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**Voicing perceptions of risk and protective factors in coping in a
HIV&AIDS landscape: reflecting on capacity for adaptiveness**

Abstract

The purpose of this article is to locate children's own voices within the discourse of 'disadvantaged children'. I commence by proposing that foregrounding vulnerable children's knowledge of protective factors may enable resiliency in similar scenarios. After that, from a positive psychology framework, I explicate the conceptual framework integrating constructs from resilience theory, featuring protective in a systemic model. Next I describe the action research design of a partnership study¹ in 78 schools in an impoverished rural province – focusing on the computer-based random sampling of 10 percent of the participants (n=2391), the development, piloting and translation of a mixed method questionnaire and the framework analysis of collected data. Then I introduce the emerged themes in terms of protective factors, locating most protection in the (disadvantaged) community, with the child as the central system negotiating adaptation. Subsequently I interpret the themes from my conceptual framework. I submit that the presence of

¹ A South African Department of Education and UNICEF partnership study to enable child-friendly environments in schools.

cumulative protection will most probably enhance personal capacity. I also surmise that health-promoting schools may function as replacement safe spaces when safe family systems are lacking, whereas at-risk schools may aggravate the experience and consequences of unsafe family systems. I suggest that perceived capacity in the community system be built on to further support vulnerable children to be resilient. I conclude by suggesting some strategies for future research and intervention endeavours.

Introduction

My purpose in this article is to contemplate children's views of factors that may buffer their ability to be resilient in exigent HIV&AIDS circumstances. In recent times research has proposed that children's resiliency in the face of extreme hardship may be viewed as a form of giftedness, that is, their buoyancy in carrying on with their lives emotionally, socially, academically and spiritually in the context of HIV&AIDS (Ebersöhn & Maree 2006). In this article I build on this supposition by arguing that children's knowledge of protective factors² signals talents whereby future adaptive choices may be directed in times of adversity. Foregrounding this source of knowledge may serve as a means to enable adeptness of resiliency in similar scenarios. The question guiding this article is: How can children's knowledge of protective factors inform coping, resilience and HIV&AIDS theory and intervention?

² Knowledge of risk factors are also implied, but is not the focal point of this article.

The HIV&AIDS context is characterised by cumulative stressors culminating in children's severe anxiety and worry about an unknown future; sadness in contemplating and dealing with loss of loved ones (especially primary caregivers); limited shelter, clothing and nutrition; social stigma and even possible discrimination by peers and educators; as well as learning support challenges. Much has been researched and documented about these challenges in the landscape of HIV&AIDS (Smart 2003; Brookes, Shisana, & Richter 2004; Connolly, Colvin, Shisana, & Stoker 2004; Kalichman, & Simbayi 2004; Kvalsig, Taylor, Jinabhai, & Coovadia 2004), yet children's own views of risk and protective factors that form part of their life-worlds have received little attention. In this article I report on 2391 children's views of protection in their lives. This article flows from a partnership between the National Department of Education in South Africa and UNICEF, exploring safety in schools in three South African provinces³ in order to establish child-friendly environments.

Background and rationale

Why is it necessary to explore children's – and especially rural children's – outlooks? I concur with Odora-Hoppers (2004: 17) that researchers, policymakers and curriculum developers "have failed to reach out to subjugated knowledge systems and thus seek the recognition of prior knowledges". In my view the perspectives of this group of children, on aspects they perceive to support (and thwart) their resilience, constitute a valuable

³ This article reports on a study in the rural Limpopo province.

source of gifted and embedded knowledge which could possibly be harnessed by scholars and practitioners to address the social and educational challenges of children in similar circumstances.

Furthermore, although the children in this study live in disadvantaged circumstances they are not themselves disadvantaged or to be pitied or viewed as inferior. They live with a plethora of resources and strengths signifying advantage in themselves and their lives. I argue that one such capacity is their knowledge of significant protective factors to facilitate their resiliency. A possible contribution made by this article could be foregrounding their knowledge as a means to enable a knack of resiliency in comparable settings. Odora-Hoppers (2004: 22) formulates this sentiment as follows: “As a citizen, the rural school learner is at last given a deep space to become part of an agential force.”

Conceptual framework

In this section I examine the protective factors that have been theoretically proposed in order to examine them in the light of the views of the children participating in this study on risk and protection in their environments. Recent studies (Ebersöhn & Eloff 2002; Ebersöhn & Maree 2006) expound the conceptual framework I will utilise in this article, namely an integration of

resilience theory from a positive psychology paradigm⁴, featuring protective factors in a systemic model.

