads of the CHH, Rumbi, Tawanda, Simba and Fungai who were struggling to get identity particulars. I shared their story with Mr John who promised to assist.

Resilience in Mutasa district is linked to the availability of the very basic needs for survival. It therefore becomes difficult to separate resilience from child rights because the fulfilment of child rights creates coping enabling environments that are crucial for the emergence of resilience. From a child rights perspective, the duty bearers, in other words the state has an obligation to fulfill the basic child rights that are crucial for the emergence of resilience (United Nations, 2009). Ideally the child who is the right holder should be in a position to claim these rights from the state. However due to a number of limitations pertaining to age, culture and resources the child is unable to do so in their individual capacity but relies on civil society that can advocate on the child's behalf. The child service professionals who participated in the study also added that

efforts have been made to domesticate the UNCRC into relevant laws and policies that pertain to the nation. There is however, a real gap in the implementation and monitoring of the laws and policies. They also lamented the fact that a common clause in most of the articles of the convention pertains to success being dependent on the availability of resources. This tends to self defeat the purpose of the convention. This is because duty bearers quickly give the excuse of inavailability of resources for the failure to fulfill their obligations to the right holders.

A child rights based approach entails the realisation of the rights of the excluded and marginalised populations like the CHH. It encompasses a holistic view that includes the family, community, civil society, local and national authorities in addressing the needs of the CHH, (Centre for Human Rights Research, 2000). Resilience is all encompassing and as indicated by the findings of the study, it includes the child's internal strengths, a coping enabling environment and the availability of supportive networks in the child's environment. The child rights approach also involves inclusion of participatory processes in policy formulation and implementation. This leads to the availability of policies that address the needs of the CHH. Involvement and participation by the CHH makes the policy formulation process transparent and empowers the right holders to claim their rights, thereby enhancing accountability on the part of the duty bearers (UNICEF, 2004, 2010). This enhances the resilience of the CHH because as has been indicated earlier by the Social Suffering Theory, most of the problems faced by the CHH also emanate from the enactment of policies and programmes that do not address their needs. This is because these policies are designed for them instead of by them and with them. Hence the participation of children as advocated for by the child rights approach would go a long way in

ensuring that their needs are met which in turn would create a coping enabling environment that would enhance their resilience.

Ideally, policies should be dynamic and must address the changing needs of the intended beneficiaries. Officers at district levels should report any short comings of the policies to head office so that policies may be periodically adjusted. From the interviews I carried out, it was indicated that this might not be the case. Officers at district level feel as if the policies have been imposed on them without their input. They continue working with dysfunctional policies simply because they have been put in place by the 'experts'. The unfortunate outcome of all these power dynamics is that the intended beneficiaries continue to suffer. The needs of the intended beneficiaries should always be prioritised over power politics. Ager (2013:494) advanced what he referred to as key messages to policy makers regarding resilience. These are summarised below.

- The starting point is strengths and resources rather than risks and vulnerability.
- Resources supporting developmental outcomes can be drawn from across biological, psychological, familial, communal, institutional and societal domains.
- Each of these domains represent discrete, but connected, adaptive systems.
- Because the systems are connected, interventions in one domain can have influence in another.
- Because the systems are adaptive, they self regulate by deploying available resources to compensate for lost resources.

The children's voices need to be heard in processes that are meant to develop programmes or policies that are supposed to benefit them. However, CHH being children themselves, they find it difficult to stand up for their rights especially at policy levels. Usually people who fight for policy changes are empowered and are those who are directly affected by the policy and are at the receiving end of a malfunctioning policy. The key question becomes; who will fight for the cause of CHH? Possible answers to this major question provide a basis for the implications of the study discussed in chapter 6.

5.9.2 Personal reflections on findings

As I listened to the children in the CHH's experiences so as to get a deeper understanding of their life and what they go through in order to survive, I tried to emphathise with them, but sometimes sympathy would overwhelm me. I however knew that I had to balance the different emotions flowing through me as I watched and listened. Merely listening to their stories took an emotional toll on me and I wondered how the CHH being the main actors would cope. I had deep admiration and respect for the resilient children. I had to show signs of encouragement in their initiatives which were far beyond what is normally expected for their chronological ages. I kept thinking of my own children and was grateful that I was alive to take care of them. However my mind would also wonder to a lot of 'what ifs'. What if I was not around to take care of them? What if my children find themselves in circumstances similar to the CHH? What if members of my extended family system could not take care of my children? As I pondered on these questions I could feel tears welling up in my eyes. I occasionally took short breaks from the research process. I needed breathing space as I reflected. I responded to my own questions with further

questions. How am I raising my children? Am I raising them in ways that prepares them for such unfortunate eventualities in life? What can I do differently in terms of providing basic life skills training for my own children? Indeed the CHH did not choose their circumstances. No one chooses to be born in a particular family. This study has transformed me for the better and I owe this transformation to the brave children shouldering adult roles in the CHH.

5.9.3 Suggestions for further research

From the findings of this research, further studies can be carried out in the following areas:

- Multilevel dynamics and interaction patterns that enhance resilience in vulnerable children.
- Sibling interation patterns that promote resilience in the CHH.
- Londitudinal studies on children growing up in CHH.
- Documentation of success stories from childhood to adulthood on children growing up in CHH.
- The interplay between child rights and resilience.
- Realignment of the educational system to socioeconomic changes taking place in the country.
- A preventative analysis on factors that put children at risk.

5.10 SUMMARY

Experiences of the CHH revolve around looking for food and money to buy basic necessities. The children use their own agency to search for opportunities and networks that meet their needs.They engage in menial jobs to survive. The CHH think and strategise like adults. In some

cases the environment causes the children to behave in atypical ways to meet their needs. Poverty has caused people and communities to be egocentric and to focus only on meeting their needs and those of their own children. Capacity to extend assistance to the CHH in the extended family system is limited. The heads of the CHH sacrifice their own needs to meet the needs of their siblings. They make decisions to satisfy their here and now needs regardless of the consequences of those decisions in the future. Problems faced by the CHH are also a result of policies that do not address their concerns. It is difficult to separate child rights from resilience as the fulfilment of the child's rights creates a coping enabling environment that enhances resilience. Programmes that are meant to benefit the CHH have been politicised leading to the exclusion of most CHH in the programmes. The resilience factors in the CHH are anchored in the environmental factors and the child's individual capacities. The meaning of resilience has cultural connotations which relate to how local people define resilience. Three related models namely; the *Bidirectional Model of Resilience* and the *Self-Efficacy Strengths-Focused Model of Coping and the Starting and Ending with the End in Mind Model* emerged from the study as explanations of resilience and coping respectively.

The process of measuring resilience poses some challenges because the concept of resilience is highly contextualised, so that a characteristic that may pass for resilience in one situation or culture might not be considered as a resilience factor in other contexts. There are, however, some generic factors that might cut across cultures. There are currently no policies that cater for CHH as a constituency. The process of formulating policies is not thoroughly consultative as most professionals who work with the orphaned children at grassroots level are not involved. The

orphaned children themselves are not consulted and this has resulted in the development of programmes and policies that do not address the vulnerable children's needs.

CHAPTER SIX

CONCLUSION

6.1 INTRODUCTION

In this chapter a brief summary of the entire study is provided. The conclusions of the study that are based on the findings are discussed. The implications of the study which are based on the conclusions are detailed.

6.1.1 Study summary

The aim of the study was to analyse resilience factors and coping mechanisms used by CHH in the Mutasa District. Ten CHH took part in the study in Mutasa District. The study adopted the mixed method approach. The RS 25 was administered to obtain an ordinal measure of resilience from the CHH. The scores were cross validated with findings from the qualitative enquiry.

Information was collected from the CHH, child service professionals working in NGOs, teachers, headmasters, government officials responsible for policy issues, community leaders and community members in Mutasa district, members of the CHH's extended family system and members of an AP. Purposive sampling was undertaken in order to come up with the different groups of research participants for the study. Informed consent was obtained from all the participants. The CHH were given an opportunity to name trusted adults who could sign the informed consent forms on their behalf. Permission to enter into the schools and communities was granted through the Provincial Education Offices and the Social Welfare offices, through the

Provincial Administrator's offices. The study revealed that the CHH face a number of challenges in their lives. These included not having enough food; limited educational opportunities due to lack of finances; negative community attitudes; stigma, not having identity particulars; sexual abuse; unavailability of policies and programmes to cater for their unique needs, labour exploitation and limited emotional support. The CHH used a number of coping mechanisms which included, praying, working as a team in the CHH and making use of appropriate problem solving and communication strategies.

The CHH displayed resilience factors that included having the ability to use their own agency to act on the social environment in ways that meet their needs. The resilience factors displayed by the children could be divided into three broad categories, those pertaining to environmental, cultural and individual factors. The CHH focus on the here and now and engage in behaviours that serve to satisfy current needs. The need to survive drove them into certain behaviours like transactional sex and deciding to drop out of school, which is not socially acceptable by popular consent. However these bahaviours served the function of ensuring the survival of the family. Resilience factors therefore can tend to manifest in atypical ways in different ecologies depending on the existing realities and environmental conditions. In toxic environments riddled with poverty like that which exist in Mutasa district, the ecologies provided the children with limited resources that promote well-being. In some cases the environment obstructed the children's resilience and the CHH had no choice but to rely on their capabilities to act on environmental factors in ways that ensured desired outcomes. This perspective however should not victimise those chidren who may not have the capacitities to act on their ecologies in ways that lead to successful outcomes. Those in authority positions have an obligation to avail coping

enabling environments to the children. On the other hand the CHH displayed an ability to create their own coping enabling environments by seeking out supportive networks and going round power relations and dynamics in ways that ensured their survival. Their ability to cope centred on a positive self identity that is informed by the child's strengths, self-efficacy, abstract thinking skills related to problem solving, ability to plan ahead and spiritual beliefs that enhance a positive mindset amongst others. The culture in Mutasa community appears to be slowly shifting to an individualistic and egocentric nature due to poverty and harsh economic conditions. People are more concerned with meeting their needs and the needs of their immediate family. This has led to less material support being rendered to the CHH by the extended family system. The meaning of resilience and how it manifests is taking the shape of these cultural changes.

Two models were developed based on the findings from the study, namely the *Bidirectional Model of Resilience and the Self-efficacy Strengths-Focused Model of Coping. The Bidirectional Model of Resilience* postulates that resilience in the CHH is attained in two directions that complement each other. Three pathways that all lead to resilience were identified within the model. The first pathway to resilience is found in the child's coping skills and this can become a direct pathway to resilience. The problem focused and emotion focused strategies used by the CHH to solve problems can positively influence their development towards resilience. The second pathway involves the child's coping skills igniting their agency and individual capacities to navigate the social terrain looking for and accessing resources that ensure their well-being and this leads to resilience. The third pathway to resilience involves the child's ecology or environment influencing the types of decisions and behaviours that the child engages in that also lead to resilience. Intervention strategies to enhance resilience can target these three pathways

thereby creating multi level intervention strategies that can be both preventative of problems and promotive of resilience.

The children alternate between behaving in ways that are either culturally acceptable or not depending on their desired intention and outcome. It is what they need to get out of certain behaviours that guide their actions. The resilient CHH should not be blamed for engaging in atypical behaviours in order to survive. Environmental factors that ensure the children's survival should be put in place by the duty bearers. The CHH display both positive and negative living skills that ensure their survival and lead to resilience. Intervention strategies to boost resilience can harness on these skills especially the positive ones and the knowledge base that the CHH have in these skills to transform lives of the children for the better. Alternatives should be provided for those actions that self defeat and hinder the children's well-being in the long term. The school environment can be a safe haven for the emergence of resilience factors. Teachers should realise their crucial roles in shaping the lives of the children in CHH. Extending their teaching roles to informally providing emotional support to the vulnerable children will go a long way in boosting resilience in the CHH. A rights based approach is useful in contextualising resilience factors in CHH. The approach would ensure the creation of basic environmental conditions that satisfy child rights which would also enhance the child's resilience. The conclusion and implications of the study are discussed below.

6.2 CONCLUSION

The following conclusions were drawn from the findings of this study. The conclusions are presented in four categories, namely conclusions pertaining to the CHH, the extended family system and communities, the school and policy issues. The implications of the study that emanate from the conclusions also follow the same categories. The environmental factors cut across all categories.

The CHH

Both the individual child's internal characteristics and the availability of resources and supportive networks in their physical, social, structural and cultural ecologies enhance resilience in the children in CHH.

Resilient CHH use their agency and focus on their strengths to navigate their social terrain and engage in a number of strategies that enable them to access resources that promote resilience in their various ecologies. The children engaged their individual capacities in cases where the ecologies obstructed the children's resilience, thereby creating their own 'coping enabling environments' in the process.

The children in the CHH engaged in a process of reciprocal considerations that involves the head of the household giving up certain benefits and sacrificing their needs for the good of the family. This gives meaning and purpose to their lives which fuels them to work harder for the benefit of

the family. The younger siblings reciprocate by cooperating in the household chores, enhancing team spirit and unity within the family which in turn increases the resilience of the family unit.

The CHH endeared themselves to selected community members who formed part of their prospective sources of help by engaging in helpful behaviours that were culturally acceptable. This boosted their social support network base which created opportunities for the CHH that enhanced their resilience.

The CHH survive in the present. They develop a number of strategies to cater for current problems that would ensure the survival of the family. They do not focus much on the long term effects of their decisions. Disastrous consequences of their decisions are either consciously or unconsciously ignored as they make bold decisions to ensure survival for the day. They rarely engage in long term planning and spend most of their time looking for basic survival goods like food.

The CHH show cultural selectivity, sensitivity and awareness. They exhibit an ability to adhere to those cultural ways that meet their needs and to substitute and discard the cultural components that prevent them from getting what they want. They can act in ways that are either culturally accepatable or not depending on what they want to get out of a particular behaviour.

The CHH are not passive recipients of environmental dynamics. Using their agency they purposefully act on an unyielding environment, going round the hurdles to get desired outcomes. In a poverty ridden environment that tends to obstruct their resilience, the CHH focus more on

the function a behaviour, i e. what they will get out of the behaviour rather than the appropriateness or inappropriateness of the behaviour.

CHH exhibit levels of maturity that is beyond their chronological ages. This characteristic is a two edged sword as on the one hand it increases their resilience while on the other, it exposes them to abuse. When sexual abuse occurs, the CHH are not aware that it is abuse because they report that they were not forced into the transactional relationships. The CHH have learned to depend on themselves and their capabilities to cope as they do not receive much help from members of their extended family and the communities in which they live.

Negative community perceptions tend not to affect those CHH that are resilient. The CHH engage in tactile and strategic agency to counter certain community members' negativity. They strategically seek out supportive networks and ignore the non supportive ones.

Some cultural practices do not give the orphaned children space to grieve for their deceased parents. Their unresolved grief usually manifests in behaviours that are labelled as being disobedient and rude by the members of their extended family system whom they live with before becoming a CHH.

The extended family system and the community

Poverty has limited the extended family's capacity to extend help to anyone outside their nuclear family including their deceased relatives' orphaned children. This has led to the formation of

CHH. Some members of the extended family show hostility towards those children who decide to live as CHH. The more a CHH showed signs of self determination and agency, the more resistance and antagonism they received from some members of the extended family system. This phenomenon can be traced to the the Mutasa community's perception of childhood which alludes to the fact that children should be 'seen and not heard'.

The Mutasa community's perception of resilience is laced with unique cultural connotations that are perculiar to the community. The community looks down on the atypical behaviours that the children exhibit that ensure their survival. The community focuses on the cultural appropriateness of certain behaviours, whereas the children focus on what they will get out of their behaviours, i e. the purpose and function of the behaviour.

The bereavement processes that members of the CHH engage in after losing parents have not been thoroughly explored and understood by members of the extended family system and the community at large. Some extended family members and community members viewed the orphaned children's behaviour as being rude when they stayed with them before the children decided to live as a CHH. Some community members and a few members of the extended family system enhanced the orphaned children's resilience by accepting them and forming the social support network base for the CHH.

Community members are not doing much to assist the CHH. Communities reported that they are experiencing material problems similar to those experienced by the CHH and hence cannot assist them. Some community members tend to focus more on satisfying their own needs and in some

sad cases divert goods and services, meant for the orphaned children, to their own use. It also emerged that the schools do not exercise much authority over services meant for the orphaned children as these are usually channeled through the communities. Community members and leaders tend to politicise government and NGO programmes meant to benefit the vulnerable and anyone perceived to be supporting the opposition is excluded from such programmes.

The churches that the CHH attempted to attend were more interested in generating income for the church than in assisting the orphaned children. Communities and CHH refer to and focus mainly on financial and material support when they talk about assistance. Some community members provided the CHH with the much needed social support network that enabled the children to cope.

The School

The teachers and school personnel get so used to the suffering of many school pupils that the problems being faced by the CHH are not seen as something outside of the norm for them. They displayed little sensitivity to the plight of the CHH and were not surprised when the heads of the CHH miss school because they would be working on small jobs to raise money for the upkeep of the family.

The teachers however, were role models for the CHH who wanted to work hard and be like them in the future. This was evidenced by the fact that most of the children wanted to be teachers

when they grew up. The teachers who accepted and supported the children emotionally enhanced the CHH's feelings of self esteem which boosted their resilience levels

Most vulnerable children including children in the CHH were not benefiting from the guidance and counselling programmes in the schools. The teachers felt that the children's problems were of a material nature of which they could not offer any form of assistance. In addition the guidance and counselling programme is not an examinable subject whilst the teachers' performance is evaluated on the pass rates attained in their subject areas, hence the non commitment and indifferent attitude towards the guidance and counselling programme by some teachers and school authorities.

The school provided a safe environment for the children to be children and an opportunity to interact with their friends. The close bonds that the CHH formed with their friends spilled over to include their friends' parents which benefited the children in the CHH and boosted their social support network base.

The schools reported limited control over the selection process of vulnerable pupils who must benefit from most NGO programmes as most of these are community led. The community selection committees have more community members than school personnel.

Policy issues

There are no policies that specifically target CHH, despite the increase in the number of CHH in the country. CHH are subsumed under the broad category of OVC. This one size fits all approach fails to address the unique needs of the CHH. The children's voices are not heard during the process of formulating policies that affect them. CHH are not benefitting much from most of the policies and programmes meant to help the OVC.

The process of developing policies is not thoroughly consultative, as social welfare officers at district levels who work with the CHH and have a deeper understanding of their issues are not involved in the process. It is difficult for CHH to obtain identification particulars which inevitably excludes them from accessing their rights as citizens of the country.

Although Zimbabwe ratified the UNCRC and managed to domesticate it into relevant laws and policies that address contextual issues, not much has been done to monitor the implementation of the policies. There are a number of barriers that inhibit the child as a right holder to claim their rights from the duty bearer which is the state. A clause that says 'depending on the availability of resources' which accompanies most of the articles on the UNCRC tends to self defeat the provisions of the convention as this provides a ready made excuse for the duty bearers for not fulfilling their obligations to the right holders.

A child rights approach should be used to enhance resilience in the CHH. This is because the very basic right to food is a daily struggle for the CHH. Provision of child rights is therefore linked to resilience as it is crucial in the creation of coping enabling environments.

6.3 IMPLICATIONS

The findings and the conclusions drawn from this study indicate that intervention strategies to boost resilience in the CHH should adopt a multi level approach that focuses on enhancing the individual child's capacities through life skills training, creation of supportive structures and the identification and strengthening of the social supportive networks available to the child. The available supportive networks can then be targeted by the various child services providers so that they form part of the channels through which material and other forms of support services for the CHH are channeled through. This would ensure that people who already care for the well-being of the CHH are capacitated in what they are already doing. In doing so, those community members who divert goods meant for the CHH for their own use are excluded from the chain of events. The exercise however has to be sanctioned and have the support of the community leaders. The child services providers will therefore capacitate already existing structures instead of forming totally new ones, which may not have an interest in the welfare of the CHH. This material assistance for the CHH would go a long way in cushioning the CHH whose lives are characterised by daily struggles. This would enhance their resilience without making them totally dependent on the supportive structures which would work against resilience principles. The assistance given should therefore compliment what the CHH are already doing. This would build on their strengths and capabilities to capacitate and enable them to manage well even in the

absence of such assistance thereby enhancing their resilience. This is because of the fact that although the children can make use of their capacities to access resources that promote their well-being, these resources have to be made available; the children cannot navigate in a vacuum.

The intervention strategies to promote resilience in CHH should also adopt a three pronged approach that addresses factors at individual levels, environmental levels and cultural levels. At an individual level emphasis should be on enhancing the individual strengths and capacities of the CHH. This concurs with the asset focused intervention strategies propounded by Yates and Masten (2004). At the environmental level, emphasis should be on creating resilience and coping enabling environments that create conducive atmospheres for resilience to emerge. Focus should be on rectifying those elements that obstruct resilience in the environments in which the children live. These environments should be supported by policies and administrative structures that address the needs of the CHH. The coping enabling environments should also contain supportive networks that the CHH can access and make full use of. This means that the communities in which the CHH live should be willing and active in availing such networks to the children. The strategies adopted should be culture sensitive and be totally embedded in values and norms of the Mutasa district people. This would ensure total acceptance of the intervention strategies by all concerned. NGOs and other service providers should focus on what the children already possess and build on these, instead of introducing new programmes that do not support the children's capabilities.

The school, child services providers and the community can identify formal and informal mentors that can train the CHH in basic living skills. Although the CHH have and are already

using some basic living skills, for example, decision making, problem solving and assertiveness, to name a few, some of the skills are being used in ways that are self defeating in the long term. The CHH need awareness on short term solutions and strategies that meet their needs and at the same time ensures their safety and survival in the long term. Their resilience would therefore ensure their survival in the present and in the future as opposed to them focusing only on decisions that satisfy their here and now needs. Awareness on and availability of safer alternatives is crucial. It will not be enough to just make the CHH aware of the futility of their present actions without providing safer alternatives or discussions about available safer alternatives and strategies to implement them. This exercise should be complemented by the creation of coping enabling environments. Therefore a multidisciplinary consultative approach is needed in the resilience discourse. Community members should be empathetic in cases where resilience manifests in atypical ways that may not be culturally accepatable. They should focus on analysing and addressing the reasons behind such behaviours and the provision of alternative solutions.

The extended family system should be more accepting and appreciative of the efforts being done by the CHH to survive on their own. This can be achieved by a third party coming in to set up meetings between the CHH and their extended family members so that they can have open discussions on issues affecting them and map a way forward that satisfies both parties. Acceptance by the extended family members is important for the CHH as it brings about a sense of belonging and feelings of being loved which is important for the emergence and sustainance of resilience. The extended family members cannot have it both ways. On one hand they do not want the orphaned children to live with them citing a number of reasons that range from, lack of

financial resources, indiscipline and stubbornness on the part of the orphaned children. On the other hand, they do not support the children who decide to stay on their own. It is crucial that members of the extended family system acknowledge the children and give them the social support that enables the children to get a sense of identity and belonging which enhances their resilience.

