



Exploring family resilience processes in a low socio-economic grandmother-headed household with HIV affected orphans

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EXPLORING FAMILY RESILIENCE PROCESSES IN A LOW SOCIO-ECONOMIC GRANDMOTHER-HEADED HOUSEHOLD WITH HIV AFFECTED ORPHANS

by

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Magister Educationis

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ABSTRACT

The purpose of this study is to explore the processes of family resilience within a grandmother-headed household, caring for orphaned grandchildren, in a low socio-economic South African community. To do so, the researcher posed questions relating to the existing family processes, resources and how those are utilised to grow from adverse situations.

A qualitative methodological design was followed to allow the accounts of the sample to emerge. A single grandmother-headed household was chosen to take part in a focus group. The transcriptions from the focus group was analysed using an in-depth inductive thematic analyses in order to induce themes that emerged from their experiences. These themes were then analysed in relation to the current literature on family resilience in grandmother-headed households. This study forms part of a larger longitudinal project headed by Dr R. Mampane, namely: Building resilience in families: The role of care workers in mitigating family risk factors.

The themes that emerged as a result of the inductive thematic analysis were: spirituality; family resilience processes (communication, problem solving, roles and role reversal, emotional attachment, involvement, managing behaviour, and knowledge and respect of the individual); resources (inter-familial resources and external resources); the family's perceptions (definition of the family and definition of adversity); and finally adversities (males, physical impairments, and inter- and intra-familial conflict, amongst others less pronounced). These findings answered questions regarding the process and support structures utilised by a grandmother-headed household to overcome and grow from their adversities.

A conceptual model for family resilience was suggested. A better understanding of how a grandmother-headed household engages in resilient processes could assist various professionals and community healthcare

workers identify processes of strength and the lack thereof in grandmother-headed household who look after their orphaned grandchildren.

Key words:

Grandmother-headed household; Orphaned grandchildren; spirituality; family resilient processes; inter-familial and external resources; perceptions; adversities.

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CHAPTER 1: OVERVIEW AND RATIONALE

1.1 Introduction and Rationale

It is difficult to estimate the number of households that fall under the phenomena of grandmother-headed households of orphaned and other vulnerable children. Even the use of census data for the identification of family patterns is flawed (Ziehl, 2001). However flawed, a census remains one of the solitary sources of nationally representative data on household structures in South Africa. The 2011 General House Survey (GHS) data indicated that a staggering 4.7% of South African children had lost both of their parents (Statistics South Africa, 2011). Chazan (2008) is of the belief that 40-60% of double orphans are estimated to be living in grandmother-headed households in sub-Saharan Africa.

According to the 2011 General Household Survey, 8.1% of the children population were living in skipped generation households. A skipped generation household refers to a household where a caregiving generation is missing. This highlights a dramatic increase in proportion to findings made by Hosegood in her 2009 study where the general prevalence of skipped generation households was at a low of around 3%.

In 2009, it was estimated that 1.4 million children were orphaned by HIV/AIDS in South Africa (UNICEF, 2003). By 2015 the number is estimated to be a disastrous 2.5 million maternal AIDS orphans (Donald, Lazarus & Lolwana, 2012; Meintjies, Budlender, Giese & Johnson, 2003). The illness or death of primary caregivers has had a dramatic effect on household compositions and the provision of care for the children. Research shows that the likelihood of maternal orphans living with their father is slim (Hosegood, Floyd, Marston, Hill, McGrath, Isingo, Crampin & Zaba, 2007). This indicates that orphans are more likely to live in female-headed households, increasing the number of orphaned children living with other female relatives. For the purpose of this

study, the focus is solely on grandmother-headed families where a caregiving generation is missing.

For each person infected with HIV/AIDS, several more are affected (Chazan, 2008). Research shows that there is an increase in skipped generation households. However, through the negative impact, individual and household's strengths become visible. It is just as important to be attentive to these strengths and processes that influence the positive development of the orphaned children than to be aware of the challenges and difficulties that arise.

There is limited research regarding processes that contribute to positive development in skipped generation, grandmother-headed households. Most research available on this phenomenon highlights resilience as a prerequisite for healthy development to take place (Schatz & Ogunmefun, 2007). Few if any, explore the processes of resilience in grandmother-headed households. It is, therefore, important to identify whether there are specific resilience processes that play a role in the positive development of these household.

This study aims to explore the processes of resilience in grandmother-headed families that are significant in the achievement of healthy developmental outcomes. It is, therefore, important to consider that definitions of healthy development/wellbeing differ for each specific culture. In the past five decades, researchers have based their definitions of resilience on Westernised and Eurocentric views (Ungar, 2008; Ungar & Liebenberg, 2005). There is a large body of research missing which considers culturally significant definitions of resilience and healthy development (Ungar, 2008).

The rationale of the proposed study is initially to form part of a larger on-going body of research headed by Dr Mampane, titled "Building resilience in families: The role of care workers in mitigating family risk factors". Additionally, there seems to be a gap in research concerning the growing phenomenon of grandmother-headed skipped generation households. By highlighting the processes of resilience present in the families' success

stories, one could utilise the knowledge found in this study to inform practices with families in similar circumstances.

1.2 Literature review

1.2.1 HIV/AIDS effect on families

In order to grasp the full impact of HIV/AIDS on the shift of responsibilities for grandmothers, it is important to consider the historical role of grandmothers as carers of children. Historically, and perhaps naïvely, Westernised nuclear families seemed to have an ideal as to each of the member's responsibilities. As with younger children, older members of a family are usually absorbed and cared for by extended families (Sitawa & Makiwane, 2007). This engagement is not always a burden, as research shows that Multigenerational households seem to have socio-economic and emotional benefits for all members involved (Ruggles, 2003; Barnett, 2008; Hayslip & Kaminski, 2005). It could be seen as a mutually beneficial relationship as the grandparents could share the responsibilities of raising their grandchildren (Sitawa & Makiwane, 2007).

What could be constituted as a mutually beneficial arrangement within the household has undergone rapid transformation in the past decade (Sitawa & Makiwane, 2007). Support must now be provided without the sons and daughters due to a higher prevalence of AIDS-related deaths (Sitawa & Makiwane, 2007). There is very little research that examines how support is provided. It is essential to understand how support is provided in these households to comprehend how these families can or have achieved healthy development.

1.2.2 Grandmother-headed households

Research conducted by Chazan (2008), on grandmother in Warwick Junction, KwaZulu-Natal, highlights their challenges and vulnerabilities faced, when raising their grandchildren. These include financial burdens (for example, funeral costs, increasing medical costs, food, and educational expenses),

emotional stresses (for example, anguish of losing their children), high unemployment levels (for example, increase in the amount of informal work which decreases the amount of care that these grandmothers can offer their grandchildren), displacement (for example, migration between urban and rural areas) and untreated personal illnesses (Chazan, 2008). While grandmothers are cushioning the impact of being orphaned, they themselves are taking extremely heavy financial, physical and emotional strain for supporting their grandchildren (Chazan, 2008).

1.2.3 Changing role of grandmothers

Some research has taken a different stance to the shifting role of grandmothers and has highlighted that grandmothers do not always perceive their increasing responsibilities as a burden, but rather view themselves as bound to the wellbeing of their children and grandchildren (Schatz, 2007). What some might view as a disproportionate load of responsibilities may be due to pre-existing divisions of responsibilities long before HIV/AIDS (Chazan, 2008). Marais (2005) believes that this is partly due to a long history of labour migration. Although the cause of death might be different, the phenomenon of grandmothers taking care of their orphaned grandchildren has remained the same. The grandmother-headed households can be attributed to what they have always done and that is caring for their families (Chazan, 2008).

Other research shows that grandmothers gain numerous benefits from caring and providing for their grandchildren. A study done in the United States of America in 2001 shows that grandmothers enjoy benefits such as a heightened sense of belonging and purpose in life, and that the new responsibilities and activities make them more active and, therefore, make them feel younger again (Waldrop & Weber, 2001).

1.2.4 Family resilience

Difficulties and challenges are only one part of the resilience equation. Resilience is usually viewed as the interplay between protective and risk

processes over a period of time, involving individual, family and larger sociocultural influences (Walsh, 2002). Current research shows there is a move away from identifying individual personality traits when defining processes in resilience. It is now a question of identifying them within the interpersonal relationships of the family, the kin and mentors (Black & Lobo, 2008). The move from an individual focus to a relational systemic perspective validates the choice of sample and research methodology of this research.

Most definitions of family resilience share similar characteristics. Earlier definitions of family resilience focus on the strengths of families that were used when overcoming adversity. McCubbin and McCubbin (1988) define family resilience as the characteristics, dimensions and properties of families that help them to be resilient to disruption in the face of change. This allows the family to be adaptive in the face of crisis (McCubbin & McCubbin, 1988). This definition identifies that certain characteristics are necessary within a family to overcome crisis, however, it fails to include wellbeing and flourishing in its definition.

A more recent definition identifies family resilience as the successful coping of family members under adversity that enables them to flourish with warmth, support and cohesion (Black & Lobo, 2008). This definition outlines simple processes within family dynamics that enhance a family's resilience to certain situations. However, this definition gives the impression that a resilient family will always cope in adverse situations. By including a bioecological approach, a definition should include context and time specific processes of family interactions that could lead to coping in adverse situations. The definition provided by Black and Lobo (2008) gives the impression that family resilience only manifests in positive outcomes to adverse situations. A family cannot be labelled as resilient by merely actualising positive outcomes, just as a family cannot be viewed as "unresilient" if they fail to flourish in a specific situation.

1.3 Problem statement

The number of grandmother-headed households in South Africa is increasing drastically. This is resulting in an increase of at-risk families in the poor communities of South Africa. Due to their old age, grandmothers are less able to care for their orphaned grandchildren. Coupled with challenges of dealing with loss, these families are subjected to physiological, psychological social and financial difficulties. Professionals and community careworkers will therefore, more frequently come into contact with these types of households. Grandmother-headed households who engage in resilience processes are more inclined to overcome and grow in strength, in the face of their adversities.

1.4 Statement of purpose

The purpose of this study is to gain insight into family resilience processes by exploring the experiences of one South African grandmother-headed household. By exploring the individual family's perception on healthy development and by identifying those practices that advocate healthy development, we should be able to identify processes of resilience that influence the healthy development of the children who have been orphaned by HIV/AIDS.

1.5 Research questions

1.5.1 Primary

How does a South African grandmother-headed household affected by HIV/AIDS achieve resilience?

1.5.2 Secondary

Which protective processes does the grandmother-headed family employ to experience healthy developmental outcomes?

Which risk factors does the grandmother-headed family experience?

1.6 Concept clarification

1.6.1 Grandmother-headed households

This study focusses on grandmother-headed households. A grandmother-headed household refers to a family setting where the grandmother is acting as a carer/guardian for the rest of the household. This family arrangement is caused by the parents' unwillingness or inability to raise their children (Park, 2005).

1.6.2 Skipped generation households

A skipped generation household refers to a type of household where the grandparents and their grandchildren reside together without the grandchildren's parents (Park, 2005; Hughes, Waite, LaPierre & Luo, 2007; Madhavan & Schatz, 2007). The result of their unavailability is that the grandparents now act as primary caregivers to their grandchildren. For the purpose of this research, the biological parents have passed away due to HIV/AIDS-related illnesses. Furthermore, the primary role of caring is now solely assumed by the grandmother.

1.6.3 Family resilience

Family resilience refers to the interactional resilience process that enables a family system to withstand and grow from crisis and adversity (Walsh, 1996). This research focusses on the process of family functioning that contributes to family resilience and positive adaptation over a period of time.

1.6.4 HIV/AIDS affected orphans

A child who has lost one or both of his biological parents is considered to be an orphan. When HIV/AIDS is the cause of death, the child is then considered as a child orphaned by HIV and AIDS. It is said that 63% of all orphans living in South Africa have been orphaned by HIV/AIDS (UNICEF, 2003).

1.6.4 Low socio-economic household

This concept is made up of two different constructs. The first being a household, which can be defined as a group of people who are residing together and share certain practices such as meals and chores (Haviland, 2003). The second concept is that of low socio-economic. This concept refers to a below average financial income status. Therefore a low socio-economic household can be considered as a group of people (not necessarily family) that reside together and perform communal activities but are experiencing chronic financial poverty.

1.7 Research aim and objective

1.7.1 Aim

In this study, the researcher aims to investigate and interpret a grandmother-headed family's resilience processes. This study wishes to highlight any themes of resilience that emerge in the accounts of the household. The information gathered from this study could highlight possible attributes required for healthy functioning in a grandmother-headed household within a low socio-economic and HIV/AIDS context.

1.7.2 Objectives

The selections of tools proposed to gather information in this study will assist the researcher to identify how a grandmother-headed household manages to

achieve healthy developmental outcomes. In order to reach this objective the researcher has to:

- Identify biographical and historical information on the family, allowing for the profiling of the sample.
- Highlight family resilience constructs present in the household
- Explore the family's experiences in the hope of identifying how risk and protective processes contribute to their appraisal of life.
- Explore the grandmother-headed household's perceptions of healthy developmental outcomes.

1.8 Research Methodology

1.8.1 Meta-theoretical Paradigm

The paradigmatic perspective applied in the study is embedded within the interpretive paradigm. The interpretive paradigm utilises perceptions, attitudes, understandings, knowledge, values, feelings and experiences of the participants in an attempt to construct the individual's or family's story (Nieuwenhuis, 2010). This post-modernistic stance to research will provide the researcher with insight into the sample's appraisal of their situation (Nieuwenhuis, 2010).

1.8.2 Methodological paradigm

This study is an exploration of the attitudes, understandings and experiences of a grandmother-headed household. As a result, this study is guided by qualitative research methodology and incorporates a case study design. The goal of this research is not to generalise the outcomes or to replicate the same results elsewhere, but to ensure that the data captured is a true reflection of the sample's experiences.

The study aims to capture and explore the subjective meanings, everyday experiences and practices, within discourses of the sample (Flick, 2009). This approach will highlight emergent properties that contribute to successful coping and developmental processes of a grandmother-headed household.

1.8.3 Sample

The sample of this study will consist of one grandmother-headed household, whereby the grandmother is looking after her HIV affected orphaned grandchildren. The household will be chosen out of a possible ten households who have experienced similar traumatic experiences of loss. The households will be identified through Stanza Bopape Health and Community Development Centre careworkers, as they have a history with, and direct access to, these families. The sample will be selected purposefully as the sample fits the dynamic requirements of this study. This method of sampling is used when the participants are chosen with a specific purpose in mind (Maree & Pietersen, 2010). The sampling criteria and technique will be unpacked in Chapter 3.

Being a purposive sample, the findings will not be generalisable. This sampling technique is considered a non-probability sample (Maree & Pietersen, 2010). However, the findings will be added to a body of research that will hopefully identify emergent properties and inform future research. In light of the sampling methods used and the methodology of the research, this study can be constituted as idiographic research (Hayes, 2011). This study will explore the experiences of the grandmother-headed household, by gathering valuable and detailed data relating to the study.

1.8.4 Data collection and documentation

A focus group will be used as the primary data collection technique. A researcher's diary will be utilised to capture observations throughout the research process. A translator will be used during the focus group in order to ensure that all questions and comments are well understood by the

participants and the researcher. The translator will also be asked to capture her observations throughout the focus group.

1.8.4.1 Focus group

The focus group interview strategy holds the assumption that the interaction in the group setting is productive to widen the range of responses during the open-ended interview (Nieuwenhuis, 2010). This technique provides rich data but some would argue that this technique might be seen as threatening to some participants (Nieuwenhuis, 2010). Another criticism is that this data collection technique raises the issue of observer dependency (Nieuwenhuis, 2010; Rabiee, 2004). The information collected may also be biased regarding group processes and individual domination over the group.

The effectiveness and quality of the information is dependent on the skills of the moderator. By using qualitative data gathering techniques, the researcher will capture the data from the focus group by taking notes on the proceedings, and capturing non-verbal cues by taking field notes from observations made. A recording of the focus group will be transcribed verbatim.

It is important for researchers who conduct research in cross-language contexts to document the implications of such research (Squires, 2009). Some of the strengths of qualitative research lie in its ability to record and reconcile complex detail and contexts (Edwards, 2002). However, little is documented on the influence of translators in the process (Edwards, 2002). Edwards (2002) argues that the translator and interpreter play an integral part in the final research product. She states that researchers, research participants, interpreters and translators all present constructions of their own identity during interactions. In this study, the translator will also be responsible for constructing the voices of the participants. Language can be a huge barrier to research when done on samples that do not communicate in the same language as the researcher (Edwards, 2002; Squires, 2009). It is for this reason that the translator chosen for this study will come from a similar, if not the same, cultural and ethnic background as the sample.

It is essential that the translator and interpreter receive training in focus group research (Berman & Tyyska, 2011). The translators will be made aware of the purpose of the study (Berman & Tyyska, 2011). This is to ensure that he or she does not miss any valuable information during the collection and interpretation of the data. It is important to discuss the content with the translator, as this will highlight potential impositions made by the translator in his or her interpretation (Berman & Tyyska, 2011). This discussion will allow the researcher and the translator to debrief throughout the process. In this study the translator will be involved in most, if not all, phases of the research project.

1.8.4.2 Field notes

Field notes play a central role in observational studies, but the researcher has to take the role of an objective, impersonal channel through which the information can be conveyed (Mulhall, 2003). The researcher will utilise a researchers diary to collect field notes during the research process. The researcher will be collecting field notes on observations, conversations, interviews and intuitive thoughts of the researcher throughout the process of data capturing (Maree, 2010).

The researcher will limit the probability of influencing the data with his own personal worldviews by differentiating between the differences in the notes taken and by being fully cognisant of the possibility of prompting the data (Flick, 2009). The translator will also be asked to take her own observations throughout the focus group. This will allow the researcher to compare both observation notes with the primary source of data.

1.8.5 Data analysis and interpretation

An inductive thematic analysis will be the primary tool used to interpret the data. The raw data gathered from the focus groups and the field notes will be carefully prepared using transcriptions (Hayes, 2011; Nieuwenhuis, 2010). The transcripts will then be coded. The researcher will code the text to

highlight meaningful segments relevant to the research topic. In so doing the researcher will categorise through any unnecessary data during the beginning phase of analysis (Nieuwenhuis, 2010).

Themes within the data will begin to emerge as the transcripts are categorised and the segments highlighted in the coding. Once the provisional themes (proto-themes) have been highlighted, themes will be defined. Once a definition has been assigned to the theme, the researcher will re-read the transcripts carefully through each theme to ensure that no data relevant to the theme has been left out. Changes to the themes and the definitions of those themes will be made to arrive at the themes final form. All the relevant data under each theme will then be interpreted and the results will be documented.

1.9 Theoretical Framework

The researcher will describe a number of theoretical models during the course of this research. All of the models are discussed in depth in Chapter 2. However, the following models, that are briefly discussed, have the greatest influence on this research. The theoretical models will influence the methodology used during the collection, analysis and interpretation phase of this research. These models will be combined to form a conceptual model that is discussed in Chapter 2. The following section provides a brief description of a selection of the models and how each model has shaped the researcher's stance on family resilience.

1.9.1 Walsh's Model of Family Resilience

Walsh (2002) identifies key processes of family resilience that will be utilised in this research, as a model from which to measure the resilience within the households. She divides them into three separate groups. The first group is the Belief system (where one creates meaning from adversity, has a positive outlook, transcendence and spirituality). The second is Organisational Patterns (flexibility, connectedness, as well as social and economic resources). Lastly is Communication processes (clarity, open emotional

sharing, and collaborative problem-solving). Black and Lobo (2008) describe the most prominent factors of resilience to include: a positive outlook, spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals, and support networks. This research seeks to identify resilience processes in the families, during interactions with the households' members.

The use of this framework offers several advantages (Walsh, 2002). Firstly, the model proposed by Walsh focusses attention on family strengths under stress rather than on pathology. Secondly, this model assumes that no single model can suit each family system or their situations, all the time. It is for this reason that the family's functioning is assessed in context in relation to the family's values, structures, resources and life challenges. Lastly, this model considers that families evolve during the life cycle. What is viewed to be effective and optimal functioning at a given time in the family's life cycle, might not be considered optimal at another given time.

1.9.2 PPCT Model

Bronfenbrenner's ecological theory for human development has four major interacting components (Tudge, Mokrova, Hatfield & Karnik, 2009). These components are important to consider when researching intricate qualitative dynamics of an individual/families.

The process component acknowledges the interactions of the proximal environment. This component highlights the importance of identifying process within the family interactions. By focussing some questions on these family dynamics, the researcher will be able to identify significant family practices utilised when faced with adverse situations.

The person component considers the characteristics of the individual. A family system is made up of individual systems, each with their own characteristics and attributes. It is important to explore whether the resilience of one individual affects the manner in which families cope, especially in adverse

situations. The scope of this research is limited to family processes, however, it should be noted how certain individual characteristics affect the rest of the family.

The context component considers the interacting social systems of an individual. A family system forms part in some way or another, of a larger social, political and cultural context. As all systems interact and affect a family's functioning, the social, political and cultural contexts all influence the family's resilience. It is important to understand the greater community and structures in which the family is imbedded. Without this knowledge, it would be impossible to comprehend the full extent of their influence on the processes within the family that contribute to healthy development.

The time component considers change over time. Most things change over a period of time. Family dynamics, family processes and development are no exceptions to the rule. As individuals, families, communities, societies and cultures change over time, so too do the processes. Resilience is not a static concept. A family who acts in a resilient way may not necessarily duplicate such resilient processes in a different situation or under different stressors. It is important to understand as a limitation of any short-term study that its findings will be context and time specific.

1.9.3 McMaster Model of Family Functioning

Epstein, Bishop and Levin were of the first to create this model of family functioning in 1978 at the McMaster University in Toronto (Walsh, 2003). The model has evolved over the past decades by incorporating new ideas from clinical and research experience. The model is widely used in clinical and research practices throughout the world (Walsh, 2003).

The model identifies six dimensions of family functioning that can contribute to the healthy functioning of a family system. The model suggests that problem-solving, communication, roles, affective responsiveness, affective involvement and behaviour control are some of the dimensions that have the largest

impact on family functioning (Walsh, 2003). The researcher utilises the McMaster Model of Family Functioning by combining the dimensions of family functioning within a conceptual model of family resilience that shares many characteristics with Walsh Model of Family Resilience (2002).

1.10 Ethical Considerations

Conducting research of such a nature can be very intrusive and threatening to the sample. Measures have to be taken in order to ensure that best practice is used, that non-maleficence is practiced, and that the safety and wellbeing of the participants are prioritised. It is imperative that ethical clearance is attained from the University of Pretoria. In addition to the ethical clearance, the researcher will ensure that the following precautions are taken.

1.10.1 Voluntary participation

The participants will be made aware of their rights for partaking in this study. The researcher will verbalise their right to withdraw from the research at any point in the process before each step in the data collection phase.

1.10.2 Signing of consent

Consent will be captured by means of a signed informed consent letter stating the voluntary participation in the research. This document will contain information regarding the purpose of the study, how and when the data will be captured, how the data will be kept safe and how the research will be made available to the academic world. The document will be discussed openly with the participants prior to them signing to ensure that they fully comprehend the research. The researcher will allow the participants to raise any concerns regarding the research and the data capturing and will ensure that their concerns are dealt with.

1.10.3 Privacy, confidentiality and anonymity

The participants will have a clear understanding of how the information will be used, what steps will be taken in order to ensure that the data remains private, how no identifying biographical information will be made public and how the research findings will be provided in an anonymous manner.

1.10.4 Non-maleficance

In addition to practicing ethical research, the researcher will negotiate with the focus group participants to keep what will be discussed as confidential. If participants choose to discuss sensitive topics outside of the focus group, it is beyond the researcher's control. The researcher acknowledges that sensitive topics will be discussed and will, therefore, ensure that the emotional wellbeing of the participants is sort after. Emotional support will be made available to the participants. A social worker will be available after the focus groups if participants require counselling. The researcher will additionally be available for debriefing. The researcher's supervisor will closely monitor the research undertaken, ensuring that the considerations expressed in 1.9.1 - 1.9.4 are maintained.

1.11 Rigour of the study: Trustworthiness

To conduct good qualitative research there should be a strong emphasis on trustworthiness (Hayes, 2011). The term "trustworthiness" with regards to a study, refers to the way in which the researcher persuades the audience of the rigor and validity of the findings (Maree, 2010; Morse, Barret, Mayan, Olson, & Spiers, 2002). The researcher will consider the following practices throughout the study.