Resilience theory from a positive psychology paradigm

Children living during the scourge of HIV&AIDS are exposed to traumatic events and potential loss (Oni, Obi, Okori, Thabede, & Jordan 2002), yet many continue to cope and even have positive emotional experiences, showing only slight and/or temporary interference in their ability to function (Folkman & Moskowitz 2003; Richter, Manefold, & Pather 2004). In this article I join the most recent debate on resilience in the face of loss or potentially traumatic events, *viewing such coping from a positive psychology stance by assessing mental health positively rather than as the lack of mental disease* (Luthar, Cicchetti, & Becker 2000; Bonanno 2004; Frederickson & Losada 2005). These views culminate in suggesting that the said resilience could be viewed as a type of giftedness (Ebersöhn & Maree 2006) – clearly necessitating more related research.

Resilience signals the ability to maintain a steady balance, and is often discussed in developmental literature (Garmezy 1991; Werner 1995; Rutter 1999; Luthar, Cicchetti, & Becker 2000; Masten 2001) in terms of protective factors that foster the burgeoning of subjective well-being and healthy personality characteristics among children vulnerable to unwanted or hostile life circumstances (as is characteristic of HIV&AIDS). Coping theory and the

⁴ Positive psychology denotes an international trend deliberating on well-being in psychology, i.e. focusing on positive action and working with what is available. From a positive psychological stance coping is regarded as more than functioning, and rather viewed in terms of flourishing where a functioning individual also enjoys well-being (Ebersöhn & Eloff, 2006; Snyder & Lopez, 2002).

systemic model postulate that the way in which one copes is buffered by protective factors and hindered by risk factors situated in bio-ecological systems⁵ (Masten, & Coatsworth 1998; Snyder 1999; Miller & Byrnes 2001; Csikszentmihalyi 2003; Bouwer 2005). Thus, irrespective of the way in which a vulnerable⁶ child chooses to respond in a coping manner to AIDS-related stressors, environmental variables are central to their coping. What are the risk and protective factors that cohabit with vulnerable children?

A systemic perspective on coping

Most scholars agree that children and resilience should not be studied independently from their setting (Luthar et al., 2000; Grotberg 2003; Matthews & Zeidner 2003). Various sets of factors across definitive systems are drawn into the development and sustaining of resilience, such as the attributes of children themselves, features of their families and characteristics of their broader social contexts. Coping actions (and by implication resilience) are determined by people's attributes, knowledge of coping options and subjective beliefs about the usefulness of options. In the following paragraphs I contemplate examples of variables in each system.

Protective factors across systems

Protective factors include diverse internal signature strengths. In this regard Goswami (2004: 2) states that high levels of the MAOA gene (monoamine oxidase A) in children experiencing "maltreatment and adverse family

⁵ Bronfenbrenner emphasizes processes, person, contexts and time across interconnected systems - where the person within these systems are central (Bronfenbrenner & Morris, 1998).

⁶ "Vulnerable children are children who have to adapt due to adversity on physical, psycho-social, socio-economic and educational levels" (Ebersöhn & Maree, 2006).

environments seem to be protected from developing antisocial behaviours". In their work Frederickson and Losada (2005) suggest that the presence of goodness, generativity, growth and resilience are all characteristic of human flourishing.⁷ Similarly Bonnano (2004) conjectures that, among other things, hardiness is a pathway to resilience, where hardiness designates a meaningful purpose in life, as well as growing from both positive and negative experiences and believing in one's ability to influence the environment.

External protective resources comprise family capacity (close relationships with caregivers, an organised home environment), as well as community capacity (effective schools, high levels of public safety and ties to prosocial organisations) (Masten & Reed 2002). A broader circle of capacity encompasses elements such as geographic location, globalisation and socioeconomic circumstances (Patton, McMahon & Watson 2006).

Theoretical assumptions of the paper

Based on the above discussion I propose a number of theoretical assumptions underpinning this article. I assume that protective factors exist that act as buffers to vulnerable children's capacity to cope, I acknowledge that these protective factors manifest in terms of bio-ecological systems, and I suggest that children have knowledge about protective factors in their life-worlds that may significantly enhance their resilience-talent in environments signified by hardship.