All children generally regard their teachers in high esteem. It goes without saying that if the teachers reciprocate and in turn regard the children in high esteem, the children will strive to aim higher and do well in life and more so for the orphaned children who may not have anyone to encourage them from the home front. The teachers should engage in deliberate strategies that aim at enhancing the self-esteem of the children in the CHH. Providing emotional and psychological support to the vulnerable children should be every teacher's responsibility and not just the prerogative of the guidance and counselling teachers. In Mutasa district, emotional and psychological support usually happens informally and spontaneously and sometimes without those involved noticing that they are engaged in a crucial therapeutic process. Problems usually surface when the helping process and the provision of emotional support is formalised. Most people do not relate to it and cannot identify with the formalised approaches that are different from their usual ways of doing things. Teachers should be made to understand that in their day to day duties, they are important channels of emotional and social support for the all the children in their class, more so for the CHH. This may not need a formalised lesson to provide emotional support. This could explain the unpopularity of the guidance and counselling programmes in the schools, in that the school authorities may be trying to formalise an emotional support process that occurs spontaneously and informally in African communities.

Communities must facilitate the emergence and sustainance of coping enabling environments for the CHH to be fully functional. It must be the community members, leaders and school personnel's responsibility to encourage such initiatives as coping enabling conditions cannot emerge on their own. The resilient CHH try to create such environments on their own by strategically seeking out and putting in place supportive networks that enable them to manage. If such efforts by the CHH are complimented by the communities in which the CHH live, the resilience of the children would be enhanced. Components of the coping enabling environment would include ensuring meaningful inclusion and participation of the CHH in programmes run by NGOs that are meant for their benefit and which build on the existing capabilities of the children. The coping enabling environment would also involve capacitating the people who have already been identified by the CHH as their support network base for systematic support that will increase the CHH's resilience without making the CHH dependent on these sources of support. In addition the coping enabling environments would also entail having in place people and programmes that build on the agency and initiatives shown by the CHH as opposed to shunning such initiatives. Policies that address the needs of the CHH would also form part of the coping enabling environment. This would validate the CHH's efforts and give them a sense of being valued and accepted which would increase their levels of resilience. Basic survival resources like food, shelter and education should also be part of the coping enabling environment.

The dynamics of communication channels and strategies need to change so that children in CHH are given a platform to air their views. Perceptions need to be altered so that people can respect the views of children. Children should be respected as right holders who can claim their rights from the duty bearer which is the state. This could be problematic because some perceptions and

beliefs are entrenched in deeply rooted cultural values and norms where children are supposed to be ‘seen and not heard’. Children therefore meet a lot of barriers. Communities can no longer afford the luxury of clinging on to beliefs that defeat the whole ubuntu culture of helping one another and being there for one another. Communities start ‘seeing children and hearing their voices. This can be facilitated by deliberately creating safe spaces in which community members and the CHH meet to air their views on a number of issues. The process can be facilitated by the child service professionals who may initiate dialogue between the two parties without taking over the processes.

The CHH need more awareness of what child sexual abuse entails and how it can manifest in their lives. They should be equipped with skills for noticing and avoiding potential abuse especially that which is sexual in nature. This will empower them and lessen their vulnerability. CHH and communities should have a broader and inclusive understanding of the concept of assistance. Their main focus on material support will limit the amount and quality of other forms of assistance that the CHH may access. Although the rationale for spending most of their time looking for food or money is very clear, CHH should be made to understand the value and central role of education in breaking the vicious cycle of poverty in their lives. In their efforts to survive they should focus on the long term effects of the decisions that they make.

NGOs and other service providers should monitor their activities to ensure that the goods and services they offer reach the intended beneficiaries. Communities and school authorities should work as a team on issues concerning the CHH and OVC. Communities should be empathetic and must be in the fore front in addressing the needs and concerns of the CHH. They should adopt a

more tolerant attitude towards CHH as their negative perceptions affect the non-resilient orphaned children. It is therefore self-evident that if communities adopt positive attitudes, the children who exhibit resilient characteristics would be able to achieve much more than their current states allow for. Service providers and NGOs could provide separate services and goods for communities and the orphaned children. This might reduce and even eradicate the practice of diverting goods intended for the orphaned children.

There should be policies that cater for the constituency of CHH. Policy makers should involve CHH in the process of formulating policies and programmes that are supposed to benefit them. There is need for collaboration between policy makers and researchers for the enactment of research based policies. The process and requirements of obtaining identification documents should be reviewed periodically so that no one, especially the CHH, is disadvantaged in accessing this very basic right to be identified as a citizen of their own country. Current regulations require that the CHH should be accompanied by a relative bearing the same surname as theirs in order to obtain a national identity card. This places the CHH at the mercy of the extended family system which might not be sympathetic or co-operative. Longitudinal studies on developmental outcomes of children in CHH could be done. Comparative studies on different forms of families should now include CHH as a type of family due to the growing number of CHH, especially in developing countries.

A child rights based approach is needed to understand resilience as it relates to policy. The duty bearer has an obligation to the right holder who is the child to create environments that are conducive to fulfilling the rights of children. Fulfilling child rights creates conducive

environments for resilience to flourish; hence the state should be in the fore front in ensuring that every child enjoys their rights. Barriers in accessing rights such as awareness, communication, negative attitudes and nonavailability of resources should be addressed. Civil society can enhance facilitation of such processes. Efforts must be made to eradicate poverty which is at the root cause of the problems faced by CHH.

I will conclude by citing a story that Meyer (2015) used in his introduction during a presentation on *Practical ways to promote resilience in children and families* at the Pathways to Resilience International conference in Halifax, Canada:

> 'As I was relaxing by the river side, I heard cries of a drowning man, I quickly jumped in the river and rescued him and as I was resuccitating him, I heard another cry, another man was drowning. I quickly jumped in again and rescued him, and as I was resuccitating him, again I heard another cry and I continued rescuing the men one after the other. Then I realised that I was rescuing the same men over and over again because there was something upstream that kept throwing them back into the river'.

Indeed it is high time the resilience discourse started shifting to addressing that which is 'throwing people back into the river' thereby addressing the root structural causes which place people at risk. Otherwise practitioners continue dealing with symptoms leaving out the causes. One participant at the same conference insightfully asked one of the key note speakers, *'If everyone is to become resilient, does it mean we will all be out of jobs?'* Could this be an unconscious fear in researchers and practitioners? It is indeed my earnest expectation that this study will assist in ameliorating the burdens which CHHs shoulder, and the implications taken into consideration by the CHH, the extended family system, communities, the state, policy makers and civil society. Above all, I am hopeful that the academic fratenity will gain from the knowledge generated by the study.

REFERENCES

Aber, L., Brown, J. L., Jones, S. M., Berg, J., & Torrente, C. (2011). School-based strategies to prevent violence, trauma, and psychopathology: The challenges of going to scale. *Development and Psychopathology, 23*, 411-421.

Ager, A. (2013). Annual research review: Resilience and child well-being: Public policy implications. *Journal of Child Psychology and Psychiatry, 54*, 488–500.

Ager, A., Stark, L., Akesson, B., & Bootby, N. (2010). Defining best practice in care and protection of children in crisis-affected settings: A Delphi study. *Child Development, 8*(4), 1271-1286.

Ahern, N.R., Kiehl, E.M., Lou Sole, M., & Byers, J. (2006). A review of instrument measuring resilience. *Issues in Comprehensive Pediatric Nursing, 29*, 103-125.

Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology Research and Practice*, *36*(3),238–245, http://dx.doi.org/10.1037/0735-7028.36.3.238.

Amber, J. (2005). Stolen childhood. *Essence, 35*(7), 200-206.

Andrews, G., Skinner, D., & K. Zuma, K. (2006). Epidemiology of health and vulnerability oamong children Orphaned and made vulnerable by HIV/AIDS in Sub-Saharan Africa. *AIDS Care. 18*(3), 269–76.

Ansell, N. (2005). *Children, Youth and Development.* London and New York: Routledge.

Aronson, J, (2008). *Readings about the social animal*. 10th ed. New York: Worth Publishers, 2008.

Arnston, L., & Duncan, J. (2004). *Children in crisis: Good practices in evaluating psychosocial programming.* NewYork: Save the Children Federation,Inc.

Atwool, N.(2006). Attachment and resilience: Implications for children in care. *Child Care in Practice, 12*(4), 37-48.

Ayieko, M.A. (1997). From single parents to child headed households: The case of children orphaned by Aids in Kisumu and Siaya districts. *HIV and Development Program, Study Paper, 7*

Bachman DeSilva, M., Skalicky, A., Beard, J., Cakwe, M., Zhuwau, T., Quinlan, T., & Simon, J. (2012). *Vulnerable Children and Youth Studies, 7,* 75-87. doi: 10.1080/17450128.2011.648968

Barber, B. K. (2009). *Adolescents and war: How youth deal with political violence*. New York, NY: Oxford University Press.

Barker, G. (2007). Adolescents, social support and help seeking behaviour: An international literature review and programme consultation with recommendations for action. WHO, Instituto Pramundo, Brazil.

Baron, R. A., & Byrne.D. (2009) *Social Psychology* (12th ed.). Boston: Allyn and Bacon, Pearson.

Bauer, M. (1996). *The narrative interview: Comments on a technique for qualitative data collection: Qualitative Series*. London School of Economics and Political Science, Methodology Institute.

Baumrind, D. (1989). Rearing competent children. In W. Damon (Ed.), *Child development today and tomorrow* (pp. 349-378). San Francisco, San Francisco: Jossey- Bass.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence, 11*(1), 56-95.

Becker, S. (2007). Global perspectives on children's unpaid caregiving in the family: Research and policy on 'young carers' in the UK, Australia, the USA and Sub-Saharan Africa. *Global Social Policy* 7(1), 23–50.

Beckett, C. B., Maughan., & Rutter, M. (2006). Do the effects of early deprivation on cognition persist into early adolescence? Findings from the English and Romanian Adoptees Study. *Child Dev. **77,*** 696–711.

Becvar, D. S. (2013). *Handbook of family resilience*. New York: Springer.

Belsky, J., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2007). For better and for worse: Differential susceptibility to environmental influences. *Current Directions in Psychological Science, 16*(6), 300-304.

Belsky, J., & de Haan, M. (2011). Annual Research Review: Parenting and children's brain development: The end of the beginning. *Journal of Child Psychology and Psychiatry, 52*(4), 409-428.

Benard, B. (1991). *Fostering resiliency in kids: Protective factors in the family, school and community*. San Francisco: Far West Laboratory for Educational Research and Development. ED 335 781. Available at: www.cce.umn.edu/pdfs/NRRC/Fostering_Resilience_012804.pdf

Benard, B. (1997). *Turning it around for all youth: From risk to resilience.* NY: ERIC Clearinghouse on Urban Education. Available at: resilnet.uiuc.edu/library/dig126.html

Bennett, G., & Jessani, N. (2011). (Eds.), *The knowledge translation toolkit: Bridging the know-do gap: A resource for researchers.* New Delhi/IDRC: Sage. Ottawa.

Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work, 14,* 103–114, http://dx.doi.org/10.1111/j.1365-2206.2008.00568x.

Berlin, L. J., Ziv, Y., Amaya-Jackson, L. M., & Greenberg, M. T. (Eds.). (2005). *Enhancing early attachments: Theory, research, intervention, and policy*. New York: Guilford Press.

Bernat, F. P. *(2009).* Youth resilience: Can schools enhance youth factors for hope, optimism, and success? *Women & Criminal Justice, 19*(3), 251-266.

Berry, J.W., & Poortinga, Y.H. (2006). Cross cultural theory and methodology. In J. Georgas, J.W. Berry, F.J.R. van de Vijver, C. Kagitcibasi, & Y.H. Poortinga (Eds.), *Families across cultures: A 30 nation psychological study* (pp 51-71). Cambridge, UK: Cambridge University Press.

Betancourt,T.S., Rubin-Smith,J.E., Beardslee,W.R.,Stulac,S.N., Fayida, I.,& Safren,S. (2011). Understanding locally, culturally, and contextually relevant mental health problems among Rwandan children and adolescents affected by HIV/AIDS. *Aids Care, 23*(4), 401-12.

Betancourt, T.S., Meyers-Ohki, S.E., Charrow, A., & Hansen, N. (2013). Annual Research Review: Mental health and resilience in HIV/AIDS-affected children: A review of the literature and recommendations for future research. *Journal of Child Psychology and Psychiatry, 54,* 423-444.

Birungi, H. (1998). Injections and self-help: Risk and trust in Ugandan health care. *Social Science and Medicine. 47*(10), 1455–1462.

Black, M. M., & Krishnakumar, A. (1998). Children in low-income, urban settings: Interventions to promote mental health and well-being. *American Psychologist, 53*(6), 635-646.

Blair, C., & Diamond, A. (2010). Biological processes in prevention and intervention: The promotion of self-regulation as a means of preventing school failure. *Development and Psychopathology, 2*(3), 899- 915.

Bottrell, D. (2009). Understanding 'marginal' perspectives: Towards a social theory of Resilience. *Qualitative Social Work, 8*(3), 321-339. doi: 10.1177/1473325009337840

Botvin, G. J., & Griffin, K. W. (2002). Life skills training as a primary prevention approach for adolescent drug abuse and other problem behaviors. *International Journal of Emergency Mental Health*, *4*(1), 41–47.

Bourdillon, M. F. C. 1994. Street children in Harare. *Africa, 64*(4), 134-52.

Bourdillon, M., F., C. (2000). *Earning a life: Working children in Zimbabwe*. Harare, Weaver Press.

Bourdillon, M., F., C. (2004). Children in development. *Progress in Development Studies, 4* (2): 99-113.

Bower, C. (2005). South Africa: The case for child-headed households. *Early Childhood Matters, December,* 45-49.

Boxer, P., Huesmann, L. R., Dubrow, E. F., Landau, S., F., Gvisman, S. D., Shikaki, K., & Ginges, J. (2013). Exposure to violence across the social ecosystem and the development of aggression: A test of ecological theory in the Israeli-Palestinian conflict. *Child Development, 84,* 163-177. doi: 10.1111/j.1467-8624.2012.01848.x

Boyce, W. T., & Ellis, B. J. (2005). Biological sensitivity to context: I. An evolutionary-developmental theory of the origins and functions of stress reactivity. *Development & Psychopathology, 17,* 271-301.

Boyden, J., & Cooper, E. (2007). Questioning the power of resilience: Are children up to the task of disrupting the transmission of poverty? *CPRC Working Paper, 73,* Chronic Poverty Research Centre, Manchester, UK.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3* (2), 77-101.

Brody, G. H., Yu, T., Chen, E., Miller, G. E., Kogan, S. M., & Beach, S. R. H. (2013). Is resilience only skin deep? Rural African Americans' socioeconomic status-related risk and competence in preadolescence and psychological adjustment and allostatic load at age 19. *Psychological Science, 24*(7), 1285-1293. doi: 10.1177/0956797612471954

Brooks-Gunn, J., Phelps, E., & Elder, G.H. (1991). Studying lives through time: Secondary data analysis in developmemtal psychology. *Developmetal Psychology, 27,* 899-910.

Brooks-Gunn,J., & Duncan, G.J. (1997).The effects of poverty on children. *Future of Children, 7*(2), 55-71.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development, 6,* 187-249.

Bronfenbrenner, U., Moen, P., & Garabino, J. (1984). Family and community. In R. Parke (Ed.), *Review of child development research 7* (pp. 283-328). Chicago, Chicago: University of Chicago Press.

Brown, F. (2003). Compound flexibility – SPICE revisited. In F. Brown, (Ed.), *Playwork: theory and practice* (pp.53-63). Buckingham, Buckingham: Open University Press.

Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling, 8*(3), 219-227.

Bryman, A. (2004). *Social Research Methods* (2nd ed.). Oxford: Oxford University Press.

Bulmer, M. (2008). The Ethics of Social Research. In N. Gilbert, (Ed.), *Researching Social Life* (pp. 145-161). London, Sage.

Burr, W. (1973/1982). Families under stress. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), *Family stress, coping, and social support* (pp. 5–25). Springfield, IL: Charles C Thomas.

Buzuzi, S.S., Munyati,S., Chandiwana,B., Mupapireyi, P.F., & Moyana,T.A. (2014). *Situational analysis of orphaned and vulnerable children in eight Zimbabwe districts.* Biomedical Research and Traning Institute. HSRC Press.

Campbell-Sill, L., Cohan, S.L., & Stein, M.B. (2006). Relationship of resilience to personality, coping and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44,* 585-599.

Case, A., Paxson, C., & Ableidinger, J. (2004). Orphans in Africa: Parental death, poverty, and school enrollment. *Demography, (41),* 3, 483-508.

Casey, E. C., Finsaas, M., Carlson, S. M., Zelazo, P. D., Murphy, B., Durkin, F., & Masten, A. S. (in press). Promoting resilience through executive function training for homeless and Running Head highly mobile preschoolers. In S. Prince-Embury & D. Saklofske (Eds.), *Resilience interventions in diverse populations*. New York, New York: Springer.

Centre for Human Rights Research. (2000). University of Pretoria. South Africa.

Chase, P.L., Palacios, N.,K & Gutmannova, B. (2008). Immigrant differences in early reading achievement: Evidence from ECLS-K. *Development Psychology 44*(5), 1381-1395

Chen, X., & Rubin, K.H. (2011). Culture and socioemotional development. In X. Chen & K.H. Rubin (Eds.), *Socioemotional development in cultural context* (pp. 1–8). New York, NY:Guilford.

Cheney, K. E. (2012). Killing them softly? Using children's rights to empower Africa's orphans and vulnerable children. *International Social Work, 56*(1), 92–102.

Chiastolite report. (2008). *Child-headed households in Gauteng province: A survey of the prevalence and experiences of families in Gauteng*. Pretoria, RSA: Chiastolite Professional Services.

Children Act 2004 (2004). London, HMSO.

Chireshe, R., & Mapfumo, J. (2005). School counsellors' perceptions of headmasters' attitudes towards guidance and counselling in Zimbabwe secondary schools. *Zimbabwe Journal of Educational Research*, 17(2), 19-29.

Chizororo, F.(2005). *Orphanhood, childhood and identity dilemma of child headed households in rural Zimbabwe in the context of HIV/AIDS pandemic*. St Andrews University, Fife KY16 9AL Scotland.

Christensen, P. (2004). Children's participation in ethnographic research: Issues of power and representation. *Children and Society 18*, 165–176.

Christiansen, C. (2005). Positioning children and institutions of childcare in contemporary Uganda. *African Journal of AIDSResearch (AJAR) 4*(3), 173–182.

Christiansen, C., Daniel, M., & Yamba, C.B. (2005). Growing up in an era of AIDS. *African Journal of AIDS Research (AJAR), 4*(3), 135–137.

Christiansen, C., Utas, M., & Vigh, H. (2006a). *Navigating Youth,Generating Adulthood: Social Becoming in an African Context*. Uppsala, Sweden, The Nordic Africa Institute.

Cicchetti, D. (2010). Resilience under conditions of extreme stress: A multilevel perspective. *World Psychiatry, 9*(3), 145-154.

Cicchetti, D. (2011). Pathways to resilience in maltreated children: From single-level to multilevel investigations. In D. Cicchetti & G. I. Roisman (Eds.), *The Minnesota Symposia on Child Psychology: The Origins and Organisation of Adaptation and Maladaptation, 36,* 423. New York: Wiley.

Cicchetti, D. (2013). Annual research review: Resilient functioning in maltreated children: Past, present, and future perspectives. *Journal of Child Psychiatry and Psychology, 54*, 402-422. doi: 10.1111/j.1469-7610.2012.02608.x

Cluver, L., Operario, D., Lane, T., & Kganakga, M. (2012). Educational shortfalls among Young Carers in the South African AIDS Epidemic, *Journal of Adolescent Research, 27*, 581-605.

Cluver, L. (2009). Peer-group-support intervention reduces psychological distress in AIDS orphans. *Evidence-Based Mental Health, 12*(4), 120.

Cluver, L., Bowes, L., & Gardner, F. (2010). Risk and protective factors for bullying victimisation among AIDS-affected and vulnerable children in South Africa. *Child Abuse and Neglect, 34*(10), 793–803.

Cluver, L., & Orkin, M. (2009). Cumulative risk and AIDS-orphanhood: Interactions of stigma, bullying and poverty on child mental health in South Africa. *Social Science and Medicine 69*(8), 1186–1193.

Cluver, L., Fincham, D., & Seedat, S. (2009). Posttraumatic stress in AIDS-orphaned children exposed to high levels of trauma: The protective role of perceived social support. *Journal of Traumatic Stress, 22*, 106–112. doi:10.1002/jts.20396

Cooke, B. & Kothari, U. (2001). The case for participation as tyranny. In B. Cooke & U. Kothari (Eds.), *Participation: The New Tyranny?* London, London: Zed Books.

Conger, R. D., Schofield, T. J., Neppl, T. K., & Merrick, M. T. (2013). Disrupting intergenerational continuity in harsh and abusive parenting: The importance of a nurturing relationship with a romantic partner. *Journal of Adolescent Health, 53*(4), S11-S17.

Corbin, J., & Strauss, A. (2008*). Basics of qualitative research* (3rd ed.). Thousand Oaks: Sage.

Creswell, J.W, (2007). *Qualitative Inquiry & Research Design: Choosing among Five Approaches.* (2nd ed.). Thousand Oaks: Sage Publications.

Creswell, J. W. (2002). *Research design: Qualitative, quantitative and mixed method approaches.* Thousand Oaks, CA: Sage.

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods Approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: Sage.

Curry, L.A., Nembhad, I.M., & Bradley, E.L. (2009). Qualitative and mixed methods provide unique contributions to outcomes research. *Circulation, 119*(10) 42-52

Dalen, N., Nakitende, A.J. & Musisi, S. (2009). They don't care what happens to us: The situation of double orphans heading households in Rakai district, Uganda. *BMC Public Health* 9 doi:10.1186/1471-2458-9-321.

Dandeneau, S., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. *Journal of Aboriginal Health, 7*(1), 62-117.

Daniel, B. and Wassell, S. (2002) *Assessing and Promoting Resilience in Vulnerable Children, volumes 1, 2 and 3*, London and Philadelphia, Jessica Kingsley Publishers Ltd.

Daniel, B. Wassell, S.,& Gilligan, R. (2010). *Child development for child care and protection workers*. London: Jessica Kingsley Publishers.

Daniel, M. (2005). Beyond liminality: orphanhood and marginalisation in Botswana. *African Journal of AIDS Research, 4*(3),195-204.

Daniel, M., & Yamba, C. B.(2005). Introduction: Growing up in an era of AIDS. *African Journal of AIDS Research, 4*(3),135-137.

Davydov, D.M., Stewart, R., Ritcher, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychological Review, 30,* 479-495.

Dean, J., & Stain, H. J. (2007). The impact of drought on the emotional well-being of children and adolescents in rural and remote New South Wales. *The Journal of Rural Health, 23*(4), 356–364.