Triangulation will be used to correlate the data gathered from multiple sources, using multiple methods (focus group and field notes). The researcher will follow the process proposed by Hayes (2011) in the thematic analysis. The credibility and confirmability of the study will be ensured by making the

results accessible to the sample population (Shenton, 2004; Krefting, 1991; Maree, 2010). This will be practiced using member checking. During member checking, the participants play a major role to ensure the credibility of the data throughout the data collection, limiting the possibility of misrepresentation and misinterpretation (Onwuegbuzie & Leech, 2007).

Dense descriptions will be given throughout the process with regard to research decisions taken (Krefting, 1991; Maree, 2010). The coding process and themes will be peer reviewed and monitored closely by the researcher's supervisor. This process will ensure inter- and intra-coder reliability. The researcher will control researcher bias by remaining cognisant of the possibility of researcher bias. The researcher will not generalise the findings across a population (Maree, 2010). The researcher will additionally ensure that the ethical considerations are practiced throughout the research process.

As stated in the Methodology, the use of translators can influence the results of the study. By defining the role and identity of the translator during the study, one will improve trustworthiness (Squires, 2009). It is important to consider the role of all participants throughout the study, including the researcher. Reflexivity will be ensured by rigorous documentation of field observations (Krefting, 1991). All parties involved in this study will be debriefed regularly (Shenton, 2004). Lastly, all the limitations of the study will be discussed and stated (Maree, 2010).

1.12 Possible contributions of the study

In addition to adding to the limited body of research regarding resilience processes present in grandmother-headed households this study will inform the larger study of Dr Mampane. The findings made will inform future research to create new models of resilience for these households. From these findings, individuals involved with the care and support of these or similar households, will be able to direct interventions to strengthen family resilience processes in grandmother-headed families.

1.13 Conclusion and overview of the chapters

This chapter serves to highlight the framework of the study. A brief exploration of existing literature on the topic of inquiry and the paradigmatic perspective, places this research within a body of knowledge. The purpose of this research is then described. The primary and secondary research questions are then unpacked. Concepts relevant to the research topic are then defined. The main aim and objectives of the study are presented, followed by the research methodology. Theories and models relevant to this study are then briefly introduced before identifying the ethical considerations undertaken by the researcher. Finally, the trustworthiness of this study is explored, followed by the possible contributions of this study. The following section provides an overview of the following chapters.

Chapter 2: LITERATURE REVIEW

This chapter present existing literature surrounding the subject of resilience, family resilience, grandmother-headed and skipped generation households. In addition it provides an in-depth description of the theoretical frameworks.

Chapter3: RESEARCH METHODOLOGY

This chapter outlines the method of inquiry undertaken in order to answer the research question successfully.

Chapter 4: RESEARCH AND DISCUSSION OF FINDINGS

This chapter explores the processes of family resilience within the accounts and experiences of the grandmother-headed household. This chapter identifies the themes induced from the data.

Chapter 5: CONCLUSION AND RECOMMENDATIONS

This chapter reflects on the findings highlighted in Chapter 4. The findings are compared to the existing literature described in Chapter 2. The research is then concluded with recommendations for further research.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter, literature surrounding the present study is discussed. For the purpose of this study it is important to first examine the background of grandmother-headed households affected by HIV/AIDS in South Africa. Secondly, it is important to examine the experiences of grandmothers who take the role of a parent in their grandchildren's lives and the grandchildren's experiences of growing up in a grandmother-headed household. This is followed by an overview of the concept of resilience and the studies surrounding the concept. Lastly, Walsh's model of family resilience is expanded upon, as this model plays an important role when identifying processes of resilience that influence family resilience.

2.2 Background of grandmother-headed households

HIV/AIDS can no longer be considered a new or emerging disease. The disease as we know it was classified as an epidemic in the 1980s with the first diagnosed South African cases in 1982 (Ras, Simson, Anderson, Prozesky & Hamersma, 1983). Isolating the effects of HIV/AIDS is a very complex task. However, one can be certain that the wellbeing and household demographics of South Africans has undergone significant changes due to three decades of the HIV/AIDS epidemic (Tanser, et al., 2008; Hosegood, 2009; Monasch & Boerma, 2004). Hosegood (2009) identifies that, however slight, there is an increase in generation households in low socio-economic environments.

Due to HIV/AIDS, there is an increased demand for grandparents to care for their grandchildren. As a result of HIV/AIDS parents fall ill or die and therefore others are required to take care of the weak and vulnerable. Madhavan (2004) stresses how the responsibility of parenting usually falls towards the aunts and uncles, or other extended family members. However, she found that due to severe economic constraints, a growing number of grandparents are called

to take care of their grandchildren (Madhavan, 2004). A 2004 study on orphanhood and household demographics in 40 sub-Saharan African countries found that 64% of double-orphaned children in South Africa were living in grandparent-headed households (Monasch & Boerma, 2004).

Globally it seems to be a common trend that generation households seem to share certain characteristics. In Europe and the United States of America, studies have shown that generation households are more prevalent in low socio-economic communities, lower education groups, female-headed households and among the unemployed (Glaser & Gessa, 2012; Glaser, Montserrat, Waginger, Price, Stutchbury, & Tinker, 2010).

The death of parents can pose a multitude of difficulties for the remaining family members. One such difficulty is that the loss of both parents can have detrimental effects on how the child will form attachments with the new caregivers. The formation of healthy attachments in early childhood is extremely important when considering development. As stated by Gray and Webb (2013), John Bowlby was one of the first to study attachment and its effect on early childhood development. Gray and Webb (2013) share how Bowlby is of the opinion that relationships between caregivers and children are essential to the child's healthy development. The loss of the parents will inevitably effect the child's development. A parent's death usually means that someone of central emotional importance has been lost (Balk & Corr, 2009).

The loss of any parent is a traumatic event. In addition to the above-mentioned difficulties, there is an increased risk of children developing physical or mental health problems (Stroebe, Schut, & Stroebe, 2007). Insufficient food, inadequate shelters, poor school attendance and limited medical care are accumulative stress factors that can severely affect the mental health of children and adolescents (Cluver & Gardener, 2007). A literature review on quantitative studies on the mental health of non-infected HIV/AIDS orphaned children found that orphans were more likely to suffer from depression, anxiety, suicidal ideations, and post-traumatic stress, as well as showcase behavioural problems (Cluver & Gardener, 2007). Additionally,

orphans were found to be at greater risk of physical and emotional abuse in addition to economic exploitation (Cluver & Gardener, 2007).

A study conducted in South Africa has shown a positive correlation between HIV/AIDS orphans and poor psychosocial wellbeing (Cluver, Gardener & Operario, 2008). The study highlights that children and adolescents orphaned by HIV/AIDS are more likely to experience higher levels of stigma. This stigma leads to this population showcasing peer relationship problems and delinquency amongst other conduct problems (Cluver, Gardener & Operario, 2008). These findings indicate that HIV/AIDS orphans are frequently faced with a plethora of risk factors. This growing population is at risk. To address these issues it is important for research to focus on protective factors in these households that contribute to healthy development.

In addition to poor psychosocial and mental wellbeing, the loss of parental figures often contributes to existing financial and social pressures. Furthermore it creates difficulties for the remaining family members to take on added responsibilities (Balk & Corr, 2009; Park, 2005). These new responsibilities often fall to the grandparents, most likely grandmothers (Hosegood, Floyd, Marston, Hill, McGrath, Isingo, Crampin & Zaba, 2007; Mills, Gomez-Smith & De Leon, 2005). The effects of these consequences are expanded upon later in this chapter.

Research on sub-Saharan Africa shows that there are very few children who are double orphaned that are living outside of family care (Monasch & Boerma, 2004). However low, it is not uncommon for family systems to be under such economic strain that they can no longer offer support for orphaned children. In underprivileged settings the number of resources available to families is limited. It is not unusual for children to be placed in foster homes, foster cluster care centres or in day and night care centres. According to the 2011 and 2013 General Household Survey, the number of children under the age of 22 placed in foster homes has increased from 389000 to 414000 (Statistics South Africa, 2011; Statistics South Africa 2013).

There is limited research, if any, that compares the differences in developmental outcomes of children living in care facilities to those living in grandmother-headed households. Drew, Makufa and Foster (1998) raise a point, that in most cases, these institutions can barely cater for the physical needs of orphans let alone the emotional, social, educational and spiritual needs.

2.3 Experiences of grandmothers parenting grandchildren

The experiences of grandparents who look after their orphaned grandchildren vary from family to family. The prior events leading up to the death of the parents are important variables to consider when examining the experiences of grandparents after the death of their loved ones. There are many South African studies that show that the older generations are more likely to act as the caregivers to their children prior to their deaths (Boon, Ruiter, James, van den Borne, Williams & Reddy, 2010; Freeman & Nkomo, 2006; Schatz, 2007; Schatz, Madhavan & Williams, 2011).

Grandparents are physically challenged when caring for their sickly children. The death of the children usually leads to financial burdens, as well as to feelings of distress, anxiety, depression, helplessness and hopelessness (Boon *et al.*, 2010). In addition to the physiological and psychological toll, the grandparents can experience social isolation as a result of the time needed to take care of their sick child. This isolation is further exacerbated by the cultural stigma to HIV/AIDS (Orner, 2006). The stigma could be partly due to a link between HIV/AIDS and antisocial behaviour (Mudavanhu, 2008).

There is limited financial respite for grandmothers who look after their orphaned grandchildren. Grandmothers in these households can register themselves as caregivers and have access to foster grants (SASSA, 2011). The current grant is for R830 per child per month. The access to these funds partly alleviates financial burden, but more often than not the amount is not sufficient to cater for all the family's needs.

The death of a child can cause parental grief and bereavement that can worsen the health and wellbeing of the grandparents. The effects of grief and bereavement on parenting can lead to negative attitudes towards orphans, less emphasis on providing care and less control over the youths' behaviour (Boon *et al.*, 2010). The grieving process is a normal reaction to loss and can take on various forms. Some grandparents may begin mourning in anticipation of the death of the children during their sickness, while others may experience a delayed reaction to the grieving process (Mudavanhu, 2008).

Shadow grief is another manifestation of grieving which is more covert (Mudavanhu, 2008). The manner in which the grief manifests determines the support that the grandmothers receive from other members of the family or the community. Mudavanhu (2008) states that grandparents are often more alone and without the necessary support as they are expected to cope in order to support other family members.

A study by Winston (2006) highlights that, due to the mother-child relationship, maternal grief is generally more intense and lengthy in relation to paternal grief. This finding highlights the importance of focussing research on resilience with grandmother-headed generation households. The implications of such research could help gain an understanding into the households' adversities and coping mechanisms. The findings could be used to empower other households who are faced with similar adversities.

Unfortunately, in many HIV/AIDS affected households, care does not end with the death of the parents. Many children are infected by the virus by means of mother-to-child transmission, either through blood contact during birth or through breastfeeding (Bhardwaj, Robinson & Goga, 2014). This means that grandparents might have the added responsibility to care for a child that is also infected by HIV.

As highlighted earlier, the senior women of the family generally assume the role of caregiver. According to Schatz, Madhavan and Williams (2011), nearly

half of all households in South Africa are headed by women. Women-headed households are often reported as being the poorest of all household types (Schatz, Madhavan & Williams, 2011). This may be partly due to the fact that grandmothers usually find it more difficult to re-enter into employment, which further exasperates their financial situation (Park, 2005). This is usually due to the physical, social and emotional challenges faced by an ageing generation (Park, 2005).

An American study by Pruchno and McKenney (2002) focussed on the benefits and difficulties of living in a multigenerational household. The research explored the psychological wellbeing of Black and White grandmothers caring for children in the absence of the children's parents. One of their findings highlights that there was no marked difference between the races in terms of psychological wellbeing. However, both races reported to have experienced both positive and negative affects from parenting their grandchildren.

The study found that the grandmothers felt a sense of caregiving satisfaction but also experienced poor physical health, decreased positive feelings and feelings of caregiving burden. The findings were found to have a direct correlation with the behaviour of the child (Pruchno & McKenney, 2002). Therefore, the children's positive behaviours were directly linked with positive affects in the grandmothers, and negative behaviours with negative affects.

In a comparative study between parenting and non-parenting grandmothers, it was found that the intergenerational relationship prior to the death of the parents has a direct link with the general psychological wellbeing of the grandmothers (Minkler & Fuller-Thompson, 1999; Mills, Gomez-Smith & De Leon, 2005). However, the interpersonal skills utilised to strengthen relationships are not highlighted in this study.

Skills such as verbal and non-verbal communication, listening skills, negotiation skills problem-solving skills, decision-making skills and assertiveness have been found to contribute to healthier relationships, as well as are associated with resilience (Oliver, Collin, Burns & Nicholas, 2006). It

would be important in this study to identify such practices in order to understand which processes of resilience contribute to the healthy development of children in this specific context.

Minkler and Fuller-Thompson (1999) highlight that grandmothers who are parenting are less likely to partake in typical daily activities associated with their grandchildren. For example, grandmothers are less likely to attend extramural or sporting activities. This study also found a link between greater levels of depression among grandmothers who are parenting than grandmothers who are not. It is important to highlight that this study, as most studies in this field, is contextually based. As a result, there is a greater need to expand the research to a South African context.

The McMaster Model of Family Functioning suggests that for a family to function adequately, the household has to apply certain dimensions of family functioning favourably (Walsh, 2003). It is important to understand which of these dimensions are present in the intergenerational relationships to understand how they could affect the processes of resilience practiced by the participants in this study. There is so much that can be learned from grandmother-headed households, regarding the processes of family functioning, that contribute to healthy development. As a result, this study aims to capture such practices.

Although much research exists on multigenerational households, there are very few studies that focus on households where there has been a loss or absence of both parents, for example, a generation household. To add to this gap in research, there are even fewer studies that focus on these household dynamics in relation to resilience in a lower socio-economic community.

2.4 Experiences of children raised by their grandmothers

Similarly to the experiences of grandparents when dealing with the death of their children, it is equally important to highlight the experiences of children who have lost both parents. In South Africa, there is an estimated 12 million

children that have to deal with the loss of their parents due to HIV/AIDS, and cope with grief and bereavement (Madhavan, 2004). Some children may themselves be ill and have to cope with social and cultural stigmas of HIV/AIDS in addition to the physiological effect of the antiretroviral medication (Case & Ardington, 2006).

As is discussed in Section 2.2, the effects of being fostered by others including grandmothers, is said to affect a child's physical, cognitive, psychological and scholastic development. Studies on national surveys in sub-Saharan Africa found that children who have been fostered are at higher risk of mortality because of malnutrition, poorer care and restricted access to modern medicine (Foster & Williamson, 2000; Richter & Desmond, 2008; Case & Ardington, 2006). Richter and Desmond (2008) identify generation households and child-headed households as the two most vulnerable household types in South Africa.

In a study completed by Foster and Williamson (2000), it is identified that school attendance is often disrupted once the parents become sick. Due to heightened financial strain, some children living in generation households are more likely to drop out of school, as they become responsible for the household chores (Case & Ardington, 2006). This is more prevalent with the older daughters of the families (Foster & Williamson, 2000). It has been identified that school attendance can act as a protective factor against unwanted behaviours in adolescents in sub-Saharan Africa (Karim, Magnani, Morgan & Bond, 2003; Magnani, Karim, Weis, Bond, Lemba & Morgan, 2002).

Research suggests that there may be some beneficial outcomes of living in multigenerational households. A study done by Deleire and Kalil (2002) highlights that African American children living with a grandparent are more likely to excel scholastically in comparison to their peers who live in single parent households. Contextually bound as this study is, it does not consider developmental outcomes of youth in skipped generation households. This does, however, highlight that grandparents can act as a positive

reinforcement or take on a supportive role that directly benefits childhood developmental outcomes.

In contrast, Billing, Ehrlie and Kortenkamp (2002) found that children raised by grandparents have higher rates of school suspension and behavioural problems compared to their peers who are raised by their parents. A study by Thurman, Brown, Richter, Maharaj and Magnani (2006) on orphaned South African adolescents' sexual behaviour found that orphaned children are more likely to engage in sexual intercourse prior to the age of 13 years.

The studies above highlight that children who show resilience can overcome their contextual barriers, regardless of their context. However, both studies fail to explore the processes of resilience present or applied by the children to overcome their barriers. Walsh's model of family resilience and McMaster's dimensions of family functioning can be utilised collaboratively in research to gain a full understanding of the interactive processes within family systems that promote resilience. Walsh's model and McMaster's dimensions are expanded upon later in this chapter.

A study done by Goodman (2007), explores the wellbeing of skipped generation households in relation to the strength of intergenerational bonds. Even though her study focusses on skipped generation households, where the parents are absent, but still alive, she found that children who are not well bonded to the grandmother, showcase poor wellbeing. As stated previously in this chapter, Bowlby is of the belief that the relationship between the child and caregiver is extremely important for healthy development (Gray & Webb, 2013). This study correlates well with Bowlby's statement, as it was found that these children have poorer outcomes at an early age than those who have stronger bonds with their grandparents (Goodman, Intergenerational triads in skipped-generation grandfamilies, 2007).

Goodman's study, as with most qualitative studies, is limited by the sample and context. Another limitation highlighted by the researcher is that it is impossible to decipher from her results whether the strong bonds between the

grandmother and child are caused by resilience, or whether it is the strong bonds that strengthen resilience processes. The resilience processes that contribute to the healthy developmental outcomes in the family are explored within the sample of this study.

In lower socio-economic communities the access to adequate healthcare is generally poor (Barron, Day & Monticelli, 2007). We should additionally account for the physical (physical health of the grandmother), financial and geographical barriers to the access of healthcare for skipped generation households. Access to health care can significantly influence the childrens' physical and psychological wellbeing (Mills, Gomez-Smith & De Leon, 2005). The proposed study is based in a low socio-economic setting. It is, therefore, important to take this factor into consideration when assessing the practices of skipped generation households that contribute to family resilience.

2.5 Resilience

The study of resilience has undergone radical changes in the past two decades. Richardson (2002) summarised these radical changes by identifying three waves within the study of resilience. The first wave describes the search for qualities that predict social and personal success. A list of qualities and characteristics that help people grow through adversity result from this wave of research (Richardson, 2002). The second wave shifts away from innate qualities and focusses on the pursuit to discover continuous processes of coping that interact with stressors, adversity and changes (Richardson, 2002). Even though resilience is viewed as a process, this wave of research fails to grasp the contextual and systemic effects, and focusses mainly on the individual's coping rather than growth and empowerment. The third and final wave embraces a postmodern paradigmatic lens and views these processes as an on-going interaction between motivational forces and the individual's context (Richardson, 2002). If one were to adopt this stance resilience would be viewed as a synonym for a spiritual source of strength. The following section will clarify this shifting focus in resilience studies.

Terms such as hardiness, stress-resistance and invulnerability are prevalent in literature, as documented by the forefathers of resilience research such as Garmezy (1985) and Werner & Smith (1982). Historically, there was a move from deficits or maladjustment to individual strengths that promote positive adaptation (Bartley, Schoon, Mitchell & Blane, 2010). Personality traits, dispositional characteristics and biological factors were said to be innate resilient characteristics (Anthony & Cohler, 1987; Werner & Smith, 1982). This pioneering movement solely focussed on traits within the individual and ignored many other equally important processes.

Traditionally, resilience has been researched as characteristics imbedded within the individual. Personality traits such as optimism, flexibility and assertiveness were said to increase the hardiness and coping ability when faced with adverse situations. Dispositional characteristics such as having a 'sunny' disposition, easy-going temperament and autonomy were also linked to hardiness in adverse situations. Finally, biological factors such as intelligence and good health were linked to resilient individuals (Werner & Smith, 1982; Theron & Theron, 2010). As stated earlier, restricting resilience to factors within the individual, disregarding the continuous changing of contexts and how individuals and coping change over a period of time, severely limits our understanding of the complex processes involved in resilience.

Research in South Africa over the last decade has shown how personality traits, dispositional traits and biological traits encourage resilience rather than predict it (Theron & Theron, 2010). Recent studies have included future orientation, empathy, the ability to self-regulate, assertiveness, autonomy, conscientiousness and optimism to the list of personality traits (Theron, 2004; Ebersohn, 2007). It is impossible to limit the processes of resilience that contribute to positive outcomes by merely identifying these traits within individuals.

In the past, resilience could not be defined without focussing on the negative effects of adversity (Pooley & Cohen, 2010). Individuals were considered

resilient if they did not develop any problems. However, Ungar (2005) highlights in his research how even children who are not considered as “at-risk” develop mental health issues. A vast majority of research still focusses on at-risk individuals. This allows a researcher to create a focussed context in which they can base their findings. In so doing the researcher hopes to find reoccurring attributes or processes within systems that contribute to positive outcomes in the face of adversity. Recent research shows how protective processes that encourage resilience are greatly influenced by context and, as a result, resilience is most likely to be context specific (Wright & Masten, 2005).

Resilience has either been defined as a characteristic/personal quality, a process or an outcome (Pooley & Cohen, 2010). There is still a fare amount of controversy in research as to which of these is the most accurate description. For the purpose of this study, the focus is on resilience as a process.

Research has shifted its focus away from resilience as factors and attributes within the individual, towards a transactional process that incorporates an ecosystemic model of transactions (Sameroff, 2009; Ungar, Brown, Liebenberg, Cheung & Levine, 2008). These processes therefore include transactions between the individual, the family and the communities over a period of time. Resilience has lately been recognised both as a process and an outcome resulting in and strengthened by positive adaptations to adversity (Walsh, 2003; Cyrulnik, 2009).

Theron and Theron (2010) critically reviewed 23 articles that focus on resilience in South African youth between 1990 and 2008. By comparing the latest research in South Africa to international research, it was found that research in South Africa is progressing slower in comparison to international resilience research (Theron & Theron, 2010). According to their study, international studies mention familial, communal and cultural influences on processes which encourage resilience, whereas South African research focusses on individual and familial processes. Theron and Theron (2010)

summarise the protective processes within four contexts. The individual, the familial, communal and cultural.

A brief description of the change in resilience studies, according to Richardson (2002), is provided at the beginning of this section. According to this description, this research will form part of the third wave proposed by Richardson. This study focusses on the processes of family functioning utilised to cope with life stressors, adversity and change. The positive outcomes of these processes is believed to encourage and fortify “motivational forces”, better described as resilience. It is, therefore, important to identify the processes of family functioning that encourage resilience in order to identify how resilience is fueled and fortified.

2.5.1 Resilience in Families

Most new literature identifies resilience as a complex interactive process (Toland & Carrigan, 2011; Wright & Masten, 2005; Theron & Theron, 2010; Ungar, 2005). An individual is in a constant bidirectional relationship with their environment (Waller, 2001). Family members influence each other through interactions that enable them to positively adapt to adversity. A major role-player in this interactive process is that of the family. Most research done in South Africa has been based on Eurocentric views of what a family system should be. Theron and Theron (2010) highlight how most research in South Africa on family resilience focusses on both parents encouraging processes of resilience, however, some emphasise the role of the mother-child relationship. There is very little South African literature that highlights the importance of extended family members (Theron & Theron, 2010).

A study by Dass-Brailsford (2005) does, however, mention that extended familial support plays a pivotal role in contributing to youth resilience. Her framework is influenced by international benchmarks in the study of resilience. This strengthens Theron and Theron’s (2010) findings on how South African research is staggering behind international standards. As a result, it is

important for South African researchers to expand their scope to context specific, yet unventured domains of resilience.

It is for this reason that this research focusses on an ever growing sample of multigenerational households in which grandmothers are the sole caregivers for their orphaned grandchildren. Grandmothers often assume the role of legal custodian under adverse situations (Hayslip & Kaminski, 2005). There is very little research that focusses on grandmother-headed household and resilience globally let alone in a South African context. Nonetheless, it is safe to assume that although the family dynamics are very different in grandmother-headed households, the processes within the family that contribute to resilience in adverse situations may mirror those of nuclear families.

There is an abundance of literature on resilience in nuclear families. For example, recent studies highlight how a supportive family environment is said to buffer violence, enable coping with trauma, encourage school-going tendencies, enable adaptation in an HIV and AIDS context and strengthen problem-solving skills (Ebersohn, 2007; Dass-Brailsford, 2005; Barbarin, Richter & de Wet, 2001; Theron & Theron, 2010). Older research done by Smukler (1990) highlights how attachment to the caregiver may be a greater contributor to resilience within the family system. Since then, attachment is mentioned in many papers as a basic family process that encourages resilience (Ungar, 2008; Goodman, 2007; Ungar, Liebenberg & Ikeda, 2012).

Parenting practices are also seen to influence resilience and affect the positive or negative outcomes of children (Kritzas & Grobler, 2005). Research shows a correlation between negative parenting styles such as poor monitoring, inconsistent discipline and corporal punishment to be directly linked with poorer outcomes in childhood development (Prevatt, 2003). While positive parenting practices, such as parent involvement, consistency in parenting style, family cohesion and adequate conflict resolution strategies, encourage positive adjustment and healthy development of children (Prevatt, 2003).