⁷ Goodness (manifesting as happiness, satisfaction and superior functioning); generativity (indicated by broadened thought-action repertoires and behavioural flexibility); growth (indexed by gains in personal and social resources); and resilience (reflected by survival and growth in the aftermath of adversity)

Methodology

This study has been approached from an appreciative inquiry framework (Cooperrider, Whitney & Stavras 2003), following a participatory action research design (Greenwood & Levin 2000), thus utilising collaboration, partnership, ownership and skills transference as key research elements. The aim of the section of the study on which I am reporting was to establish children’s conceptualisation of ‘safety’ and ‘unsafety’ in their environments.

Sampling

The Department of Education–UNICEF partnership determined that the study should focus on 78 preselected pre-primary, primary and secondary schools in the Limpopo province – a South African rural province characterised by the effects of unemployment and poverty and the consequences of the HIV&AIDS pandemic. Using randomised computer sampling, 10 percent of the children from these schools were selected as participants across the various grades.⁸ As such, participants’ ages ranged from 3 to 21 years. Altogether 2391 children participated consisting of 1200 girls and 1191 boys. Table 1 illustrates more information on the participating sample.

Table 1: Participant information

Grades 00-3 (883 children)			
Grade	Total participants	Participating girls	Participating boys

⁸ As some schools only sampled learners from certain grades, a sampling limitation exists.

00	75	39	36
0	118	61	57
1	230	101	129
2	228	112	116
3	232	103	129
Grades 4-7 (815 children)			
Grade	Total participants	Participating girls	Participating boys
4	243	142	101
5	192	95	97
6	180	90	90
7	200	118	82
Grades 8-12 (693 children)			
Grade	Total participants	Participating girls	Participating boys
8	172	88	84
9	122	54	68
10	167	79	88
11	161	84	77
12	71	37	34

Instrument development

A mixed method questionnaire was developed and piloted in English with a group of educators, as well as children representing the various school grades. The questionnaire consisted of two sections: the first section consisted of five closed questions (e.g. I feel safe at school. Yes/No); and the second section comprised open-ended questions accompanied by emotion-focused pictures of faces as stimuli. These questions included: Where/when

do you feel safe? Where/when do you feel unsafe? Children in Grades 00-3 had the option of drawing instead of writing down their answers.

Educators in each of the participating schools were trained to facilitate the process of questionnaire implementation. The questionnaire was adapted and then translated into the five regional languages of the participating province, and subsequently piloted with another group of educators and children. Following further amendments, questionnaires were distributed to the sampled participants and implemented by the trained educators at each school.

Analysis

Thematic analysis was done according to the framework analysis method (Lacey & Luff 2001) whereby a priori assumptions based on the theoretical assumptions (outlined earlier in this article) directed the analysis. Atlas.ti (Muhr, 1994) software was also utilised. These assumptions were that we would be able to identify both risk and protective factors across the community, school, family and individual systems in the collected data. In the following section I present the themes which emerged as the key protective factors as voiced by the participants in this study. In this article protective factors are the focus of discussion as the purpose is to foreground aspects that children living in adverse environments may view as enabling in terms of resilience.

Limitations of the study

The study in question is limited (Creswell, 2005) in that children from only one region in South Africa participated. Furthermore, the prospect of inference or generalisation was limited, since the study is not representative of the full population of vulnerable children. In addition, as some schools only sampled learners from certain grades, a sampling limitation exists. Also, subsequent to the completion of the Atlas.ti analysis, the subjective interpretation of researchers can be seen as limiting the study, since other researchers may well interpret the results differently.

Ethical aspects

Throughout the study ethical measures were implemented to respect the rights and ensure the well-being of participants. Informed consent was obtained. Participants knew what the purpose and aims of the study entailed, and that the results would be aimed at improving their living environment. Anonymity and confidentiality were maintained. Researched sites visited were honoured by gaining permission prior to entering sites and maintaining a view of visiting “*guest*” (Creswell, 2005; Terre Blanche & Durrheim, 2002). The research findings were released in the form of a report to all the stakeholders and school districts in non-discriminatory language in an accurate and responsible manner.

Emerged themes of protective factors

Both participating girls and boys indicated that they feel more sheltered in their communities than at school or at home. In Table 2 I present the

protective factor themes and subthemes that emerged from the data analysis (ordered from the highest to the lowest regularity with which each subtheme was indicated), followed by a description of each code family as utilised during the Atlas.Ti analysis.