De Boeck, F. & Honwana, A.M. (2005) *Makers and Breakers: Children and Youth in Postcolonial Africa*. Trenton, New Jersey, Africa World Press.

De Certeau, M. (1984).*The Practice of Everyday Life*. University of California Press, Berkeley.

De Haan, L. (2007). Studies in African livelihoods: current issues and future prospects. In P. Chabal, U. Engel, & L. De Haan, (eds.), *African Alternatives.* Leiden, The Netherlands: Koninklijke Brill NV.

Dei, G.J.S., Massuca, J., McIsaac, E., & Zine, J. (1997). *Reconstructing 'drop-out': A critical ethnography of the dynamics of Black students' disengagement from school.* Toronto: University of Toronto Press.

Denzin, N.K., & Lincoln, Y.S. (2005). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S Linkoln. (Eds.), *The sage handbook of qualitative research* (2nd ed. pp 1-17). Thousand Oaks, CA: Sage.

Dias, K. L. (1999). Can Resilience be Enhanced? A Study of an Outdoor Education Program. Unpublished Masters of Letters thesis, University of New England, Armidale, New South Wales, Australia.

Didkowsky, N., Ungar, M., & Liebenberg, L. (2010). Using visual methods to capture embedded processes of resilience for youth across cultures and contexts. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 19*(1), 12-18.

Doll, B. (2013). Enhancing resilience in classrooms. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children.* (pp. 399-410). New York, NY: Springer.

Donald,D., & Clacherty,G. (2005). Developmental vulnerabilities and strengths of children living in child-headed households: A comparison with children in adult-headed households in equivalent impoverished communities. *African Journal of AIDS Research, 4*(1), 21-28

Donnon, T., & Hammond, W. (2007). Understanding the relationships between resiliency and bullying in adolescence: An assessment of youth resiliency from five urban junior high schools. *Child and Adolescent Psychiatric Clinics of North America, 16,* 449–472.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 71,* 71–83.

Elliot, J. (2005). *Using narratives in social research: Quantitative and qualitative approaches.* London: Sage Publications.

Elliot, A. J., Gable, S. L., & Mapes, R. R. (2006). Approach and avoidance motivation in the social domain. *Personality and Social Psychology Bulletin, 32*, 378–391.

Evans (2012). Safeguarding inheritance and enhancing the resilience of orphaned young people living in child- and youth-headed households in Tanzania and Uganda, *African Journal of AIDS Research, 11*(3), 177-189, DOI: 10.2989/16085906.2012.734977

Evans, R. (2005). Social networks, migration and care in Tanzania caregivers' and children's resilience in coping with HIV/AIDS. *Journal of Children and Poverty, 11*(2), 111–129.

Evans, R. and Becker, S. (2009). *Children caring for parents with HIV and AIDS: Global issues and policy responses*. Bristol: The Policy Press.

Evans, R. (2010). Children's caring roles and responsibilities within the family in Africa. *Geography Compass, 4*(10), 1477–1496.

Evans, R. (2011). 'We are managing our own lives': Life transitions and care in sibling-headed households affected by AIDS in Tanzania and Uganda. *Area 43*(4), 384–396.

Evans, R. (2012). Sibling caring-scapes: Time–space practices of caring within youth-headed households in Tanzania and Uganda. *Geoforum, 43*(4), 824–835.

Evans, R., & Day, C. (2011). *Inheritance, Poverty and HIV/AIDS: Experiences of Widows and Orphaned Youth Heading Households in Tanzania and Uganda*. CPRC Working Paper No. 185, Chronic Poverty Research Centre, Manchester, UK.

Fergus, S., & Zimmerman, A.M. (2005). Adolesent resilience**:** A framework for understanding healthy development in the face of risk. *Annu. Rev. Public Health, 26*, 399–419 doi: 10.1146/annurev.publhealth.26.021304.144357

Fielding, N. (2008). Ethnography In N. Gilbert, (Ed.) *Researching social life* (pp.264-287). London: Sage Publications.

Fielding, N. & Thomas, H. (2008). Qualitative Interviewing. In N. Gilbert (Ed.), *Researching social life* (3rd ed. pp. 245-265). London, London: Sage Publications.

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health and Medicine, 5* (1), 55-60

Foster, G. (2004). Safety nets for children affected by HIV/AIDS in Southern Africa. In R. Pharoah (Ed.), *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa ISS Monograph 109*, 65-92. Pretoria, South Africa: Institute for Security Studies.

Foster, G.(2005). *Under the Radar – Community Safety Nets for Children Aff ected by HIV/AIDS in Poor Households in Sub-Saharan Africa*, Zimbabwe: UNRISD.

Foster, G., Makufa, C., Drew, R., & Kralovec, E. (1997). Factors leading to the establishment of child-headed households: The case of Zimbabwe. *Health Transition Review, 7*(2),155-168.

Friborg, O., Hjemdal, O., Rosenvinge, J., & Martinussen, M. (2006). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research,12*(2), 65-76.

Frydenberg E (1997). *Adolescent coping: Theoretical and research perspectives*. London: Routledge.

Garmezy, N. (1983). Stressors of childhood. In N. Garmezy & M. Rutter (Eds.), *Stress, coping, and development in children.* (pp. 43–84). New York, NY: McGraw-Hill.

Garmezy, N. (1991). Resiliency and Vulnerability to Adverse Developmental Outcomes Associated with Poverty. *American Behavioural Scientist, 34*(4), 416-430.

Garmezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry, 56,* 127-136.

Gartland, D., Bond, L., Olsson, C., Buzwell, S. & Sawyer, S. (2006). The Adolescent Resilience Questionnaire (ARQ)-revised. Centre for Adolescent Health, Royal Children's Hospital, Melbourne, Australia

Germann, S. E. (2004). Call to action: What do we do? In R. Pharoah (Ed.), *A generation at risk?HIV/AIDS, vulnerable children and security in Southern Africa ISS Monograph, 109,* 93-114. Pretoria, South Africa: Institute for Security Studies. Available: http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm

Germann, S. (2005). *An exploratory study of quality of life and coping strategies of orphans living in child-headed householdsin the high-HIV/AIDS-prevalent city of Bulawayo, Zimbabwe.* PhD thesis, University of South Africa, Pretoria, South Africa.

Gilgun, J.N. (1992). *Qualitative methods in family research*. Beverly Hills, CA: Sage.

Ginsburg, K. (2011). *Building Resilience in Children and Teens: Giving Kids Roots and Wings.* New York: American Academy of Pediatrics.

Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago:Aldine.

Glaser, B. (2001). Doing grounded theory. *Grounded Theory Review, 2*, 1-18.

Grant, R. W., & Sugarman, J. (2004). Ethics in human subjects research: Do incentives matter? *Journal of Medicine and Philosophy, 29*(6), 717–738. doi: 10.1080/03605310490883046

Gray, D**.** (2009) *Doing Research in the Real World.* Las Angelas, London, New Dehli, Singapore, Washington D.C., Sage.

Greenstein, T. (2006). *Methods of family research*. Thousand Oaks: Sage Publications.

Grier, B. C. (2005). *Invisible hands: Child labour and the state in colonial Zimbabwe*. Portsmouth, N.H.: Heinemann.

Grothberg, E.H. (1995). *A guide to promoting resilience in children: Strengthening the human spirit.* The Bernard Van Leer Foundation.

Grover, S. (2005). Advocacy by children as a causal factor in promoting resilience. *Childhood, 12*(4), 527-538.

Guo, Y., Li, X., & Sherr, L. (2012). The impact of HIV/AIDS on children's educational outcomes: A critical review of the global literature. *AIDS Care*, 24 (8), 993 – 1012.

Gwandure, S. (2009). Baseline study of social protection in Zimbabwe: A report prepared for the social protection technical review group (SPTRG). Harare: Multi-Donor Trust Fund.

Hadju, F., Ansell, N., Robson, E., Van Blerk, L., & Chipeta, L. (2011).Income-generating activities for young people in southern Africa: Exploring AIDS and other constraints. *The Geographical Journal, 177*, 251–263.

Hammen, C. (2003). Interpersonal stress and depression in women. *Journal of Affective Disorders*, *74*, 49-57.

Hammersley, M. (1990). *Reading ethnographic research: A critical guide.* London: Longmans.

Hammersley, M.,& Atkinson, P. (1996). *Ethnography: Principles in practice,* (2nd ed.), London: Routledge.

Harms, S., Kizza, R., Sebunnya, J., & Jack, S. (2009). Conceptions of mental health among Ugandan youth orphaned by AIDS. *African Journal of AIDS Research, 8*(1), 7-16.

Hawley, D. R. & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. *Family Process, 35*, 283-298.

Henderson, P. C. (2006). South African AIDS orphans: Examining assumptions around vulnerability from the perspective of rural children and youth. *Childhood, (1)* 3, 303- 327.

Hickey, S.,& Mohan,G. (2004). *Participation: From tyranny to transformation? Exploring new approaches to participation*. London: Zed Books.

Hill, R. (1949, 1971). *Families under stress.* Westport, CT: Greenwood. (Original work published in 1949).

Hill, R. (1999). *The strengths of African American families: Twenty-five years later.* New York: University Press of America.

Hjemdal, O., Friborg, O., Stiles, C. O., Martinussen, M., & Rosenvinge, J. H. (2006). A new rating scale for adolescent resilience: Grasping the central protective resources behind healthy development. *Measurement and Evaluation in Counseling and Development,39*, 84-96.

Hofstede, G., Garibaldi de Hilal, A. V., Malvezzi, S., Tanure, B., & Vinken, H. (2010). Comparing regional cultures within a country: Lessons from Brazil. *Journal of Cross-Cultural Psychology, 41*(3), 336–352.

Hogue, A., Liddle, H. A., Becker, D., & Johnson-Leckrone, J. (2002). Family-based prevention counseling for high-risk young adolescents: Immediate outcomes. *Journal of Community Psychology, (30)*1, 1-22.

Holloway, S. L., & Valentine, G. (2000). Spatiality and the new social studies of childhood. *Sociology 34,*763–783.

Honwana, A.M. (2005). Innocent and guilty: Child soldiers as interstitial and tactical agents. In F.De Boeck & A.M. Honwana (Eds.), *Makers and breakers: Children and youth in postcolonial Africa* (pp. 31-62). Trenton, New Jersey: Africa World Press.

Honwana, A.M. (2006) .*Child soldiers in Africa*. Pennsylvania: University of Pennsylvania Press.

Honwana, A. (2012), *The time of youth: Work, social change and politics in Africa*. Washington DC:Kumarian Press.

Howard, D. (1996). Searching for resilience among African-American youth exposed to community violence: Theoretical issues. *Journal of Adolescent Health, 18,* 254-262

Hutchby, I., & Moran-Ellis, J. (1998). *Children and Social Competence: Arenas of Action.* London: Falmer Press.

India HIV/AIDS Alliance, & Tata Institute of Social Science. (2006). *A situational analysis of childheaded households and community foster care in Tamil Nadu and Andhra Pradesh States, India* Available: http://www.aidsalliance.org/graphics/OVC/documents/cp/0000898e00.pdf

Jacobsen, K.H. (2011). Research ethics: Principles, practices and reporting. *World Medical and Health Policy (3),* 2, 2-7

Johnson,V. & Ivan-Smith, E. (1998). *Background to the issues, stepping forward: Children and young people's participation in the development process.* London: Intermediate Technology Publications Ltd.

Johnson, J., & Galea, S. (2011). Loss and grief: The role of individual differences. In S. M. Southwick, B.T. Litz, D. Charney, & M. J. Friedman (Eds.), *Resilience and mental health: Challenges across the lifespan* (pp.200-217). New York, NY: Cambridge University Press.

Johnson, B., & Lazarus, S. (2008). The role of schools in building the resilience of youth faced with adversity. *Journal of Psychology in Africa, 18,* 19-30.

Kakooza, J., & Kimuna, S. R. (2005). HIV/AIDS orphan's education in Uganda: The changing role of older people. *Journal of Intergenerational Relationships, 3*(4), 63-81.

Kapesa, M.J. (2004). HIV/AIDS and psychotherapy: The Zimbabwean perspective. In N.S. Madu (Ed.), *Mental health and psychotherapy in Africa* (pp.419-425). World Council for Psychotherapy African Chapter. Polokwane, Polokwane: University of Limpopo Press.

Karatas, Z., & Cakar, F.S. (2011). Self-esteem and hopelessness, and resilience: A exploratory study of adolescents in Turkey. *International Education Studies, 4,* 84-91.

Kaseke, E., & Gumbo, P. (2001). The AIDS crisis and orphan care in Zimbabwe. *Social Work, 37*(1), 53-58.

Kealey, D. J., & Protheroe, D. R. (1996). The effectiveness of cross-cultural training for expatriates: An assessment of the literature on the issue. *International Journal of Intercultural Relations, 20*(2), 141-165.

Kelso, B. J. (1994). AIDS: Orphans of the storm. *Africa Report, 39*(1), 50-55.

Kidman, R., Hanley, J. A., Subramanian, S. V., Foster, G., & Heymann, J. (2010). AIDS in the family and community: The impact on child health in Malawi. *Social Science &*

Medicine, 71(5), 966-974.

Killian, B. (2004). Risk and resilience. In R. Pharoah (Ed.), *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa ISS Monograph 109* (pp.33-63). Pretoria, South Africa: Institute for Security Studies.

Kimani-Murage, E. P., Holding, J-C., Fotso, A., Ezeh, N., Madise., E. Kahurani., E.M., & Zulu, E.M. (2011). Food security and nutritional outcomes among poor orphans in Nairobi, Kenya. *Journal of Urban Health, 88*(2), S282-S297.

Kirmayer, L.J., Sehdev, M., Whitley, R., Dandeneau, S.F., & Isaac, C. (2009). Community resilience: models, metaphors and measures *Journal of Aboriginal Health,* 5, (1) 62–117.

Klebanov, P. K., Brooks-Gunn, J., Chase-Lansdale, P. L., & Gordon, R. A. (1997). Are neighbourhood effects on young children mediated by features of the home environment? In J. Brooks-Gunn, G. Duncan, & J. L. Aber (Eds.), *Neighbourhood poverty: Context and consequences for children 1* (pp. 119–145). New York, NY: Russell Sage.

Kleinman, A., Das, V. & Lock, M. (eds.) (1997). *Social suffering*. Berkeley, California, University of California Press.

Kurebwa, J., & Gatsi- Kurebwa, N.Y. (2014). Coping strategies of child-headed households in Bindura urban of Zimbabwe. *International Journal of Innovative Research & Development, 3,* 11, (236-249).

Lachman, P., Poblete, X., Ebigbo, P,. Nyandiya-Bundy, S,. Bundy, B., Killian B., & Doek, J (2002). Challenges facing child protection, *Child Abuse and Neglect, 26(*6/7), 587–618.

Lazarus, R. (1993) Coping theory and research: Past, present, and future. *Psychosomatic Medicine, 55*(3), 234–247.

Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York, Springer.

Leatham, C. P. (2006). The lived experiences of adolescent learners from child-headed families in the Northern Free State. Unpublished Masters Thesis, University of Johannesburg, Johannesburg, RSA. Available: http://etd.uj.ac.za/theses/available/etd-10162006-101423/

Lee, C.D. (2012). Youths navigating social networks and social support systems in settings of chronic crisis: the case of youth-headed households in Rwanda, *African Journal of AIDS Research, 11*(3), 165-175, DOI:10.2989/16085906.2012.734976

Lee, C. D. (2010). Soaring above the clouds, delving the ocean's depths: Understanding the ecologies of human learning and the challenge for education science. *Educational Researcher, 39*, 643-655.

Lerner, R. M. (2006). Resilience as an attribute of the developmental system: Comments on the papers of Professors Masten, & Wachs. In B. M. Lester, A. S. Masten, & B. McEwen (Eds.), *Resilience in children* (pp.40–51). Boston, MA: Blackwell.

Lincoln, K.D. (2000). Social support, negative social interactions, and psychological well-being. *The Social Service Review, 74*(2), 231–252.

Lincoln, Y., S & Guba, E., G. (1985). *Naturalistic Inquiry*. Newbury Park; CA: Sage.

Lincoln, Y. S. (2000). 'Narrative authority vs. perjured testimony: Courage, vulnerability, and truth.' *Qualitative Studies in Education,13,* 131-138.

Luthans, F., Avey, J.B., Avolio, B.J., Norman, S., & Combs, G. (2006). Psychological capital development: Toward a micro-intervention. *Journal of Organizational Behaviour, 27*, 387–393.

Luthar, S.S., Cicchetti, D., & Becker,B. (2000).The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.

Luthar, S. (2000). *Resiliency and vulnerability: adaptation in the context of childhood adversity.* Cambridge: Cambridge University Press.

Luthar, S.S., & Brown, P.J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology, 19*, 931–955.

Mabala, R. (2006). From HIV prevention to HIV protection: Addressing the vulnerability of girls and young women in urban areas. *Environment and Urbanization, 18*(2), 407-432.

MacLellan, M. (2005). Child-headed households: Dilemmas of definition and livelihood rights. Presented at the 4th World Congress of Family Law and Children's Rights' Cape Town, available at http:// www.lawrights.asn.au/docs/maclellan2005.pdf.

Madhavan, S., & Townsend, N. (2007). The social context of children's nutritional status in rural South Africa. *Scand J Public Health, 35* (69), 107–117. doi:10.1080/14034950701355700.

Madhavan, S., Townsend, N., & Garey, A. (2008). Absent breadwinners: Father-child connections and paternal support in rural South Africa. *Journal of Southern African Studies*, 34(3), 647–663. doi:10.1080/03057070802259902.

Malindi, M. J., & Theron, L. C. (2010). The hidden resilience of street youth. *South African Journal of Psychology*, *40*(3), 318–326.

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet, 358*, 483-488

Mann, G. (2008). 'Doing nothing and being good': Social relationships and networks of support among adolescent Congolese refugees in Dar Es Salaam. In J.Hart, (ed.), *Years of Conflict: Adolescence, Political Violence and Displacement* (pp.38-57). New York, NY: Berghahn Books

Mann, G. (2004) Separated children: care and support in context. In J. Boyden., & J.De Berry, J. (eds.), *Children and youth on the front line: Ethnography, armed conflict and displacement* (pp.3-22). New York, NY: Berghahn Books.

Martinussen, R., Hayden, J., Hogg-Johnson, S., & Tannock, R. (2005). A meta- analysis of working memory impairments in children with attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, *44*, 377–384.

Martinussen, R., & Tannock, R. (2006). Working memory impairments in children with attention deficit hyperactivity disorder with and without comorbid language learning disorders. *Journal of Clinical and Experimental Neuropsychology,28,* 1073–1094.

Maslow, A. H. (1943). A theory of Human motivation. *Psychological Review*, 50(4), 370-96.

Mason, J. (2002). *Qualitative Researching.* (2nd ed.). Los Angeles; London: Sage Publications.

Masondo, G. (2006). The lived-experiences of orphans in child-headed households in the Bronkhorstspruit area: A psycho-educational approach. Unpublished Masters Thesis, University of Johannesburg, Johannesburg, RSA.

Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favourable and unfavourable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205- 20.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Masten, A. S., & O'Dougherty Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J. W. Reich (Ed.), *Handbook of adult resilience* (pp. 213–237). New York, NY: Guilford.

Masten, A. (1999). Resilience comes of age: Reflections on the past and outlook for the next generation of research, In M.Glantz & J. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp.281-296). New York, NY: Kluwer Academic/Plenum Publishers.

Masten, A.S., & Powell, J.L. (2003). A resiliency framework for research, policy and practice. In McLeod, J. (1998) *Doing counseling research.* London: Sage.

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the Project Competence Longitudinal Study. *Development and Psychopathology, 24*, 345–361.

Masten, A. S. (2013). Risk and resilience in development. In P. D. Zelazo (Ed.), *Oxford handbook of developmental psychology. 2: Self and other* (pp.579-607). New York: Oxford University Press.

Masten, A. S. (in press). Global Perspectives on Resilience in Children and Youth. *Child Development*. Running Head: Resilience and the practice of positive psychology 28

Masten, A. S., Burt, K. B., & Coatsworth, J. D. (2006). Competence and psychopathology in development. In D. Cicchetti & D. Cohen (Eds.), *Developmental Psychopathology 2*(3),696-738). New York: Wiley.

Masten, A. S., & Cicchetti, D. (2010). Editorial: Developmental cascades. *Development and Psychopathology, 22*, 491-495.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp.1-25). New York: Cambridge University Press.

Masten, A. S., & Wright, M. O. (1998). Cumulative risk and protection models of child maltreatment. *Journal of Aggression, Maltreatment & Trauma, 2*(1), 7-30.

Mathias,D., & Mathias, A. (2012). Challenges and coping strategies of orphaned children in Tanzania who are not adequately cared for by adults. *African Journal of AIDS Research, 11*(3), 191-201, DOI:10.2989/16085906.2012.734978

Matshalaga, N.R., & Powell, G. (2002). Editorial: Mass orphanhood in the era of HIV/AIDS. *BMJ*, 324(7331), 185–186.

Mawere, M. (2013). Coping with poverty in rural communities of third world Africa: The case of Mukonoweshuro cooperative gardening in Gutu, Zimbabwe. *The International Journal Of Humanities & Social Studies (1)* 2, 7-12

McCashen, W. (2008). *The strengths approach.* Victoria: St. Luke's Innovative Resources.

McCubbin, M. A., & McCubbin, H. I. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In C. Danielson, B. Hamel-Bissell, & P. Winstead-Fry (Eds.), *Families, health, and illness* (pp.21-63). New York City, NY: Mosby.

McCubbin, H. I., & Patterson, J. M. (1982). Family adaptation to crises. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), *Family stress, coping, and social support* (pp.26-47). Springfield, IL: Charles C Thomas.

McCubbin, L. D., & McCubbin, H. I. (2005). Culture and ethnic identity in family resilience: Dynamic processes in trauma and transformation of indigenous people. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and context* (pp.27-44). Thousand Oaks, CA: Sage.

McCubbin, H. I., & Patterson, J. M. (1982). Family adaptation to crisis. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), *Family stress, coping,and social support* (pp. 26–47). Springfield, IL: Charles C Thomas.

Meintjes, H., & Giese, S. (2006). Spinning the epidemic: The making of mythologies of orphanhood in the context of AIDS. *Childhood, 13*(3), 407–430.

Mertens, D. M. (2005). *Research and evaluation methods in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods.* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Mertens, D.M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research, 1,* 212-225.

Mertens, D.M. (2015, June). *Mixed methods research to study resilience.* Paper presented at Pathways to Resilience 111 International Conference, Halifax, Canada

Mettens, A., & Pincus, D. (2003). Nonlinear dynamics in psychosocial resilience. Nonlinear dynamics of psychological life science *14*(4), 353-380

Meyer, J. (2015, June). *Practical ways of promoting resilience in children and families.* Paper presented at the Pathways to Resilience 111International Conference. Halifax, Canada.

Mikami, A.Y., & Hinshaw, S.P. (2006). Resilient adolescent adjustment among girls: Buffers of childhood peer rejection and attention-deficit/ hyperactivity disorder. *Journal of Abnormal Child Psychology, 34,* 825–839.