2.5.2 Communities and Culture

Family isolation with a lack of social support can erode resilience, particularly in stressful transitional periods (Black & Lobo, 2008). It is, therefore, not only important to understand processes within the family that encourage resilience, but to understand where and how the family interacts with its larger community. “Without understanding the context and culture in which behaviour occurs there can be little authoritative comment made on findings related to resilience and the structures that help to create health” (Ungar, Liebenberg & Brown, 2005, p. 215).

Indigenous knowledge systems in South Africa refer to common understandings or collective social memories that are rooted in African philosophical thinking and social practices that have progressed over time (Le Grange, 2012; Shava, Zazu, Tidball, & O'Donoghue, 2009). Indigenous knowledge is believed by many to serve as a source for local community resilience. By utilising the knowledge within the community or culture, it enables individuals and families to sustain their livelihood and adapt to changes (Shava, Zazu, Tidball, & O'Donoghue, 2009). For example, a study by Rukema and Simelane (2013) on how families and communities deal with droughts, highlight many local strategies, specific to certain communities, of coping with the difficulties of insufficient food.

Using local knowledge has helped families and communities to survive and grow as the world changes. However, globalisation has influenced most, if not all, of the world and has infiltrated most communities. The majority of indigenous communities are in a constant knowledge battle between Eurocentric science and cultural knowledge (Sodi & Mkabela, 2009). The importance of uniting the Eurocentric knowledge creation and cultural knowledge of resilience can not be over emphasised.

The South African concept of Ubuntu can be considered as central to indigenous knowledge systems (IKS) (Vogel, 2009). This concept can have an enormous impact on research and psychological practices within

indigenous communities. The concept of ubuntu is a philosophical belief that an individual is located within his/her human connection and not merely by his/her individual attribution (Hanks, 2008; Le Grange, 2012). In Hanks' (2008, p.6) doctoral thesis she uses ubuntu as a synonym for resilience by stating that, "Ubuntu is resilience; it is healing". Her research focusses on families in rural KwaZulu-Natal and how they overcame traumatic events without access to counselling and therapy.

The implications of her findings and the nature of ubuntu relate directly to the humanistic framework of this research. In its essence, this research incorporates a bioecological framework whereby the family is made up of individuals, but is also embedded in a community, and within a cultural and societal platform. However, some are of the opinion that due to integrated world capitalism, there is an erosion of concepts such as ubuntu (Guattari, Pindar & Sutton, 2001). This is due to changes in the demographics of larger communities, how interrelationships are not as strong as they were when communities were smaller and more enmeshed, and how immigration has resulted in multicultural communities. Even if the concept of ubuntu is not present within the sample of this study, it may be important to identify as a possible process of resilience.

2.6 Models of Family Resilience

2.6.1 Double ABCX model of Family Stress and Adaptation

There are various models of family resilience that exist in literature. Figure A illustrates the Double ABCX model of family stress and adaptation proposed by McCubbin and Patterson (1983). The model is based on the ABCX model of Hill (1945) that illustrates how the three components of a stressor event (A), the family's perception of the stressor (B) and the family's existing resources (C) interact in the prediction of a crisis (X) (Vandsburger & Biggerstaff, 2004). McCubbin and Patterson expanded on this model by adding a pre and post crisis variable to the model.

The Double ABCX model holds five basic assumptions (McCubbin & Patterson, 1983). The first is that families will face hardships over the course of life and that change will ensue as a result. The second assumption is that families will develop basic competencies, patterns of functioning and specific capabilities to ensure the development of family members and the family as a unit in order to protect the family from major crisis. The third assumption is similar to the second, however, it focusses on the recovery of the family after a crisis rather than on the protection against crisis. The fourth assumption is that families utilise their networks of relationships and resources within the community, including the indigenous knowledge system, during periods of stress. The final assumption is that families faced with crisis will demand change in the family's functioning to restore order in the midst of change.

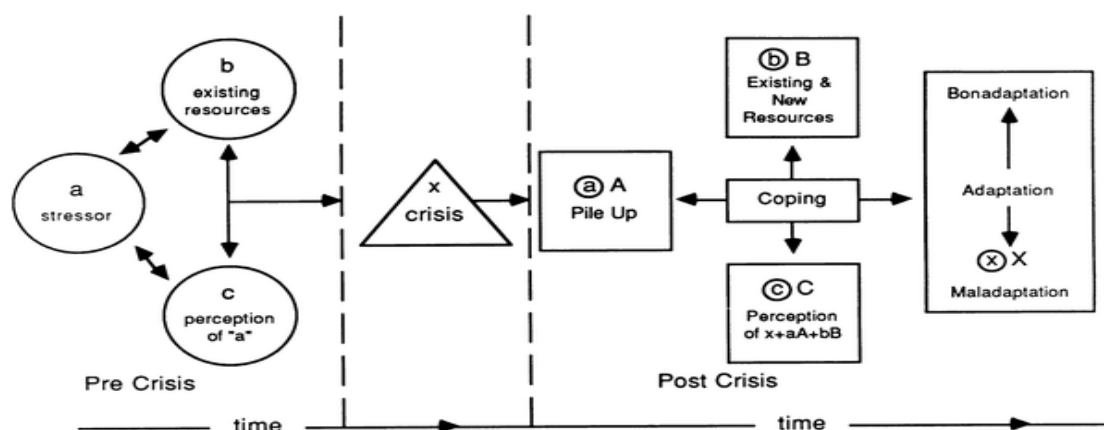


Figure 2.1: The Double ABCX Model of Family Stress and Adaptation (McCubbin & McCubbin, 1993).

The model recognises that the interactions between the family members are not static but dynamic processes. Family members are interconnected and interdependent, therefore, influencing each other. McCubbin and Patterson (1983) were one of the first to incorporate time into a model of coping and adapting. They divided the model into three sections. The first is the pre crisis stage, the second is the crisis causing event, and last is the post crisis stage.

During the pre crisis phase, the model identifies a stressor (a) to be a life event or transition that impacts on the family unit. This crisis has the potential to change the family's functioning. The stressor determines which existing resources (b) the family would and would not be able to use. These resources include the family's social support, personality characteristics of individuals and the family's hardiness (Vandsburger & Biggerstaff, 2004). The severity of the stressor is determined by the family's perception of the stressor (c). How the family defines the problem can influence how they attempt to solve the issue. An unfavourable interplay between a, b and c could cause a crisis event (x). This crisis event usually demands that change occurs within the family system. A favourable interplay would see that the crisis be averted (Vandsburger & Biggerstaff, 2004).

The model then goes on to describe the post crisis stage. Coping is determined by a pile-up of stressors (aA). Stressors accumulate over a time continuum and influence the family's ability to manage the change. Coping is also affected by the utilisation of existing and new resources (bB). The family uses existing and new resources to counteract the effect of the crisis event and avoid further crises. The understanding of the crisis event is key to the family's ability to cope with the stressors. By understanding the problem, the family can manage and utilise the resources in order to adapt.

Adaptation (xX) is realised when there is a balance between the levels. The model distinguishes between two forms of adaptation. Bonadaptation is achieved when the family has been able to find a balance by defining the problem and utilising the resources available. If a balance is not established, the family is said to have maladapted (McCubbin & Patterson, 1983; McCubbin & McCubbin, 1993).

This model is comprehensive and has been used in many disciplines. However the model does not consider the continuous interplay between the stressor and protective factors over a period of time. Additionally, the model does not show how bonadaptation can be used in future to overcome the same or similar stressors.

2.6.2 Walsh Model of Family Resilience

By utilising the ecosystemic approach to defining resilience, Walsh (2003) describes a continuous and interactive model for family resilience. This systemic model of family resilience alters the deficit perspective of viewing a family system as damaged or beyond repair (Walsh, 2003). For example, Mkhize (2006) states how the survival of a family system is highly dependant on its ability to absorb external challenges and adapt accordingly. This statement suggests an out-dated perspective on family resilience. By using a systemic lens of family resilience and adaptation, Walsh proposes seeing the deficit as a challenge with the potential to foster healing and growth.

In this model Walsh identifies key family processes that influence outcomes in adverse situations. The first process is having a belief system that allows you to make meaning of adversity, to have a positive outlook and include a spiritual component in interactions. Walsh (2003) identifies how high-functioning families have strong affiliations by viewing adversities as a shared challenge that is normalised and manageable. By having a positive outlook, hope is instilled (Walsh, 2003). With hope, families are more likely to view problem-saturated situations as potential for growth.

When overcoming adversity, a family should tap into all of their resources. According to Walsh (2003), spirituality is one such resource. A family's relationship with their religious denomination or a deeper connection with spirituality outside of religion, has been found to bolster their efforts in the face of adversity. The transcendence and spiritual component of the model facilitates the absorption of indigenous knowledge systems within this model.

The second process is to have an organisational pattern that allows for flexibility, for connectedness, and for the utilisation of social and economic resources (Walsh, 2003). Walsh describes flexibility as an act of bouncing forward. As in the case of the current study, the death of parents makes returning to a state of normality impossible. The family needs to reorganise the family's patterns of interaction and processes to fit the new situation

(Walsh, 2003). Resilience is encouraged when a family system is connected. Connectedness allows for processes of mutual support, collaboration and interfamilial commitments to each other.

As stated previously, the loss of the parents seriously affects the financial status of the family. Social and economic resources are vital when faced with adversity. In lower socio-economic communities the availability of financial aid is minimal, creating more adversity for the new family system. It is essential for these family systems to find assistance where possible in the social and community context such as church groups, school support groups and non-governmental organisation (Walsh, 2003).

The final process requests that communication/problem-solving be clear, open and collaborative. Clarity of messages is essential when encouraging resilience, as it is a platform from which the family processes are based. The clarity of messages allows for the family interactions to be authentic which facilitates meaning-making and informed decision-making (Walsh, Normal Family Processes: Growing diversity and complexity, 2003). There is a close relationship between clarity of messages and the expression of emotions in open communication. The death of parents is likely to cause internal conflict and emotional responses. If anyone in the family is unable to openly communicate this emotional response, conflict is likely to erupt (Walsh, Normal Family Processes: Growing diversity and complexity, 2003). One member of the family system should not deal with the stressors of being faced with adversity alone. A collaborative approach to problem-solving is essential for family resilience (Walsh, Normal Family Processes: Growing diversity and complexity, 2003).

There is an on-going interaction between the key family processes used, the adversity itself and the overall impact the adversity has on the family. This interaction will influence the family's optimal adaptation by strengthening or weakening the family's key processes, which will in turn affect the resiliency within that system. This model of family resilience is used in this study to interpret the data collected from the focus group. The focus group discussion

are based on the Family Assessment Device of McMaster, as the dimensions of family functioning proposed by McMaster coincide well with Walsh's model of family resilience.

The McMaster model of family functioning suggests that for a family to function adequately, the household would have to apply certain dimensions of family functioning favourably (Walsh, 2002). It would be important to understand which of these dimensions are present in the intergenerational relationships to understand how they could affect the processes of resilience practiced by the participants in this study.

There are many models of resilience which appear in research in various disciplines of social work nursing and within the different fields of psychology. The Operational model of resilience (Brodsky, Welsh, Carrillo, Talwar, Scheibler & Butler, 2011), the Transconceptual Model of Empowerment and Resilience (Brodsky & Cattaneo, 2013), the Model for Creativity and Resilience (Metzl & Morrell, 2008) and the Four-step model to build resilience (Padesky & Mooney, 2012) are to name but a few. There are, however, very few that focus on family therapy. It is for this reason that this research follows Walsh's model of family resilience.

2.6.3 McMaster's Dimensions of Family Functioning

The McMaster Model of Family Functioning (MMFF) highlights six different dimensions of family functioning that assist in directing the flow of discussions in the focus group. The MMFF is based on a systems approach. The model views a family as an open system consisting of subsystems which act within a larger communal and global system (Walsh, 2003).

According to the model, the parts of the family are interrelated. So much so that one part of a family cannot be understood in isolation. Neither can the family's functioning be understood by simply understanding each of its parts. The family's structure and organisation are important factors that determine the behaviour and wellbeing of the family members. Finally, the transactional

patterns of the family systems are of utmost importance in the understanding of a family's functioning. The above underlines the basic assumption held by the MMFF (Walsh, 2003).

The McMaster Model of Family Functioning (MMFF) does not pretend to present all aspects of family functioning, but focusses on the dimensions/processes that seem to have the most impact on family functioning (Walsh, Normal Family Processes: Growing diversity and complexity, 2003). The following dimensions are summarised by Epstein and Bishop (1981): problem-solving, communication, roles, affective responsiveness, affective involvement, and behaviour control.

Problem-solving relates to the family's ability to identify the problem and communicate that problem to the appropriate persons. Problem-solving requires the development of an action plan that is then put into practice, after which, the actions are effectively monitored, and the success or failure is evaluated. The communication dimension identifies that clear and direct communication is the most effective. Other methods of communication being clear and indirect, masked and direct, and lastly masked and indirect are the least effective ways of communication. The roles dimension postulates that a family is functioning well when all the necessary family functions have been clearly allocated to members of the family. Those members are then held accountable for those roles. The affective responsiveness dimension refers to the family members' response to the emotional wellbeing of the members by either showing welfare emotions such as joy, or emergency emotions, such as sadness in appropriate situations. Affective involvement refers to the involvement that family members have in each other's lives. The model differentiates between absence of involvement, involvement devoid of feeling, narcissistic involvement, empathetic involvement, over-involvement and symbiotic involvement.

The study done by Goodman (2007) on the wellbeing of multigenerational household is described earlier in this chapter. The findings of her study correlate well with the family dimensions proposed by McMaster. If there are

strong organisational patterns and communication processes within the household, stronger bonds can be formed, thus increasing the chance of the family resilience processes.

The above section describes the theoretical frameworks that are invested within the study. The following section proposes an integrative model by which the data of the study is collected and analysed. The dimensions of the MMFF and the Walsh's model of family resilience have unmistakable qualities that can be combined to form a powerful assessment tool.

2.6.4 Conceptual Framework and Presenting Model

From the above literature it is evident that family resilience must be viewed as a conflict between a crisis situation (either chronic or acute) and positive recovery. The proposed model incorporates concepts of the different models already discussed in this chapter. This model aims to close the gaps left by each model necessary for this research. The proposed model was, therefore, developed to incorporate all aspects relevant to family resilience within an impoverished, yet culturally rich community.

By utilising the models proposed by Walsh (2003), and McCubbin and McCubbin (1993), and by incorporating the dimensions proposed within the McMaster model (Walsh, 2003), the user will be able to get a clear understanding of the family's functioning and compare that to a favourable outcome. The proposed model is represented in the figure below.

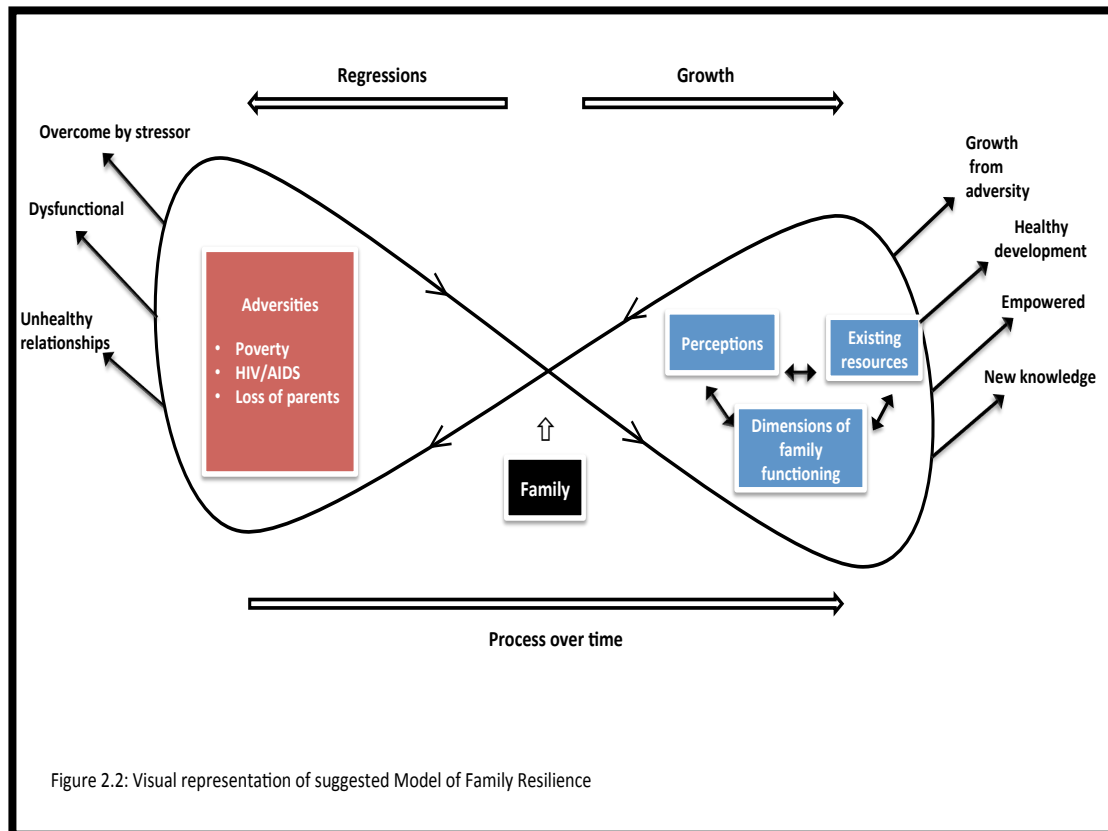


Figure 2.2: Visual representation of suggested Model of Family Resilience

The model is based within a bioecological systems framework. As with Walsh’s model, this model incorporates the time dimension. According to the other models discussed in this chapter, positive recovery is an outcome due to favourable interactions within the family system amidst a crisis situation. This model does not, however, show positive recovery as the final phase. The term “recovery” does not consider empowerment or growth. Recovery refers to a return to homeostasis. It is for this reason that the model avoids such terminology and focusses more on the constantly moving construct of growth.

The model illustrates an on-going process (infinity sign) that lasts even after positive recovery has been achieved. The reasoning for this is that a family can never really be free of their context. Socio-economic constraints and loss due to HIV/AIDS will remain a part of that family’s history regardless of the positive recoveries achieved. A family can cope with a stressor and grow by empowering themselves, however, the context is never evaded, it is dealt with.

As with the other models of resilience, the crisis variables clash with the protective factors. Protective factors are highlighted as the dimensions of family functioning, resources (both existing and new) and lastly perceptions. In the context of this research, “resources” refers to the skills, knowledge, relationships (family and community), assets, and governmental support available to the household.

2.7 Conclusion

The above literature review imbeds this study within past and current literature appropriate to the topic of HIV/AIDS, grandmother-headed households, resilience and family resilience. Past and present models of resilience are discussed and their significance to this study is highlighted. The chapter concludes with an illustration and description of the conceptual model that is utilised throughout the data collection and analyses of this study. The following chapter describes the research methodology of this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter addresses the research methodology applied throughout the course of the investigation. The chapter begins with a clarification of the aim of the study followed by a discussion of the meta-theoretical paradigm on which this study is based. Thereafter, the research design will be unpacked. This is followed by a detailed overview of the research process, whereby the sample and sampling methods are discussed in addition to the data collection and data analysis procedures. The chapter also reflects on the quality criteria, ethical considerations and the researcher's role, which were respected throughout the research process. The chapter concludes with an outline of the strengths and limitations of the research methodology.

3.2 Problem statement

The challenges and risks faced by grandmother-headed households in low socio-economic communities in South Africa were explored in Chapters 1 and 2. It was identified that the number of grandmother-headed households in South Africa is increasing drastically, resulting in an increase of at-risk families in the poor communities of South Africa. Physiological, emotional, social and financial difficulties are problematic for these families and affect the healthy development of family members. Therefore, understanding and highlighting existing family resilience processes utilised by such families is essential in providing the necessary knowledge and support structures required by at-risk grandmother-headed families in low socio-economic backgrounds.

3.3 Aim of the study

Chapter 3 describes the research methodology that was used in order to answer the primary research question: Which resilience processes are

identifiable in a grandmother-headed household affected by HIV/AIDS in South Africa? The aim of this study was to explore family resilience processes with HIV/AIDS orphans in grandmother-headed households within a low socio economic South African community.

Existing literature indicates that interrelationship skills such as non-verbal communication, listening skills, negotiating skills, problem-solving and decision-making skills are associated with resilience and healthy family functioning (Oliver, Collin, Burns & Nicholas, 2006; Walsh, 2003). By focussing on existing processes of family functioning that contribute to healthy development, this study hoped to identify processes that encourage resilience.

This research's questions were explored by utilising an interpretive meta-theoretical and qualitative methodological paradigm. A focus group was chosen as the research design in order to collect rich data from the selected sample.

3.4 Paradigmatic Perspectives

3.4.1 Meta-theoretical paradigm

A meta-theoretical paradigm can be considered as a collection of related assumptions, concepts or propositions that position thinking and research (Mack, 2010). As underlined in chapter one, this research was vested within an interpretive paradigm. This approach is sometime viewed as the anti-positivist paradigm as it advanced as an opposing perspective to positivism (Mack, 2010). Positivism stresses the importance of having only objective and observable facts as the basis of scientific research (Maree & van der Westhuizen, 2010).

The interpretive paradigm considers meaning that individuals or communities allocate to their experiences to be foreground to understanding social phenomena (Jansen, 2010). This paradigm coincides with this study as the

acquisition of knowledge is gained with respect to the context in which it is imbedded, grasping the subjective meaning of resilience processes (Grix, 2010). This study has focussed on the family's subjective meaning making of resilience processes and is thus best situated within this paradigm.

Phenomenology and hermeneutics ontologies are both closely linked to the interpretive paradigm (Jansen, 2010; Nieuwenhuis, 2010a). Phenomenology regards social research as a description rather than an explanation or analyses (Merleau-Ponty, 2005). As cited in Earle (2010), van Manen can be considered as the first social scientist to utilise the original philosophies of phenomenology of Husserl, Heidegger and Merleau-Ponty as a social science research framework. van Manen (1997) highlights that understanding the meaning making of constructs, such as processes of resilience, is only manageable when immersed subjectively within the construct. This statement highlights the importance of understanding one's own subjective perspective on the matter in order to understand the researcher's influence on the findings. van Manen (1997) emphasises another important application of phenomenology in the analysis of research, namely the identification of themes within narratives. This concept will be expanded upon under data analyses.

Bradfield (2013) highlights how phenomenology is well suited when exploring processes of the self and of others. The subject of this study is grounded in a deep understanding of processes of resilience present in the sample's functioning. Phenomenology is seen to have developed from interpretivism. However interpretivism is said to have its roots within a hermeneutic ontology (Maree & van der Westhuizen, 2010).

By using a hermeneutic framework, a researcher focusses on the experiences of individuals and groups (Kafle, 2011). The research undertaken in this study does exactly that. Kafle (2011) states how this form of research is an attempt to unveil concepts or processes as experienced by the subjects through the collective interpretation of their accounts (Kafle, 2011; Ironside, 2006). "We as

humans are not authors of existence, rather we are the co-authors of its meaning” (Wiklund-Gustin, 2010: 33).

This study aimed to understand the lived experiences of the sample by not only exploring the family’s experiences as data, but by understanding that the accounts are already an interpretation and apprehension of past life events. The attitude and emotional predisposition of the accounts could, in themselves, highlight levels of resilience portrayed. The experiences that are explored are viewed as profound human activities that can contribute to our understanding of ourselves, others and the world in which we live (Wiklund-Gustin, 2010; Moen, 2006).

It is important to understand that accounts and apprehensions of experiences can and do change over time. The meaning making of these experiences are affected by the past and present apprehension of the family members in addition to the location in which the accounts are told (Moen, 2006). How can this study aim to explore processes which contribute to resilience if the members’ experiences of such events can change daily? The voice of the sample might change or be affected by the past, present and future, but the immediate and local meanings in the accounts, as told from a family member’s point of view, are crucial for qualitative research (Wiklund-Gustin, 2010). Postmodernism accounts for this best, in that there is no single truth in reality but a multitude of truths through which to experience reality.

Moen (2006) highlights the multivoicedness that occurs in discourses. This research is imbedded within a family context that, in turn, is imbedded within a larger social context. The constant interaction between the family members is paramount to the research of family processes. This research focussed on the inter- and intra-personal interactions of each family member, regarding key processes of resilience.

3.4.2 Methodological paradigm

3.4.2.1 Qualitative research

Within this interpretive paradigm, qualitative methods of data capturing are used to explore and understand context specific phenomena. This research utilised a qualitative methodological paradigm, as the research is vested within an interpretivist school of thought (Morgan & Sklar, 2012; Nieuwenhuis, 2010a). Qualitative research methodology is often linked to the interpretive paradigm as they both emphasise subjective knowledge collection that is context specific and rich in understanding of specific social phenomena (Morgan & Sklar, 2012; Nieuwenhuis, 2010b).