Table 2: Emerged themes and subthemes

Protective factors
Accountable facilitation of learning in schools
Available structures and opportunities for involvement
Positive adaptation competencies
Availability of physical resources
Committed and competent teachers
The presence of adult support

Protective factors

Accountable facilitation of learning in schools emerged as the factor children living in adversity in this study identified most as a source facilitating their well-being – thus enabling these vulnerable children to demonstrate the gift of their resilience in harsh conditions. This subtheme relays facets such as schools that encourage community and family involvement, and offer extramural activities and life skills programmes, and that are characterised by an academic climate of high expectations, as well as mentorship and mutual respect. The availability of structures and opportunities for involvement relates to healthy participation and accessibility in terms of resources in families,

schools and communities, for example churches, mentoring programmes, recreational activities, and youth programmes. The presence of these structures therefore may be viewed as possibly facilitating the actualisation of resilient giftedness in children living in disadvantaged circumstances.

Positive adaptation competencies (sources of personal giftedness within vulnerable children living in disadvantaged environments) are associated with an internal locus of control (independent, autonomous, self-directed/good school attendance and attachment to school); high self-efficacy (perseverance, determination, motivation, sense of uniqueness, healthy beliefs); optimism (hopefulness, dreams, goals, existential meaning in life) and an adaptive coping repertoire (creativity and problem-solving capacity). Interpersonally this competency relates to valuing compassion, fairness, decency, empathy and a sense of humour.

The availability of physical resources (within a life-world characterised as being disadvantaged) designates adequate assets in the community, family and school for aspects such as basic need fulfilment, gardens and playgrounds. Committed and competent teachers denote positive student-staff relationships, where educators believe learners have potential, provide guidance and mentorship, and promote learning. The presence of adult support across systems represents adult supervision and protection, assistance in case of emergency; as well as advocacy for children.

Discussion

As Luthar et al (2000) caution, the mere identification of factors is unsatisfactory. Consequently in this section I aim to interpret how knowledge of protective processes may enable giftedness in terms of resilience in vulnerable children.

Protection processes in the individual system

In terms of the individual system, the participating children indicated that when they are equipped with positive adaptation competencies (emotional stability, motivational self-directedness, cognitive competence and enthusiasm, social proficiency) they feel at ease and capable of addressing life⁹.

What then may the causes be of the vulnerable children's perceived self-efficacy (or possible absence of self-efficacy)? Clearly, the presence of cumulative protection (accountable schooling and competent, caring teachers; involvement in holistic development; adequate physical resources across systems; caring and participating adults) will probably enhance personal capacity / giftedness within adverse settings. Likewise, cumulative risk (pervasive crime; absent, uncaring and unjust adults; incompetent schooling; inadequate resources due to poverty) may most likely stymie individual capacity.

⁹ Allied to the high value attributed to individual capacity, the children in the study also indicated deficiency in this arena as a foremost vulnerability issue – second only to safety and security concerns relating to crime.

Whatever the reasons, it would seem that participating vulnerable children foreground intrapersonal capacity as significant in steering self-belief, decision making and the resulting behaviour and, consequently, resilience. This finding supports research (Folkman 1997; Boeving 2006) positing that the possession of intrapersonal beliefs, competencies and skills might cushion resilience in similar children across systems. The implications for the high priority participating children place on their own capacities to confront adversity may include enhancement programmes to equip children with relevant positive adaptation skills. These programmes could possibly build on existing programmes being presented by faith-based organisations or schools.

Protection processes in the school system

Participants located schools as essential for their well-being¹⁰. Considering the emerged subthemes, schools with an academic climate of high expectations, together with present, competent, caring and mentoring teachers, and adequate resources, are most likely to correlate positively with strengths in children's individual capacity. Such health-promoting (Department of Health 2005) schools in all probability function as replacement safe havens for children instead of caring and motivating families.

Correspondingly, schools where children may feel under threat (either by peers, teachers or outsiders), where learning is not taking place (for various reasons as can be found in the previous deliberation of the risk factor theme

¹⁰ Disparately, participating children also felt *the least* safe in the school context.

and subthemes), and where their enthusiasm and future directedness are obstructed, seem to correlate positively with the presence of deficient intrapersonal capacity – thus signalling limited resilience-giftedness amongst vulnerable children in disadvantaged communities. Schools characterised by these risk factors (at-risk schools) are not uncommon in the context of HIV&AIDS (Kgothadi 2003). It does not seem implausible to postulate that an at-risk school in conjunction with negative individual capacity may aggravate the experience and consequences of an uncaring home environment.

These speculations support the view that for children living with the amalgamation of stressors in a HIV&AIDS setting, schools may be a pragmatic intervention and prevention intersection (Kelly 2000; Giese, Meintjes, Croke & Chamberlain 2003).