Miles, M.B., & Huberman, A.M. (1994). *Qualitative Data Analysis.* (2nd ed.). Thousand Oaks: Sage.

Miller, M. (2002). Resilience elements in students with learning disabilities. *Journal of Clinical Psychology, 58*(3), 291–298.

MINALOC., & UNICEF. (2001). Struggling to survive: orphans and community-dependent children in Rwanda. Kigali: MINALOC & UNICEF.

Mkhize, Z. M. (2006). Social functioning of a child-headed household and the role of social work. Unpublished Doctoral Thesis, University of South Africa, Pretoria, South Africa. Available: tttp://oasis.unisa.ac.za/search?/amkhize/amkhize/2

Mokwena, M. (2007). African cosmology and psychology. In M. Visser (Ed.), *Contextualising community psychology in South Africa* (pp.66-78). Pretoria, South Africa: Van Schaik.

Moskowitz, J. (2011). Coping interventions and the regulation of positive affect. In S. Folkman & P. Nathan (Eds.), *The Oxford Handbook of Stress, Health, and Coping*. New York, Oxford: University Press.

Moskowitz, J., Hult, J., Bussolari, C., & Acree, M. (2009) What works in coping with HIV? A meta-analysis with implications for coping with serious illness. *Psychological Bulletin 135*(1), 121–141.

Munhall, P.L., & Chenail R, J. (2008). Q*ualitative research proposals and reports : A Guide.* Sudbury, Massachussettes. Jones and Bartlett Publishers.

Muronda, Y (2006). Social security and the national orphan care policy in Zimbabwe: Challenges from the child headed households. Available: http://hdl.handle.net/10353/564

Mupedziswa, R (2006). Editorial, *Journal of Social Development 21*(1),111.

Mushunje, M, T (2006). Child protection in Zimbabwe: yesterday, today and tomorrow, *Journal of Social Development 21*(1), 12-34.

Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, 78, 251-266.

Myers, W., & Bourdillon, M. (2012). Concluding reflections: How might we really protect children? *Development in Practice, 22*(4), 613–620.

NAC (2010) Orphans and Vulnerable Children. NAC-Coordinating the multi-sectoral response to HIV & AIDS in Zimbabwe. Government publications.

NAC (2011) Programme of Support to the National Action Plan for Orphans and Vulnerable Children in Zimbabwe. Government publications.

Naglieri, J. A., & LeBuffle, P. A. (2005). Measuring resilience in children. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 107–121). New York, NY: Springer.

Narayan, A.J., Sapienza, J.K., Monn, A.R., Lingras, K.A., & Masten, A.S. (in press). Risk, vulnerability, and protective processes of parental expressed emotion for children's peer relationships in contexts of parental violence. *Journal of Clinical Child and Adolescent Psychology*. doi:10.1080/15374412.2014.881292

Neill, J. T., & Dias, K. L. (2001). Adventure Education and Resilience: The Double-Edged Sword. *Journal of Adventure Education and Outdoor Learning*, *1*(2), 35-42.

Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative aproaches* (4th ed.). Boston: Allyn and Bacon.

Neuman, W.L. (2006). *Social research methods: Qualitative and quantitative approaches.*Boston: Pearson Education Inc.

Newman, T. (2004). *What works in building resilience*. London: Barnardo's Policy and Research Institute.

Newman, T., & Blackburn, S. (2002). *Transitions in the lives of children and young people: Resilience factors*. Edinburgh: Scottish Executive.

Newman, T. (2002). *Promoting resilience: A review of effective strategies for child care Services.* Exeter, UK, Centre for Evidence-Based Social Services, University of Exeter and Barnardo's Policy and Research Institute.

Newton, N. (2000). *Applying best practices to youth reproductive health: Lessons learned from SEATS Experience.* Washington, DC, JSI.

Ncube-Mlilo, N.(2006). *The Tree of life methodology with narrative therapy ideas.* Dulwich Centre: Institute of Community Practice

Nkala, P.P. (2013). An Assessment of the Guidance and Counselling Programme in Secondary Schools at Mzilikazi District in Bulawayo Metropolitan Province. *Journal Of Humanities And Social Science*, *19*(1), 81-90.

Nkomo, N. (2006). The experiences of children carrying responsibility for child-headed households as a result of parental death due to HIV/AIDS. Unpublished Masters Thesis, University of Pretoria, Pretoria, RSA.

Noam, G. G., & Hermann, C. A. (2002). Where education and mental health meet: Developmental prevention and early intervention in schools. *Development and Psychopathology, 14*, 861–875.

Nsamenang, A. (2012). On researching the agency of Africa's young citizens: issues, challenges and prospects for identity development. In D. Slaughter-Defoe, (Ed.), *Racial Stereotyping and Child Development* (pp.90-104). Basel, Switzerland: Karger.

Nyamukapa, C., & Gregson, S. (2005). Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe. *Social Science and Medicine, 60*(10), 2155–2167.

Nyamukapa, C.A., Gregson, S., Wambe, M., Mushore, P., Lopman, B., Mupambireyi, Z., Nhongo, K. & Jukes, M.C.H. (2010) Causes and consequences of psychological distress among orphans in eastern Zimbabwe. *AIDS Care, 22*(8), 988–996.

Obradovic´, J., Bush, N. R., & Boyce, T. (2011). The interactive effect of marital conflict and stress reactivity on externalising and internalising symptoms: The role of laboratory stressors. *Development and Psychopathology, 23*, 101–114.

Obradović, J., Bush, N. R., Stamperdahl, J., Adler, N. A., & Boyce, W. T. (2010). Biological sensitivity to context: The interactive effects of stress reactivity and family adversity on socio-emotional behavior and school readiness. *Child Development, 81*(1), 270-289.

Obradović, J., Shaffer, A., & Masten, A. S. (2012). Risk and adversity in developmental psychopathology: Progress and future directions. In L. C. Mayes & M. Lewis (Eds.), *The Running Head: Resilience and the practice of positive psychology. Cambridge handbook of environment in human development 29* (pp. 35-57). New York, NY: Cambridge University Press.

Oleke, C., Blystad, A., & Rekdal, O. B. (2005). When the obvious brother is not there: Political and cultural contexts of the orphan challenge in northern Uganda. *Social Science & Medicine*, *61*(12), 2628-2638.

Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence, 26,* 1–11.

Panter-Brick, C., & Leckman, J.F. (2013) Editorial Commentary: Resilience in child development – interconnected pathways to wellbeing. *Journal of Child Psychology and Psychiatry, 54*(4), 333–336.

Panter-Brick, C. (2015, June). *Resilience: Biocultural perspectives on child and family wel-l being.* Paper presented at the Pathways to Resilience 111 International Conference. Halifax, Canada.

Parliament Research Department Report. (2011-2012). Government Printers. Zimbabwe.

Parsai, M. B., Castro, F. G., Marsiglia, F. F., Harthun, M. L., & Valdez, H. (2011). Using community based participatory research to create a culturally grounded intervention for parents and youth to prevent risky behaviors. *Prevention Science, 12*(1), 34-47.

Patterson, J. 2002. Understanding family resilience. Journal *Clinical. Psychology, 58,* 233–246.

Patton, Q. M. (2002). *Qualitative research and evaluation methods* (3rd ed.). London. Sage.

Pedersen, D. (2002). Political violence, ethnic conflict, and contemporary wars: Broad implications for health and social wellbeing. *Social Science and Medicine 55*(2), 175–190.

Penner, L. A., Dovidio, J. F., Schroeder, D. A., & Piliavin, J. A. (2005). Prosocial behavior: Multilevel perspectives. *Annual Review of Psychology, 56*, 365-392.

Pharoah, R. (2004b). Introduction. In R. Pharoah (Ed.), *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa ISS Monograph 109* (pp.1-8). Pretoria, South Africa: Institute for Security Studies. Available: http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm

Phelps, E., Balsano, A., Fay, K., Peltz, J., Zimmerman, S., Lerner, R., & Lerner, J. (2007). Nuances in Early Adolescent Trajectories of Positive and Problematic/risk Behaviors: Findings from the 4-H study of positive youth development. *Child and Adolescent Psychiatric Clinics of North America, 16*(2), 473-496

Phelps, E. A., & LeDoux, J. E. (2005). Contributions of the amygdala to emotion processing: From animal models to human behavior. *Neuron, 48,* 175–187.

Piaget, J. (1929). *The Child's Conception of the World*. London, Routledge and Kegan Paul.

Piaget, J., & Mays, W. (1972). *The Principles of Genetic Epistemology*. London, Routledge and Kegan Paul.

Pink, S. (2001). 'More visualising, more methodologies: On video, reflexivity and qualitative research *Sociological Review, 49* (4), 586-599.

Pink, S. (2007). *Doing visual ethnography,* (2nd ed.), London: Sage.

Plan International (2005) Helping AIDS orphans in child headed households in Uganda: From relief interventions to supporting child-centred community coping strategies. Finland: Plan Finland

Plan International. (2010). *Annual report* http://plan-international.org

Powell, G. (2006). Children in institutional care: Lessons from Zimbabwe`s experience. *Journal of Social Development, 21*(1),130-146.

Prince-Embury, S. (2005). Resiliency Scales for Children and Adolescents: Profiles of personal strengths. San Antonio, TX: Harcourt Assessments.

Punch, K.F., (1998). *Introduction to social research: Quantitative and qualitative approaches.* Thousand Oaks, CA: Sage

Quinn, P.M. (2002). *Qualitative research & evaluation methods.* (3rd ed.). Thousand Oaks, CA: Sage.

Rapport, N., & Overing, N. (2005). *Social and cultural anthropology: The key concepts*. London and New York: Routledge.

REPSSI. (2006) *Mainstreaming psychosocial care and support: A manual for facilitators.* Dulwich Centre: Institute of Community Practice

Richter, L. (2004). *Psychosocial studies in birth to twenty: Focusing on families*. Johannesburg: Birth to Twenty Dissemination Day 8 May 2004. (http://www.wits.ac.za/birthto20).

Richter, L., Dawes, A., & Higson-Smith, C. (2004). *The sexual abuse of young children in southern Africa*. Pretoria:Human Sciences Research Council Press.

Richter, L.,Manegold, J., & Pather, R. (2004). *Family and community interventions for children* affected by AIDS. Pretoria: Human Sciences Research Council Press.

Richter, L. (2004). The impact of HIV/AIDS on the development of children. In R. Pharoah (Ed.), *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa ISS Monograph No 109* (pp. 10-31). Pretoria, South Africa: Institute for Security Studies. Available: http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm

Roalkvam, S. (2005). The children left to stand alone. *African Journal of AIDS Research (AJAR) 4*(3), 211–218.

Robson, S., & Kanyanta, S. B. (2007). Moving towards inclusive education policies and practices? Basic eduation for AIDS orphans and other vulnerable children in Zambia. *International Journal of Inclusive Education, 11*(4), 417-430.

Rosa, S., & Lehnert, W. (Eds.). (2003). *Children without adult caregivers and access to social assistance*. Cape Town, RSA: Children's Institute, University of Cape Town.

Rose, L. (2005). Orphan's and rights in post-war Rwanda: The problem of guardianship. *Development and Change, 36*(5), 911-936.

Ruiz-Casares, M., Thombs, B. & Rousseau, C. (2009). The association of single and double orphanhood with symptoms of depression among children and adolescents in Namibia. *European Child and Adolescent Psychiatry, 18*(6), 369–376.

Ruiz-Casares, M., & Rousseau, C. (2010). Between freedom and fear: Children's views on home alone. *British Journal of Social Work, 1,* 18. doi: 10.1093/bjsw/bcq067

Ruiz-Casares, M. (2012). When it's just me at home, it hits me that I'm completely alone: An online survey of adolescents in self-care. *Journal of Psychology: Interdisciplinary and Applied, 146*(1/2), 135–153.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology 24*, 335–344.

Rutter, M. (1987). *Stress, risk and resilience in children and adolescents: Processes, mechanisms and interventions.* Cambridge: Cambridge University Press.

Rutter, M. (1986). Child psychiatry: The interface between clinical and developmental research. *Psychological Medicine, 16*, 151–169.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57*, 316–331.

Rutter, M. (1989). Psychiatric disorder in parents as a risk factor in children. In D. Shaffer, I. Philips, N. Enver, M. Silverman, & V. Anthony (Eds.), *Prevention of psychiatric disorders in child and adolescent: The project of the American Academy of Child & Adolescent Psychiatry.*

OSAP Prevention Monograph 2 (pp. 157–189). Rockville, MD: US Department of Health and Human Services, Office of Substance Abuse Prevention.

Rutter, M. (1999). Social context: Meanings, measures and mechanisms. *European Review, 7*, 139–149.

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences, 1094*, 1–12.

Rutter, M. (2007). Proceeding from observed correlation to causal inference: The use of natural experiments. *Perspectives on Psychological Science, 2*, 377–395.

Rutter, M. (2008). Developing concepts in developmental psychopathology. In J. J. Hudziak (Ed.), *Developmental psychopathology and wellness: Genetic and environmental influences* (pp. 3–22). New York, NY: American Psychiatric Publications.

Rutter, M. (2012). Resilience: Causal pathways and social ecology. In M. Ungar (Ed.), *The social ecology of resilience* (pp. 33-42). New York, NY: Springer.

Rutter, M. (2013). Annual Research Review: Resilience –clinical implications. *Journal of Child Psychology and Psychiatry, 54*, 474–487.

Saleebey, D. (Ed.). (2008). *The strengths perspective in social work practice* (5th ed.). Boston: Allyn & Bacon.

Saleebey, D. (2002) *The strengths perspective in social work practice*. Boston, MA: Allyn and Bacon

Sameroff, A., Gutman, L. M., & Peck, S. C. (2003). Adaptation among youth facing multiple risks: Prospective research findings. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 364–391. Cambridge: Cambridge University Press.

Sameroff, A. J. (Ed.). (2009). *The transactional model of development: How children and contexts shape each other*. Washington, DC: American Psychological Association.

Sameroff, A. J. (2010). A unified theory of development: A dialectic integration of nature and nurture. *Child Development, 81*(1), 6–22.

Samuneta, M., & Kapesa, M.J. (2014, March). *Coping strategies used by children left behind by parents living and working in the diaspora.* Paper presented at the Malawi National Mental Health Conference, Blantyer. Malawi.

Sapienza, J. K., & Masten, A. S. (201 1). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry,* 24,267-273.d oi:lO. 1097NCO.Ob013e32834776a8

Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*, (5th ed.), Harlow, Pearson Education.

Schaff, K., & Greenwood, D (2003). The promises and dilemmas of participation. Action research, methodology and community development. *Journal of the Community Development Society, 34*(1), 18-35

Scheper-Hughes, N. (2008) A talent for life: reflections on human vulnerability and resilience. *Ethnos: Journal of Anthropology, 73,* 125–156.

Scheper-Hughes, N. (2004). Dangerous and endangered youth: Social structures and determinants of violence. *Annals of Ney York Academy of Sciences 1036,*13-46

Schofield, G., & Beek, M. (2005). Risk and resilience in long-term foster-care. *British Journal of Social Work, 35,* 1283–1301.

Seccombe, K. (2002). Beating the odds versus changing the odds: Poverty, resilience, and family policy. *Journal of Marriage and Family,* 64(2), 384-394

Seidman, E., & Pedersen, S. (2003). Holistic contextual perspectives on risk, protection, and competence among low-income urban adolescents. In S. S. Luthar (Ed.), *Resilience and vulnerability:Adaptation in the context of childhood adversities* (pp. 318—342). New York: Cambridge University Press.

Segu, M., & Wolde-Yohannes, S. (2000). A mounting crisis: Children orphaned by HIV/AIDS In *Semi-urban Ethiopia*. Available: http://www.aidsalliance.org/graphics/OVC/documents/0000015e02.pdf

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.

Shilubana, M., & Kok, J. C. (2005). Learners without adult care at home who succeed in school. *Education as Change, 9*(1), 101-107.

Skinner, D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Chandiwana, B., Nokomo, N.,Tlou, S., & Chitiyo, G. (2006). Towards a definition of orphanhood and vulnerable children. *AIDS and Behaviour, 10,* 619–626.

Skovdal, M., & Daniel, M. (2012). Resilience through participation and coping-enabling social environments: The case of HIV-affected children in sub-Saharan Africa, *African Journal of AIDS Research, 11*(3), 153-164, DOI: 10.2989/16085906.2012.734975

Skovdal, M. (2010). Children caring for their 'caregivers': exploring the caring arrangements in households affected by AIDS in western Kenya. *AIDS Care, 22*(1), 96–103.

Skovdal, M. (2012). Pathologising healthy children? A review of the literature exploring the mental health of HIV-affected children in sub-Saharan Africa. *Transcultural Psychiatry, 49* (3/4), 461–491.

Skovdal, M., & Andreouli, E. (2011) Using identity and recognition as a framework to understand and promote the resilience of caregiving children in western Kenya. *Journal of Social Policy, 40*(3), 613–630.

Skovdal, M., Ogutu, V., Aoro, C., & Campbell, C. (2009). Young carers as social actors: coping strategies of children caring for ailing or ageing guardians in western Kenya. *Social Science and Medicine 69*(4), 587–595.

Skovdal M., & Ogutu, V. (2012). Coping with hardship through friendship: the importance of peer social capital among children affected by HIV in Kenya, *African Journal of AIDS Research, 11*(3), 241-250, DOI: 10.2989/16085906.2012.734983

Skovdal, M. (2010). Community relations and child-led microfinance: A case study of caregiving children in western Kenya. *AIDS Care,* 22(2), S1652–S1661.

Skovdal, M. (2011a). Examining the trajectories of children providing care for adults in rural Kenya: Implications for service delivery. *Children and Youth Services Review, 33*(7), 1262–1269.

Skovdal, M. (2011b). Picturing the coping strategies of caregiving children in western Kenya: from images to action. *American Journal of Public Health, 101*(3), 452–453.

Skovdal, M., & Abebe, T. (2012). Reflexivity and dialogue: Methodological and socio-ethical dilemmas in research with HIV-affected children in East Africa. *Ethics, Policy and Environment, 15*(1), 77–96.

Skovdal, M., & Ogutu, V. (2009). I washed and fed my mother before going to school: Understanding the psychosocial wellbeing of children providing chronic care for adults affected by HIV/AIDS in western Kenya. *Globalisation and Health,* 5(8), doi: 10.1186/1744-8603-5-8.

Skovdal, M. (2010). Agency, resilience and the psychosocial wellbeing of caregiving children: Experiences from Western Kenya. In S. Evers, C. Notermans, & Van Ommering, E. (Eds.), *Children in focus: A paradigm shift in methodology and theory*.Leiden, Belgium, Brill.

Skovdal, M., & Andreouli, E. (2011) Using identity and recognition as a framework to understand and promote the resilience of caregiving children in western Kenya. *Journal of Social Policy 40*(3), 613–630.

Smith, M.L. (1986). The Whole is Greater: Combining Qualitative and Quantitative Approaches in Evaluation Studies. In D.D. Williams (Ed.), *Naturalistic Evaluation*, (pp. 37–54). San Francisco, CA: Jossey-Bass.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method, and research*. London: Sage.

Smith,J. R., Brooks-Gunn,J., & Klebanov, P K. (1997). Consequences of living in poverty for young children's cognitive and verbal ability and early school achievement. In G.J. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp.132—189). Washington, DC: Russell Sage Foundation.

Spaccarelli, S., & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse and Neglect, 19*(9),1171- 1182.

Stewart,D, Sun, J., Patterson, C., Lemerle, K., & Hardie, M. (2004). Promoting and building resilience in primary school communities: Evidence from a comprehensive health promoting school approach. *International Journal of Mental Health Promotion, 6*(3), 26-33.

Stewart, D., Herrman, H., Diaz-Grandos, N., Berger, E.L., Jackson, B., & Yuen,T. (2011). What is resilience? *Canadian Journal of Psychiatry, 56*(5), 258-265

Taylor, S. (2011). Affiliation and stress. In: Folkman, S. (Ed.), *The Oxford Handbook of Stress, Health, and Coping*. New York, Oxford University Press.

Theron, L. C. (2007). Uphenyo ngokwazi kwentsha yasemalokishini ukumelana nesimo esinzima: A South African study of resilience among township youth. *Child and Adolescent Psychiatric Clinics of North America, 16*(2), 357–375.

Theron, L. C., Cameron, C. A., Didkowsky, N., Lau, C., Liebenberg, L., & Ungar, M. (2011). A 'day in the lives' of four resilient youths: A study of cultural roots of resilience. *Youth & Society, 43*(3), 799–818.

Theron, L. C., & Dunn, N. (2010). Enabling white, Afrikaans-speaking adolescents towards post-divorce resilience: Implications for educators. *South African Journal of Education, 30,* 231–244.

Theron, L. C., & Engelbrecht, P. (2012). Caring teachers: Teacher-youth transactions to promote resilience. In M. Ungar (Ed.), *The social ecology of resilience: Culture, context, resources and meaning* (pp.265-280). New York, NY: Springer.

Theron, L. C., & Malindi, M. J. (2010). Resilient street youth: A qualitative South African study. *Journal of Youth Studies, 13*(6), 717–736.

Theron, L. C., & Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science*, *106* (7/8) 1-8. Retrieved from http://www.sajs.co.za.

Theron, L. C., Theron, A. M. C.,& Malindi, M. J. (2013). Toward an African definition of resilience: A rural South Africa community's view of resilient Basotho youth. *Journal of Black Psychology 39*(1), 63-87.

Theron, L. C. (2012). Resilience research with South African youth: Caveats and ethical complexities. *South African journal of psychology 42*(3),333-346.

Theron, L. C. (In press). Using research to influence policy and practice: The case of the Pathways-to-Resilience Study, South Africa. In A. Abubakar & F. van de Vjiver (Eds.), *Handbook of applied developmental psychology for Sub Saharan Africa. Dordrecht, the Netherlands*: Springer.

Theron, L.C. (2004). The role of personal protective factors in anchoring psychological resilience in adolescents with learning difficulties. *South African Journal of Education, 24*(4), 317–321.

Theron, L.C., Stuart, J., & Mitchell, C. (2011). A positive African ethical approach to collecting and interpreting drawings: Some considerations. In: L.C.Theron, C. Mitchell, A. Smith, & J. Stuart (Eds.), *Picturing Research: Drawings as Visual Methodology.Rotterdam* (pp. 19-36). The Netherlands: Sense.

Theron, L.C., & Liebenberg, L. (2015). Understanding cultural contexts and their relationship to resilience processes. In L.C. Theron, L. Liebenberg, & M, Ungar (Eds.), *Youth, Resilience and Culture commonalities and complexities* (pp. 23-36). New York, NY: Springer.

Theron, L.C., & Liebenberg, L. (2015, June). *Using visual methods to study resilience.* Paper presented at the Pathways to Resilience 111 International Conference. Halifax, Canada.