A key aspect of qualitative research is its aim to understand the intricacies of a setting and the meaning the participants assign to that setting (Normand, 2007). The study does not aim to study or predict human behaviour, rather to describe and understand the processes of resilience within the family (Babbie & Mouton, 2001).

The process of qualitative enquiry can be described as the careful, laborious investigation into specific aspects of our social world (Baloyi, 2011). Qualitative research is said to be multi-method in its focus of understanding social or human phenomena (Denzin & Lincoln, 1998; Creswell, 1994). This mode of inquiry involves an interpretive, naturalistic approach to its subject matter (Denzin & Lincoln, 1998; Creswell, 1994). It paints a holistic picture which describes a detailed view of the participants in the form of words (Creswell, 1994). The understanding of the sample within its social context is integral to this study, as this research is an exploration into the skipped generation, grandmother-headed household's resilience process that contributes to thriving within an HIV/AIDS context.

Collecting qualitative data usually requires the utilisation of a variety of methods (Baloyi, 2011). Data can be collected in the form of focus groups, semi-structured interviews, participant observations and diaries (Willig, 2001).

The epistemological stance of this study limits the methods of data collection (Willig, 2001). As an interpretivist and qualitative approach was used, the study lends itself to the researcher's subjective observations. The researcher used verbatim transcriptions of the participants' accounts, and observations captured in the focus group. The qualitative mode of research was chosen as the researcher learnt from the participants about their experiences and meaning making of those experiences (Morse & Richards, 2002; Willig, 2001).

3.4.2.2 Qualitative research and implications for researching resilience

This study aimed to explore the resilience processes within a grandmother-headed household by utilising a qualitative research methodology. It is, therefore, important to understand the relationship between qualitative research designs and resilience in research. Research by Ungar (2003) does not rank one research methodology over another. By refining measures of data collection and analyses, quantitative researchers have removed much of the arbitrariness surrounding the resilience construct (Ungar, 2003). However, most of the quantitative studies have limitations in terms of providing context specific understanding, and neglect the individual process and experience that influences the balance between risk and resilience over time (Ungar, 2003; Masten, 2001). This is how qualitative research on resilience has and can bridge the gap.

Ungar (2003) explores five ways in which qualitative research designs can help bridge the gap left by quantitative designs in the resilient construct. Firstly, qualitative methods facilitate the discovery of unnamed processes. The first use is that a lengthy engagement with the participants, and in depth exploration, offers a large volume of qualitative data that highlights themes and patterns that might not be otherwise evident.

Secondly, qualitative research can provide context specificity. Resilience is complex, highly individual and context specific concept. Qualitative studies

allow for a unique and in depth analysis of the individual within their environment, providing the flexibility required to understand the context specific concept of resilience. The next benefit of utilising qualitative methodologies is the reflexivity of the qualitative methods. The reflexivity of the dialogue between the researcher and the participant allows for the exploration of multiple truths.

The fourth benefit is how qualitative methodology celebrates localised and ungeneralisable constructs. The transference of qualitative knowledge makes it possible for the reader to engage personally with the context specific knowledge. The reader can then compare their context to that of the researched context.

Finally, qualitative methods require researchers to account for their researcher standpoint bias. A researcher must, in this case, explore their self in relation to the participant. In so doing, they manage to filter through cultural misconceptions and generalisations. When a researcher engages in reflexivity, they expand on their *“vision and vocabulary, making the products of research more reflective of the knowledge of other”* (Ungar, 2003, p. 96).

3.5 Research design

The following figure is an illustration of the research process and methodology undertaken by the researcher.



Figure 3.1: A visual illustration of the research process

3.5.1 Description of research setting

As is highlighted in Chapter 1, this research forms part of a larger body of research headed by Dr. Mampane from the University of Pretoria. Dr. Mampane's research began in 2012 and is titled "Building resilience in families: The role of care workers in mitigating family risk factors". This research shares the same setting as Dr. Mampane's. Stanza Bopape Health and Community Development Centre is based in Mamelodi East. The surrounding community is generally considered as being a low socio-economic setting. It is surrounded by a mixture of permanent, semi-permanent and, most of all, informal housing structures. Stanza Bopape is a non-profit organisation that provides a platform for men and women in and around Mamelodi (Stanza Bopape, 2013).

The Stanza Bopape Health and Community Development Centre aims to promote the development of individuals, families and communities towards a

state of self-reliance; empower people and enterprises; raise awareness of job opportunities, to mobilize critical stakeholders in support of the community; and provide personal and professional development. The organisation has a team of care workers that branch out into the community to offer support to the benefiting families. It is through Stanza Bopape that the participating family of this study was identified. These caregivers acted as informants to identify the research population and sample.

3.5.2 Sample selection

According to Ritchie, Lewis and Elam (2003), samples for qualitative studies are much smaller than those utilise in quantitative studies. However, more data does not necessarily lead to more information (Ritchie, Lewis & Elam, 2003). A singular statement made by an individual could be as important as a statement that recurs in quantitative research (Mason, 2010).

The description of the population, geographical location and community has to be specified in order to define the population group that one is researching. As stated earlier, the population lives in a HIV/AIDS affected, low socio-economic community. More specifically, the population of this study is grandmother-headed households where both biological parents have died/are not present due to HIV/AIDS-related causes.

In order to identify a single grandmother-headed household, purposive sampling was used. Purposive sampling is a type of non-probability sampling technique in which individuals who are representative of the research topic, are chosen deliberately (Normand, 2007; Blaxter, Hughes & Tight, 2010). The researcher selected a single specific household from ten possible households best suited for the purpose of this study.

The use of purposive sampling has its benefits and disadvantages. In addition to the sample having compatible criteria specific to the focus of the study, it focusses on information-rich cases (Patton, 2002; Nieuwenhuis, 2010b). This selection of research participants ensures that the research question being

studied has sufficient data in order to achieve a hypothesis (Patton, 2002; Normand, 2007). This study focusses specifically on the processes of resilience applied by a family, in which HIV/AIDS orphaned children are cared for by their grandmother and, therefore, lends itself to the purposive sampling technique.

There are, however, obvious disadvantages to using a purposive sampling technique. The findings from this sample are not to be generalised to the larger community. Non-probability samples are unfortunately time and context specific (Maree & Pietersen, 2010). As the sample is small, there is a risk of the data not being saturated where no themes emerge within the data (Nieuwenhuis, 2010b).

3.5.3 Description of sample

The process of identifying a suitable family was time consuming and challenging. An initial meeting was organised between the community care workers of Stanza Bopape and the researcher. The researcher introduced himself and explained the purpose and aim of his research. After describing the sampling criteria, the care workers proposed five initial families that could be considered.

As a result of recent structural changes at Stanza Bopape, most of the community care workers were new and had only been working at the centre for three weeks. Their knowledge of the families cared for by the centre was limited. After exploring each possible family with their respected care worker, only one family was identified as a grandmother-headed household.

A meeting with this family was conducted. Initially, the grandmother seemed interested in the study and signed the consent form to partake in the research. However, the day before the data was to be collected, the family cancelled the sessions and could not be contacted to arrange a different date. The process was therefore repeated.

A further five families were identified. A date was arranged between the research coordinator and the researcher to visit these families in order to identify the participants of the focus group. After meeting with all five families, only one family was chosen. The Matla family is a grandmother-headed household who resides on the western border of Mamelodi. The family name Matla (a pseudonym) was purposefully chosen for this family as it means strength in Sepedi/Sesotho. As the researcher engaged with this family, it became apparent that this name is appropriate to describe the family.

The household is separated into three small sub-households. The grandmother had four children of her own. She has previously looked after the orphaned children of her late sister from when they were a very young age. The precipitating factors which led to the death of her sister and to the parents of her grandchildren were not disclosed. We know that her son passed away, soon after the mother of children passed away, from tuberculosis (TB).

For the purpose of this study, only the household containing the grandmother, aunt and orphaned grandchildren were invited to take part in the focus group. The following table identifies the different family members (in relation to the grandmother) within their respective sub-households. Photograph 3.1 to 3.4 are pictures of the Matla family present at the focus group and of their home.

Participants	Age	Gender	Ethnic Group	Role in Household
Sub-household 1				
1. Lerato Matla	79	Female	Sepedi	Grandmother
2. Phenyo Matla	30	Female	Sepedi	Niece (orphan)
3. Surprise Matla	13	Male	Sepedi	Orphaned grandchild
4. Lerato Matla	10	Female	Sepedi	Orphaned grandchild
Household 2				
5. Thabo Matla	n/a	Male	Sepedi	Nephew (orphan)
Household 3				

6. Mandla Matla	n/a	Male	Sepedi	Son
7. Peter Matla	n/a	Male	Sepedi	Son

Table 3.1: The Matla family in their respective sub-household.



Photograph 3.1: Photograph taken of the Matla family



Photograph 3.2: Photograph taken of the front of house



Photograph 3.3: Photograph taken of The back of house



Photograph 3.4: Photograph taken of Sub-households

3.5.4 Data collection and documentation

Qualitative data collection is time consuming and demanding to document and analyse. The following section describes the data collecting strategies implemented by the researcher. The choice in the data collection and documentation was determined by the theoretical stance of the researcher. The researcher chose multiple methods of data collection in order to conclude the data collection phase with a vast amount of rich data from which the analysis and interpretation would benefit.

3.5.4.1 Focus group interview

Focus group interviews encourage a group of people to join in the discussion of a specific topic (Normand, 2007). A focus group is defined as a technique that uses semi-structured interview questions to guide an in depth group interview in which participants are selected purposefully (Rabiee, 2004; McLafferty, 2004; Mampane, 2010). It is a unique data collection technique as it has the ability to generate data based on the synergy of the group interactions (Green & Thorogood, 2004; McLafferty, 2004).

As stated in the sampling method, purposeful samples are not necessarily representative of a community. However, it allows the participants to speak

about challenges that they face individually and collectively as a group. Individual interviews could be used to gather in depth information on the same topic. However, the use of individual interviews exclude valuable relational, communal and cultural knowledge or differences on the topic (Ungar, 2003; Rabiee, 2004).

Focus groups generally use between six and twelve participants, however, research has shown that the smaller the group, the better (Rabiee, 2004; Normand, 2007; Bernard, 2000). The selected household consisted of four members, of which only three participated in the focus group. This amount is smaller than the suggested number of six to twelve members. However, the amount of participants in this focus group is justified when taking into account the research question and focus.

The role of the researcher generally changes in a focus group session. Instead of taking the role of interviewer, the researcher takes on the role of facilitator (Punch, 2005). This approach provides a platform where the participants can share their views, perceptions, motives and reasons (Punch, 2005; Rabiee, 2004).

a) Aim of focus group

A focus group was conducted with the sample in order to capture the narratives of the family by means of open-ended discussions on their daily family functioning. The questions were asked to direct the conversation towards the family's resilience process in their daily lives. The purpose of the questions was to gather historical and contextual information regarding the multigenerational family. After exploring the family's history, the researcher explored the family's interactive processes that encourage resilience in the face of adversity.

The discussions followed a systemic perspective that yielded rich and context relevant data. The original research schedule is available in the appendix (Appendix C). Below are the questions which the researcher formulated to

gain information. These questions were probed and rephrased in such a way that ensured all the members of the family could understand.

History and context exploration

Tell me about you as a family?

Who are you – as a family?

Help me understand you as a family?

In your own view what is a family?

What makes you a family?

Cohesion and strengths

How do you as a family work together?

What makes your family strong?

What has always worked in this family?

What are the things that you can remember that makes this family succeed?

What things do you do together as a family?

Which part of your routine (each of you) makes you feel you are contributing to the success of the family?

What makes each of you feel that you are contributing to the success of the family?

When you are experiencing difficult times, how do you deal with your problems?

How do you celebrate as a family when you experience successes?

What makes you different from other families that you know?

Adversities

What makes your family feel as if things are not okay?

How do you as a family know that things are not okay?

Tell me about what happens when things are not okay.

How do you function as a family when things are not okay?

What does it look like at home when things are not okay?

What are the things you do as a family when things are not okay?

How often are things not okay?

What have you done previously to make sure that things are okay again?

What do you do to make sure that things go back to being okay?

b) Participants

The participants of the focus group were described earlier in this chapter. The researcher chose these participants essentially, as they best suited the requirements of the topic under investigation. In addition to the researcher/facilitator, a translator was present to ensure that all questions were understood and answered accurately.

c) Procedure

The focus group took place in the living room of the sample. The participants sat around a large dining room table. A translator was present to facilitate the group discussions. The researcher spent a lot of time with the translator prior to the focus group to ensure that the purpose of the research was well communicated and understood. The questions posed during the focus group were made available to the translator prior to the session. These measures were put in place to ensure that the translator would be able to facilitate the group accurately, according to the purpose of this study.

The researcher began by introducing himself and the translator to the group. The ethics of the research and the participants rights were then reexamined to remind the participants of their rights. The rules of the focus group were then presented. The purpose of the focus group was once again explained. This was followed by a set of guiding and probing questions (see questions in 'Aim of focus group'). The focus group lasted for two hours.

Some of the responses were not fluent in English. The external facilitator assisted in translating the responses to ensure the flow of the group discussions. However, those responses were also sent to a trained external translator in order to ensure that the statements were analysed and documented correctly.

3.5.4.2 Observations

Observations of the interactions in qualitative research are seen as a source of valuable data (McLaffert, 2004). Qualitative research in its naturalistic form ensures that the researcher makes extensive field notes on observations and conversations thereby supplementing the oral text to enable a fuller analysis of the data (Rabiee, 2004; Sofaer, 1999). Normand (2007) states how observations are fundamental to all qualitative inquiry, as it takes researchers inside the setting and helps them to discover complexity in social settings by being presented. Flick (2009) believes that the production of reality in text starts with field notes.

Detailed field notes and a researcher's journal were kept, whereby all of the researcher's observations and personal experiences were noted. The researcher asked the translator to take note of her own observations throughout the focus group, which the researcher compared during the thematic analysis. Observations were based on an observation schedule (Appendix D).

The following questions were asked in order to guide the researchers semi-structured observations.

How does the family make meaning out of adverse situations?

Has the family normalised their situation/difficulties?

Is there a strong sense of leadership within the family system? Who takes initiative and leads the conversations?

Does the family know of the available internal and external resources and assets?

Do they utilise these resources?

Describe the family cohesion.

How does the family deal with disagreements in the focus group? Is there any form of conflict management?

How does the family communicate non-verbally with one another?

Describe the level of affection that is shown towards each other.

In this study, the focus group transcription was considered as the primary source of data, and the observations were considered as supplementary. The supplementary information was used to deepen the primary source of data. In order to ensure the dependability of these observations and field notes, the researcher documented them immediately.

3.5.5 Data analysis and interpretation

Qualitative data analysis is, fundamentally, an inductive process (Merriam, 2009). The process of qualitative data analysis aims to bring meaning to a situation rather than search for the truth (Rabiee, 2004). According to Maree and van der Westhuizen (2010), inductive thematic analysis is more likely to provide the researcher with multiple realities than any other data analysis strategy. This analysis technique played a vital role in the identification of themes that arose throughout the focus group.

It is important to note that qualitative approaches to research, such as thematic analysis, have always been critiqued for their subjective and selective/biased nature (Hayes, 2011; Ponterotto, 2005). This could prime some impericists to believe that the data is partial and not accurate. Silverman (2000) is of the opinion that one should not be concerned with such allegations, but that the researcher should rather ensure that they do not claim to give the whole picture. The overall impetus of this research is to find meaning within the family's narratives in order to identify recurring themes, rather than claim that the findings are the 'truth'. The overall consistency and meaning during the analysis is more important when providing a contextually valid account of life than trying to formally generalise the findings (Normand, 2007).

Thematic analysis is used to analyse classifications and present themes that relate to the data (Ibrahim, 2012). Ibrahim (2012) considers thematic analysis to be the most appropriate tool of analysis when the study seeks to interpret data. This technique allowed the researcher to associate the emerging

themes from multiple members in relation to the overarching topic of family resilience (Crawford, Brown & Majomi, 2008).

Inductive thematic analysis is an ongoing and iterative process (Nieuwenhuis, 2010c). This implies that the data collection, processing, analysis and reporting do not occur in a sequential step by step pattern, but take place concurrently. Even though thematic analysis occurs iteratively, Hayes (2011) proposes stages of the process that were used in this study. These stages have been tabulated below.

Stages	Process	Description
Stage 1	Data preparation	The researcher began by transcribing the data collected from the focus group recordings. He ensured that notes from observation were well documented and complete.
Stage 2	Post data preparation	The researcher carefully read through all of the data, noting down relevant items and items of interest. The transcriptions and observation notes were done separately in order to separate the two mediums of data.
Stage 3	Data sorting	The researcher placed items with similar topics together. The first themes were then identified once the sorting was complete. These initial themes (proto-themes) formed the basis of the analysis.
Stage 4	Identification of themes	The proto-themes were examined separately and given provisional names.
Stage 5	Relevance of themes	Each proto-theme was then re-read in context with the transcriptions. This

		was conducted to explore the relevance of the proto-theme with the overarching topic of family resilience. Any data relevant to the proto-theme that was missed in the initial reading was then added.
Stage 6	Proto-theme to final analytical form	This phase highlighted the transformation of the proto-theme into an analytical theme. This was achieved by <i>naming</i> the theme, <i>defining</i> the theme and filing the supporting data relevant to that theme, for example, quotations and relevant observations.
Stage 7	Illustrative data	Data that reflected the theme most clearly were then chosen in order to use as depth creating quotations. These were then used during the interpretation phase.

Table 3.2: Stages of inductive thematic analysis (Hayes, 2011)

3.6 Role of the researcher

The role of the researcher in qualitative research differs greatly from the role in a quantitative study. This is due to the significant differences between qualitative and quantitative data collection. The researcher had to empower himself to enter into a collaborative partnership with the respondents and translator in order to create an understanding of the research topic (Maree & van der Westhuizen, 2010). One of the ways in which the researcher did this was to become a specialist in the field of family resilience. This was achieved by conducting an initial extensive search on family resilience, both in the global and South African perspective.

In preparation for the focus group, the researcher fulfilled the following functions. The researcher created a focus group and observation schedule to guide the conversations during the interactions. This function ensured that the flow of communication was relevant to the topic. Additionally, the researcher had to engage with the translator prior to the focus group to ensure that there was a common understanding between the language facilitator and the researcher. The translator was chosen as she had prior experience in data collection, and came from the same ethnical and cultural background (Berman & Tyyska, 2011). Ethical measures were taken to ensure that the study complied with institutional standards.

The researcher took the position of a sensitive observer by actively listening to the narrations of the family members (Maree & van der Westhuizen, 2010). The active listening enabled the researcher to probe for more information by following hunches. The focus group conversations dealt with very personal and sensitive information. It was the role of the researcher to manage the conversations in a sensitive and empathetic way.

As stated earlier, the role of the researcher in a focus group context changes from that of an interviewer to that of a facilitator (Punch, 2005). The role of a facilitator or researcher in the focus group should not be underestimated. It is the responsibility of the researcher/facilitator to manage the relationships within the focus group in such a way that all participants are encouraged to engage, and feel comfortable or relaxed enough to do so (Rabiee, 2004; McLafferty, 2004). Positive group dynamics and interactions enhance data collection (McLafferty, 2004).

Finally, it was the researcher's responsibility to observe and document non-verbal interactions, and to indicate how the group's dynamics influenced the sharing of information. It was important for the researcher to continually recognise his own and the participants' biases, values and personal interests with regard to the research topic in order to ensure the transferability and dependability of the data. These personal biases and values were noted down

in the field notes so as to avoid the transference of the researcher's beliefs and biases during the interpretation of the data.

3.7 Quality criteria

The following section describes the concepts of credibility, transferability, reflexivity, dependability and conformability within this study. These concepts describe the trustworthiness of a qualitative study. The trustworthiness of a study relates to the measures put in place by the researcher to ensure that all decision processes made are visible and auditable (Rolfe, 2006). The researcher is then able to leave a record of all the steps taken to ensure that their study is valuable and of high quality (Rolfe, 2006; van Dullemen, 2009). Steps that were taken by the researcher to ensure that these concepts were adhered to are discussed.

3.7.1 Credibility

Credibility can be considered as the qualitative version of the quantitative concept of internal validity (Rolfe, 2006). Therefore, credibility is the degree to which the study measures what it intends to measure, and whether the study is a good representation of the contextual reality (Rule & John, 2011). The researcher undertook various steps to ensure that this study could be considered as credible.

Firstly, the researcher increased the credibility of the findings by being involved in a prolonged engagement with the participants (Flick, 2009). This was done to ensure that a good and trusting relationship was established. This helped the researcher to gain a better understanding of the family. Additionally, multiple methods of data capturing were utilised in order to supplement the primary data. Not only did this provide multiple sources of information available during data analysis but it also allowed for triangulation to take place (Maree & van der Westhuizen, 2010).

Member checking was another technique applied by the researcher after the data was analysed. According to Rolfe (2006), the most important way of

achieving credibility is through respondent validation or member checking. This gave the family the opportunity to provide feedback on the findings and refute any incorrect statements made by the researcher.

Another practice of the researcher that ensured credibility is that of peer debriefing (Flick, 2009). The researcher met regularly with his supervisor to discuss the planning, implementation and evaluation of the study. Blind spots and hypotheses were discussed during these sessions. These meetings gave the researcher the opportunity to reflect on the process throughout the data collection, analysis and interpretation phases.

3.7.2 Transferability

Transferability is the qualitative opposite to external validity (Rolfe, 2006). This relates to the generalisability of the findings in similar contexts (Rule & John, 2011). Generalisability is always a largely debated issue in qualitative research. The small sample size of this research and the context specific nature of the research topic can be argued to be not generalisable. This study does, however, have value in its quality of the accounts of a specific family in relation to their resilience processes.

Detailed descriptions of the paradigmatic perspective, research methodology and the sample were provided for this study. Readers and other researchers will have to consider the rich contextual data gained in this study in relation to the paradigmatic perspective and methodological approach. It is the responsibility of the reader or future researchers to find commonalities between this research context and their own if they wish to transfer the findings of this study.

3.7.3 Dependability

Dependability can be considered as the qualitative version of reliability (Rolfe, 2006). Qualitative research can only achieve dependability when assessed against the background of the paradigmatic perspectives, methodology and

theories used in the study (Flick, 2009). The researcher achieved dependability by following proper research practices, and by clearly stating the methodology and theoretical framework of the study (Rule & John, 2011). The quality of documenting and recording of the data is an integral part of the dependability of this study (Flick, 2009). All the observations made by the researcher were immediately well documented and structured according to the conventions of note taking proposed by Silverman (1993) that were discussed earlier in this chapter. This technique ensured the authenticity of accounts provided by the participants (Silverman, 1993).

3.7.4 Conformability and Reflexivity

The concepts of conformability and reflexivity refer to the influence that the researcher and the research process have in shaping the data (Mays & Pope, 2000). Prior assumptions, biases and experiences can influence the objectivity of the findings. To increase the reflexivity, conformability and objectivity of the findings, the researcher utilised the inductive thematic analysis proposed by Hayes (2011). This technique offers a structured procedure of data analysis that induces the themes that emerge from the data rather than makes the data fit into already existing themes.

Additionally, the researcher ensured a certain amount of objectivity by providing transparency in his prior and working assumptions, and decision-making processes throughout the study. The researcher's epistemological position was made clear, which allowed for an appropriate evaluation of the research and its results (Flick, 2009).

A reflective journal was kept to ensure that a distinction could be made between the voice of the researcher and those of the participants during data capturing and analysis. Reflections were noted to avoid the transference of the researcher's views onto the participants. This reflective journal provides the reader with a decision-making record which highlights all the processes undertaken by the researcher throughout the study (Rolfe, 2006; Rule & John,

2011). In addition to the reflective journal, the limitations of the study have been made visible to the reader.

3.8 Ethical considerations

Normand (2007: 57) clearly states that, “Ethical problems are inevitable in qualitative research.” Qualitative research methodologies are usually very intrusive. Research ethics are concerned with the protection of the rights and interests of the research participants (Mouton, 1998; Hayes, 2011). Research ethics propose guidelines to ensure that the researcher abides by certain rules or moral behaviour (Rule & John, 2011). The respect for the research participants is of the highest importance.

The following steps were taken in order to adhere to the ethics of this research and those proposed by the Health Professions Counsel of South Africa’s code of conduct. This section, therefore, discusses ethical clearance, informed consent and assent, confidentiality, anonymity, non-maleficence, the right of the participant to withdraw from the research at any time, and member checking.