Csikszentmihalyi (2003) cites numerous longitudinal studies demonstrating that environmental circumstances in the family and school affect children's quality of experiences, the kind of activities they do and their ability to concentrate and be motivated. Accordingly, on intervention level, the risks participants indicated in these domains call for further investigation, as well as strategies and actions – I will return to this thought later.

Protection processes in the community system

Children in this study designated the community system as the most protective in their life-worlds. They identified multiple shielding resources in

terms of people, structures and institutions, and practices. The latter included aspects such as advocacy for children, mentoring programmes, actions to promote safety, a fair punishment system, recreational activities, systems for referring at-risk children and youth programmes. Protective community structures and institutions incorporated physical resources, churches, police services and safe travelling routes. Significant community members singled out were elders, neighbours and certain community-specific role models. On the whole the participants experienced their communities as caring and supportive contexts with positive relations and a healthy involvement with children.

Even though pockets of community risk did emerge¹¹, children evidently feel most at ease in this system. In South Africa a comprehensive community-based approach focuses politicians, policymakers, academics, and activists on mitigating the impact of the HIV&AIDS pandemic (Akukwe 2003). This community-based initiative is partly founded on acknowledging the primary role played by ingrained practices, beliefs and structures in communities. Some of the questions that arise include: Is the children's perception of protection in communities a result of the government sanctioned community-based system? If so, this approach seems to address some of the issues related to children's coping successfully. Or, does the prominence of the community as a protective factor in fact corroborate the importance of grounding supportive structures in valued community-based knowledge and

¹¹ The participating children also identified community risk, but risk factors in this context were notably fewer than protective factors. In addition, emerged community risk factors seemed to be located in particular sites.

practices? Most probably further questions will include tenets of both these questions.

I would theorise that the strength of the community system, as delineated by the participants, represents a source of pragmatic actions and stability in their sometimes conflicted lives. Credibly, the community capacity seems to provide practicable actions to safeguard the participating children in various other systems.

From an asset-based approach (Ebersöhn & Eloff 2006) I submit that this identified community capacity could be instrumental in addressing deficiencies in other systems. Community role models may be influential in advancing health-promoting school structures by mobilising services, individuals and so forth to support the community system in functioning in a protective capacity. From an intervention perspective research can on the one hand commence to ascertain how such endeavours may be undertaken, and on the other hand to determine how community capacity may be sustained.

Conclusion

Taking cognisance of the crisis of representation (Denzin & Lincoln 2000) in which research currently finds itself, I have attempted in this article to not “deny [children] the opportunity to be creators of their culture” (Odora-Hoppers 2004: 18) by seeking to elicit their lived experiences of protective factors that

impact on the perceived safety (and by implication unsafety) of their environments.

Findings in this study reflect some vulnerable children's voices in the discourse of 'disadvantaged children' by expressing their views of protective factors - which in my view may impact positively on their resilience-giftedness. As such these findings appear to indicate that vulnerable children deem most protective factors to be located in the community, with the child situated at the centre functioning within and across these systems. The participating children seem to juxtapose their capacity to live adaptively based on either cumulative risk or protection. What I have suggested is that children's experience of protection in the community system should be built on in order to further capacitate children living in problematic surroundings. Naturally this working assumption necessitates further research.

In conclusion, I am left with many more questions. To what extent do benefits in one system replace or address deficits in another? Are buffers in a particular system more likely to be at the core of children's capacity to be resilient than buffers in other systems? Would it even be worthwhile to ascertain the relevant significance of barriers and buffers to resilience in various systems? Are children aware of the resource that their risk and protection knowledge constitutes? How may children apply this embedded knowledge to manage difficult times? Why and under what circumstances do they choose not to act on this knowledge?

I have argued that children have a singular astuteness to indicate what they perceive as protection and that this talent may be imperative in their subsequent ability to be resilient. I have discussed the implications of their knowledge of protection as a talent that could culminate in their utilising signature protective processes to limit evident risk. I have also made some suggestions for ways in which communities, interventionists, educators and researchers could conceivably benefit from the children's views on protection in their life-worlds. In this article I have attempted to contribute by "studying strengths and positives [children's knowledge], so that we can enrich [theory and practice]" (Diener 2003). I believe that this article gives some insight into children and the gift of their embedded resilience knowledge as it relates to the substantial theoretical domains of coping, resilience and HIV&AIDS.

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