Theron, L.C., Bhana, A., Bottrell, D., Mphande, C., Reid, S., Hart, A., & McCubbin, L. (2015, June). *Case studies of 'waithood' and resilience-supporting responses from African and other inequitable contexts.* Paper presented at the Pathways to Resilience International Conference. Halifax, Canada.

Thurman, T., Snider, L., Boris, N., Kalisa, E., Nyirazinyoye, L., & Brown, L. (2008) Barriers to the community support of orphans and vulnerable youth in Rwanda. *Social Science and medicine* 66, 1557–1567.

Thurman, T.R., Snider, L., Boris, N., Kalisa, E., Nkunda Mugarira,E., Ntaganira, J., & Brown, L. (2006) Psychosocial support and marginalization of youth-headed households in Rwanda. *AIDS Care*, *18*(3), 220–229.

Tiet, Q. Q., Bird, H. R., Davies, M., Hoven, C, Cohen, P., Jensen, P. S.,& Goodman, S. (1998). Adverse life events and resilience. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 1191-1200.

Tilley, S. A. (2003). Challenging research practices: Turning a critical lens on the work of transcription. *Qualitative Inquiry, 9* (5), 750-773.

Todaro M. P., & Smith , S. C. (2003). *Economic development* . Dorling Kindersley (India) Pvt.Ltd: licensees of Pearson Education in South Asia

Toland, J., & Carrigan, D. (2011). Educational psychology and resilience: New concept, new opportunities. *School Psychology International, 32*(1), 95–106.

UNAIDS. (2008). *The global HIV challenge: assessing progress, identifying obstacles,renewing commitment.* Report on the Global AIDS Epidemic. Geneva: UNAIDS http://data.unaids.org/pub/globalreport/2008/jc1510_2008_global_report_pp11_28_en.pdf

UNAIDS (2010). *UNAIDS Report on the Global AIDS Epidemic.* Geneva: UNAIDS.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2), 218–235.

Ungar, M. (2010). What is resilience across cultures and contexts? Advances to the theory of positive development among individuals and families under stress. *Journal of Family Psychotherapy, 21*, 1–16.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*, 1–17.

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence, 42*(166), 287–310.

Ungar, M., Theron, L. C., & Didkowsky, N. (2011). Adolescents' precocious and developmentally appropriate contributions to their families' well-being and resilience in five countries. *Family Relations, 60*(2), 231–246.

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth.*Youth and Society, 35*(3), 341–365.

Ungar, M. (2005). *Handbook for working with children and youth:Pathways to resilience across cultures and contexts*. Thousand Oaks, California: Sage Publications.

Liebenberg, L. and Ungar, M. (2009). Introduction: The challenges of researching resilience. In L. Liebenberg and M. Ungar (Eds.), *Researching Youth Resilience* (pp. 3-25).Toronto: University of Toronto Press.

Ungar, M. & Liebenberg, L. (2009). Cross-cultural consultation leading to the development of a valid measure of youth resilience: The International Resilience Project. *Studia Psychologica, 51*(2-3), 259-268.

Ungar, M. (2011). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1–17.

Ungar, M. (2012b). *The Social Ecology of Resilience: A Handbook of Theory and Practice*. New York, Springer.

Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual Research Review: What is resilience within the ecology of human development? *Journal of Child Psychology and Psychiatry, 54,* 348–366.

UNICEF. (2004). *The state of the world's children.* New York City, NY: UNICEF. UNICEF, (2004). *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York, NY: UNICEF.

UNICEF. (2007). *Annual Report.* New York, NY: UNICEF

UNICEF. (2009). *The State of the World's Children 2010. Celebrating 20 Years of the Convention on the Rights of the Child.* New York City, NY: UNICEF.

UNICEF, (2010). *Children and AIDS: Fifth Stocktaking Report*. UNICEF: New York City, NY: UNICEF

UNAIDS/UNICEF/USAID. (2004). *Children on the Brink: A joint Report of new Orphan Estimates and a Framework for Action*. New York, NY: UNICEF.

UNICEF & UNAIDS. (2006). *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS.*New York, NY: UNICEF.

UNICEF & UNAIDS. (2010). *Report on the Global AIDS pandemic.* New York, NY: UNICEF.

UNCRC. (1989). *United Nations Report*. New York, NY: UN

Utas, M. (2005b). West-African warscapes: Victimacy, girlfriending, soldiering: Tactic agency in a young woman's social navigation of the Liberian war zone. *Anthropological Quarterly,* 78(2), 403–430.

Utas, M & Vigh, H. (2006). Introduction. In C. Christiansen, M. Utas, & H. Vigh (Eds.), *Navigating Youth, Generating Adulthood. Social becoming in An African context.* Nordiska Afrikainstituttet, Uppsala

Van Aken, M.A.G., Coleman,J.C., & Coterell, J.C. (1994). Issues concerning social support in childhood and adolescents. In F. Nestmann & K. Hurrelmann. (Eds.), *Social networks and social support in childhood and adolescents.* Walter de Gruyer. New York

Van Breda, A. D. (2001). *Resilience theory: A literature review*. Pretoria, South Africa: South African Military Health Service.

Vanderbilt-Adriance, E., & Shaw, D. S. (2008). Conceptualising and re-evaluating resilience across levels of risk, time, and domains of competence. *Clinical Child & Family Psychology Review, 11*, 30–58.

Van der Brug (2012). Strategies to bring about change: a longitudinal study on challenges and coping strategies of orphans and vulnerable children and adolescents in Namibia. *African Journal of AIDS Research*, *11*(3), 273-282, DOI: 10.2989/16085906.2012.734989

Vanderven, K. (2004). Intergenerational theory in society: Building the past questions for the future. *Journal of Intergenerational Relationships, 2*(3-4), 75-94.

Van Dijk, D., & Van Driel, F. (2012). Questioning the use-value of social relationships: care and support of youths affected by HIV in child-headed households in Port Elizabeth. *South Africa, African Journal of AIDS Research, 11*(3), 283-293, DOI: 0.2989/16085906.2012.734990

Veeran, V., & Morgan, T. (2009). Examining the role of culture in the development of resilience for youth at risk in the contested societies of South Africa and Northern Ireland. *Youth and Policy, 102*, 53–66.

Vigh, H. (2006). Social death and violent life chances. In: C. Christiansen, M. Utas, & H. Vigh, (Eds.), *Navigating youth,generating adulthood: Social becoming in an African context* (pp. 31-60). Uppsala, Sweden, The Nordic Africa Institute.

Vigh, H. (2008). Crisis and chronicity: Anthropological perspectives on continuous conflict and decline. *Ethnos: Journal of Anthropology*, *73*(1), 5–24.

Vygotsky, L. (1978). Interaction between learning and development. *Mind and Society*, 79-91

Wagnild, G.M., & Young, H.M. (1987). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement, 1*(2), 165-178.

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement, 1*, 165-178.

Wagnild, G. M. (2009a). *The Resilience Scale User's Guide for the US English version of The Resilience Scale and The 14-Item Resilience Scale (RS-14)*. Worden, MT: The Resilience Center.

Wagnild, G. M. (2009b). A review of the Resilience Scale. *Journal of Nursing Measurement, 17*, 105-113. doi:10.1891/1061-3749.17.2.105

Walker, L. (2002).*We will bury ourselves: A study of child-headed households on commercial farms in Zimbabwe.* Harare: Farm Orphan Support Trust of Zimbabwe.

Ward, L.M., & Eyber, C. (2009). Resiliency of children in child headed households in Rwanda: Implications for community based psychosocial interventions. *Intervention* 2009, *7*(1),17 – 33.

Werner, E. E. (2006). What can we learn about resilience from large-scale longitudinal studies? In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 91–105). New York, NY: Springer.

Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth.* New York, NY: McGraw-Hill.

Werner, E. (2000). *Through the eyes of innocents: Children witness World War II.* Boulder, CO: Westview Press.

Wood, L , Theron, L., & Mayaba, N. (2012). 'Read me to resilience': Exploring the use of cultural stories to boost the positive adjustment of children orphaned by AIDS, *African Journal of AIDS Research, 11*(3), 225-239, DOI: 10.2989/16085906.2012.734982

Wood, K., Chase, E., & Aggleton, P. (2006). 'Telling the truth is the best thing': Teenage orphans' experiences of parentalAIDS-related illness and bereavement in Zimbabwe. *Social Science & Medicine, 63,* 1923–1933.

Wright, J., Lubben, F., & Mkandawire, M.B. (2007). Young Malawians on the interaction between mental health and HIV/AIDS. *African Journal of AIDS Research (AJAR), 6*(3), 297–304.

Wright, M. O. D., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity *Handbook of Resilience in Children* (pp.15-37). NY: Springer.

Wright, J., Lubben, F., & Mkandawire, M.B. (2007). Young Malawians on the interaction between mental health and HIV/AIDS. *AfricanJournal of AIDS Research (AJAR), 6*(3), 297–304.

Yamba, C. (2005). Loveness and her brothers: trajectories of life for children orphaned by HIV/AIDS. *African Journal of AIDS Research, 4*(3), 205-210.

Yates, T. M., & Grey, I. K. (2012). Adapting to aging out: Profiles of risk and resilience among

emancipated foster youth. *Development and Psychopathology, 24*, 475–492.

Yates, T. M., Egeland, B., & Sroufe, L. A. (2003). Rethinking resilience: A developmental process perspective. In S.Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 243 – 266). Cambridge, UK: Cambridge University Press.

Yates, T. M., & Masten, A. (2004). Prologue: The promise of resilience research for practice and policy'. In T. Newman (Ed.), W*hat works in building resilience* (pp. 6-15). London: Barnardo's Policy and Research Unit.

Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education, 8*(1), 69–91.

Yousafzai, A., Rasheed, M., & Bhutta, Z. (2013). Annual Research Review: Improved nutrition - a pathway to resilience. *Journal of Child Psychology and Psychiatry, 54*, 367–377.

Yin, R. (2011). *Qualitative Research from Start to Finish.* The Guilford Press.

Yin, R. K, (2009). *Case study research: Design and Methods*. Thousand Oaks CA:Sage

Yin, R.K., (2003). *Applications of case study research*. Thousand Oaks CA:Sage

Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for schools and policy. *Social Policy Report, 8,* 1-18.

ZNOCP. (1999). Programme of Support to the National Action Plan for Orphans and Vulnerable Children in Zimbabwe. Harare: Zimbabwe Government publications.

Zoysa, P., & Weerasinghe, T. (1998). Psychological consequences and coping mechanisms of bomb blast survivors: The experience of six civilian victims in the city of Colombo. Sri Lanka *Journal of Social Sciences, 22*(1&2), 45-61.

APPENDIX A

SOCIODEMOGRAPHIC QUESTIONNAIRE FOR THE CHH

(Questions were asked in the Shona language. The English translation was done by the researcher)

Household name

Number and names of children in CHH

Sex

Age

Level of education

Schools attended

Year mother died

Year father died

Period of orphan hood

Period time living as a Child headed household (CHH)

APPENDIX B

INTERVIEW SCHEDULE FOR THE CHH

General areas of enquiry

Nature and pattern of parental illness

Experiences soon after the death of parents

Negotiating headship in the CHH

Help seeking behaviours of the CHH

Problems and challenges encountered

Coping mechanisms

Risk and protective factors

Attitudes towards CHH from the communities, school, church and extended family system

Nature of social and community support network.

Describe your typical day i.e. what do you do from sunrise to sunset.

What challenges do you face on a day- to- day basis?

What do you do to cope with these challenges?

Factors that promote resilience in CHH (protective factors)

Support networks available to CHH

Type and nature of support received from:

Relatives : Do relatives visit, can you trust them, do relatives look out for your interest, do they take advantage of you?

Community: what support do you get from the community?

Adult support- do you have an adult who you can they trust, depend on and can you advice and guidance?

Peer support – do you have at least one close friend you can talk to and share your problems with. Do you belong to a group of friends. What do they share with your friends?

Risk factors

What factors make your situation worse and unbearable at home, school, in the community and at church?

What can be done at all levels to improve the CHH's situation?

Problem solving skills

Which problems do you face in you day to day lives and how have you managed to solve them?

Who is the first person you would go to if you have a problem and why?

CHH are given problem scenarios and will be asked how they would solve them to determine their problem solving skills.

Problem scenarios

(Similar problems will also be presented to children staying with both parents to analyze differences if any to the strategies used to solve problems)

What do you do if there is no food in the house?

What do you do if you do not have stationery at school?

You are doing ‘piece jobs’ e.g. domestic work in the community, or neighbourhood. The other people doing the same piece jobs indicate that they are being paid almost double what you are getting. What do you do?

Your young sister or brother is being bullied at school. What do you do?

Your relatives come and ‘borrow’ things left behind by your parents but never return them. How would you handle such a situation?

What do you do if you need money for basic necessities?

What would you do if a man/woman asks for sexual favours from you in exchange of food and money?

Coping mechanisms

Which coping mechanisms have been effective or less effective and why.

APPENDIX C

INTERVIEW GUIDE FOR CHILD SERVICE PROFESSIONALS / POLICY MAKERS

1. What is the prevalence of Child Headed Households (CHH) in your district/ province?

2. What has led to the emergence of CHH?

3. Problems faced by CHH.

4. Please could you explain the general community attitudes towards CHH?

5. How do these attitudes impact on CHH?

6. What could be done to promote positive attitudes towards CHH in your community?

7. How do CHH in your community survive without outside support?

8. What is the nature of counselling and emotional support system available to CHH in the community?

9. What is the nature of assistance that CHH receive from the community and extended family?

10. What programmes could be offered at community and school level to help CHH cope with challenges they face?

11. What are the characteristic features of a resilient/functional CHH?

12. What are your views on CHH *vis a vis* Child Rights?

13. Which policies currently cater for CHH?

14. Which ways are the current policies, e.g. The Zimbabwe National Orphan Care Policy (ZNOCP) on OVC addressing the needs of CHH?

15. What gaps can you identify in the ZNOCP?

16. What are your comments on the six- tier safety net system of orphan care?

17. How have the Child Protection Committees impacted on CHH?

18. How are policies for vulnerable children formulated? Are there any policies for CHH?

19. What features would an ideal policy on CHH contain?

20. How can we improve the implementation of policies on CHH

21. Who should be involved in devising the policies and why?

APPENDIX D

INTERVIEW GUIDE FOR COMMUNITY LEADERS/MEMBERS, SCHOOL TEACHERS AND SCHOOL HEADS

Community definitions and perception on resilience

Community attitudes and their perceptions on CHH

Nature of assistance given to CHH by the community

Community and extended family support system

Coping strategies used by the CHH

Nature of counselling and emotional support system

How can communities, schools and churches enhance resilience in CHH?

What programmes can be used to enhance resilience in CHH?

What are the indicators of success of an effective resilience enhancement programme?

What are the characteristic features of a resilient child?

What are the positive outcomes of a resilient CHH?

Note that these were general guidelines, some questions naturally emerged from probing and the flow of the interviews.

APPENDIX E

TREE OF LIFE EXERCISE WITH CHH

Imagine you are a tree.

What type of tree are you?
Name the different parts of a tree

What are the functions of these different parts?
Draw the tree. You can give the tree your name if you so wish.

Now we want to imagine our life and the experiences we have gone through as parts of a tree

ROOTS

The roots represent your background/ancestors
Let us start with the roots *(midzi)*- tell me about your background, your ancestors. (*nditaurire kwamakabva, kumusha kwenyu,)* who told you about your background *(ndiani akakutaurira nezve nhoroondo yekwamakabva)*

GROUND/SOIL

The ground and soil represent things that strengthen you emotionally, physically, mentally and spiritually. *(Nditaurire zvinhu zvinokusimbisa kana kugwinyisa mupfungwa dzako kana pakufunga)*

THE FALLEN LEAVES OR FRUITS

The fallen leaves or fruits represent special dear things or people you have lost. They also represent opportunities that you have lost. *(Nditaurire nezve vanhu vanga vakakukoshera muupenyu hwako vasisisipo. Nditaurire nezve mikana yekuita zvimwe zvinhu yawakarasikirwa nayo.)*

LEAVES

The leaves represent the important people in your life right now. *(vanhu vakakukoshera muupenyu hwako, vanokubatsira kana uine dambudziko)*

THE TRUNK (INSIDE AND OUTSIDE OF THE TRUNK)

Outside of the trunk – represents your strengths and weaknesses *(zvinhu zvaunogona kuita, zvinhu zvinoyemurika pauri. Wondiudzawo zvakare zvinhu zvausingagoni kuita).*

Inside of a trunk – represents the memorable events in your life both good and bad. *(Nditaurirewo zvinhu zvakaitika muupenyu hwako zvinonakidza, zvausingafi wakakangwana. Wondiudzawo zvakare zvinhu zvakaitika muupenyu hwako zvinokurwadza, zvausingafi wakakanganwa).*

THE BRANCHES

The branches represent people and organizations that support you in various ways. *(Nditaurirewo nezve vanhu kana ma Organisations/NGO anokubatsira. Unobatsirwa nemutowo upi.)*

THE FRUITS

The fruits represents your gifts, talents and achievements. *(Nditaurire kuti chipo chako ndechipi, zvaunogona kuita zvisingagonekwe nevazhinji)*

BUGS AND WORMS

The bugs and worms represent things that disturb and bother you. *(Ungandiudzawo here pamusoro pezvinhu zvinokushungurudza)*

AIR (NOT IN THE ORIGINAL TOL EXERCISE)

The air represents your coping mechanisms *(zvaunoita kuti ukwanisa kuenderera neupenyu hwako zvakanaka, kuti urege kushungurudzika).* – socially, emotionally, spiritually and physically. What you tell yourself to do in order to cope.

APPENDIX F

ACTIVITY ON CHH'S INTERNAL AND EXTERNAL RESOURCES

I have …… I am…… I can…….Activity

This is a game that helps to build resilience in children. The 'I Have… I Am… I Can' tool helps children to identify their internal and external resources, skills and abilities. It is an exercise that helps children to acknowledge their own strengths, capabilities, and people who can help them in their families and communities.

When using this tool, the children are divided into 3 groups i.e. the I HAVE group, the I AM group and the I CAN group.

I Have **–** refers to external, social and interpersonal supports that the children have.
I Am – refers to inner strengths that the child possesses.
I Can - refers to the child's problem solving skills and other skills they have.

The groups are given time to discuss these and come up with their own lists.

Example:

I HAVE *(vanhu vaunavo muupenyu hwako vanokubatsira. Vanokubatsira nenzira dzipi)* Examples of possible responses are listed below

People around me I trust and who love me no matter what; People who show me how to do things right by the way they do things; People who want me to learn to do things on my own.

I AM *(Uri munhu akaita sei. Unhu hwakwo. Vanhu vanoti uri munhu akaita sei)*

A person people can like and love; Glad to do nice things for others and show my concern; Respectful of myself and others; Willing to be responsible for what I do; Sure things will be all right.

I CAN *(Ndezvipi zvaunogona kuita kana wawana chinokunetsa)*

Talk to others about things that frighten or bother me; Find ways to solve problems I face; Control myself when I feel like doing something not right or dangerous; Figure out when it is a good time to talk to someone or to take action; Find someone to help me when I need it

Enough time is given to the three groups to discuss and share their input with everyone.

APPENDIX G

SAMPLES OF TRANSCRIBED INTERVIEWS

Transcribed interview with Simba, Head of a CHH.
Simba is a 15 year- old- boy heading a family of three. His young sister is 12 years old and the young brother is 9 years old. Socio demographic data was collected and will not be included in this transcript.

I arrived at Simba's home (pseudonym) early on a Thursday morning. I wanted to see the family before they went to school so that I could explain my mission. The two younger siblings of Primary school going age were having their breakfast which consisted of mealiemeal porridge. Simba's household is in the District Social Welfare data base of CHH that seem to be doing well. The family greeted me politely and invited me to join them for breakfast. Although I had just had my breakfast I accepted as declining the offer would have sent a message of arrogance on my part. Simba asked his young sister to pour some porridge for me. The family began to relax as we talked about general issues and issues of informed consent.

Simba then explained that I could come the following day for the interview. He explained that he was not going to school that day because he was going to a funeral, his best friend had just lost a mother and he wanted to be there for him. I conveyed my condolences and accepted the appointment for the following day.

Me: Hello Simba, How are you today and how was the funeral yesterday.

Simba: We are fine, and the funeral yesterday, it was really tough. I was telling my friend that he has to be strong now and be a man. I had to spend the night there just to comfort him and I came back early in the morning to make sure the children go to school. I also went to school today. I will go and check on my friend in the evening. The burial should be tomorrow at their rural home.
Me: Tell me about yourself and your family

Simba: We are three in our family now. My father died when we were all very young. My mother was a cross border trader. She used to buy goods in South Africa for resale. She passed away five years ago. She had built this house. She died before she could complete it (2 roomed house).

Me: Do you have any relatives from either your mother or father's side. If so have you ever considered staying with them?

Simba: Relatives only like you when your parents are alive and when they know that they can get money and things from them. We stayed briefly with my mother's sister and she was renting out this house and collecting all the money for her own family's benefit. She could not even send us to school saying that the money was not enough, but now we are all going to school without any help from her.

Now some of them come to visit us and stay only for a few minutes. They are now ashamed, they thought we would not make it, but God is for all people.

Me: Can you describe to me your typical day.

Simba: Everyday is different with different things and different problems to solve. The biggest challenge is to make sure that the children do not starve. (Simba at age 15 is a child himself but throughout the interview he referred to his siblings as the 'children' meaning that he was the adult). I make sure that I plan ahead and that there is enough food for today and the following day. My brain is always in motion. Even when I am in school, I am thinking about where and how to get food for the next meals. Sometimes when the situation is tight, I do not go to school but I make sure that the young ones go to school whilst I look for piece jobs here and there to get some money to buy food for the children. Sometimes I ask some of the women whom my mother used to go with to South Africa if I can sell some of their goods for them for a commission, If I am lucky I also put a small mark up on the prices and I sometimes get enough money to get by for some weeks. As you can also see from the signpost at our 'gate', we sell air time as well. I

teach the young ones to sell and how to talk to people nicely so that they can learn to make it on their own. Because what if something also happens to me they have to survive.

Me: I noticed that your young brother and sister really respect and obey your instructions. How do you manage the family?

Simba: We really work like a team. They know that we only have each other. The other day I went out with my friends and came home a bit late. I was so touched when I got home only to see the children crying. They told me that they were afraid something had happened to me. From that day I told myself that I would never come home late again. I should be home before dark every day. I taught them how to cook, if they cook for you, you will think its food from a hotel. When I ask them to sell things, they are very honest. I told them the importance of being honest so that the women, the cross border traders will trust us with their goods and keep giving us goods to sell for them.

Me: What form of assistance do you get from your community and relatives?

Simba: Community?? There is really no community here. In isiNdebele they say *indoda iyasibonela* meaning that each man for himself. The only time that I have seen the community getting together to assist is when there is a funeral. When this happens everyone chips in to help. I think people only help because they know that if they don't then no one will come to their assistance if a funeral happens at their home one day. No one really comes to help out for everyday problems like not having enough to eat. This is because everyone is having similar problems. Sometimes I think we could be better off than some families that are actually starving. As for the relatives we only saw then soon after my mother's funeral. We stayed briefly with my mother's sister but the situation there became unbearable. Some used to visit us but as of now the visits have become fewer and fewer.