The first step taken to ensure the wellbeing of the research participants was the application of ethical clearance. Amendments were made to the study in response to the conditional acceptance of the University of Pretoria’s ethics committee. In addition to the ethical clearance provided, this research forms part of a larger study that was also given ethical clearance. The researcher obtained permission by the university to conduct research in the proposed setting.

The second step taken by the researcher was to meet with the manager of Stanza Bopape. Permission was obtained to use their facility as the research site, and their beneficiaries for the sample of this study. Signed consent and assent letters from the research participants were then obtained. The consent and assent letters stated the purpose of the study; how the information was to be collected, used and stored; as well as their rights (Hayes, 2011). The

grandmother of the household signed a consent letter and the children signed the assent letters.

A meeting took place between the researcher, the Stanza Bopape careworkers and the sample in order to discuss the purpose of the research; the assurance of confidentiality, privacy and anonymity; as well as the participants' rights throughout the course of the study. Any doubt surrounding the study and the methods of data collection were discussed. Any conditions proposed by the sample to ensure their safety and privacy were discussed and considered by the researcher and his supervisor. An overview of the study was, therefore, provided to the sample prior to the focus group (Hayes, 2011).

The participants were informed that a translator would be present at the focus group to assist with the data collection. The translator signed a document to ensure the safekeeping of any information gained during the focus group. The identities of the participants were kept private throughout the reporting of this study, to ensure that the integrity of the household remains intact after the research was terminated. Confidence was maintained by limiting the amount of individuals who had access to the transcribed data. Pseudonyms were provided in order to further ensure that the family would not be identifiable. The focus group was conducted in a safe and private location. The transcriptions and recording were all kept by the researcher in a safe and secure environment.

The safety and non-maleficence of the participants were of the researcher's top priority. Even though the setting was safe and secure and there was no risk of physical harm, the topic of loss and HIV/AIDS is a sensitive topic. The participants were constantly asked whether they were still comfortable with the study and the level of conversation. The respondents were reminded of their right to terminate the research at any stage during the data collection. The psychological wellbeing of the participants was monitored through the continuous care provided by the workers of Stanza Bopape.

The participants were given the opportunity to review the results of this research during member checking sessions. This gave the participants the opportunity to refute any of the findings, and feel at ease with the research. As the topic of the research is on family resilience, which is inherently empowering in nature, the session provided the family with a sense of strength and cohesion.

3.9 Conclusion

This chapter provides a detailed description of the research process. The chapter expands on the topics proposed in Chapter 1. The paradigmatic underpinnings are discussed in order to place this research within an interpretive context. The methodological approach and its relevance on resilience studies are discussed to highlight how the researcher approached this study. The sampling strategies, the data collection and analysis strategies are also expanded upon. Finally the role of the researcher and the steps taken to ensure ethical practice, were discussed.

The following chapter focusses on the results of the study described Chapters 1 and 3.

CHAPTER 4: RESEARCH RESULTS AND DISCUSSION OF FINDINGS

4.1 Introduction

The previous chapter uncovers the research process and methodology used to guide this study. The aim of the study and paradigmatic perspective are clarified. The research design is then systematically unpacked. The description of the sample, data collection strategies, as well as the data analysis and interpretation processes, are described. Chapter 3 is then concluded with quality criteria statements and an outline of the ethical consideration undertaken.

Chapter 4 explores the findings of the study unpacked in Chapter 3. The findings are presented under themes, subthemes and categories. The themes emerged, using thematic data interpretation. The verbatim transcripts from the focus group, the research journals of both the researcher and the translator, and the transcripts of the feedback discussion held between the translator and the researcher, were all used in the analysis of the findings. The chapter concludes with a discussion of the findings in relation to the relevant information reviewed in Chapters 1 and 2.

4.2 Results of the thematic content analysis

Table of meaning

Abbreviation	Source
FG	Transcripts of focus group (Appendix A)
RD	Researcher's Diary (Appendix E.1)
TD	Translator's Diary (Appendix E.2)
OBR	Observation schedule Researcher (Appendix D.2)
OBT	Observation schedule Translator (Appendix D.3)
P 1	Participant 1 – Mama Lerato
P 2	Participant 2 – Phenyo
P 3	Participant 3 – Lerato Junior

R	Researcher
T	Translator

Table 4.1: Table of meaning

Table 4.1 illustrates the different abbreviations used when quoting from the transcripts. Five main themes emerged as a result of the thematic analyses. These themes and the relevant supporting data are represented in Table 4.2 and will now be unpacked.

Themes	Sub-themes
1. Spirituality	1.1. Religion
2. Family resilience processes	2.1 Communication styles 2.2 Problem-solving 2.3 Roles and role reversal 2.4 Emotional attachment 2.5 Involvement 2.6 Managing behaviour 2.7 Knowledge and respect of the individual
3. Resources	3.1 Inter-familial resources 3.2 External resources
4. Perceptions	4.1 Definition of family 4.2 Perceptions of adversity
5. Adversity	5.1 Males 5.2 Physical impairments 5.3 Inter- and intra-familial conflict

Table 4.2: Themes and sub-themes

4.2.1 Theme 1: Spirituality

This theme describes the importance the family places on their spiritual development within in their church and religion. It is evident that the family

system incorporates religious practices in their daily routine. Table 4.3 outlines the inclusion and exclusion criteria for the theme.

	Inclusion criteria	Exclusion criteria
1. Religion	Any reference made/suggested regarding family's involvement in and relationship with religion or church. Any mention of God	Any references made /suggested regarding non-religious/non-spiritual involvement/relationships. Any mention of God in a non-spiritual context.

Table 4.3: Inclusion and exclusion criteria for Theme 1

4.2.1.1 Findings

Based on the data obtained during the focus group, religion was identified as a contributing process, resulting in the successful functioning of the family. Throughout the focus group transcriptions, it is evident that much of importance is placed on the grandmother's relationship with God. The following examples support this emerging strength: *"I used to ask myself, How am I going to cope? But God was there..."* (FG: L 327, P 1); and *"...I thank God, I could not have done it without His strength. It's God's will..."* (FG: L 351, P 1).

The grandmother has gone through the process of looking after orphans before. First, it was her sister's children followed by her son's children. All of them were brought up in the same way. The grandmother places much importance on an upbringing within a church. She states the following: *"Yes I brought them up in the same way. I am Catholic, I took them to my church and they are still in the same church."* (AFG: L 371, P 1); and *"I bring up my children through the church. They then go to school. My priority is going to church and school"* (FG: L 379, P 1). It is through these statements that one can deduce that this family utilises the values and foundations provided by

religion as building blocks for the development of the orphans' moral standards and values.

Raising orphaned children in a low socio-economic community can be a challenge. The grandmother confronts these challenges from a religious point of view, overcoming these challenges by use of prayer. This is apparent in her following comments in response to a question based on the family's strengths when overcoming challenges: "*Prayer. When I am alone I pray. I pray to the Lord Jesus Christ, Maria's son*" (FG: L 523, P 1); "... *I believe in the Lord. He will provide, I believe in the Lord*" (FG: L 606, P 1).

The responses within the focus group, relating to religion as a strength, were additionally emphasised in both the researcher's and the translator's field notes. The researcher highlighted the strong spiritual component visible in their convincing relationship with God (RD: p 37). The translator also captured this spirituality when reflecting on the family's strengths: "*They speak about things and pray*" (TD: p 3).

It is apparent from the above statements that the family's relationship with the church and God plays a pivotal role in their apprehension of adversities. Phrases such as "*I thank,*" "*with the help of,*" or "*He will provide*", highlight the amount of appreciation that the grandmother has towards her God and the amount of perceived support she receives from being a catholic.

4.2.1.2 Discussion on Theme 1

Theme 1 provides evidence of the importance that the Matla family places on spirituality and religion. Mama Lerato showcases a strong relationship with her God and a deep involvement within the church. This involvement provides her and the rest of the family with strength in the face of adversities. Alcorta (2006) highlights how religiously involved family members are more likely to speak openly about their issues; partake in family activities more often; are less likely to ignore presenting issues; and are more likely to experience positive affect.

Alcorta's (2006) findings suggest that religious involvement contributes to resilience by enhancing an individual's social skills and by expanding problem-solving strategies. She states how religiousness is positively associated with prosocial values, behaviour and the ability to apprehend stressors with positive affect. Wendel (2003) additionally notes how religiousness and spirituality within religion, deepens and expands ones connections with others. Even though Theme 1 does not provide the evidence to correlate with this finding, the proof that this family is cohesive and empathetically involved, in part or whole, is provided throughout the remaining themes.

Religious activities contribute to the Matla family's daily or weekly routine. Patterson (2002) highlights how routines such as religious practices are important ways in which families develop a sense of who they are and helps sustain stability within the system. Similarly, Brooks (2011) states how a family's involvement within spiritual or religious activities can help family members (especially the children) establish a meaningful worldview on which they can base a positive value system. Furthermore, Brooks (2011) states that if the religious activity is a shared activity among all the family members, it promotes a shared value system within the family structure.

The family members attend church together, allowing them to spend more time with each other. The time spent together, strengthens their shared values, and contributes to feelings of confidence and security that enrich the entire family. Brooks (2011) identifies that children are more able to regulate their behaviour when their self-esteem is heightened through church attendance.

Walsh (2009) describes how spiritual belief systems influence the family's way of coping with adversity, their experience of suffering and the meaning of the symptoms. The religious/spiritual effect on the Matla family's wellbeing is difficult to preserve in a single theme. As one can deduce from existing literature, spirituality and religiousness is not merely an action or a singular protective process. Spirituality and religiousness provide a framework that

filters through other family processes. These processes are expanded upon in the following themes.

4.2.2 Theme 2: Family resilience processes

Throughout the focus group, the participants described processes of family functioning. As the themes related significantly well with the dimensions of family functioning proposed by McMaster, the subthemes were therefore given the same titles. The transcripts highlight subthemes of problem-solving, communication, roles, affective responsiveness, affective involvement, and behaviour control. Table 4.4 defines the inclusion and exclusion criteria for each subtheme.

	Inclusion criteria	Exclusion criteria
1. Communication styles	Any reference made regarding the communication styles of the family members.	Any mention of communication style outside of the family system and references to conflict.
2. Problem-solving	Any reference regarding the process of how the family resolves their difficulties. This includes identification of issues, communication with the appropriate people, choice and development of a solution, evaluation and celebration of success.	Any reference made regarding communication styles of different family members not relating to problem identification.
3. Roles and role reversal	Any reference made regarding the roles of the family members and how those roles have changed	Any reference regarding roles outside of the family system.

	over time.	
4. Emotional attachment	Any reference regarding the emotional investment that family members show one another.	Any reference regarding emotional conflict responses; or the challenges between relationships.
5. Involvement	Any reference regarding the investment in the family members wellbeing.	Any reference made regarding the investment of external community or distant relatives.
6. Managing behaviour	Any reference made regarding behaviour control.	Any reference made regarding emotional reaction to unwanted behaviour.
7. Knowledge and respect of the individual	Any reference made regarding the respect for individuality and the knowledge of individuals within the family system.	Any reference regarding respect and knowledge of individuals outside of the family.

Table 4.4: Inclusion and exclusion criteria for Theme 2

4.2.2.1 Subtheme 2.1: Communication styles

The ability to communicate openly cannot be over emphasised as an important dimension within this household system. Mama Lerato plays an important role in the effective functioning (relating specifically to communication) of the family. The grandmother described herself as approachable and willing to discuss matters with her family members. This is evident in this statement: *“I am very open. I love meeting so that matters can be clarified”* (FG: L 468, P 1). This description of openness and approachability is further confirmed by the other participants’ accord: *“We feel*

free talking to her about things” (FG: L 481, P 3); and *“They go straight to Mama Lerato”* (FG: L 579, P 2).

It is apparent that communication is clear and direct. Most accords of the participants voiced the importance of speaking directly about issues: *“We discuss the issue, we communicate. If someone has made a mistake, we must talk about it... We talk about it”* (FG: L 533, P 2). Communication of an issue is not limited to the direct family members. The aunt expressed how external family members are also roped into family matters. She did so by stating the following: *“We call each other, including the ones who live in Nelmapius”* (FG: L 584, P 2). However the aunt also voiced her preference in keeping the communication as direct as possible. The following statement is an account of this preference: *“Personally, I don’t like to talk. I will let them know how I feel. Whatever has happened, I would approach the person”* (FG: L 585, P 2). These findings highlight the family’s clear and unmasked communication style.

However, this is not the case with all family members. *“The males keep quiet until something major happens...unlike us, who are able to say ‘I have a problem this is what is happening’. With them it’s a different story”* (FG: L 616, P 2). It was unclear whether this barrier to communication was a result of cultural norms, however communication between the males and the females seemed to be dysfunctional. The researcher attempted to explore whether cultural norms were, in fact, a cause of the breakdown in communication. Surprisingly, there was no clear evidence of such a relationship. The following statement clarifies this further: *“I am not sure what we would do in our culture, if Lerato junior was offended by one of her uncles. What must she do?”* (FG: L 664, P 2). The difference in communication styles makes it difficult to effectively manage issues. For example, the translator summarised the grandmother’s response as follows: *“She has difficulty with the males, but with the girls, she can speak to them and tell them...but with the guys, it is hard for her”* (FG, L 632, T1).

The aunt did however provide her own opinion in response to the focus on cultural norms. She stated that “...if there is a problem between two people, it’s much better than if you have to talk to three, to say, ‘Uncle, I did not like this and that’. Even if he is upset, he will realise his mistake” (FG: L 656, P 2). The previous statements highlight a communication barrier between the granddaughter and the older males in the household. This was indicated further when the aunt stated that the granddaughter “...is scared of them” (FG: L 651, P 2).

Ironically, the difficulties faced by Lerato junior are overcome by culturally appropriate practices. The translator expressed this in her summary of the grandmother’s response to the presenting problem: “If you are younger, you would have to speak to someone who is older in order to deal with the problem...” (FG: L 677, T 1). Even though the communication is not direct, this showcases aspects of the following subtheme of problem-solving.

4.2.2.2 Subtheme 2.2: Problem-solving

During the focus group discussion, it became apparent that there is usually a consistent process in problem-solving. “They go straight to Mama Lerato.” (FG: L 579, P 2). This statement highlights the common path taken by most family members when a problem arises. This statement identifies the grandmother as the ‘go to’ person to begin the problem-solving process. An extract from the researcher’s and translator’s field notes supports this finding: “Lerato is the family leader. People go straight to the grandmother as the family leader” (TD: p 4); and “The grandmother is the person they all approach to solve problems” (RD, p 38). The following section highlights all problem-solving processes undertaken by the household.

a) Identification of problem

The family recently underwent a major change whereby the Lerato junior left the home to stay with her maternal family. This issue has caused much conflict within the household’s relationships (specifically between Mama Lerato and Lerato junior), and between the paternal and maternal families.

Lerato junior identified the cause of the issue. This is evident in the following statements made by the participant, and supported by the translator: *“The treatment changed after my father died...”* (FG: L 411, P 3); *“The treatment from my uncle was not well. I am happy with the way my grandmother treats me. The difficulty is with the males”* (FG: L 450, P 3); *“There were differences between the families and the living arrangement...”* (FG: L 419, T); and *“I was not happy living here with the circumstances...”* (FG: L 431, P 3).

These statements highlight a discontentment within the family. Lerato junior was not happy with the living arrangements within the grandmother-headed household. The time that the problem began was also identified. The cause of that problem, being her relationship with her uncle, was also clearly identified. The sensitivity of this issue was evident throughout the interactions between Mama Lerato and Lerato junior throughout the focus group.

b) Communication to the right person

The process of problem-solving within the family was touched on in the introduction to the problem-solving process. The grandmother was nearly always the appropriate person to approach when problem-solving. As is evident in Subtheme 2.1, unmasked and direct communication styles are frequently used. However, the Lerato junior had difficulty with the uncle, making it difficult for her to approach him directly. In such cases, Mama Lerato provided an alternative process appropriate to the family and culture: *“If the uncle is wrong, she must tell me. If I can’t handle it, I will take it further”* (FG: L 674, P 1).

The aunt, on the other hand, highlighted a more direct approach to problem-solving. She advocates, *“...whatever has happened, I would approach the person.”* (FG: L 586, P 2). As she is older and grew up with Mama Lerato’s other children, she might not feel as threatened, when approaching the adult males, as Lerato junior does.

c) Development of action alternative

As a result of the challenges faced between Lerato junior and the adult males, the orphaned grandchildren moved into the maternal grandmother's home. Unfortunately, this arrangement was not beneficial for both orphans. The following statement highlights a new problem that needed to be dealt with: *"...they did not treat my brother Tau very well. They gave him little food, and sometimes took his clothes"* (FG: L 413, P 3). An alternative arrangement was, therefore, developed.

d) Solutions and celebration of success

As Lerato junior was not treated well in the paternal grandmother-headed household and Tau was not treated well at the maternal household, the siblings decided to separate. The following statement, made by Lerato junior supports this finding: *"...so I live there and Tau lives here."* (FG: L 416, P 1). Exactly how this alternative developed was not explored further during the first focus group. It is important to explore this process further. Nonetheless, this process has been successfully implemented since 2013:

Researcher: How long have you been living here?

Lerato junior: Since 2003, until 2013.

Researcher: What happened in 2013?

Lerato junior: I moved and went to live with my mother's family (FG: L 165, P 3 & R).

Lerato junior further stated that these arrangements suited her better: *"...although I am not used to the other family, I am happier there."* (FG: L 434, P 3).

The cause of these alternative arrangements negatively affected the relationship between Lerato junior and Mama Lerato. Even though the arrangements suited her better, Lerato junior still missed her grandmother. This is evident in the following statement: *"I miss her... That is why I keep popping between the families... My happiest memories are here"* (FG: L 436, P 3). From this statement, it is clear that the arrangements made are not ideal

for both parties involved. However, the living environment does not allow for any other form of compromise.

Evidence that communication and cohesion is not only used for problem-solving, but in celebration of successes, is visible in the following statements: “*We would celebrate as a family. It would just be us. To be honest, we do not celebrate a lot. We would just sit around and talk about things*” (FG: L 1048, P 2); and “*...if someone was offered a job, or if Surprise or myself has passed our exams, we would celebrate*” (FG: L 1057, P 3).

Although the concept of celebrating a success was misunderstood, it is still apparent that the family congregates to discuss the positive outcomes of a problem-solving process. This is further supported by the following brief discussion between the researcher and the aunt:

Researcher: *So it is important for you to sit around and talk about what you did right?*

Phenyo: Yes (FG: L 1067, P 2 & R).

4.2.2.3 Subtheme 2.3: Roles and roles reversal

a) Roles

The roles of the family have been divided into three sections. The first indicates the roles of the family members prior to the grandmother’s physiological difficulties of being visually impaired, the second indicates the role reversal as a result of the grandmother’s difficulties, and the third reflects the roles of the males in the household.

First and foremost, the grandmother played the role of primary caregiver to the aunt and her sibling. Mama Lerato looked after her sister’s children after her death. A statement of the aunt indicates this: “*She brought me up*” (FG: L 145, P 2). Mama Lerato has, therefore, played the role of legal guardian and caregiver to orphans before Lerato junior and Tau. This is supported by Mama

Lerato's statement: *"I brought them up and looked after them, including Phenyo's brother, Thabo, I brought them all up"* (FG: L 354, P 1).

"The women in the family are the primary caregivers and primary breadwinners" (RD, p 38). This statement highlights the imbalance of roles in the household. Prior to her visual impairment, the grandmother played various roles. The grandmother played most of the instrumental roles, namely: provision of resources, nurture and support, personal development, and lastly maintenance and management of the household. The following extract depicts an average day in her life.

I used to go to work, come back and cook for the children, do their washing and when they go to school the following morning, they are clean. I take the train and go to work. I come back in the afternoon and do all the house chores. I used to do all the work... (FG: L 783, P 1).

This statement highlights that once her husband passed away, the grandmother assumed the position of primary caregiver and primary breadwinner. This statement is also indicative of the strength that Mama Lerato had, including the commitment she had to the healthy development of her children, niece and nephew, and grandchildren.

b) Role reversal

As she grew older, her visual impairment limited her to a point where she could not work. This is evident in her own account: *"...unfortunately I cannot do those things anymore"* (FG: L 787, P 1). Her role has shifted from instrumental to a more affective and nurturing role. This is evident in the following discussion between the aunt and the researcher:

Researcher: *...so you are the rule setter, the tough one (Phenyo), and you are the loved one, the one who loves and protects (Mama Lerato)...*

Phenyo: Yes (FG: L 739, P 1 & R).

Not only does Phenyio fulfil the role of behaviour management, she is now also responsible for the maintenance of the house. This shift is apparent in the following extracts: *“Everything was done by me. If I am not here there is no order. I did everything”* (FG: L 759, P 2); and *“I wake up in the morning and get Lerato (junior) to do something, but most of the chores are done by me”* (FG: L 889, P 2). These statements refer to her position as maintainer and manager of the household.

As a result of the reversal in roles, Phenyio now plays the role of primary caregiver to the grandmother. This is evident in Lerato junior’s account of Phenyio’s role: *“Sis Phenyio wakes up early and ensures that the house is clean, and then she warms water for granny so that she can have a bath. Polena bathes granny, and we have our baths and go to school”* (FG: L 828, P 3).

Phenyio additionally plays the instrumental role of making money for the family. The following extract supports this statement: *“When I go to work I wake up at 5, I catch a taxi at 5:45 am and knock off at 4. When I come back, I prepare supper...”* (FG: L 883, P 2).

Phenyio is not the only one who has been affected by the shift in roles. Lerato junior has also become responsible for maintaining the household. The following accounts support this finding: *“I would wash the dishes, clean the floors, and keep the house neat when I came back from school”* (FG: L 749, P 3); and *“When they (referring to the grandchildren) come back from school they make her food to eat (referring to the grandmother)...”* (FG: L 843, P 2). The increase in household chores severely impacted her ability to focus on her scholastic work. When asked whether she had time to focus on her schoolwork she responded as follows: *“Sometimes... I am always very busy”* (FG: L 867 & 872, P 3). This arrangement of roles prior to Lerato junior’s move to the maternal house, could have had negative effects on her schooling, as the amount of time she had available was limited by her household responsibilities.

Even though Tau, or any other male members of the family, was not present at the focus group, it was evident that the women adopted the majority of the management and maintenance roles. For example, if one compared Lerato junior's role (stated earlier) to Tau's, one would find an imbalance: *"He will assist sometimes with the dishes and fetch water for us"* (FG: L 916, P 2). This statement from Phenyó highlights that Tau has limited roles within the household.

According to this statement made by Lerato junior: *"My uncle, sometimes. When it comes to money, there are problems. The men are not able to assist us with money... they very seldomly assist"* (FG: L 978, P 3), it is evident that she is offered very little support from the adult males in the family.

Upon exploration of the roles of the men in the family, it became evident that, according to the women they play a very small role. In fact, the role they play disturbs the maintenance and management of the household. This is evident in the following accounts: *"The men are wasteful. They burn our plates on the burner"* (FG: L 986, P 2); and *"No. If it's clean they spill drinks on the floor and when you complain, they become so cheeky. They are a big problem. They just mess and want someone to clean after them"* (FG: L 995, P 2). This provides further supports the possible notion that, according to the women's account, the males are not functioning members of this family system.

Lerato junior and Phenyó have played an important role in the maintenance and management of the household. As is evident in the above findings, they have had to play an important role in nurturing and caring for Mama Lerato. The following statements focus on Mama Lerato and how the reversal of roles has affected her selfworth within the family.

Due to her blindness, Mama Lerato has become dependent on Lerato junior and Phenyó. This is evident in the following affirmation: *"They assist me. I am currently blind. If I lived alone, how would things be? I think it is much better because they are here. When I ask for something, they can assist me"* (FG: L 211, P 1). The psychological effects of her dependency on the younger

generation that she once cared for is evident in her following statement: “.../ *feel like a crock, and its now their time to take care of me*” (FG: L 353, P 1). This statement highlights her feelings of helplessness.

As a result of her old age and visual impairments it is understandable that she would need assistance in heading a household. Phenyó confirms this finding by stating: “*She would not have been able to raise them alone, especially the older children; especially the girl*” (FG: L 772, P 2). She does not hold herself in high esteem. This is evident in her portrayal of her role: “*After bathing, I sit and eat porridge, and then walk around to stretch my legs and just sit around*” (FG: L 935, P 1).

Regardless of her feelings of helplessness and her dependency on her family members, Mama Lerato is still seen as the head of the household. When asked who the head was, there was no hesitation by Lerato junior in saying: “*My grandmother*” (FG: L 476, P 3).