Me: What would you say are the main problems you face?

Simba: Food, food, food. If I could only have the assurance that we will have enough and not worry about the possibility of starving, I think most of my problems would be solved. The little money that I get, we usually spend it on food meaning that we will not have enough money for other necessities like clothes, school uniforms, stationery to use at school, soap to bath and wash clothes. So sometimes we go to school in very old and torn uniforms. The young ones worry about that, I used to be embarrassed by this but now I have told myself not to be bothered by small things. Sometimes I think about my mother and want to cry and sometimes I cry but I usually do that at night because I do not want the young ones to see me crying, because if I cry what will they do (the young brother and sister).

Me: How do you manage to cope with the challenges you face in life?

Simba: I am a jack- of- all- trades. I do a lot of different piece jobs that bring in bits of monies that enable us to survive. I also make sure I hang around people with constructive ideas. Some of my schoolmates who have parents to take care of them do not understand me if I do not join then for fun. They do not understand my life, so most of the time the people I hang around with are older that me because they give me ideas. One day when things were really tough, one of my old friends took me to the commuter taxi ranks and introduced me to the rank marshals. They asked me if my voice was strong and if I could shout. I told them I could and they said I had a job for the day. I was asked to shout the destination of the commuter taxis so that commuters would know which taxi to board, I spent the whole day shouting different destinations as per instruction and they paid me $5 at the end of the day. *Hapana chisingabhadhare mother* meaning you can get paid for any job, if you work for it.

I also pray to God and I ask the young ones to pray also. My mother used to have us pray every night before going to bed and I insist on this with the young ones. I want them to grow upright with good morals. People think that these children without a parent will have bad morals but I want to prove them wrong. I used to go to church but now I have temporarily stopped because when I go to church I am told that in order to be blessed I must give money to the church as a seed and if I do not do that then I will not be blessed. I do not believe in that. I think God is a good God. I don't know, *ko imi munozvionawo sei* meaning how do you also view this message

that most churches are preaching. (I politely informed Simba about my neutral position on the issue as I did not want to bias the interview in any way. I could however tell that he really wanted me to validate his opinions).

Me: Do you receive any help from NGOs?

Simba: Not much, but sometimes BEAM pays for our fees but now it has stopped, we don't know why.

Me: What are your future plans?

Simba: (Simba scratched his head and smiled nervously). If I could have a stable life where I know I can go to school continuously, I think my future would be fine. Now I just take it one day at a time and see what happens. *Zvinonetsa* meaning it's difficult. But I know we will survive.
I thanked Simba and ended my initial interview with him on this note and informed him that I would be coming to visit them again to engage in other activities related to the study.

Transcribed Interview with Tatenda

Tatenda is a 15 year- old- girl heading a CHH of three children. The headmaster of the school that she attends directed me to Tatenda's home. She was not at school that day. According to the headmaster, this was a common occurrence as Tatenda frequently missed school. He said the teachers had stopped asking her why because they said they were aware of her situation. Her younger siblings at the nearby primary school were however at school.

I drove to her house and parked my car by the side of the road near the house. The road to Tatenda's home is a footpath that cannot accommodate vehicles. Tatenda and I exchanged greetings. Almost five minutes later a group of four community members who live nearby converged to the household to greet me and to informally enquire about my business at the house hold. However, from Tatenda's interpretation it seemed that they had come to check whether I was one of the NGO workers coming to distribute food.

The presence of my car seemed to attract a lot of unnecessary attention, so I talked briefly to Tatenda and agreed that I would come the following day which was a Saturday. The following day I left my car at the school and walked to her household. After the greetings and preliminaries, I started on the actual interview. Issues of informed consent had been discussed in an earlier encounter with Tatenda and her siblings.

Me: Hello Tatenda, I noticed you were not at school yesterday

Tatenda: Yes, I was not at school, *ndanga ndiri kumaricho* a term used to describe working for payment in someone's field or home to be remunerated in cash or kind. I was working in Mrs Kuti's field (pseudonym). She gave me the old school uniforms that her daughter who has now finished school used to wear in exchange for working on a portion of their field. So on Monday I am excited to go to school because I now have a 'new uniform'. (I conversationally asked if I could have a look at her newly acquired uniform. Tatenda eagerly agreed. The uniform was relatively new.)

Me: How has your life been since your parents passed on?

Tatenda: When my mother passed on a few years after our father had passed on, we all went to live with our Grandmother who lives just across the river. We lived with her for about a year but then decided to leave and come here to our homestead because Grandmother stays with so many people.

Me: Which people?

Tatenda: Two of my mother's sisters have also passed on and my mother's brother also passed on. All of their children including the three of us were staying with grandmother. All in all we were twelve children staying with Grandmother. She is very old and cannot take care of twelve children. I also realised that the little money and food that I got from doing small jobs had to be shared amongst all of us. Some of my cousins would not work and just wait to eat what I would have brought. I then talked to Grandmother about my idea of coming back to our homestead and to stay on our own. She cried, but in the end she agreed. It was tough at the beginning and everyone thought we would go back to Grandmother. But now it has been almost three years staying on our own and '*hatisati tamborara nenzara'* meaning we have never slept on empty stomachs.

Me: That's impressive Tatenda, how do you manage to do that?

Tatenda: I am not afraid of hard work. My mother used to say '*nyope ingofa nenzara'* meaning the lazy one will die of hunger. People around here know that I work hard and whenever they want someone to do small jobs for them like weeding the garden, fetching water from the well or cleaning the house, they call me and they also recommend me to their friends so I am always busy. This is why sometimes I do not go to school. I will be 'working'. Sometimes even when I am at school, I will be thinking about where and how to get money or food for the family. It is very difficult for me to concentrate sometimes. I try to make sure that my young siblings do not have to worry about where and how to get food, I want them to concentrate on their school work. But sometimes when we get a big job for example harvesting someone's field, then we all have to work at it.

Me: What are some of the major challenges you face in your lives?

Tatenda: Making sure we have enough food so that we don't starve or end up being beggars on the streets. Also on the issue of school fees sometimes BEAM pays but these days it has not been paying.

Me: Do you benefit from some of the programmes and services meant for the OVC in your community?

Tatenda: I have lost faith in these programmes. Because what happens is this, the local elders take our names and sometimes they even call us to tell the NGOs about our background and problems, but when the food comes or when they call out names of people who are to receive the donated goods, our names will not be there and if we ask we are told that they will only be giving to those on the list. So now I just work and look for small jobs here and there. That way I know I will definitely be getting something. I cannot rely on those people anymore.

Me: How do you manage to cope with all these challenges?

Tatenda: For me I pray and I work hard. Our Grandmother is even proud of us now. I also pray to God. I used to go to church but I do not go frequently these days because all they talk about is money, money.

Me: What kind of help do you get from the community and the extended family system?

Tatenda: People around here do not just give you food for nothing. They give me a small piece of job in exchange for food, money or clothes. I cannot say they are unfriendly, some of them also do not have. There is not much assistance I get from my relatives. My relatives are my cousins and grandmother. I think their situation is worse off than ours. That is why we had to move. We have an Aunt who went to South Africa long ago. No one knows if she is still alive.

Me: Describe to me your typical day.

Tatenda: I wake up very early in the morning to fetch water from the well. Sometimes I would have fetched the water a day before in the evening so I will wake up a bit late (around 6am). I prepare our breakfast and sometimes we use left overs from the previous evening meal as breakfast. I wake up my young sister and brother so that they prepare for school. If our food stock is fine for a few days in advance, then I also go to school. If not, then I look for small jobs around the community to replenish our food stock.

After school I usually come back home straight away. I do not have time for extra curriculum activities or time to play with friends. I only have a few friends at school who understand me. They have parents who can provide for them, but as for me I am the parent. I am always enquiring to see if anyone needs help on anything. So I do a lot of little chores for people around and they give me food. I also ask my young siblings to do their home work and to help around the house. Sometimes we go together and work in other people's fields especially if the job is big.

Me: I have a number of activities that I would like you and your siblings to participate in.

I then explained the Tree Of Life activity, the I Have…. I Am….. and I Can……. Activities to Tatenda and her siblings.

I also explained the problem solving skills activities. I explained that we would do these activities the following day and that we could continue with the activities at school if we did not have enough time. The responses to these activities have been captured and reported on the findings section of the thesis. I thanked Tatenda and her siblings and agreed to meet again during the course of the research for the other activities.

Transcribed interview with Rumbi

I talked to Rumbi and her siblings about my research and asked if I could stay with them for about a week and they eagerly agreed. They later informed me that they never have visitors who actually stay with them. I had also informed the trusted adult they had nominated, who was the headmaster at the school that Rumbi attended about my research and intention to spend some time with the family. Issues of informed consent and assent were discussed and agreed on.

I arrived at the homestead early Saturday morning carrying a few basic items. My intention was not to initially bring a lot of groceries, but would buy the children substantive food items at the end of my stay. This was because I wanted to observe how the children lived normally.
I struggled with this idea because in my Shona culture, it is rare for visitors to come empty handed and I also knew that the children were expecting me to bring them a lot of groceries.

Rumbi's homestead consists of two small grass thatched round huts. The family is however using one hut because the other hut is showing signs of dilapidation and is now dangerous to stay in. The small hut serves as both the kitchen and bedroom. Rumbi and her siblings happily welcomed me to their home.

Me: How have you all been since I last saw you last week at school?

Rumbi: We are all fine and thank you very much for the groceries. We were waiting for you to arrive and every time the combi (mini bus) stopped we all ran towards it thinking you would be one of the passengers disembarking from it. (Rumbi looked at her younger siblings who were going through the groceries I had brought for them. The young brother and sister immediately stopped, giggled, sat down and thanked me for the items. I could sense an unspoken command between Rumbi's look and her siblings change in showing more socially acceptable behaviours)
I am just preparing our breakfast.

Me: Let me help you, what are you preparing.

Rumbi: Tea and the sweet potatoes are almost ready. But there is no bread.
(I could sense that Rumbi was indirectly asking me to buy some bread for them. I then gave Rumbi some money to go and buy two loaves of bread and powdered milk at the local shops nearby. Her face lighted up as she ran to the shops, calling on the younger siblings to continue checking on the sweet potatoes so that they do not burn. After breakfast, Aleck the younger brother washed the dishes while Flora the younger sister went to the borehole to fetch some water. Rumbi continued with the weeding around the house and I joined her.

Me: It looks like you all know what you are supposed to do.

Rumbi: Yes, we all have daily duties that I assign to everyone including myself. As you can see today Aleck is washing the dishes, tomorrow he will be fetching the water and Flora who is fetching the water today will be washing the dishes. I usually do the hard work like going kumaricho (working in other people's fields for money or food) cooking and looking for food and ensuring the survival. Sometimes my young brother and sister join in the work I do for food.

Me: Do you ever get time to rest from these duties?

Rumbi: Not really, if I rest we starve. But I am now used to it. It's my life now and I have to manage.

Me: How did you get to be a CHH?

Rumbi: We are originally from Mozambique. My late parents told us that all our relatives are from Mozambique but we have never been there and we have never seen any of them. So when our parents died we just continued staying here because there is nowhere and no one to go to. Our father used to work around this community herding cattle and working in other people's fields and this is exactly what we are doing up to this day.

Me: So you are saying, you do not have any relatives?

Rumbi: Not any that we know of at the moment. A man once visited us some time back whom my father introduced as his cousin. That was the only time he visited and we never saw him again. On my mother's side there is really no one because she told us that she grew up in an orphanage and that she did not know any of her relatives.

Me: How do you cope with the challenges you face?

Rumbi: Somehow we manage to survive. We work hard. We can do almost any type of work around the village. One of the teachers wanted me work as her house maid at her home in town. She was going to pay me US $30 per month which is very good money. But after careful consideration I had to turn down the offer because no one would take care of my young brother and sister if I go and work in town. I may consider such offers when they (younger brother and sister) have grown up a bit.

Me: Do you get any form of assistance from people in your community?

Rumbi: Not much. They actually refer to us as 'ma Sena' (a derogatory term used to refer to people from Mozambique who come looking for employment). But at least they give us piece jobs and we get food. If they did not do that, I am not sure as to how we would be surviving. Although we have these small fields, we usually do not have enough money to buy the seeds and the fertilizers to produce our own food. So we rely a lot on the work that we do in the community which brings us a bit of cash and food. But they never give you something for nothing; we have to work for it.

Me: what other challenges do you face?

Rumbi: School fees. All the small amounts of money we get goes to buy food and maybe second hand clothing. So we just go to school without paying school fees and when it is time for them to 'chase' those who would not have paid away from school, we just come home. If we are lucky, BEAM (a UNICEF programme that pays school fees for OVC) pays for us. We also do not have birth certificates and we do not know where and how we can get them.

Me: Who do you go to when you have problems?

Rumbi: I usually tell my teacher and sometimes we approach the family that used to employ my father, and we also pray to God. My friend used to help us and sometimes would take food from her house and would come to give us. But she was beaten up by her mother when she found out so she has now stopped.

Me: It's now late in the afternoon. What time do you start preparing for lunch?

Rumbi: (She smiled shyly and politely informed me that they never have lunch) We normally do not have lunch, we eat in the morning and in the evening. We are used to it now. If we have three meals a day, our food stock will not last at all.

Me: I see, has it always been like this when your parents were alive.

Rumbi: Not really, sometimes we had three meals and sometimes two meals per day. It varied with days. (Rumbi politely asked me for permission to go and see her friend who lived nearby. After some time, Rumbi came back with her friend. She proudly introduced me as her 'Aunt' to the friend. The younger siblings had already started the fire to prepare the evening meal. The meals are cooked outside because the small kitchen was also now serving as the bedroom.)

Me: It was nice meeting your friend.

Rumbi: Yes she is my good friend. Today she was surprised that I came to visit her. I am usually always busy and do not get much time to socialize with my friends. I told her that I can relax because my Aunt is around.

Me: That's nice.

Rumbi: Auntie, there is no relish for tonight's meal and our mealiemeal is running out.

Me: Imagine, I was not here today, what would you have done?

Rumbi: Oh, I would have run round already to make sure that we have relish for tonight's meal. Sometimes I can ask one of our neighbours if I can water their garden by the stream and they will give me a bundle of vegetables. That bundle of vegetables would be two or three days relish for us. But today I am a bit relaxed because you are around.
(I then gave Rumbi, some money to go and buy some meat at the local butchery. I cooked the meal for that evening and we all and a hearty meal of sadza (staple food of thickened maize meal porridge) and beef stew.

I somehow realised that I was not going to get the resilience factors I was looking for if I continued staying with the children. They were beginning to see me as the mother figure in the home and were already calling me 'Aunty'. They were also now referring a number of problems to me so that I could solve them.

I decided to change the ethnographic approach I had initially wanted to use in the study. I however did not want the change to be abrupt as it would not be appropriate and might affect the children negatively. After discussing my intentions with the children, I stayed for one more day. Before I left I bought some groceries for the family. They were very happy and asked me to visit them again. I promised to visit them and I intend to honour my promise.
I met the children again during the participatory activities phase of the research.

Transcribed interview with Nyari

Nyari is a 16 year old girl heading a household of three children. Nyari's household is near a river that serves a number of functions for the community. It is used to water the many gardens that are scattered along the river and provides drinking water for both people and animals. A number of wells have been dug along the river to provide drinking water for the community. I was told that the river used to be big but it has now shrunk in size probably due to the siltation caused by the agricultural activities carried out along the shores of the river. The villagers however indicated that the nearer their garden is to the river the easier it becomes for them to water their gardens because they do not have to carry the water for long distances. Nyari's family also owns a small garden along the shores of the river. Nyari later explained that their garden used to be bigger than its present size when her parents were alive but of late some members of the community have been encroaching on their 'land' hence the small size of the garden compared to the other gardens. My interview with Nyari started at school and I asked if I could come and continue with the interview at her house. Nyari eagerly agreed. I went to Nyari's house the on a Saturday morning. The household had three structures, one was roofed by rusty corrugated iron which could do with a bit of repairing. Nyari and her siblings referred to this main building as the 'House'. (I later found out that 'House' was a term that the locals used to refer to the main building of the household). The other two structures were grass thatched huts that equally needed attention. The other nearby households which I could see from a distance from Nyari's household looked neat and well kept by the community standards. As if sensing my thoughts, Nyari explained that the nearby household belonged to Teacher Zuze (pseudonym) who taught at the nearby secondary school.

Me: Hello again and how are you this morning Nyari? Thank you for allowing me to come and talk to you in your home.

Nyari: No do not thank me, we thank you for visiting us and thank you for the groceries you have brought for us. It is rare for us to have visitors and especially visitors who come with parcels for us.

Me: So how have you been since our last meeting on Wednesday?

Nyari: We have been fine, just that Tanatswa (the younger sister) has not been feeling well, so I took her to the clinic. She is now improving.

Me: So they gave her some medication at the clinic.

Nyari: Yes, they did but they almost told us to leave without the medication because we did not have the one dollar needed to have the hospital card stamped, *('tanga tisina dhora rekudhindisa card')* when we were leaving the clinic, one of the nurses called us back and gave us the tablets. I am sure she felt sorry for us.

Me: So have you been going to school?

Nyari: No since that day we met (three days ago), I have not been to school because I have to take care of Tanatswa but I am sure next week on Monday we will al be able to go to school. She looks better now. (Nyari says this as she touches her young sister's forehead as if checking the temperature and Tanatswa smiles shyly and apologetically as she agrees that she is now feeling better and is ready to go back to school).

Me: That is good Nyari, you are really taking good care of your siblings.

Nyari: What can I do, I have no other choice, if I don't do it no one else will do it. I have to take care of my mother's children.

Me: Don't you have any relatives who can take care of you?

Nyari: We have them, but most of them do not help much. My uncle (late father's brother) had conflicts with our late father and he did not even attend the funeral despite him staying just nearby (she points to a household that is a few meters away from their house). So up to now he is still hostile to us. It is as if he has transferred the hostility he had towards my late father to us. But we are just children; we do not know anything about their conflicts. We greet him when we see him and continue to be respectful as if we don't now anything. The other relatives are friendly. They sometimes help us and share the little they have with us but it is not often because they also do not have enough for themselves. The other relatives are just stingy and will not give you anything even if they have.

Me: So how do you survive and make a living?

Nyari: We grow what we eat but most of the time our harvest is not good because we do not have fertilizers and good seeds. So we usually identify people who we can work for in their fields in exchange of food, money, clothes and whatever they can offer us.

Me: how do you identify these people who you can work for?

Nyari: We look for people who are doing better than the rest of the community members, we befriend them by greeting them and sometimes offering to do small chores for them without payment and then we ask them for the other piece jobs before everyone descends on them asking

for piece jobs. For example we can ask for harvesting jobs well before harvesting time. They usually laugh at us and inform us that it is not yet time for harvesting, then we kindly ask them to consider us when it is time for harvesting. So when it is time for harvesting, when everyone else is asking the for harvesting jobs for the first time, we go there to remind them of their promise to give us the piece jobs and they always remember. So people get surprised but what they do not know is that we would have asked for the jobs well before them.

Me: That's impressive Nyari

Nyari: (she smiles and nods her head in agreement).

Me: What other problems do you sometimes face?

Nyari: Food and money. I think if I could have money all my problems will disappear

Me: really.

Nyari: Yes, because you need money for almost everything, food, clothes, school, going to the clinic almost everything needs money. And if you're poor people do not like you and sometimes even if you just try to talk to people, just to be nice, they think you want to beg them for something. In the end most people do not want to associate with us because they think we want to ask for something from them, like food, clothes, and money.

Me: do you sometimes beg from people?

Nyari: I would not call it begging. What we do is we ask to do small chores for them like fetching water, washing their clothes, watering their gardens, or cleaning their houses in exchange for food or anything that they may have. Sometimes we do not even specify what we want in return but we just ask them to give us anything that they can spare. I don't think that is begging, if they call it begging then I don't know. I do not think it is fair when they paint us all with the same paint. There are some who are always begging and some even steal but I will not do that. I am like my mother, she was very hard working. People say I m like her and that makes me happy.

Me: What other things do you like about yourself?

Nyari: I am a very kind person and I am also friendly and I work very hard. If people make fun of me, it affects me for a short time and I usually just forget and move on.

Me: Do you have many friends?

Nyari: Uuumn, yes I have friends but they are not many. If I sense that someone does not like to be friends with me I just ignore them as well and I become friends with those who want to be friends with me.

Me: Why do you think some people do not want to be friends with you?

Nyari: I don't know, maybe they see that I do not have 'things' and they think that if I become their friend, I will ask to use their things, but I don't do that.

Me: What do you mean by 'things'?

Nyari: Oh things like rubbers, pens, pencils and food at break time. You see most of the time I will not be having all these things needed at school. So without a pen I sometimes just sit and listen and then maybe ask my friend to use her pen when she has finished but I can tell that she does not like it.

Me: In the small parcel I brought you, I have included some pens, pencils and exercise books; I thought you might need them.

Nyari: Ooh thank you very much. '*Zvaita sekunge matofembera' - it* is as if you guessed that we need those things.

Me: How do you manage looking after the siblings, they are so well behaved.

Nyari: (laughs a bit and says that they can be naughty sometimes but they are generally well behaved). We all work very hard so that those who prophesy our doom can be ashamed when they see us managing like everyone else and sometimes even better than some people. People do not take us seriously. '*Vano funga kuti tiri kuita zvemahumbwe'* – they think we are just playing house and are not really a household.

Me: How does that make you feel?

Nyari: Sad.

Me: Sorry about that. If you had an opportunity to have meetings with these people what would you tell them?

Nyari: (thoughtfully) I would tell them to take us seriously and to view us with respect. It is not a sin to be an orphan. They should not look at us as if we have a contagious disease. We are people just like them. And to those who support us I would thank them and ask them to continue doing that.

Me: I also hope for that Nyari. Thank you so much, our interview will end here, but there are some other games/activities we will do next time we meet.

Nyari: Thank you very much Mai Kapesa and thank you again for the parcels.

Transcribed interview with a headmaster

Me: Good morning Mr Toro and thank you for agreeing to talk to me about the orphaned children in your school and specifically about the child headed households.

H/M: Thank you and you're welcome.

Me: So how many children are coming from CHH in your school?

H/M: We have many orphaned children at this school. Almost a third of the school population has lost either one or both parents. Those living in CHH are about 15 according to the statistics in our record books.

Me: What do you think is leading to the growing numbers of CHH in this community?

H/M: Poverty, our people are growing poorer by the day and it becomes more and more difficult for them to feed extra mouths.

Me: What kind of help does the school provide to the CHH?

H/M: To be honest with you, as far as giving help is concerned, our hands are tight. In our own capacities, we cannot afford to help because things are also tight for us. We actually depend on help that comes from donors and NGOs for all the OVCs.

Me: Which NGOs are helping you in this community.