Even though Mama Lerato believes her role in the family is limited, it is nonetheless evident that she facilitates the management of the family system. Additionally, she was identified as playing an affective and nurturing role. Finally, it is also evident that she still contributes financially to the family. As there are few breadwinners in the family system, the family’s wellbeing is still dependent on her.

4.2.2.4 Subtheme 2.4: Emotional attachment

In addition to the preceding subthemes, the manner in which the family members engaged affectively with one another emerged on numerous occasions throughout the text. As with most of the aforementioned subthemes, there seems to be a large distinction between the females and the males in terms of effective and counter-productive affective responsiveness.

The women in the household seemed to use positive words to describe the interactions in the family. For example, the women described important interactions during their description of a family. The youngest participant stated that a family fulfills the following affective functions: *“Many things, such as helpfulness and care”* (FG: L 230, P 3). These describe welfare emotions of love and concern. The same participant expanded on her previous statement regarding the affective functioning of a family: *“Protection and guidance”* (FG: L 234, P 3).

Whether this meant that this specific family responds in that manner is not clear from this focus group. However, the mere fact that it was mentioned highlights Lerato junior’s need for such responses to be present. Nonetheless, it does seem that the family members care for each other, and show each other love and respect. This is evident in Pheny’s response to what makes this family a family. She stated the following: *“By helping each other, by listening to each other and respecting each other”* (FG: L 253, P 2). This statement supports the notion that the females in the family experience their relationship to be nurturing and loving.

The bond between the grandmother and the granddaughter definitely suggests that the dynamics in their relationships is healthy and showcases appropriate emotional responses. Lerato spoke of compassion, care and joy in her following statements: *“I felt very happy living with my grandmother...”* (FG: L 398, P 3); and *“I wanted to stay here because of my grandmother. I miss her... My happiest memories are here”* (FG: L 433, P 3).

These statements are supported by the care and importance that Mama Lerato places on Lerato junior and Tau. Not only has she placed a lot of importance on their spiritual and scholastic development, but she has placed much importance on them as members of the family. This is evident in the following statements: *“A child has two sets of grandparents, but the most important one is the one on the father’s side. A boy is very important. Lerato and Tau are very important to me, and that makes them family”* (FG: L 273, P 1); and *“...I want to know where they are and whether they are okay or not”*

(FG: L 268, P 1). This statement highlights the grandmother's level of connection between her grandchildren and herself. The responses are indicative of an effective use of welfare emotions.

Unfortunately, the same cannot be said for the males in the family. The transcripts suggest that the males respond with emergency responses at inappropriate times. Although the males were not present at the focus group, the women painted a picture of reservation and void of love or concern for the wellbeing of the family members. This is evident in the following discussion between Phenyoy and the researcher:

Phenyoy: The males will keep quiet until something major happens and then they act. Unlike them, we are able to say 'I have a problem, this is what is happening', but with them it's a different story.

Researcher: So they keep it inside until they explode?

Phenyoy: Yes (FG: L 617, P 2 & R).

The effect of the males' emotional responsiveness on the family system and its female members differs from member to member. The following statement suggests that the inappropriate emotional responsiveness of the males in the household creates a lot of strain on the family system as a whole: *"For instance, if my uncle is rude to whomever, there will be a lot of conflict and tension in the home"* (FG: L 1184, P 3). As explored earlier, Lerato junior moved out of the household in response to the negativity of the males towards her.

Phenyoy opts to avoid conflict and distances herself from the male's negativity. This is evident in her declaration: *"I withdraw and get out of the situation..."*(FG: L 627, P 2). Although withdrawal from the conflict highlights numerous inappropriate problem-solving techniques, it highlights the appropriate usage of emergency responses, such as fear.

The grandmother, on the other hand, is less affected by the outbursts of the males. The following account of Phenyoy portrays the grandmother as

someone who responds proactively to these outbursts in an attempt to manage the situation: *“As she is, she responds to things immediately when they happen”* (FG: L 628, P 2 & R).

4.2.2.5 Subtheme 2.5: Involvement

An additional theme that emerged during the analysis is how the family members are involved in each other’s lives. There is a definite sense of strength within the family’s bond. Even though the current living arrangements are not ideal, the grandmother still shows a sense of empathetic involvement. This is indicated in the following statement: *“...even though they have decided to go and live elsewhere, we are bonded by blood. I want to know where they are and whether they are okay or not”* (FG: L 267, P 1). This statement highlights the grandmother’s commitment to the wellbeing of the children, without being overinvolved or controlling of their actions. This empathetic involvement is further supported by the following comment: *“They will come to me and say, ‘We are going to visit our other grandmother.’ I do not refuse them. I give them permission”* (FG: L 503, P 1). The grandmother understands the needs of the children, even though one gets the sense of possession. She is, nevertheless, invested in their wellbeing.

This involvement is reciprocated. Now that the grandmother has become more and more dependant, Lerato junior showcases empathetic involvement in return by coming back and visiting her every weekend. The following statement supports this idea: *“I wanted to stay here because of my grandmother. I miss her”* (FG: L 433, P 3). It seems that the love and respect that Lerato junior has for her grandmother is what keeps her connected to the paternal family.

This next statement supports the notion that Lerato junior is willing to invest empathetically in the paternal family: *“...although I am not used to the other family, but I am happier there, but I would prefer to stay with my grandmother. That is why I keep popping between the families. I must help my grandmother... My happiest memories are here”* (FG: L 434, P 1)

The strength of the female bonds within this family is evident. Even Phenyio showcases empathetic involvement with Lerato junior. She showcases a level of understanding and compassion that is evident in the following statement:

“We understood. Mama Lerato did not understand. We understood the situation. The kids are getting older, there are changes in their lives, and so that is why I didn’t have a problem. I still go there even though my grandmother has a problem when I go there. She tells me” (FG: L 562, P 2).

There is unfortunately no evidence to highlight the involvement of the males in the household. However, the bond does not seem as healthy. This statement indicates a lack of involvement. To support this argument the researcher explored Tau’s evasion of the focus group. *“I think he spent the night at his sister’s. He didn’t go to school. He must have been wearing his uniform because he did not go to school...”* (FG: L 699, P 2). The fact that no one in the family knew where Tau spent the night suggests a lack of involvement between the female members and the grandson.

Whether the lack of involvement is due to the females’ unwillingness to get involved or whether it is due to his avoidance of their involvement is unclear. However, the following statement suggests the latter: *“...so he was afraid I was going to scream at him for not going to school, so he probably went to his sister’s place”* (FG: L 701, P 2). This statement provides evidence that Phenyio attempts to be empathetically involved, but her attempts are met with resistance from Tau.

4.2.2.6 Subtheme 2.6: Managing behaviour

As with the communication styles discussed in Subtheme 2.1, there seems to be a set structure for behaviour control. It is apparent from the findings in Subtheme 2.1 that most issues are dealt with through clear and direct communication. Open communication allows for contexts to be discussed.

The exploration and influence of the context on the behaviour control process highlights that the family utilises a flexible behavioural control style. This finding is supported by Phenyó's account: "*It depends on the problem*" (FG: L 547, P 2). This statement reinforces the notion that the family considers contextual evidence when dealing with behaviour.

As discussed in the section on roles, there are clear structures that deal with behaviour differently. It is indicated, in Subtheme 2.3, that Phenyó shares the role of management and maintenance with Mama Lerato and Lerato junior.

Researcher: ...so you are the rule setter, the tough one (Phenyó), and you are the loving one, the one who loves and protects (Mama Lerato)...

Phenyó: Yes (FG: L 739, P 1 & R).

This conversation was discussed earlier. It identifies a difference in behaviour control styles.

Not only do Phenyó and Mama Lerato have different behaviour control styles, there is also evidence to suggest that they counter each other and cause a chaotic behavioural management style. This problem presents itself in the following statement: "*Grandmother wants the children to be happy... if I reprimand her, it is as if I am harsh. She is spoiling her*" (FG: L 729, P 2).

However, this is apparently not always the case. In addition to the evidence previously built regarding the communication patterns of the family, there is further evidence to support that Mama Lerato does not always utilise the same approach to behaviour control. This is indicated in the following statement: "*I would call to order. I would reprimand the one who is wrong*" (FG: L 1169, P 1).

4.2.2.7 Subtheme 2.7: Knowledge and respect of the individual

The idea of a family system being made up of individuals, the respect of such individuality and the knowledge of the individual emerged on several occasions. There was a deep sense of respect for each other as family members and as individuals. This is evident in the following statement: “*We respect each other*” (FG: L 254, P 3). The researcher made a very similar observation: “*They are respectful towards each other*” (RD: p 36).

It became apparent that the knowledge of individuality was needed in their interactions. A statement made by the grandmother, highlights how the differences within the individuals affected how they approach and treat an individual. Her supporting statement is as follows: “*You know what? As people we are not the same. You treat each person differently.*” (FG: L 591, P 1).

This ‘knowing of the individual’ was also apparent when the members of the focus group could empathetically provide reasons for Tau deciding to stay with the paternal family, while Lerato junior stayed with the maternal family (already discussed in Theme 2.1). Additionally, this was evident when Lerato junior could answer on behalf of Tau, with regards to his preferences in communication and problem-solving. This is evident in the following discussion between Lerato junior and the researcher:

Researcher: Does Tau... maybe you can answer for him, does he also feel the same comfort to speak with Mama Lerato; so whenever there’s an issue, and you go and speak to her, do you speak as a group, as a family, or do you speak in private?

Lerato junior: Private (FG: L 483, P 2).

4.2.2.8 Discussion on Theme 2

As is indicated in the introduction to Theme 2, the subthemes that emerged from the data correlate with the dimension of family functioning proposed by

McMaster (Walsh, 2003). It is clear in these findings that the Matla family engage in inter-family processes that act as protective factors against risk.

Walsh (2003) describes how clear and open communication promotes a climate of mutual trust, empathy and tolerance among family members. This correlates well with the findings of this research. The Matla family (especially the women) engages in open communication when faced with adversity. This open communication facilitates the comprehensibility of a crisis or stressor (Greeff & Human, 2004). The quality of the communication of the Matla family can be described as clear and direct (Walsh, 2003). This protective process assists the family to overcome changes in the family structure, and ambiguity surrounding blurred boundaries and role expectations (Greeff & Human, 2004).

Additionally, the findings highlight the Matlas' ability to collaboratively engage in effective problem-solving techniques. According to Walsh (2003), collaborative problem-solving and conflict management is essential for family resilience. An active approach to problem-solving is considered as a protective factor, buffering against personal and environmental stressors (Armstrong, Birnie-Lefcovitch & Ungar, 2005; Simons & Conger, 2007).

The family's organisational structure is also evident in the findings of this theme. The organisational structure refers to the family's cohesion, harmony, agreement regarding caregiving and expressiveness (Armstrong, Birnie-Lefcovitch & Ungar, 2005). There is however a discrepancy between the behaviour management styles of the two major caregivers in the Matla household. According to Armstrong, Birnie-Lefcovitch and Ungar (2005), this could affect the family's wellbeing. This difference in behaviour management style could lead to inconsistency with regards to the expectations of the children (Simons & Conger, 2007; Walsh, 2003). However, Simons and Conger (2007), among many other researchers, highlight how the effectiveness of behaviour management styles is not determined by the differences in styles but by the consistency of the parenting. This theme

highlights a consistency in each caregivers behaviour management style, albeit different styles.

As with spirituality, the knowledge of the individual cannot be limited to one theme. It transcends the boundaries of processes and practices influencing the quality of the internal family processes. The fostering of a level of trust and mutual respect, leads to the acceptance of the differences of each individual family member (Simon, Murphy & Smith, 2005). This, in turn, facilitates the family's ability to communicate with one another and express their emotions. It is evident throughout Themes 2 and 4 that the Matla family is able to communicate with each other openly to express themselves.

Research has found that resilient members of a family tend to display an acceptance of their own and other's personality traits (Walsh, 1998). Furthermore there is evidence to support that the respect for individuality is significantly associated with increased emotional resilience (Wild, Flisher & Robertson, 2011). Wild, Flisher and Robertson (2011) identify how the feelings of being individually respected in one context can counteract the lack of such feelings in other contexts. For example, if a child feels accepted and respected in the context of their home, it could counteract feelings of inadequacy in the classroom. An additional outcome of their research is that the feelings of being respected are significantly associated with lower levels of internalising problems. The family is, therefore, more able to face adversities with a positive disposition (Wild, Flisher & Robertson, 2011).

Knowledge of the individuals in the family system can help the family members to recognise unique abilities, strengths and personal achievements. By identifying these traits in others, one can positively affect an individual's self-esteem (Downey, 2008). Downey (2008) explores how having respect for individuality and knowledge of the individual influence children's educational resilience.

4.2.3 Theme 3: Resources

The family members who partook in the focus group highlighted many strengths utilised by the family to overcome difficulties. Those that have already been mentioned relate to spirituality and processes of interaction within the family. This theme focusses on the utilisation of resources within and external to the family system. Table 4.5 outlines the inclusion and exclusion criteria for each subtheme.

	Inclusion criteria	Exclusion criteria
1. Inter-familial resources	Any reference made regarding the strengths and support structures within the family.	Any reference made regarding resources outside of the family system.
2. External resources	Any reference made regarding the utilisation of support structures in the community	Any reference made regarding support structures within the family system.

Table 4.5: Inclusion and exclusion criteria for Theme 3

4.2.3.1 Subtheme 3.1: Inter-familial resources

Prior to being widowed, Mama Lerato found much strength in her relationship with her husband. According to her, he was a very supportive man. *“My husband was sweet. He didn’t have a problem. We did things together and were one”* (FG: L 356, P 1). Her husband’s understanding and investment in Lerato’s role as caregiver for the orphaned family members is apparent in the following extracts: *“My husband was still alive at the time. He refused to release the children to the girl’s parents”* (FG: L 296, P 1); and *“The husband was helpful, caring and empathetic”* (TD, p 2). The understanding and commitment to her role assisted her to fulfil her function as a caregiver.

There is clear evidence throughout the text how the larger family system utilised each other for support. *“She is my aunt. She brought me up from a very young age”* (FG: L 145, P 2). When Phenyoy and Thabo lost their parents, the family had to rely on internal resources to overcome the issue of caregiving. The same holds true for Lerato junior and Tau. *“So when he went to visit the child, the girl’s father kicked him out. He came back home. The girl followed him and that is how they came to live here”* (FG: L 284, P 1). This statement highlights how the grandmother-headed household was a resource to Lerato junior and Tau even before their parents passed away. When the mother passed away, the children and their father remained under Mama Lerato’s protection. This continued after the father passed away.

As a result of the old age and physical challenges faced by Mama Lerato, the younger generation can also be identified as an internal resource. This is evident in the discussion between the researcher and Phenyoy:

Researcher: Did you also help with bringing up Lerato junior and Tau?

Phenyoy: Yes.

Researcher: Would Mama Lerato have been able to do it if you weren’t here, or if the boys weren’t here? Would she have been able to do it; look after Lea and Surprise by herself?

Phenyoy: Not really, the part I play there is no way she would have done it (FG: L 762, P 2 & R).

As Mama Lerato becomes more and more dependant on her children, they can be considered as internal resources and support structures to the grandmother. Additional extracts from the researcher’s diary support just how resourceful the family members are to each other: *“Familial understanding. Sometimes the translator did not convey the questions properly. The family members would then explain the concept in a way that the matriarch would understand”* (RD, p 37); *“Lerato junior helps by helping the grandmother understand the questions”* (RD, p 36); and *“The grandmother needs help*

physically to find things in the house. They helped her to pour water in her glass” (RD, p 37).

Although the women in the household were not directly identified as a resource through open discussion, comments made by the researcher highlight how the women act as pillars of strength and are responsible for the maintenance of the household. Some points on maintenance and management were discussed in Subtheme 2.3, however the following statements provide further evidence for this finding: *“The adult women are role models for the younger generation” (RD, p 38); and “The women in the family are primary caregivers and primary breadwinners” (RD: p 38).*

The feud between Lerato junior and the adult males in the household was explored previously in this chapter. Once again, internal resources were relied upon to assist with this issue. *“I moved and went to live with my mother’s family” (FG: L 171, P 3).* As the challenges within the grandmother-headed household could not be overcome, an alternative solution was developed. The maternal family became her home in 2013.

As is depicted, the family system has been utilised as a resource. However, it is not always the case. Certain members/systems of the extended family have not been as willing to offer support. *“My problem is that our family does not support us even though they can afford to. They don’t even consider coming to help US and they have good jobs” (FG: L 1014, P 2).* This statement highlights that the family system as a whole cannot be generalised as an internal resource, but there are specific components of the system that are resourceful and supportive.

4.2.3.2 Subtheme 3.2: External resources

In addition to the various internal resources used to overcome the challenges, there were numerous mentions throughout the focus group that indicate how external resources were/are relied upon. The first mention of an external resource came from Mama Lerato: *“The social worker supported us” (FG: L*

298, P 1). The use of a social worker was mentioned twice throughout the focus group. The first mention described how the social worker assisted them in retaining custody of Lerato junior and Tau. The use of the social worker was mentioned again at a later stage in the focus group. This time, it depicted how Lerato junior used the social worker available at school to confide in when the difficulties between her and the uncles were not well managed. This is evident in the following admission: *“She told the social workers at school that Thomas is bothering her”* (FG: L 1107, P 1).

In addition to the use of social workers, religion and church were mentioned many times throughout the focus group. The support and strength gained from Mama Lerato’s relationship with God was expanded on in Theme 1. The following statement adds to an already unyielding body of evidence that religion and church specifically, have been used over and over again: *“I bring up my children up through the church. They then go to school”* (FG: L 379, P 1).

The previous statement also identifies an additional external/community resource that the family has utilised. There is evidence that schools are very important to this family’s healthy development: *“The elder one went to crèche and then to school. Later on, the youngest also did the same”* (FG: L 298, P 1); and *“my priority is going... to school”* (FG: L 380, P 1). The first statement identifies that early childhood education was also a priority for the orphans. There is additional evidence of wanting extra classes to assist the children with any scholastic difficulties: *“These children have a problem with Maths. I wish they could get help, like extra classes on Saturdays...”* (FG: L 1082, P 2).

Additional community resources were identified, but not explored due to language barriers. Those identified were the police, clinics and the community library: *“If she has a problem sorting the matter out, she will get the police involved”* (FG: L 687, T); and *“Clinic, schools and library”* (FG: L 1257, P 2).

Furthermore, apart from the support that the family receives from the affiliated non-governmental organisation Stanza Bopape (food parcels, emotional support and educational support), the Department of Social Development (grants) and the South African Social Security Agency (pension grant), the grandmother sometimes relies on other external resources to support her and her family. An individual in the community has been mentioned twice in the focus group:

“There’s a young woman who lives nearby, Loretta; she comes here every morning and prepares water for me to bath, and she makes tea and breakfast for me. She comes back again at lunch time and prepares my lunch” (FG: L 599, P 1); and *“Sometimes we first bath and leave granny sleeping. When we come back from school, we find her clothed. The uncles would not have given her water to bath because they swear at her sometimes”* (FG: L 831, P 3). It is evident from these statements that the grandmother sometimes receives assistance from community members.

4.2.3.3 Discussion on Theme 3

The identification of resources as a recurring theme in a resilience study is not surprising. The importance that resources play in overcoming adversity has been present since the beginning of resilience research. Resources were studied as early as Garmezy (1985) and Werner and Smith (1982). The shift in resilience studies and resourcefulness was previously explored in Chapter 2.

Theme 3 highlights the Matla family’s ability to utilise resources within their family and community. The family needed to utilise all of their resources when overcoming the death of the orphaned children’s parents (Greeff & Human, 2004). Key processes such as parental warmth, consistency in discipline, family cohesion and positive family routines can contribute to the family’s appraisal of stressful events (Sandler, Wolchik, Davis, Haine & Ayers, 2003). By utilising the resources inside of the family, they are seen to be maximising on their internal coping strategies (Greeff & Human, 2004).

It is equally important to focus on the external coping strategies (Greeff & Human, 2004). Simon, Murphy and Smith (2005) further this notion by expressing that resilient families are able to use a combination of individual, family and community strengths and resources when adapting and adjusting to stressful life events.

The Matla family is able to do this. There is evidence that suggests that the family utilises individual strengths and family cohesion when faced with adversities. Furthermore, social support, church and other community resources also strengthen the family's resilience (Simon, Murphy & Smith, 2005). The key component to utilise the resources available to you effectively, is to identify and evaluate potential resources (Walsh, 1998).

Not only is it important for the family to identify these resources but to be able to marshal and prompt the resources to effective use (Simon, Murphy, & Smith, 2005). It is evident that the Matla family is constantly faced with adversities. As stated in Chapter 2, a family may have a favourable outcome on one day and a negative outcome on the next. This outcome should not be the determining factor of whether a family is considered to be resilient or not.

Theme 3 identifies various structures that can be added to the family's resource list. These were the South African Social Security Agency (SASSA), Department of Social Development (DSD), police (SAPS), The Stanza Bopape non-governmental organisation (NGO), schools, clinics and church. There is a crucial need for families to have access to such resources in order to benefit from the potential social support (Nettles, Mucherah & Jones, 2000; Landau, 2007). SASSA helps provide the economic resources required by the family to buffer their experience of loss and to be able to survive financially (Greeff & Human, 2004). The DSD offers psychosocial support to the family. The police offer protection when needed. The school offers various forms of benefits for the children's development, and it was through the school that the children came into contact with the affiliated NGO. The NGO, Stanza Bopape, offers nutritional, education and emotional support for the children. The clinics

offer medical support. Finally, the church offers spiritual guidance, and social and emotional support.

It is evident that the Matla family constantly utilises the available structures outside of the family system to minimize the scope of damage and overcome their adversities. For example, church offers a network of possible positive relations within the community (Brooks, 2011). If utilised effectively these relationships can be supportive in nature (Brooks, 2011). This correlates directly with the findings in Theme 3. *“For the human spirit to prevail and be perpetuated across generations, we need to be able to draw on our mutual biological, psychological, social and spiritual resources.”* (Landau, 2007, p 355). The Matla family does so, but at varying degrees of success.

4.2.4 Theme 4: Perceptions

Up until now, we have discussed processes, practices and resources which contribute to the resilient processes applied by the family. We have not yet focussed on the family’s appraisal of adversities nor on their definition of what a family should be. Upon analysis it became clear that the family’s perceptions on what a family should be and how they view their adversities, play an important role in their approach to adversities. These two subthemes will now be discussed. Table 4.6 outlines the inclusion and exclusion criteria for each subtheme.

	Inclusion criteria	Exclusion criteria
1. Definition of family	Any reference made regarding their definitions of their family. Including definition of their family	Any reference made regarding external family members and other families in the community.
2. Perceptions of adversity	Any reference made regarding the family's apprehension of their challenges. Including normalisation	Any reference made regarding presenting challenges.

Table 4.6: Inclusion and exclusion criteria for Theme 4

4.2.4.1 Subtheme 4.1: Definition of family

The focus group began by asking the participants their definition of a family. There was a discrepancy between the answers provided at the beginning of the focus group, and descriptions that emerged towards the end of the focus group. Initially the focus was on strength. The following discussion between the researcher and Phenyó emphasises this:

Translator: That's what she means. Support means 'being there'. It means 'caring'.

Researcher: It means 'caring'. And for you, what does it mean? What does a family mean for you?

Phenyó: Many things, helpfulness, care.

Researcher: Helpfulness, care.

Phenyó: Protection and guidance.

Researcher: Guidance. So family members stick together, and they guide, protect and help. Okay, but you didn't say that there was a relation, a blood relation, so anybody who helps in a group, and who guides and protect,s is that also a family to you?

Phenyo: Yes, it's still.

Researcher: It is the same. So you have a strong idea that a family is not necessarily blood-related but they are together, they are helping, caring. Okay, I understand.

Phenyo: Yes (FG: L 224, P 2, R & T).

This discussion highlights a very strong and positive description of what a family should be. As is evident, there was no mention of a blood relation in this account. However, the grandmother mentioned the blood bond as being vitally important. This is apparent in her description of her family: *"This is my family. What makes us a family is the blood bond..."* (FG: L 266, P 1). Her definition of a family presented an uncompromising approach. This finding is further supported in earlier statements: *"Because I live with them. They are my only family because I don't have parents anymore. They are all I have..."* (FG: L 197, P 1); and *"That is what happened. I could not chase them away. What would you do?"* (FG: L 287, P 1). These statements also highlight an aspect of dependency within the definition of a family. Additionally, the statements suggest that family members are responsible for one another.

As the discussions progressed and adversities were discussed, the description of the family changed from the ideal roles of nurturing, caring, responsibility and dependability, towards a less certain picture. The following statements support this finding: *"My family is okay..."* (FG: L 1098, P 1); and *"We get along with the neighbours etc., but she feels that when you have kids they can help you, but if they don't help it's still fine. The only difference is that the neighbour's children are able to help you. At times they won't help you. That's what makes them different"* (FG: L 1026, P 1). These statements show that they cannot always rely on their family members for support. This also provides evidence that their definition of their family changes the more aware they are of their internal adversities.

4.2.4.2 Subtheme 4.2: Perceptions of adversity

There is evidence that the family has normalised their situation. Whether the statements made were a result of avoidance of pertinent issues or whether they were sincere, is unclear. However, when stating: *“My family is very strong. We do not have problems”* (FG: L 516, P 1), the family highlights a sense of unity and strength. Regardless of the intention, this statement could suggest that their adversities and situation have been normalised.

In fact, not only has the grandmother normalised her situation, but she has also shown pride in her ability to look after two generations of orphans. This statement provides evidence of this apprehension: *“I am very proud of that...”* (FG: L 351, P 1). An observation made by the researcher also provides further support: *“They have normalised their situation. The grandmother has looked after her niece and nephew as well. The children have also normalised their situation, as they do not fight the grandmother-headed household system”* (OBR: p 1). What is significant in this focus group is not necessarily that there was participatory mention of normalisation of adversities, but more the lack of focus on the adversities of raising orphans.

4.2.4.3 Discussion on Theme 4

By normalising their situation, the Matla family places themselves in a position of control. A family that normalises their situation is able to evaluate issues, identify potential resources and create a positive and hopeful outlook (Simon, Murphy & Smith, 2005; Bayat, 2007). By normalising their situation, the Matla family were able to overcome many traumatic events. To make sense of a crisis and personalise the experience is one of the most crucial aspects of family resilience (Greeff & Human, 2004; Bayat, 2007).

The interconnectedness and coherence of the Matla family is evident throughout the themes. This sense of coherence influences how the family makes sense of a crisis. Greeff and Human (2010) are of the opinion that family coherence fosters a global orientation of life as comprehensible,

manageable and meaningful. This, in turn, enhances the family's confidence and facilitates their ability to clarify the nature of the problem so that the issue is seen as ordered, predictable and explicable (Greeff & Human, 2004; Hawley, 2000). The family's specific or global perception of their experiences may predict successful or unsuccessful adaptation and functioning (Bayat, 2007).

Bayat (2007) states that resilient families tend to make positive meaning out of adversity. Walsh (1998) corresponds that by making meaning out of adversity, adopting a positive outlook, and valuing transcendence and spirituality are vital for family resilience. It is clear that the findings of this research correspond with the abovementioned views.

However, very few researchers or studies have focussed on the families' definitions of themselves. There is very little information regarding how the families' perceptions of themselves influence family resilience. It is safe to assume that a positive disposition of ones family can increase family coherence and confidence/self-belief and, therefore, directly influence family resilience (Benight & Bandura, 2004). However, there seems to be a void of research correlating with this premise. Benight and Bandura (2004) do suggest that one's personal efficacy is rooted in the core belief that one has the power to act and persevere in the face of adversity. Unfortunately, there is no direct link between 'family efficacy' and this belief.

4.2.5 Theme 5: Adversity

It is common practice for resilience studies to focus on strengths in relation to the adversities. To pay respect to this history of relational comparison, the final theme focusses on the difficulties that the family is currently facing. Many of these themes have emerged in the subsequent themes and have already been discussed. Therefore, some of these adversities are briefly revisited under the following subthemes: Males; Physical impairments; and finally Inter- and intra-familial conflict. Table 4.7 outlines the inclusion and exclusion criteria for each subtheme.

	Inclusion criteria	Exclusion criteria
1. Males	Any reference made regarding challenges with the male members of the household.	Any reference made regarding challenges with the female members of the household.
2. Physical impairment	Any reference made regarding physical impairment.	Any reference regarding issues of gender/finance.
3. Inter- & Intra-familial conflict	Any reference made regarding to challenges between household family members and external family members.	Any reference made regarding challenges and strengths with non-family members.

Table 4.7: Inclusion and exclusion criteria for Theme 5

4.2.5.1 Subtheme 5.1: Males

If one had to thematically analyse this thematic analysis, the theme that emerges the most would be that of the difficulty with the males. The relevant statements already presented will not be repeated. However, there were various additional mentions of males as the main difficulty, as is presented in this statement: *“It is mostly with the boys. We don’t have a problem with the girls”* (FG: L 1206, P 2). This clearly identifies the male group of the household to be a major issue.

This finding is further supported by a reflection in the researcher’s and translator’s diary and observations schedules: *“The males appear to be dominant and authoritative in their attitude towards the female members. The fact that they swear and shout at the grandmother and generally don’t contribute to the family functionally or financially, show that they are negative role models”* (RD: p 38); *“Roles among the women are evident and clearly defined, however, this is not the case with the men”* (RD: p 38); *“They seem to*

have groups. The males keep to themselves. The woman also keep to each other” (OBT: p 2); *“The family cohesion seems strong among the women, but they are afraid of the men in the family...”* (OBR: p 2); *“There seems to be little communication across genders”* (OBR: p 3). Another statement of the grandmother identifies one specific male who challenges her the most: *“Generally my children give me problems, but this boy who walked in now, it’s like he is crazy. He is the one who gives me problems”* (FG: L 592, P 1).

Although it was not identified, there also seems to be difficulty in managing Tau. This was evident in his evasion of the focus group, in addition to his lack of communication to the authoritative structures. The following statement supports this finding: *“I think he spent the night at his sister’s. He didn’t go to school, He must have been wearing his uniform because he did not go to school...”* (FG: L 699, P 2). Skipping school, not returning home and not communicating where you are, are all signs of antisocial behaviour. There is no clear link between his behaviour and the lack of positive male role models. However, a reflection by the researcher supports these findings: *“They seem to have difficulty parenting Tau. They indicated educational and behavioural problems”* (RD: p 37).

4.2.5.2 Subtheme 5.2: Physical impairments

The visual impairment of the grandmother has been mentioned on numerous occasions within this analysis. However, Lerato junior shared a statement that suggests how her grandmother’s visual impairment affects her: *“The days are not the same, because my grandmother cannot see. When aus Phenyho had gone to work, he treated me very badly. They do not realise how badly he treats me”* (FG: L 1116, P 3). This statement provides evidence that the visual impairment of the grandmother seriously affects the way in which the challenge with the uncle is approached.

There is evidence to suggest that the visual impairment has also impacted the level of trust between Mama Lerato and Lerato junior. These statements support this finding: *“Lerato junior is a liar”* (FG: L 1242, P 1); and *“...she*

doesn't want to live here because of him. When I asked Peter, he denied and said that he had nothing to do with her" (FG: L 1108, P 1).

The effect of the visual impairment on the grandmother emotionally (see Subtheme 2.3) and functionally is reported on many occasions in Theme 2. Therefore, the following statements can be added to the already existing evidence: *"I can't do any of the house chores because I can't see"* (FG: L 936, P 1); *"One of the difficulties seriously affecting the family's functioning is the grandmother's visual impairment"* (RD: p 38); *"The grandmother used to do everything for the family until she went blind"* (TD: p 4); and *"... the leader of the house is getting old and needs more care than what she gives."* (OBR: p 1). Previous statements also suggest that the visual impairment affected the distribution of roles within the family in addition to the amount of time the children can spend on their scholastic development (see Subtheme 2.3).

4.2.5.3 Subtheme 5.3: Inter- and intra-familial conflict

Throughout the analyses, it became apparent that not all of the family members are dependable, whether for physical or financial assistance. This is distinct in the following statement: *"They pretend as if they will help us, but in essence they don't. They just make false promises"* (FG: L 1020, P 2). It is for this reason that the family would need to seek support from other members of the community.

Another apparent challenge is that of the separation of the family system, specifically referring to Lerato junior. Evidence that suggests that this is not the most ideal arrangement has already been discussed. However, a statement made by Lerato junior provides further support on the matter: *"The difference between us and other families is that we don't live together as a family. Sometimes others are here and sometimes not. Other families live together"* (FG: L 1007, P 3). This statement suggests a wish for family unity.

4.2.5.4 Discussion on Theme 5

Most, if not all definitions of resilience contain some or other mention of risk or adversity. Additionally, most, if not all, models of resilience identify exposure to risk as the first step of the resilience process (Walsh, 2002; McCubbin & McCubbin, 1993; Kumpfer, 2002).

It is important to highlight that these are not the only adversities faced by the Matla family. Albeit in the distant past, the family had to cope with the death of Tau and Lerato junior's parents. This resulted in the children becoming double orphaned. The adverse affects of bereavement and psychosocial difficulties resulting from the death of parents, are discussed in depth in Chapter 2.

In addition to this adversity, the family lives in a poor socio-economic community. Growing up in a poor socio-economic community places children and adults at a higher risk of developing health issues, in addition to adverse affects on school achievement, emotional and social development, and behaviour (Adler & Ostrove, 1999; Munro, van Niekerk & Seedat, 2006). The family lives opposite an unlicensed bar, known in South Africa as a shebeen. Munro, van Niekerk and Seedat (2006) identify how there is an increased number of alcohol distributors in lower socio-economic communities. The increased abuse of alcohol in the community places children and families at risk of injuries dew to drunken driving, in addition to an increased risk of family members and teenagers abusing alcohol.

The family also finds it difficult to make ends meet on Phenyo's salary alone. This adversity has made the family more reliant on social grants from government. The need for social security grants is aggravated by the lack of support from the males in the household of the family and extended family members. Surrender, Noble, Wright and Ntshongwana (2010) highlight how families who are welfare dependent are less likely to look for employment.

It is clear from these findings that the family constantly lives in an environment where they experience stressors. The history of the family system is riddled with loss and conflict. Currently the Matla family is experiencing gender role issues, physical impairments, financial difficulties and lack of support as their major adversities. Only the adversities mentioned in the focus group appear in the themes.

It is, therefore, important to note that most of the adversities discussed above, were not mentioned in the focus group. Even though they were not mentioned, these challenges do play a major role in the family's everyday functioning. The reason for these silences could be due to the Matla family having normalised their situation. Studies of resilience would not exist if it were not for adversity. Therefore, this theme positions itself as an important step within the processes of resilience practiced by the Matla family.

4.3 Conclusion

This chapter highlights the findings of the study. The themes aimed to represent the cognitive, emotional and physical processes of resilience undertaken by the Matla family. The findings are discussed in relation to existing research on each theme.

The next chapter focusses on linking the results of this study to the theoretical framework provided in Chapter 3. The research questions are attended to. The results are then compared to the conceptual framework introduced in Chapter 3. The limitations of the study are presented and the possible contributions of the study are identified.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter includes a summary of chapters 1 to 4. The findings of the research are revisited in relation to the theoretical framework followed by the researcher's answering of the research questions. This chapter concludes with a discussion of the contributions and limitations of this study, followed by recommendations for training, practice and further research.

5.2 Summary of Chapters 1 to 4

5.2.1 Chapter 1

The study was introduced in chapter 1. The chapter included a brief exploration of existing literature on grandmother headed households and grandmothers who care for their orphaned grandchildren, and of the paradigmatic approach to centre the study within a body of knowledge. The rationale and purpose of the study were described. The primary and secondary research questions that guided the study were introduced, and key concepts were defined. The chapter then explained the ethical considerations and trustworthiness of the researcher. The chapter came to a conclusion by discussing the possible contributions of the study.

5.2.2 Chapter 2

This chapter unpacked existing literature surrounding the subject of resilience, family resilience, grandmother-headed and skipped-generation households in addition to providing an in-depth description of the theoretical framework of the study. The chapter concluded with the introduction of the conceptual model influenced by the McMaster dimensions of family functioning (Walsh, 2003), McCubbin and McCubbin's (1993) Double ABCX Model and Walsh's (2002) Model of Family Resilience.

5.2.3 Chapter 3

Chapter 3 addressed the research methodology. This included revisiting the aims of the research set out in chapter 1, followed by a discussion of the interpretivist meta-theoretical paradigm in which the study is grounded. The research design was then unpacked, followed by an in-depth view of the research process. The chapter was concluded with a discussion of the researcher's role, in addition to outlining the strengths and limitations of the research methodology.

5.2.4 Chapter 4

Chapter 4 focussed on the findings of the thematic data analysis. Five main meta-themes were identified in addition to their subthemes. The five primary themes induced from the data were: religion, family processes, resources, individuality, perceptions and adversities. Each theme was interpreted and discussed in relation to existing literature.

5.3 Addressing the research questions

The research questions formulated in chapter 1 were answered based on the results of the study discussed in chapter 4. The secondary questions will be discussed first, followed by the main question.

5.3.1 Secondary research question 1: Which protective factors do the grandmother-headed household employ to experience healthy developmental outcomes?

Based on the findings of the study, it seems clear that, the Matla family achieved a healthy level of functioning using various structures and processes. These structures and processes are unpacked in an attempt to answer the secondary research question.

a) Protective structures

Based on the findings, a distinction should be made between protective structures used routinely as pillars of strength, the structures available when the need arises as well as the organisational structure of the family. Simpson and Lawrence-Webb (2009), identify how resources are part of the larger structure of society and how they are generally available. However, the complexity of accessing or benefiting from these resources can sometimes hinder families' ability to use them (Simpson & Lawrence-Webb, 2009). The Matla family evidently made use of the available community resources, which have contributed to the family's resilience.

The structures or resources that were routinely used by the family included the school, where the children attended classes. The school provided two main resource services: educational development and learning, and easy access to community health-care services. These findings are similar to those benefits suggested by Ready (2010) where school attendance was seen to have cognitive, psychosocial and physiological benefits. It is through school attendance that the family gained access to the Stanza Bopape Community Development Centre. Ebersohn and Eloff (2006) identify that schools can serve as intersections between communities and service providers.

The Stanza Bopape Community Centre provides psychosocial support to the Matla family. The centre additionally provides daily educational support and nutritional support to the children. Other research has highlighted how community-based interventions and organisations seek to provide physical, social and emotional wellbeing for the youth (Thurman, Snider, Boris, Kalisa, Nyirazinyoye, & Brown, 2008; Spreen & Vally, 2010). However, Thurman et al. (2008) identify that affiliation with an NGO could result in a diminished sense of responsibility of the family for their children's wellbeing. Although the Matla family was affiliated with the Stanza Bopape Community Centre, they had not lost their sense of responsibility.

Another continuously used structure, identified in the findings, that provides consistent support is the church. In the discussion of the findings, it was

identified that church attendance provides a variety of supportive services. These include increasing the sense of family cohesion, building feelings of confidence and security, in addition to creating a positive disposition, advocating healthy values and practices, and establishing a meaningful worldview. Research has additionally identified a significant correlation between church attendance and physical health practices amongst at-risk groups (Giger, Appel, Davidhizar, & Davis, 2008). Church attendance, as with school attendance, facilitates access to psychosocial support.

A final continuously used structure that contributes significantly to the healthy functioning of the family is that of the SASSA. This governmental organisation provides monthly financial assistance to the family in the form of foster care and old age grants. Goldblatt (2005) identifies how these social grants are hugely beneficial for vulnerable families. These grants are viewed as life-lines and have direct impact on the health of the children (Goldblatt, 2005). Social welfare grants are aimed to alleviating poverty through development and empowerment (Gray, 2006). The Matla family benefitted from welfare grants as the grants facilitated their wellbeing by alleviating a portion of their economic stressors.

Protective structures that are available, but are not always used, were identified as psychosocial support from the Department of Social Development, medical support from community clinics and the SAPS for safety and security. A study undertaken by Zauszniewski, Au and Musil (2012) highlights a global need for resourcefulness training for grandmothers raising grandchildren. Knowing how to use the resources available to the family is said to diminish depressive symptoms and stress among custodial grandmothers (Zauszniewski et al., 2012). The effective use of resources seems to be a prohibiting factor to effective problem solving. The Matla family has made use of the assistance of social workers in the past. However, at the time of the study failed to get professional assistance to overcome family disputes. Resourcefulness training could assist the family to optimise the resources available to them.

Upon reflection on the findings, it became clear that the structure of a grandmother-headed household is in itself a protective factor. The findings highlighted how each member of this multigenerational household benefited in one way or another from the organisational structure of the family system. Research highlighted in Chapter 1.2.1 share this view, namely that multigenerational households are mutually beneficial, contributing to the socio-economic and emotional wellbeing of each generation (Ruggles, 2003; Barnett, 2008; Hayslip & Kaminski, 2005; Sitawa & Makiwane, 2007). The findings additionally highlighted how the benefits for each individual member changed over time. It is important to note that just by being in a multigenerational household in itself can be considered as a protective factor that contributes to family resilience.

The final supportive structure that was identified as a protective factor is that of the organisational structure within the household. This organisational component indicates how extended family members act as supportive resources to each other. Pheny worked and could have easily decided to move out of the household once she had found employment. The Matla family's choice to remain together and support each other can be explained through the strength of this family's cohesion and the sense of responsibility the different generations have shown for one another. This act of resilience is suggestive of the strength, support and protection created by the women in the household. It is evident that the women in the family are the most functional members of the household in terms of continuously, effectively and efficiently engaging in protective processes that encourage and contribute to family resilience.

b) Protective processes

The second aspect to be considered in answering this secondary research question is the daily protective processes incorporated by the family that contribute to their healthy family functioning. The findings clearly identified certain approaches and practices that contributed to their everyday functioning. These will now be unpacked.

In this family the effect of spirituality and perceptions influence all other processes. The benefits of spirituality and religious practices, and perspective have already been clearly linked to the family's positive dispositions and cohesion. An example of this positive disposition is the grandmother's willingness to take care of her orphaned grandchildren. Likewise, Shakya, Usita, Eisenberg, Weston and Liles (2012) identify similar traits in their research. They found that only a few grandmothers reported willingness to and happiness in taking care of their grandchildren. Most grandmothers were frustrated due to having an unsolicited caregiving role (Shakya et al., 2012).

Research by Lewis and Seponski (2012) identifies that religiosity and the practice of spirituality offer mechanisms for bringing structure and meaning into the daily lives of the elderly. However, their research also found that the spirituality of the elderly generally diminish as a result of the increased need for taking care of their grandchildren (Lewis & Seponski, 2012). The sacrificing of spirituality was not evident in the Matla family.

Religious practices contribute to the family's weekly routines. These routines create positive shared experiences that contribute to empathetic involvement of the family members and therefore increase the connectedness of family members. Families who engage in routines are associated with better child outcomes and family stability (Black & Lobo, 2008). Going to church allowed the family to strengthen their relationships through shared activities.

The shared positive experiences and family connectedness increases the amount of knowledge that family members have of each other. Knowledge and respect for each other has been found to be essential for healthy family functioning (Black & Lobo, 2008; Walsh, 2007). The findings indicate that the members were more able to interact respectfully and efficiently with one another. The quality of the interaction between the family members was rooted in their love, respect and acceptance for one another as individuals. Black & Lobo (2008) identify that a family system works when its members feel good about the family, feel their needs are being met and the development of relationships flows smoothly.

The tools for this interaction, however, are governed by a completely different set of processes. The findings of the study identified how communication that is clear and direct was utilised in order to effectively solve problems. The family's problem-solving process was also identified as stable and consistent. The identification of the nature of the problem, the communication of that issue with the appropriate individuals, the development and implementation of solutions, in addition to the monitoring and evaluating of the effectiveness of the solution, all contributed to the family's effective problem-solving strategy. The family incorporated their knowledge of the individual and respect for each other into determining the best action plan when effectively dealing with adversity. These findings coincide with McMaster's Dimensions of Family Functioning (Walsh, 2003).

Walsh (2003) highlights how the above-mentioned family processes are vital for a family's healthy functioning. The findings of the study also identified the importance of roles within the family structure. Family roles are identified by McMaster, as a vital family dimension that contributes to healthy functioning (Walsh, 2003). The roles of each functioning household member were clearly defined. Where roles and responsibilities were not clearly defined, challenges and difficulties arose. These roles and responsibilities were managed by means of consistent and therefore predictable behaviour control strategies. The female members of the household engaged in each other's lives in an empathetic way. This is indicative of the amount of care and consideration that the female members of the family had for each other.

The interactions of the Matla family are clearly linked to the PPCT Model (refer to Chapter 1.9.2). It is evident that the Matla family's interactions manifest in the different components of the PPCT Model. The protective resilient processes (described above) fall into the process component of the PPCT model (Tudge, Mokrova, Hatfield & Karnik, 2009). The Matla family clearly utilise the strengths and abilities of its family members to overcome their adversities. The family member's knowledge of the person and their respect for individuality, clearly links to the person component of the PPCT

model (Tudge, et al., 2009). By utilising the supportive structures within the community on a small or large scale, limits the family's vulnerability. This aspect of their functioning can be directly linked to the context component of the PPCT Model (Tudge, et al., 2009). The time component of the PPCT model is significant, as the family member's roles, responsibilities, processes and interactions have all adapted over time (Tudge, et al., 2009).

5.2.2 Secondary research question 2: Which risk factors do the grandmother-headed family experience?

The findings gathered made it clear that certain risk factors and processes constantly challenge the Matla family's wellbeing. First, the family lived in a poor socio-economic community. Their house was situated opposite a shebeen (informal bar). This put the family at risk of violence. No substance abuse problems were highlighted in the focus group, however the temptation and easy access to alcohol was present. Living in poor socio-economic communities puts adolescents at risk of substance abuse, violent behaviour and sexual risk behaviour (Fergus & Zimmerman, 2005). Fergus and Zimmerman (2005) identify how individual resilience and family resilience is essential for achieving healthy developmental outcomes in high-risk communities.

The lack of financial assistance from the male members of the household and external family members resulted in the Matla family depending on foster and old age grants. Additionally, the lack of financial support puts additional pressures on Phenyto to work long hours, in addition to managing her other household responsibilities. This finding is contradictory to the findings of Montgomery, Hosegood, Busza, Timæus (2006), in which they identify male members of low socio-economic communities in KwaZulu-Natal to offer supportive both financial and emotional support to the children and sick members of their households. However, Montgomery et al. (2006) do acknowledge that on the most part male members of low socio-economic household are reported to be disengaged and unwilling to help the female members.

A second challenge that the Matla family is faced with is the visual impairment and advanced age of the grandmother. Visual impairments cause numerous difficulties for the remaining family members. The role of care giving shifted as a result of her visual impairment. Added household responsibilities resulted in Lerato junior, prior to her leaving the household, having limited time to focus on her school responsibilities. Research highlights that children who care for their elderly are at risk of dropping out of school (Lewis & Seponski, 2012; Robson, Ansel, Huber, Gould & Van Blerk, 2006; Bennell, 2010). However, the Matla family prioritised the children's scholastic development over other possible household needs. Rather putting additional pressure on the children (which could result in them dropping out of school), members from the community assisted the grandmother when needed.

Unfortunately, the level of dependency on others resulted in the grandmother feeling disempowered. Previous research has identified that even though most elderly woman live in multigenerational households, the large majority of these feel lonely and suffer from feelings of inadequacy (Makiwane & Kwizera, 2006). This is evident in this family; however the feelings are exacerbated by the grandmother's visual impairments.

Lastly, the inter-gender conflicts that are prominent in the household cause a variety of issues. The inter-gender conflict had obliged Lerato junior to unwillingly leave the Matla household to seek shelter in her maternal grandmother's family. Inter-gender conflict caused a great deal of emotional strain for grandmother and granddaughter alike. Due to her advanced age, her visual impairment and fear of facing her sons, the grandmother was unable to effectively deal with the situation. The conflict created a separation in the household. A similar situation is discussed in Ahmed (2013). Ahmed (2013) highlighted how conflict in large family households sometimes resulted in the formation of sub-households. The female family members adjusted to this difficulty by keeping to themselves and supporting each other.

It is important to note that various adversities faced by the family were not discussed in the focus group. For example, the loss of parents and children,

orphanhood and financial difficulties are evidently part of this family's history. The lack of focus on these adversities could be due to various reasons. Cross-language barriers could have restricted the amount of probing necessary to unpack important statements (Squires, 2008). The inexperience of the researcher could have led to concepts being missed during the open discussions of the focus group (Jamieson & Williams, 2003). Finally, the lack of mention of these adversities could be an indication that the family had overcome them. This concept is what Walsh (2003) refers to as 'positive illusions' and 'learned optimism'. These concepts do not refer to denial of adversities, but relate to the belief that the adversities are manageable (Walsh, 2003).

5.2.3 Primary question: How does a South African grandmother-headed household affected by HIV/AIDS achieve resilience?

The primary question is addressed after the secondary question simply because the secondary questions have unpacked the different processes necessary for family resilience to take place. Rather than repeating the structures and process already mentioned, the primary question focusses on how these protective factors and risk factors interact.