H/M: We have Plan international, DAPP, Africare, CADEC, DOMCCP, Beam, Swedish Organisation for Individual Relief, UNICEF, and some other small ones.

Me: What type of help do the organisations provide?

H/M: The organisations pay for school fees, and some provide stationery for the children. Some used to provide food but the government has stopped the NGO's from distributing food because it would give the impression that our agricultural sector is failing despite taking the farms from the white farmers, and they do not want to display that image. So food is the number one priority in this area for everyone.

Me: Would you say all the orphaned and OVC are benefiting from these programs?

H/M: We try to capture everyone who is needy but you see the problem is that everyone is struggling. We need help. No one is managing in this economy. We are all suffering. But as for the orphaned children, the selection of needy children is usually done by the selected community members. We are co-opted into the selection committees but the final say usually rests with the communities. The programs have become politicised and if you try to air views that are different

from those held by the communities, you may be viewed as belonging to the opposition and that is a worst case scenario because you may be at risk of losing your job or being transferred to very remotes areas near the Mozambican border.

Me: So what help does the school give to those that are left out?

H/M: Nothing much. We sympathise with the children, but in terms of material support, we cannot afford.

Me: What problems do children normally face?

H/M: They do not have resources necessary for school like books, school uniforms, pens, pencils etc. Their attendance at school is not regular. They give us various reasons like being sick, taking care of sick siblings, but we know most of the times they would be doing small jobs 'Maricho' to enable them to survive. We are used to their erratic school attendance and have stopped asking them for reasons.

Me: How do they cope with these problems?

H/M: What I know is they ask us here to do small chores for us in exchange for cash, clothes or food. Sometimes we ask them to fetch water from the borehole or to do laundry for some of the teachers and they give them small tokens of appreciation for their labour. I know it is against Ministry policy but it is the only way we can help them and of course some can exploit them in the process and may not give them their dues and that is unfortunate.

Me: How is their performance in school?

H/M: Their performance is not that good. However, I think that if they had more time to focus on their studies they would be able to do much better than their current performance.

Me: Is there a Guidance and Counselling programme at this school?

H/M: Officially it is there but the teachers are not trained counsellors. It falls under the extra curriculum activities and the counselling is not continuous. Also the problems that these children have may not require counselling. What they need is food, money, stationery, and school uniforms. The teachers also do not give the programme their full attention.

Me: Why is that so?

H/M: It could be an attitude thing and some of them say they have their full teaching loads and do not have time for the Guidance and Counselling programme.

Me: So what happens to the children with emotional problems like depression and anxiety, social and social problems?

H/M: *(laughs)* We are all depressed madam and we just snap out of it. The teachers are depressed. I am depressed. So you cannot have a depressed person helping another depressed person. Maybe you can help us on this one.

Me: (laughs) Thank you Mr Toro.

I join in the laughter but I could sense that it was a laughter that was intended to cover up some underlying emotional issues on the part of the H/M. I felt this was beyond the scope of the current study. I thanked the H/M and promised to come back and follow up on the resilient CHH.

Focus Group Discussion with community members

I carried out a total of four focus group discussions with the community members. The headmasters from the schools I recruited the CHH from referred me to the chairpersons of the school development committees (SDC). I explained the rationale and purpose of my study to the chairpersons who were very eager to recruit other community members knowledgeable in the area of OVC for the discussions. Most of them work as volunteers for the various NGOs working in the district. This FGD took place at the school. I explained issues of informed consent and voluntary participation to the community members. I distributed informed consent forms for them to sign. It was however interesting to note that all of them preferred verbally consenting rather than putting their signatures on the forms. I could understand their fears and concerns about taking part in exercises that would identify them as participants. My country is characterised by political tensions and people fear being identified with groups whose political affiliation is not known and could be mistaken for the opposition. This could mean isolation and violence targeted at the families. I however assured them and also showed them the stamped letters from the provincial administrator's offices clearing me to carry out the study in Mutasa district.

Me: Good afternoon to you all and thank you very much for accepting to take part in the discussion on CHH, and how you as a community have been assisting them.
Community members (CM): (They also thanked me for caring about the CHH. The SDC chairperson gave a rundown of the people in attendance. He also mentioned the 'jobs' that the members do in the community. Most were volunteers for the local NGOs.
Me: Do we have CHH in this community and how did they come into being.
CM: Yes, we have them, people are dying and leaving children to fend for themselves.

- There is no household without orphaned children these days. If they are there they must be very few and those are the fortunate ones.
- Some are coming from towns (urban areas). The parents die with no accommodation in towns, they will be lodgers. When they die the children have nowhere to go, so they come back to the village.

- The late parents would have regarded themselves as town people and this becomes a problem when they die.
- The relatives are poor and are also struggling and sometimes do not have money and other resources to take care of more children.

Me: What problems do the CHH face?

- *Urombo hanuna kumbonaka ba. Honai manje vana vakugara wegakunga wasina hama idzo dziripo.*- Poverty is not good. Now look CHH are in existence as if the children do not have relatives.
- The relatives are poor and are failing to even look after their own children.
- The children do not have enough food to eat. The *Zunderamambo* – the Chief's granary used to help out but now, seed and the fertilizers are hard to come by. People to work in the fields for the *Zunderamambo* are available but what can we do if there is no seed and fertilizers.
- But you see, still on food. We all do not have enough to eat. We are all struggling to make ends meet. Imagine if old men like us are struggling what about the children.
- Some of them wear clothes that are torn, but then again here you can see some of us in clothes that have patches *'Takapfeka hembe dzine zvigamba'*.

Me: How do the children manage to survive in spite of these problems?

- The ones who manage well are very hard workers, but some of them steal crops from other peoples fields ad some steal vegetables from other peoples' gardens. They usually do this during the night.
- But there are some who are well behaved. These ones work very hard.
- *Vanotsvaka maricho* – They search out for work in exchange for food and sometimes second hand clothes
- The problem is that there are few people to work for now because most people are in the same poverty situation. But somehow they manage to get something.
- Sometimes when we see their hard work, some people sympathise and help them out.

Me: Do you think the CHH are discriminated against by the community?

- To be honest, these children fall into different categories, as mentioned by someone.
- Sometimes we can not tell who is stealing and who is not. When we ask the orphaned children, they all deny that they steal. Of course who can own up to stealing? No one.

- The good ones are sometimes painted with the same brush as the bad ones. Maybe that is where the problem is.
- We symphathise with their situation
- Some of the girls fall in love with old men because they want food but in most cases those old men just use them and do not marry them.

Me: What do you do when this happens?

- We can only advise

Me: In what ways do the community members help the CHH?

- Giving help means that you have extra and if you don't have extra, it becomes difficult to help. How can you help someone and you are left with nothing to live on
- Those who have extra are the ones that sometimes give them small jobs to do and they pay them with food, money or clothes. Sometimes the children can accept anything.
- Sometimes we visit them but it becomes difficult to visit them empty handed. You want to get there holding something to give them but we also don't have so we end up not visiting them.
- Some of them have very good manners, even better manners than children with both parents.
- It becomes easy to help these children

Me: How have the NGOs helped the OVC?

Comm: They are helping. As you can see here we have volunteers from their programs.

- They ask us to select the needy children in the community and we keep an up-to-date register on the children

Me: Are the CHH benefiting?

Comm: Yes they are.

- But you see they are not the only ones suffering. So we include all the children who are suffering. Some have lost parents and some have not but the parents are not able to take care of them. So we also include them.

Me: How does the community assist the children in their emotional and social problems?

Comm: If the children can have food, clothes, money,and basic survival recourses, I don't think they will have these problems.

- They will of course think about their parents and will miss them

- But thinking of parents intensifies when they see that they do not have food, school uniforms, pens, pencils etc.
- I think if they have those things they will not think too much.
- We talk to them and I have seen some of them going to church and I am sure that helps.

Me: Thank you very much for your time. I brought a few refreshments and we can continue chatting as we eat.

I noted that the women became very active and they opened up more as I joined them in clearing up the plates after the refreshments. Some indicated that they are not usually free to air their views in the presence of men because they will be perceived as being “too clever.”

Focus Group Discussion with Teachers

Me: Good afternoon and thank you for agreeing to take part in this focus group discussion on CHH. What do you think about the phenomenon of CHH in your community?

Teachers: It just shows that people are failing to take care of their own

- Personally, I feel ashamed because of what is happening.
- It's a sign that all is not well. Something must be done. Maybe the world is coming to an end.
- The surprising thing is that these children are actually surviving alone. They are a small family *'Katori kamhuri kadiki'*

Me: What do you think makes them survive?

Teachers: I think if you do not have many choices you make do with what you have.

- They concentrate on that which makes them survive *'Vanoita zvinhu zvinoita kuti vararame'*
- They use every opportunity to ask for small chores they can do for you.
- Sometimes they can even volunteer their services without asking for anything in return.
- *'Iwe ndiwe wega unozongowonawo kuti uvape something'* When they do that you usually give them something in exchange for their labour
- They are enterprising and usually ask some of the teachers to sell things like 'freezits' (frozen drink packed in small plastic sachets) for them in exchange for cash or being given some freezits for free.

Me: How is their performance in class?

Teachers: Unfortunately, for most of them, their performance is not so good. A few do well.

- But the general performance of the pupils here is low compared to the performance of children in 'towns'.
- We do not have adequate resources like books – 5 pupils can share one textbook.
- They do not come to school everyday *'Vanenge vari kumaricho'* they will be working in other peoples fields.
- But what is surprising is that although most of them are not good in academic work, they are very hard workers in other spheres of life like gardening, harvesting crops, cleaning the house, petty trading etc.

Me: I understand you have a Guidance and Counselling programme at this school. How is it helping other CHH and OVC?

Teachers: The Guidance and Counselling programme is there. I have been assigned to run it, but to be honest with you, I do not know much about Guidance and Counselling apart form what I learned on one workshop that was organised by one NGO which I was asked to attend.

- So I am not very confident in this area but I was asked to be in charge of the programme and I cannot refuse orders.
- Not many children come for counselling. Maybe they do not know what it entails.
- In addition I think most of their problems do not require counselling
- They need help in tangible things, like food, money, school uniforms etc.
- We are also overloaded because I have my full load of courses and this becomes an extra subject.
- The programme is there on record but the reality on the ground is that we are not really doing it, maybe if we get trained in the area, things could be different.

Me: How does the community help the children?

Teachers: The community actually needs help itself.

- They are struggling and I think it becomes difficult for them to help.
- They have the desire to help but they cannot.
- Some community members give them piece-jobs and pay them something in return.

Me: How do you think you can help build on the strengths that CHH already possess?

Teachers: We are not sure what you mean exactly

Me: For instance, you said they are enterprising. How can you strengthen that?

Teachers: Ok, Maybe by teaching them marketing and basic accounting skills so that they can grow and improve in that area

Me: and also maybe by linking the sekuru and tete programme to the guidance and counselling programme since you indicated that the children like the sekuru and tete programme.

Teachers: That's an idea which we might implement

- Are you going to give us certificates for attending this research exercise? (laughs from me and the teachers)

Me Thank you very much for your time. I will be contacting you again if I need more information or clarification on other issues. I will also be happy to share my findings with you.

Focus Group Discussion with an Advisory Panel

Me: Good afternoon to you all and thank you for accepting to talk to me at such short notice. I have met some of you in other discussions with some members of your community. The reason why I would like to talk to you in a small group like this one is because I consider you to be knowledgeable in the culture, values and ways of life for the people in this district. So the discussion will be a consolidation of some of the things we have discussed before. It is a follow up to our general discussions on CHH. I really want to get your ideas on what it means to be a resilient person/child in Mutasa.

AP: '*Munhu anotsungirira mumatambudziko'*

- *'Munhu anoita kunge pasina chiri kumunetsa asi imi weruzhinji muchiona kuti munhu arimuma tambudziko uyu'*
- *'Munhu anoita basa rake chinyararire haatauri tauri nevanhu'*
- *'Munhu anoshanda nesimba'*
- *'Munhu asinga kumbiri kumbiri'*
- A resilient person is someone who perseveres in problems and appears as if there is nothing troubling him/her when in reality there are issues he/she will be battling with.
- He/She is someone who does his/her work quietly without talking too much.
- He/She is someone who works hard.
- He/She is someone who does not always ask for help.

Me: May you please elaborate on 'doing their work quietly'?

AP: *Tine tsumo inoti "Kangoma karirisi ndiko kaparuki"* We have a wise saying that goes "The drum that beats the loudest is the first to burst". These people work quietly and people are able to see the results.

Me: Ok, that sounds clear. Now let us turn to the CHH. How does resilience manifest itself in CHH?

AP: Most of the characteristics that apply to the general population also apply to the children. *Vana vane unhu, vane tsika, vanoziva kuti kana vachitaura nemunhu mukuru vanoita sei.*

The children have ubuntu, good manners and they know how to talk to an adult in a way that is culturally correct.

- The children know how to access that which enables them to survive. But some 'fall in love' with older people so that they can be given food and some steal, although it is difficult to prove because they do not own up.
- Their behaviour causes people to want to help them

Me: May you please explain what exactly you mean by "Behaviour that makes people to want to help them"

AP: They greet you when they see you

- They are hard workers and do not have much time to rest. They are either doing this or that. They ask to do certain chores for you and sometimes do not demand payment. '*Munongotipawo zvamungnge muchingoonawo'*. You can give us what you have and can afford, they say.
- Now when they say that, you tend to sympathise with them and sometimes you actually give them more than you might have intended to give.

Me: How does the community assist the CHH?

AP: Not much assistance comes from the community because they are also struggling.

Me: So are you saying no one provides any form of help to the CHH?

AP: Not exactly. Community members who have resources sometimes help the children. But it is always help in exchange for the children's labour.

- It is very rare for people to just help people not related to them just for the sake of helping. It's always like you do something for me and I will do something for you as well.

Me: What do you think causes one to be resilient?

AP: I think everyone has the capacity to be resilient depending on the situation and the right environment.

Me: Would you elaborate more on what you mean by "depending on the situation and right environment"?

AP: If anyone is faced with a problem, automatically they look for ways to solve the problem. And in solving problems you may have to call upon the assistance of people whom you feel can assist you. So you do what you can do on your own, and what you cannot do on your own you ask for help.

- I think what breaks a person down is the fact that the problem can be huge and the individual sees that there is no one who can help them in any way.
- That way the person can decide and say this is the end of me and that is why even some people might decide to end their lives because of this perception that nothing and no one can help them.
- So the availability of people who can offer assistance does help
- But the individual must also help themselves, people must see that the person is trying their best to manage
- It becomes easy to help such a person. People should not just sit and expect help without doing anything for themselves.

Me: Thank you vey much for your insights. I will call on you again if I need more information or clarification on some of the points you raised in this discussion.

APPENDIX H

ATLAS-TI7 CODING

CODES-PRIMARY-DOCUMENTS-TABLE (CELL=WORDCOUNT)
Report created by Super - 04/14/2015 04:00:01 PM
"HU: [C:\Documents and Settings\kapesam.AFRICAU\Desktop\AtlasTi\Transcribed.hpr7]"

Code-Filter: All [20]
PD-Filter: All [1]
Quotation-Filter: All [21]

CODES	PRIMARY DOCUMENTS P 1: TRAN	Total
assistance	58	58
chores	65	65
church	66	66
community	106	106
counseling	56	56
fees	19	19
food	95	95
friends	48	48
god	111	111
help	34	34
jobs	42	42
love	37	37
money	93	93
pray	45	45
relatives	57	57
resilience	47	47
school	96	96
situation	35	35
social environment	35	35
work	85	85
Accum. Wordcount	1230	1230
Total Wordcount	11680	11680
Relative Count (%)	10	10

Note: because ALL quotations are wordcounted separately and completely (overlaps ignored), accumulated word counts may exceed the total wordcount of a document.

HU: Transcribed 1 AtlasTi

File: [F:\Playlists\Transcribed 1 AtlasTi.hpr7]

Edited by: Super

Date/Time: 2015-04-16 10:29:15

HU

Transcribed 1 AtlasTi

Primary Doc

P 1: TRANSCRIBED INTERVIEWS.docx {21}

Quotations

1:1 Relatives only like you when y.. (18:18)

1:2 Everyday is different with dif.. (24:24)

1:3 Sometimes when the situation i.. (24:24)

1:4 I also pray to God and I ask t.. (42:42)

1:5 Simba: Not much, but sometimes.. (46:46)

1:6 I used to go to church but now.. (42:42)

1:7 (Simba scratched his head and .. (50:50)

1:8 I am not afraid of hard work. .. (90:90)

1:9 I make sure that I plan ahead .. (24:24)

1:10 The other relatives are friend.. (230:231)

1:11 We look for people who are doi.. (234:234)

1:12 I would not call it begging. W.. (242:242)

1:13 Do you have many friends? Nyar.. (245:246)

1:14 Some of the girls fall in love.. (326:327)

1:15 In what ways do the community .. (329:330)

1:16 Not many children come for cou.. (393:396)

1:17 Ok, that sounds clear. Now let.. (429:430)

1:18 So the availability of people .. (449:452)

1:19 help them. - So the availabili.. (448:450)

1:20 AP: I think everyone has the c.. (444:445)

1:21 That way the person can decide.. (448:448)

Codes

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assistance {1-0}

chores {1-0}

church {1-0}

community {2-0}

counseling {1-0}

fees {1-0}

food {1-0}

friends {1-0}

god {2-0}

help {1-0}

jobs {1-0}

love {1-0}

money {2-0}

pray {1-0}

relatives {1-0}

resilience {1-0}

school {2-0}

situation {1-0}

social environment {1-0}

work {1-0}

APPENDIX I

CLEARANCE LETTERS

AFRICA UNIVERSITY
(A United Methodist-Related Institution)

Investing in Africa's Future

P.O. BOX 1320, MUTARE, ZIMBABWE - OFF NYANGA ROAD, OLD MUTARE, ZIMBABWE - TEL.: (263-20) 60075/61611/60026 - FAX: (263-20) 68312/61785 - E-MAIL: deanfhss@africau.ac.zw

FACULTY OF HUMANITIES AND SOCIAL SCIENCES

The Provincial Administrator
Manicaland Province
Mutare
Zimbabwe

13 May 2013

Dear Sir

Re: Clearance to carry out research with Child Headed Households

My name is Mary Joyce Kapesa. I am a Psychology lecturer at Africa University and am also a PhD Candidate (Psychology) with UNISA and intend to carry out research on Child Headed Households (CHH) in Manicaland Province. My PhD thesis is titled **'Unpacking resilient factors and coping mechanisms in child headed households'**

I am kindly seeking clearance from your office to carry out research with the CHH. The purpose of the study is to analyze and bring out factors that make children in CHH resilient and the coping strategies they use to manage the challenges associated with their life.
In this study I will talk to children in CHH and ask them to share their life experiences, challenges they face and the different ways they use to cope with the challenges.
Findings from the study will contribute knowledge to the growing field of resilience studies and will benefit other children who find themselves in difficult circumstances to maneuver so that stressor events in their lives will not degenerate into crises. The findings will also assist in coming up with intervention strategies and policies on CHH that are research based.

Participation in this study will be completely voluntary for the CHH. Those who are 18 years and above will be allowed to sign informed consent forms before the study begins. CHH family members who are below 18 years and have no legal guardians will be allowed to name a trusted adult who can sign on their behalf. The trusted adult will be briefed on the purpose and benefits of the research, but the decision to participate will rest with the CHH family member.

Attached please find copies of informed consent forms that will be signed by the research participants. After completion of my study, I will be happy to share my findings with your department. I sincerely hope that my request will be favorably considered Sir/Madam.

Thank you.

Kapesa
Mary Joyce Kapesa

Ministry of Local Government, Rural and Urban Development

Correspondence should not be addressed to individuals

ZIMBABWE

Office of the Provincial Administrator
(Manicaland)
P.O. Box 535
Mutare

Telephone: 020-62514, 62589, 62594
Telefax: 020-63726, 61388

Reference: ADM/55

Tuesday, May 14, 2013

TO WHOM IT MAY CONCERN

CLEARANCE TO CARRY OUT RESEARCH WITH CHILD HEADED HOUSEHOLDS IN MANICALAND: MARY JOYCE KAPESA

The above matter refers.

Please be advised that the office of the Provincial Administrator has no objection to the Child Headed Household study, which Mary Joyce Kapesa intends to carry out in the Province.

In this study, children in CHH would be asked to share their life experiences, challenges they face and the different ways they use to cope with the challenges. Findings from the study will help improve knowledge on CHH issues.

T. Kapenzi
For: Provincial Administrator
MANICALAND

15 MAY 2013

cc All District Administrators – Manicaland

APPENDIX J

INFORMED CONSENT FORMS

Informed Consent/ Assent Form for the Child Headed Households (CHH)

This informed consent/assent form is for children in CHH participating in the research titled **'Unpacking resilient factors and coping strategies in child headed households'**

- Researcher: Mary Joyce Kapesa, PhD Psychology Candidate, UNISA
- Address: Africa University, Box 1320, Mutare, Zimbabwe
- Tel: (263) 20 60075 Ext 1183
- Cell: (263) 0712 783 830
- Fax: (263) 20 68312
- kapesam@africau.edu

- Supervisor: Dr Monika dos Santos
- Address: Psychology Department, University of South Africa, PO Box 392, UNISA 0003, South Africa
- Tel: +27 (0) 124298577
- Fax : +27 (0) 124293414
- Email: dsantmml@unisa.ac.za

Introduction

My name is Mary Joyce Kapesa. I am a PhD Psychology student at the University of South Africa (UNISA). I am doing research on resilient factors and coping strategies used by CHH.

I am asking for your voluntary participation in my study. Please read the following information about the research and if you decide to participate, please sign in the appropriate space below. You do not have to make your decision on participation today. Before you decide, you can talk to anyone you feel comfortable with. If you do not understand some words or need clarification on certain issues please ask me to stop as we go through the information and I will take time to explain.

Purpose of the research

The purpose of the study is to explore and analyse factors that make children in CHH resilient and the coping strategies they use to manage the challenges associated with their life.

In this study I will talk to children in CHH and ask them to share their life experiences, challenges they face and the different ways they use to cope with the challenges.

Findings from the study will contribute knowledge to the growing field of resilience studies and will benefit other children who find themselves in difficult circumstances to manoeuvre so that stressor events in their lives will not degenerate into crises. The findings will also assist in coming up with intervention strategies and policies on CHH that are research based. If you choose to participate, you will be asked to share your views and experiences as the head or family member of a CHH.

Confidentiality

Any information that is obtained in connection with this study and that can identify you will remain confidential and will be disclosed only with your permission or as required by law if the research participant is at risk of harming themselves or others. In the unlikely event that this happens, the research participant will be referred to a social worker and/or the police. If you have any questions about this study, feel free to contact me or my supervisor, Dr Monika dos Santos, using the contact details supplied on this consent form.

Voluntary Participation

Participation in this study is completely voluntary. If you decide not to participate, there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question if you so wish. CHH family members who are below 18 years and have no legal guardians will be allowed to name a trusted adult who can sign on their behalf. The trusted adult will be briefed on the purpose and benefits of the research, but the decision to participate rests with the CHH family member.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/assent to participate.

Informed Consent or Minor Assent Date Reviewed & Signed:

Printed Name of Research Participant:

Signature:

Guardian permission/ trusted adult permission:

Guardian/ trusted adult printed name:

Signature:

Date:

Informed consent form for the CHH's guardian or trusted adult

This informed consent form is for the legal guardian or trusted adult selected by the CHH participating in the research titled **'Unpacking resilient factors and coping strategies in child headed households'**

- Researcher: Mary Joyce Kapesa, PhD Psychology Candidate, UNISA
- Address: Africa University, Box 1320, Mutare, Zimbabwe
- Tel: (263) 20 60075 Ext 1183
- Cell: (263) 0712 783 830
- Fax: (263) 20 68312
- kapesam@africau.edu

- Supervisor: Dr Monika dos Santos
- Address: Psychology Department, University of South Africa, PO Box 392, UNISA 0003, South Africa
- Tel: +27 (0) 124298577
- Fax : +27 (0) 124293414
- Email: dsantmml@unisa.ac.za

Introduction

My name is Mary Joyce Kapesa. I am a PhD Psychology student at the University of South Africa (UNISA). I am doing research on resilient factors and coping strategies used by children

in CHH. Whenever researchers study children, they talk to the parents and ask them for their permission. However, the children in this study do not have parents and they have selected you as the trusted adult/ guardian to give permission for their participation. After reading and understanding what the study entails, and if you agree, I will also ask for the CHH member's agreement to taking part in the study. Both of you have to agree independently before I can begin my research.

Please read the following information about the research and if you decide to let the CHH family members participate, please sign in the appropriate space below. You do not have to make your decision today .Before you decide, you can talk to anyone you feel comfortable with. If you do not understand some words or need clarification on certain issues please ask me to stop as we go through the information and I will take time to explain.

Purpose of the research

The purpose of the study is to explore and analyse factors that make children in CHH resilient and the coping strategies they use to manage the challenges associated with their life.

In this study, I will talk to children in CHH and ask them to share their life experiences, challenges they face and the different ways they use to cope with the challenges.

Findings from the study will contribute knowledge to the growing field of resilience studies and will benefit other children who find themselves in difficult circumstances to manoeuvre so that stressor events in their lives will not degenerate into crises. The findings will also assist in coming up with intervention strategies and policies on CHH that are research based and will

address the needs of the CHH. If the CHH choose to participate, they will be asked to share their views and experiences as the heads or family members of a CHH.

Confidentiality

Any information that is obtained in connection with this study and that can be identify you or the CHH will remain confidential and will be disclosed only with permission from you and the CHH or as required by law if the research participant is at risk of harming themselves or others. In the unlikely event that this happens, the research participant will be referred to a social worker and/or the police. If you have any questions about this study, feel free to contact me or my supervisor, Dr Monika dos Santos, using the contact details supplied on this consent form.

Voluntary Participation

Participation in this study is completely voluntary. If you or the CHH decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question(s) if you so wish. CHH family members who are below 18 years and have no legal guardians will be allowed to name a trusted adult who can sign on their behalf. The trusted adult will be briefed on the purpose and benefits of the research, but the decision to participate rests with the CHH family member.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent to participate and hereby grant permission for the child under my care to participate.

Printed Name of Guardian/Trusted adult:

Signature:

Date:

Printed name of researcher:

Signature:

Date:

Informed consent form for community members, school authorities, child service professionals and policy makers.

This informed consent form is for the above research participants taking part in the research titled **'Unpacking resilient factors and coping strategies in child headed households'**

- Researcher: Mary Joyce Kapesa, PhD Psychology Candidate, UNISA
- Address: Africa University, Box 1320, Mutare, Zimbabwe
- Tel: (263) 20 60075 Ext 1183
- Cell: (263) 0712 783 830
- Fax: (263) 20 68312

- Supervisor: Dr Monika dos Santos
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Introduction

My name is Mary Joyce Kapesa. I am a PhD Psychology student at the University of South Africa (UNISA). I am doing research on resilient factors and coping strategies used by CHH.

I am asking for your voluntary participation in my study. Please read the following information about the research and if you decide to participate, please sign in the appropriate space below. You do not have to make your decision on participation today .Before you decide, you can talk to anyone you feel comfortable with. If you do not understand some words or need clarification on certain issues please ask me to stop as we go through the information and I will take time to explain.

Purpose of the research

The purpose of the study is to explore and analyse factors that make children in CHH resilient and the coping strategies they use to manage the challenges associated with their life.

In this study, I will talk to children in CHH and ask them to share their life experiences, challenges they face and the different ways they use to cope with the challenges. I will also ask you to share your knowledge on programming and policy gaps, experiences and perceptions on the concept of CHH.

Findings from the study will contribute knowledge to the growing field of resilience studies and will benefit other children who find themselves in difficult circumstances to manoeuvre so that stressor events in their lives will not degenerate into crises. The findings will also assist in coming up with intervention strategies and policies on CHH that are research based and will address the needs of the CHH.

Confidentiality

Any information that is obtained in connection with this study and that can be identify you will

remain confidential and will be disclosed only with your permission or as required by law if the research participant is at risk of harming themselves or others. In the unlikely event that this happens, the research participant will be referred to a social worker and/or the police. If you have any questions about this study, feel free to contact me or my supervisor, Dr Monika dos Santos, using the contact details supplied on this consent form.

Voluntary Participation

Participation in this study is completely voluntary. If you decide not to participate, there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question(s) if you so wish.

By signing this form, I am attesting that I have read and understand the information above and I freely give my consent to participate.

Printed Name of Research Participant:

Signature:

Date:

Printed name of researcher:

Signature:

Date:

APPENDIX K

CONFERENCE INVITATION LETTERS

Principal College of Medicine Private Bag 360
K. M. Maleta MBBS, PhD Chichiri Blantyre 3 Malawi
Our Ref.: Telephone: 01 871 911
01 874107
Your Ref.: Fax: 01 874 700

Mary Joyce Kapesa
Africa University,
Zimbabwe. 25/02/15

Dear Mary,

INVITATION FOR A STANDARD ORAL PRESENTATION AT THE MALAWI MENTAL HEALTH CONFERENCE 22-25/03/15

On behalf of the Department of Mental Health, College of Medicine and the Scotland-Malawi Mental Health Project (SMMHEP), I am pleased to inform you that your submission to the 5th Annual Malawi Mental Health Research and Practice Development Conference has been accepted for **STANDARD ORAL PRESENTATION.**

Your presentation should last for 15-20 minutes following which there will be 5 minutes allocated for questions. We will be very strict with timing.

IMPORTANT: In order to help presenters who may not have much prior experience of presenting at a conference, we ask that you send the power point slides of your presentation to us by Sunday 8th March, 2015. This will give us an opportunity to give you feedback on your proposed presentation and give you time to make any changes prior to the conference.

The conference will take place on Monday 23rd to Wednesday 25th March, 2015 at Mount Soche Hotel in Blantyre, Malawi.

Please reply to dkokota@gmail.com or demobly@yahoo.com as soon as possible to confirm your attendance at this important function. We will soon send you a provisional program for the conference.

Yours sincerely,

Demoubly Kokota

Conference coordinator,

School of Social Work • Dalhousie University • 6420 Coburg Road, PO Box 15000, Halifax, NS B3H 4R2 Canada Tel: 902.494.3050 • Fax: 902.494.7728 • Email: rrc@dal.ca • Web: www.resilienceresearch.org

Pathways to Resilience III Conference

Resilience Research Centre

School of Social Work

Dalhousie University

December 14th, 2014

Re: Acceptance to Present in Halifax, June 17th-19th, 2015

Dear Mary Joyce Kapesa,

I am very pleased to inform you that the abstract you submitted for the Pathways to Resilience III Conference: Beyond Nature vs. Nurture (June 16th – 19th, 2015), entitled “Cultural manifestations of resilience in Child Headed Households in Mutasa District, Zimbabwe” has been accepted for a **Paper Presentation**. Your presentation should be no longer than **20** minutes. There will be 10 minutes for questions following your presentation. Feedback from past events has told us that time for questions are an important part of the conference and I encourage you to leave space for dialogue among the delegates rather than presenting more material than fits comfortably into a 20-minute time slot. A facilitator in the room will help to ensure that presenters remain on schedule.

Please confirm your acceptance by registering for the conference by **January 30th, 2015**. Presenters who have not registered and paid the registration fee by **January 30th**, will be withdrawn from the program. If you have a problem meeting this deadline, please inform the conference organizer, Amber Raja, by emailing her at rrc@dal.ca. In exceptional cases we may be able to offer a short extension. We have had a very large response to the conference call for abstracts and would like to offer as many opportunities as possible to those delegates who are attending. We currently have submissions from well over 49 countries and dozens of different professional backgrounds.

Please also complete the AV requirements form that is attached. Keep in mind that having AV equipment available is very costly. Please request only the equipment you are sure you will need.

Computers are ***not*** available. Video and audio portions of your presentation should be played through your computer. A sound system that attaches to your computer can be provided if requested. You may find information about registration at www.resilienceresearch.org/pathways-registration and for practical information such as hotel accommodations go to www.resilienceresearch.org/practical-information. Dalhousie University School of Social Work

If you have any questions please do not hesitate to contact us.

On behalf of the organizing committee, I look forward to welcoming you to Halifax. If you have any questions please do not hesitate to contact us.

On behalf of the organizing committee, I look forward to welcoming you to Halifax.

Michael Ungar, Ph.D.

Founder and Co-Director

Resilience Research Centre

Pathways to Resilience II Conference

Abstracts submitted

Topic: Mental health and resilience factors in Child Headed Households in Mutasa District, Mutare, Zimambwe

Author: Mary Joyce Kapesa
Affiliation: Africa University, PHD candidate UNISA
kapesam@africau.edu

According to the national census, Zimbabwe had 50 000 CHH in 2002 and by 2010, the figure had increased to more than 100 000 (UNICEF, 2010). Available statistics in 2010 showed that

Zimbabwe had the highest number of CHH in Africa, followed by Ethiopia with 77 000 CHH (UNICEF & UNAIDS, 2010). Research has shown that children in CHH face a multitude of problems in their day- to- day lives which impact negatively on their mental health. However, the fact that these children are surviving and negotiating the challenges associated with family life and are able to take care of themselves with no parental guidance, means that they are survivors. Many children may be exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to function adaptively and show only minor disruptions in their ability to cope. Unfortunately, because much of psychology's knowledge about how people cope with problems, loss or trauma has come from individuals who sought treatment or were in great distress, the concept of resilience has not received much attention.

The present study explored the experiences of children living in CHH, the resilience factors and the coping strategies they use. A total of 28 children in ten CHH from Mutasa district participated in the study. Data was also collected from 46 community members, 24 teachers and 25 child service professionals. The data was thematically analysed. The research findings which indicate a bidirectional relationship between individual and environmental factors that enhance resilience in the orphaned children will be discussed in detail in the paper.

Topic: Cultural manifestations of resilience in Child headed households in Mutasa District

Author: Mary Joyce Kapesa

Affiliation: Africa University, PHD candidate UNISA

kapesam@africau.edu

According to UNICEF and UNAIDS (2010) Zimbabwe had 50 000 child headed households (CHH) in 2002. By 2010, the figure had gone up to more than 100 000, making Zimbabwe the African country with the highest number of CHH (UNICEF, 2010). These statistics gave rise to the sprouting of many organisations and programmes aimed at catering for the needs of the affected children. Not much attention is given to what the CHH can do for themselves and how they have been surviving without outside help.

A mixed method study was undertaken to explore the experiences of children living in CHH and the factors that make them resilient. A total of 28 children in ten CHH from Mutasa district participated in the study. Focus group discussions and qualitative interviews were used to collect data from 46 community members, 24 teachers and, 25 child service professionals. The data was thematically analysed.

The research findings indicate bidirectional influences of the CHH's personal characteristics and an enabling environment that allowed the children to act on their strengths in a way that produced desired outcomes. Three pathways to resilience that are embedded in the bidirectional model will be discussed. The meaning of resilience was also explored from the perspective of the CHH and the Mutasa community.

APPENDIX L

THE RESILIENCE SCALE

The resilience scale RS 25

How Resilient Are You?

Complete the Resilience Scale and find out. (or Take the RS-14)

*The highest level of education I have attained: Other

*My age:

*My gender: Female Male

The Resilience Scale™ (RS™)

2 April 3914

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Click the circle below the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, click the circle below "1". If you are neutral, click "4", and if you strongly agree, click "7", etc. You must answer every question to submit the test for scoring.

	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
1. When I make plans, I follow through with them.	●	●	●	●	●	●	●
2. I usually manage one way or another.	●	●	●	●	●	●	●
3. I am able to depend on myself more than anyone else.	●	●	●	●	●	●	●
4. Keeping interested in things is important to me.	●	●	●	●	●	●	●
5. I can be on my own if I have to.	●	●	●	●	●	●	●
6. I feel proud that I have accomplished things in life.	●	●	●	●	●	●	●
7. I usually take things in stride.	●	●	●	●	●	●	●
8. I am friends with myself.	●	●	●	●	●	●	●
9. I feel that I can handle many things at a time.	●	●	●	●	●	●	●

	1	2	3	4	5	6	7
10. I am determined.	●	●	●	●	●	●	●
11. I seldom wonder what the point of it all is.	●	●	●	●	●	●	●
12. I take things one day at a time.	●	●	●	●	●	●	●
13. I can get through difficult times because I've experienced difficulty before.	●	●	●	●	●	●	●
14. I have self-discipline.	●	●	●	●	●	●	●
15. I keep interested in things.	●	●	●	●	●	●	●
16. I can usually find something to laugh about.	●	●	●	●	●	●	●
17. My belief in myself gets me through hard times.	●	●	●	●	●	●	●
18. In an emergency, I'm someone people can generally rely on.	●	●	●	●	●	●	●
19. I can usually look at a situation in a number of ways.	●	●	●	●	●	●	●
20. Sometimes I make myself do things whether I want to or not.	●	●	●	●	●	●	●
21. My life has meaning.	●	●	●	●	●	●	●
22. I do not dwell on things that I can't do anything about.	●	●	●	●	●	●	●
23. When I'm in a difficult situation, I can usually find my way out of it.	●	●	●	●	●	●	●
24. I have enough energy to do what I have to do.	●	●	●	●	●	●	●
25. It's okay if there are people who don't like me.	●	●	●	●	●	●	●

Scoring:

Very Low	Low	Mod. Low	Mod. High	High	Very High
25 - 100	101 - 115	116 - 130	131 - 145	145 - 160	161 - 175

TRANSLATED SHONA VERSION OF THE RS 25

NDINOKUBIRA KUTI UPINDURE MIBVUNZO INOTEVERE

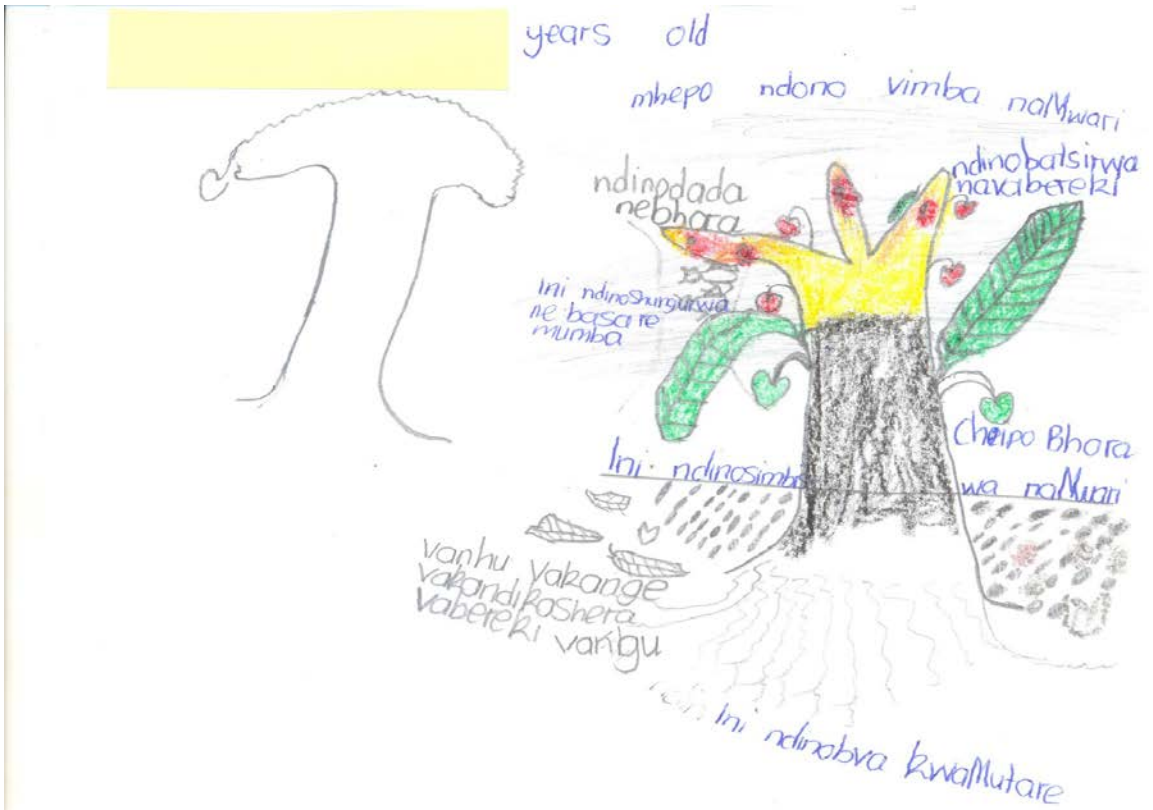
PAMUBVUNZO WOGA WOGA, NDINODA KUTI UPINDURE UCHIRATIDZA KUTI UNOBVUMIRANA NAZVO HERE KANA KUTI AIWA UCHISHANDISA SCALE YANDANYORA PA BOARD.

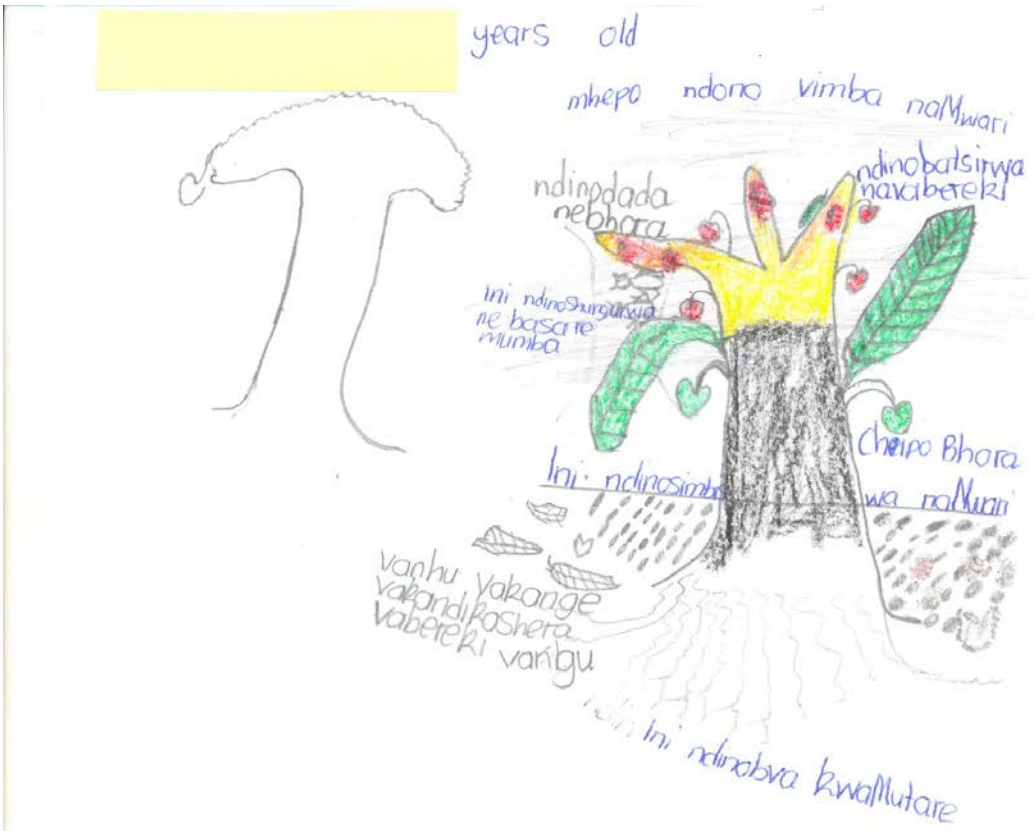
HANDIBVUMIRANI NAZVO ZVAKANYANYA -1
-2
-3
-4
-5
-6
NDINOBVUMIRANA NAZVO ZVAKANYANYA -7

1. Ndinotevedzera zvose zvandinenge ndaronga.
2. Ndinoita kuti zvinhu zvangu zvifambe.
3. Ndinovimba nezvandiri kupfuura vanhu vose.
4. Zvakandikoshera kuva nechido mune zvandinoita.
5. Ndinokwanisa kuva ndoga kana pasina umwe munhu wandingava naye.
6. Ndinodada nezvandakwanisa kuita muupenyu hwangu.
7. Ndinotora zvinhu sezvazviri.
8. Ndinokwanisa kuita hushamwari neni.
9. Ndinokwanisa kuita zvinhu zvakawanda panguva imwe chete.
10. Ndakarongeka, ndinoziva zvandinoda.
11. Handishushikani nekuda kuziva kuti chinangwa chezvinhu zvose ndechei.
12. Ndinoita chinhu chimwe chete panguva.
13. Ndinokunda matambudziko nekuti ndakapfuura nemumatambudziko.
14. Ndinozvibata.
15. Ndinoramba ndiine chido mune zvandinoita.
16. Ndinowanzowana zvinondinakidza, zvinondisekesa.
17. Ruvimbo rwandinarwo mandiri runondibatsira mumaambudziko.
18. Ndiri munhu anovimbika panenge zvinhu zvisina kumira zvakanaka.
19. Ndinokwanisa kuva nemaonero akasiyaya siyana.

20. Dzimwe nguva ndinoita kuti ndiite zvimwe zvinhu ndichida ndisingadi.
21. Upenyu hwangu hune chinangwa.
22. Handipedzi nguva ndichifunga zvinhu zvandisinga kwanisi kuchinja.
23. Ndinoona mabudiro mumatambudziko.
24. Ndine simba rekuita zvandinoda kuita.
25. Hapana chakaipa kana pane vanhu vasingandifariri.

APPENDIX M CHH'S TOL DRAWINGS




years old
mhepo ndono vimba naMwari
ndinobatsirwa navabereki
ndinodada nebhora
Ini ndinosungirwa ne basare mumba
Chirepo Bhora
Ini ndinosimba
wa naMwari
vanhu vakange vakandikashera vabereki vangu
Ini ndinobva kwaMutare

T[redacted]z 13 years 6D