The findings of this study highlighted the interactive processes of family resilience. Without adversity there would be no process of resilience. The risk factors specific to this study, being socio-economic difficulties, loss of parents and children, gender role stereotypes and inter and intra familial conflict, were in constant conflict with the protective factors, being; spirituality, perceptions, resources and family processes.

According to these findings a South African grandmother-headed household achieved a state of healthy functioning by first being able to identify difficulties and the nature thereof. The identification a problem was achievable through the strong interconnectedness and cohesion of the family members. Empathetic involvement in each other's lives facilitated the understanding that the members of the Matla family have of each other, which made the

identification and definition of the problems easier. The family then faced these challenges with a positive disposition and confidence. Religiousness and spirituality facilitated this process by enhancing the family cohesion and promoting a positive disposition with which to make meaning of their adversities.

The second phase of the process was the identification and mobilisation of possible internal and external resources that could be used to overcome these issues. Internal family resources, such as resilient individuals, strong empathetic relationships, organisational structure, routines, and family resilient processes, were used in problem solving. External resources were identified as, the Department of Social Development, the South African Social Security Agency, the SAPS, churches, schools, clinics, NGOs and external community members. These external resources provide services that could potentially alleviate the amount of financial, social, educational, spiritual, developmental, health-related and psychological difficulties faced by the family, if used effectively.

By mobilising these resources and supportive structures, the family engaged in a struggle to mitigate the effect of the risk in the hope of reaching a new equilibrium. The process of overcoming adversity is generally based on previously successful processes or what they had observed to be successful for others who have experienced similar difficulties (Walsh, 2003).

The next phase of the resilience process is to evaluate the effectiveness of their attempts. Evaluation of the efficacy of the family's attempts to overcome adversity was facilitated by the Matla family's clear and direct communication style, strong family cohesion and empathetic involvement. Their attempts at overcoming the adversities were either successful and the family reached a new state of equilibrium or regressed due to unsuccessful processes. The positive outcome in this situation confirmed what structures and processes the family has in place making them most likely to utilise them again in future (Walsh, 2003). Alternatively, a negative outcome would mean that the family

would need to attempt different approaches to overcome the adversities (Walsh, 2003).

According to this study's findings, this is where resilience manifested. It did not lie in the successful attempts to overcome adversity, but in the motivation and commitment to institute change when previous attempts had failed. This commitment to growth and unwillingness to remain in a regressed or overwhelmed state was the driving force behind resilience and is only facilitated by normal everyday protective processes that were identified in the secondary question.

5.4 Reflection on the conceptual model

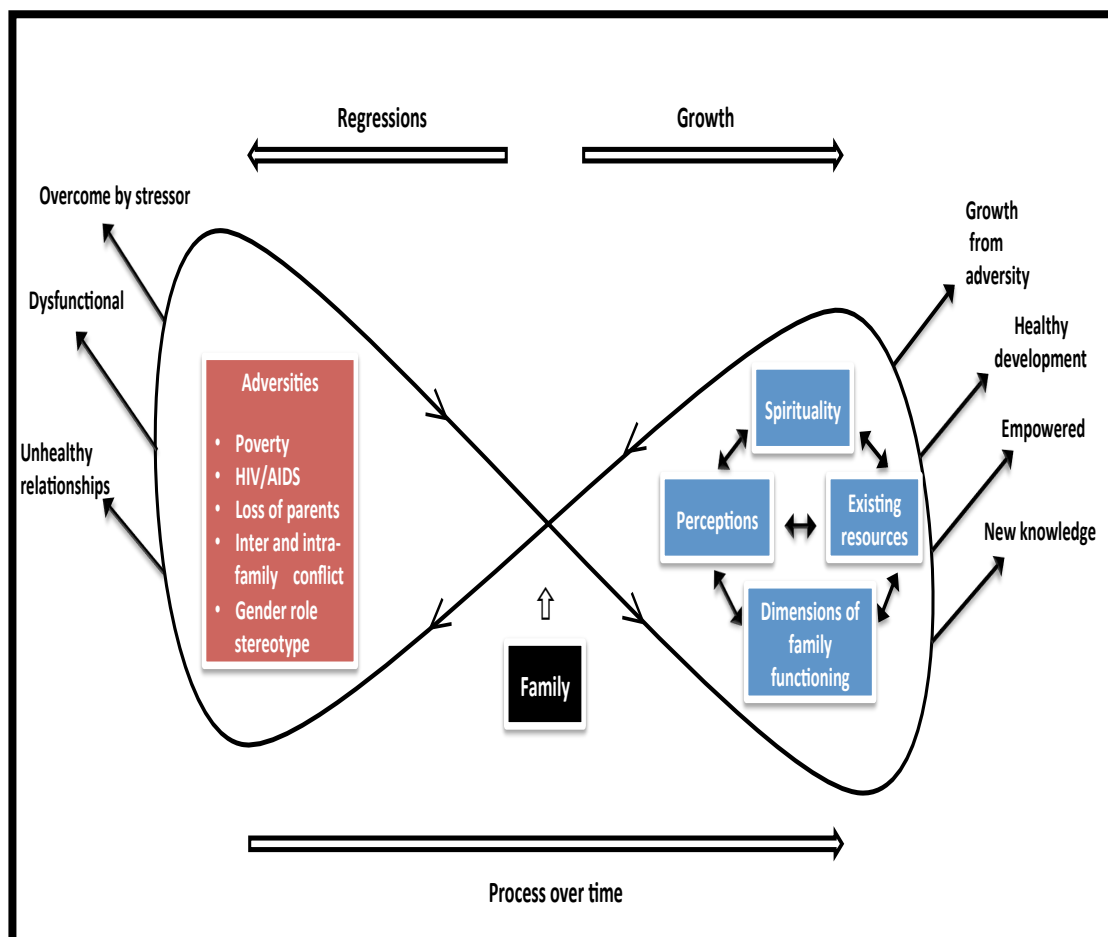


Figure 5.1: The adapted conceptual model of family resilience

The figure above is an adapted version of the conceptual model proposed in chapter 2 (figure 2.2). The proposed conceptual model is rooted within the theoretical framework of Walsh's (2002) Model of Family Resilience, the McMaster Dimensions of Family Functioning (Walsh, 2003) and McCubbin and McCubbin's (1995) Double ABCX model. This model (figure 5.1) was adapted to correspond with the specific adversities faced by the Matla family, in addition to the supportive structures and processes utilised when faced with the adversity.

The conceptual model represented above highlights four main protective factors used by the family to overcome their adversities. The protective factors are summarised and illustrated as: spirituality, perceptions, existing resources and dimensions of family functioning. The model illustrates a constant interaction between these protective structures and processes. The findings of the study highlighted that spirituality had a strong influence on the perceptions of the family. The spirituality and religiousness therefore influenced how the adversities are appraised, allowing them to effectively use their existing resources and engage proactively in interactive family processes of resilience.

The findings clarified that the family constantly experienced challenges. The intensity and effect of challenges on the family was determined on time and context-specific variables. The representation of time within this model is therefore relevant.

The findings highlighted that certain adversities have not been managed well. This negative outcome of the mismanagement of interfamily conflict resulted in a regression. However, as the model shows, the interplay between protective and risk factors, and therefore the process of family resilience was on-going. As a result of their protective factors, the family adjusted themselves and made arrangements that suited each individual family member.

According to this model and the findings of the study, it is difficult to decide whether the Matla family was indeed resilient. The challenge of answering this

question does not lie in the family's functioning. Rather, the difficulty lies in the theoretical dilemma in answering whether a family is resilient or not. However, according to the findings of this study, the Matla family constantly practiced family resilience processes and made use of existing resources to limit the effect of their adversities. In the relation to the social, financial, physical, emotional and the larger economic crisis, the family functioned well.

5.5 Challenges and limitations of the study

The use of qualitative research designs will always raise the question of the researcher's objectivity in the study and therefore the reliability of the findings. Fortunately, reliability is not a term readily used in qualitative research. Rather than shying away and hiding the subjective nature of this research, the aim was to embrace the true nature of qualitative investigation. Rigorously exploring existing literature, engaging with supervisory scholars and keeping a reflective research journal established transparency. The transparency allows the reader access to most, if not all, decision-making processes. This transparency allows the reader to interpret the findings in their own subjective way. Rather than arriving at a rigid outcome, the findings are potentially adaptable to different contexts.

The second limitation of the study was the language difference between the researcher and members of the Matla family. The potential for language as limiting factor was discussed in chapter 1. However, the family members were comfortable with the researcher throughout the process. The researcher met with the family prior to the focus group session to establish rapport and researcher-participant comfort. In addition, a translator was used in an attempt to minimise this potential limitation.

A third challenge of the study was closely related to the second limitation and refers to the use of a translator. By conducting research in a Sepedi-speaking household, the researcher had to rely on the translation of the focus group translator. On many occasions the translator summarised the family members responses. Certain points were missed in the moment making it difficult for

the researcher to probe deeper into important topics. The following extract from the researcher's diary is an example of this: *"It was only once the translated transcriptions were available that it became apparent that no one else in the focus group besides the grandmother mentioned religion or God as a pillar of strength"* (RD: p 58). It would have been important to gain more insight into the other household members' relationship with their religion in order to identify whether it is a shared theme or one that only emerges from the discourses of the grandmother. This limitation had already been observed in the focus group. Evidence of this observation can be found on page 37 of the researcher's diary: *"Sometimes the researcher did not convey the question through properly. The family members would then explain the concept in a way that the matriarch would understand."*

A fourth limitation that became apparent during the interpretation phase of the study was the vulnerable nature of a focus group. Speaking openly about sensitive topics put participants at risk of scrutiny from the other members of the group. This could have seriously affected the quality of information that the participants were willing to share. There were various factors that contributed to the severity of this limitation. The first being that all groupmembers were related and had to face each other daily could make them more apprehensive about sharing sensitive and private information. The family members might have withheld important information due to the fear of disrespecting other members. Another factor contributing to this limitation is the presence of a multigenerational sample group. It is evident throughout the transcriptions and accounts of the family members that the dominant members of the family were more likely to lead the conversation. This resulted in limited accounts from the youngest member of the focus group. Nonetheless, the researcher attempted to minimise this limitation by directing the focus of the conversation to the youngest member's experiences.

A fifth limitation that arose was that of gender misrepresentation. Tau avoided the focus group making the group a female-only sample. Even though this lead to a lack of male representation within the focus group, it became evident that the presence of males in the focus group could have negatively impacted

the quality of the data captured. Nonetheless, having Tau present at the focus group could have shed light on possible differences between a grandson's and granddaughter's experiences in a grandmother-headed household.

An additional challenge, resulting from undertaking research in a language other than the primary language of the researcher, was the time it took for the transcriptions to be translated. The process of data gathering and interpretation in qualitative research is renowned for being time consuming without translation. However, the large amount of time taken in the interpretation of the data contributed to the value of the findings. The time-consuming process of data analysis and interpretation led to time constraints.

Finally, the challenge of time constraints paved the way for the most consequential limitation of this study. Time constraints, in addition to the family's unavailability during the timeframe, made it impossible for the researcher to conduct a member-checking session. This session could have been used to clarify concepts that only surfaced once the transcriptions were analysed.

5.6 Contributions of the study

There are various potential contributions of this study. One is the building of family resilience theory. As highlighted in Chapters 1 and 2, these findings could contribute to the lack of knowledge surrounding family processes that contribute to resilience within this specified context. Chapter 1 also stated that the number of AIDS orphans living in grandmother-headed households is on the rise. This will result in more family practitioners and community health-care workers being faced with such challenges. These findings could therefore contribute to the theories that govern their practices and efforts. Furthermore, the findings of this study could contribute to theory building in the fields of educational psychology, family psychology, social work, nursing and community development.

The practical application of the conceptual model could potentially contribute to family assessment and family therapy. The conceptual model identified important structures and processes that facilitate growth in the face of adversity. By focussing on each of the structures within the model during assessments, the practitioner could highlight the family's strengths in addition to identifying what processes might be missing or in need of development. The conceptual model could therefore be used as a tool throughout the course of the therapeutic interactions, to identify goals, processes or skills that need development.

A potential contribution of the study lies in the possibility that the process of the focus group discussion regarding the family's strengths and resources created an awareness of such protective processes. Most of the processes highlighted in this study that contribute to resilience are not surprising and are practiced by most people on a daily basis. However, by being aware of these processes and the benefits thereof, the family would be more likely to purposefully engage in these processes when they are most needed. Additionally, there is a possibility of an increased awareness amongst family practitioners and community health-care workers involved in family development within poorer communities, to identify similar processes of resilience in within their samples or identify processes that would otherwise be neglected. The reporting of these findings could possibly absorb the reader in self-reflection on their own processes of family resilience in relation to the benefits of such processes in their own lives.

5.7 Recommendations

This section presents the recommendations for training, policy development and further research.

5.7.1 Recommendations for training

From the findings of the study, it is highly recommended that family practitioners and community health-care workers are trained according to

tested theories and models regarding the practical application of family resilience therapy. The model provided in this study, or similar tried and tested models that incorporate various significant theories should be included in the training programmes and materials of people in the helping professions, such as psychologists, social workers, social auxiliary workers, community-care workers, nurses and teachers.

It is recommended that scholars and researchers attempt to develop models of resilience without the presence of adversity. The focus should be on family processes, future-orientated goal setting, hope, determination, commitment and confidence, amongst others, in attaining family goals. Understanding these proactive processes within a family system could play a pivotal role in identifying resilience without the inference of adversities.

5.7.2 Recommendations for policy development

The evidence provided in Chapters 1 and 2 highlights the severity of the South African situation when considering the increasing number of grandmother-headed households looking after their orphaned grandchildren. This issue requires special attention if South Africa is ever to reach its full potential. Policies should therefore be focussed on empowerment rather than on fostering dependency. How are these families being empowered to not only cope with their challenges, but also to thrive?

Most communities have supportive structures available to these at-risk families. The structures are in place but families do not necessarily know how to use them optimally. This requires more research. However, a collaborative effort between the Department of Education, the Department of Social Development, and the South African churches could result in a large community awareness campaign. This campaign should focus on the optimisation of available structures in addition to the skills development of resilient family processes. Additionally policies could be put in place for corporations and the private sector to be more involved in social

entrepreneurship and to engage in community development projects that support these at-risk families.

5.7.3 Recommendations for further research

5.7.3.1 Methodological considerations

As a result of the findings and limitations identified in this study, it is recommended that researchers in the field of family resilience consider the most appropriate form of enquiry. It may be beneficial to reflect on the following methodological considerations:

a) Meta-theoretical paradigm

The interpretivist paradigm allowed the researcher to consider the meaning individuals assign to family processes in addition to the meaning attached to critical life events.

b) Methodological paradigm

Qualitative methods of data collection were successfully utilised in this study to explore the intricacies of the different constructs of family resilience within a specific context.

c) Sample selection

The use of purposeful sampling benefited the nature of this research. However, careful consideration should be given to the sample. Factors such as language, physical impairments, multigenerational households and gender representation influenced the findings of this research. Community informants should be considered when identifying a purposeful sample. Community informants facilitated the gaining of access to the family and the establishment of initial rapport. It is vitally important that these informants have an understanding of the aim, purpose, data-capturing techniques and sampling criteria of the study.

d) Data collection and documentation

Careful consideration should be taken in this step. When dealing with a multigenerational family one could consider using the following process: the first step would be to initiate rapport with all the members partaking in the research and not just the head of the household. This would ensure that all apprehensions are dealt with prior to the data collection phase. The second step should be the implementation of the first focus group with all the family members. Data should be captured and documented in various ways. Dictaphone, researcher and facilitator (translator) diaries, and observation schedules proved beneficial in this study. The third step would be to conduct an initial thematic analysis. The findings should be interpreted and pitfalls identified. The fourth step should then be member checking with the original sample as a whole. These member-checking sessions should be used to discuss the meta-themes already identified in addition to answering the questions that arose in the initial interpretation. The fifth step would be to conduct individual interviews with certain members in the group that could shed more light on the possible gaps. The last step would then be to initiate a second analysis of the combined data.

e) Data analysis and interpretation

Inductive thematic analysis as a means of data analysis suited the scope of this research very well.

5.7.3.2 Future focus

Further studies in the field of resilience processes in grandmother-headed households, amongst other fields, could focus on the following areas of interest:

- longitudinal resilient studies on orphans who grow up in multigenerational households;
- the importance of hope and goal setting as resilience processes in grandmother-headed households' positive adaptation to stressors and crises;

- a mixed-method longitudinal study on how families define themselves and whether this is linked to family resilience;
- would a family have equally beneficial resources if their spirituality did not involve religious practice;
- an exploration of church attendance in determining the quality of relationships between family members who attend and those that do not;
- case studies investigating the relationships between orphaned grandchildren and biological children;
- comparative studies on different grandmother-headed households, the different processes and the different outcomes;
- a comparative study between the experiences of orphaned grandsons and orphaned granddaughters living in grandmother-headed households.

5.8 Concluding reflections

This study was guided by the primary research question: “*Which resilience processes are identifiable in a grandmother-headed household affected by HIV/AIDS in South Africa?*” The researcher attempted to answer this question by exploring a single grandmother-headed household’s family processes that contribute to resilience and therefore healthy development.

Reflecting on the findings that were obtained, it can be concluded that the grandmother-headed households showcase their resilience by continuously engaging in protective practices, such as religious practices, clear and direct communication, effective problem-solving, clear identification of roles and expectations, consistency in parenting styles and behaviour control, appropriate emotional reactivity, empathetic involvement, effective resource identification and mobilisation, having a positive disposition towards their challenges, and lastly having a strong family identity.

The constant resilient family processes used when dealing with adversities could either result in positive adaptation or maladaptation. The success or

failure to adapt positively to a crisis should not determine family resilience. What determines whether a family is resilient or not, is the commitment to and constant adaptation of family protective processes in the face of adversity and growth in the face of success.

Bibliography

Agency, S. A. (2014, April 1). Child Support Grant. Pretoria, Gauteng, South Africa.

Adler, N. & Ostrove, J. (1999). Socioeconomic status and health: What we know and what we don't. *Annals New York Academy of Sciences*, 896, 3-15.

Ahmed, M. (2013). Poverty and livelihood strategies of female-headed households in rural Etheopia: The case of Libo Kemkem Woreda, South Gondar. Doctoral thesis. Andhra University.

Alcorta, C. (2006). Youth, religion and resilience. Doctoral thesis. University of Connecticut.

Andrews, G., Skinner, D. & Zuma, K. (2006). Epidemiology of health and vulnerability among children orphaned and made vulnerable by HIV/AIDS in sub-Saharan Africa Paper presented at the OVC roundtable at the 7th AIDS

Anthony, E. & Cohler, B. (1987). *The invulnerable child*. NY: The Guilford Press.

Armstrong, M., Birnie-Lefcovitch, S. & Ungar, M. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies* , 14 (2), 269-281.

Babbie, E. & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Balk, D. & Corr, C. (2009). *Adolescent Encounters with Death Bereavement and Coping*. New York: Springer Publishing Company.

Baloyi, G. T., (2011). Factors influencing resilience in men after divorce: Exploring pastoral method of care to an African situation. Master's thesis. University of Pretoria.

Barbarin, O., Richter, L. & de Wet, T. (2001). Exposure to violence, coping resources, and psychological adjustment of South African children. *American Journal of Orthopsychiatry* , 71 (1), 16-25.

Barnett, M. (2008). Mother and Grandmother Parenting in Low-Income Three-Generation Rural Households. *Journal of Marriage and Family* , 70, 1241-1257.

Bartley, M., Schoon, I., Mitchell, R. & blane, D. (2010). Resilience as an asset for healthy development. In A. Morgan, M. Davies, & E. Ziglio, *Health Assets in a Global Context* (pp. 101-115). NY: Springer.

Barron, P., Day, C. & Monticelli, F. (2007). *District Health Barometer 2006/7*. Health Systems Trust.

Bayat, M. (2007). Evidence of resilience in families of children with Autism. *Journal of Intellectual Disability Research* , 51 (9), 702-714.

Benight, C. & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy* , 42 (2004), 1129-1148.

Bennell, P. (2010). The impact of AIDS epidemic on the schooling of orphans and other directly affected children in sub-Saharan Africa. *The Journal of Developmental Studies* , 41 (3), 467-488.

Bernard, H. R. (2000). *Social research methods: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.

Berman, R. & Tyyska, V. (2011). A Critical Reflection on the Use of Translators/Interpreters in a Qualitative Cross-Language Research Project. *International Journal of Qualitative Methods* , 10 (1), 178-190.

Bhardwaj, S., Robinson, P. & Goga, A. (2014). Elimination of mother-to-child transmission of HIV in South Africa: Rapid scale-up using quality improvement. *South African Medical Journal* , 104 (3), 239-243.

Billing, A., Ehrlie, J. & Kortenkamp, K. (2002). *Children cared for by relatives: What do we know about their wellbeing?* Washington: Urban Institute .

Black, K. & Lobo, M. (2008). A Conceptual Review of Family Resilience Factors. *Journal of Family Nursing* , 14 (1), 33-55.

Blaxter, L., Hughes, C. & Tight, M. (2010). *Open up study skills: How to research* (Vol. 4). New York: Open University Press.

Boon, H., Ruiters, R., James, S., van den Borne, B., Williams, E. & Reddy, P. (2010). Correlates of grief among older adults caring for children and grandchildren as a consequence of HIV and AIDS in South Africa. *Journal of Aging and Health* , 22 (1), 48-67.

Bradfield, B. (2013). Intersubjectivity and the knowing of the inner experience. Finding space for a psychoanalytic phenomenology in research. *Journal of Humanistic Psychology* , 53 (3), 263-282.

Brodsky, A. E. & Cattaneo, L. B. (2013). A transconceptual model of empowerment and resilience: Divergence, convergence and interactions in kindred community concepts. *American Journal of Community Psychology* , 52, 333-346.

Brodsky, A. E., Welsh, E., Carrillo, A., Talwar, G., Scheibler, J. & Butler, T. (2011). Between synergy and conflict: Balancing the processes of

organizational and individual resilience in an Afghan women's community. *American Journal of Community Psychology* , 47 (3-4), 217-235.

Brooks, J. (2011). *The process of parenting*. New York: McGraw-Hill.

Case, A. & Ardington, C. (2006). The impact of parental death on school outcomes: Longitudinal evidence from South Africa. *Demography* , 43 (3), 401-420.

Chazan, M. (2008). Seven 'deadly' assumptions: unravelling the implications of HIV/AIDS among grandmother in South Africa and beyond. *Ageing and Society* , 28 (7), 935-958.

Cluver, L. & Gardener, F. (2007). The mental health of children orphaned by AIDS: a review of international and southern African research. *Journal of Child and Adolescent Mental Health* , 19 (1), 1-17.

Cluver, L., Gardener, F. & Operario, D. (2008). Effects of stigma on the mental health of adolescents orphaned by AIDS. *Journal of Adolescent Health* , 42, 410-417.

Crawford, P., Brown, B. & Majomi, P. (2008). Education as an exit strategy for community mental health nurses: A thematic analysis of narratives. *Mental Health Review Journal* , 13 (3), 8-15.

Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.

Cyrułnik, B. (2009). *Resilience: How your inner strength can set you free from the past*. London: Penguin Books.

Dass-Brailsford, P. (2005). Exploring resiliency: Academic achievement among disadvantaged black youth in South Africa. *South African Journal of South Africa* , 35 (3), 574-591.

Deleire, T. & Kalil, A. (2002). Good Things Come In Threes: Single-Parent Multigenerational Family Structure and Adolescent Adjustment. *Demography* , 39 (2), 393-413.

Denzin, N. K. & Lincoln, Y. S. (1998). *Collecting and interpreting qualitative materia*. Thousand Oaks, CA: Sage.

Department of Social Development. (2012). *White Paper on Families in South Africa*. Department of Social Development. Pretoria: Government Gazette.

Desmond, C. (2006). *Emotional Statistics: Children and HIV/AIDS in South Africa. Paper presented at the University of Kwazulu Natal*. Durban: AIDS Debates.

Donald, D., Lazarus, S. & Lolwana, P. (2012). *Educational Psychology in Social Context* (Vol. 4). Cape Town: Oxford University Press.

Downey, J. (2008). Recommendations for fostering educational resilience in the classroom. *Preventing School Failure: Alternative Education for Children* , 53 (1), 56-64.

Drew, R., Makufa, C. & Foster, G. (1998). strategies for providing care and support to children orphaned by AIDS. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV* , 10 (2), 9-15.

Earle, V. (2010). Phenomenology as research method or substantive metaphysics? An overview of phenomenology's uses in nursing. *Nursing Philosophy* , 11, 286-296.

Ebersohn, L. (2007). Voicing perceptions of risk and protective factors in coping in a HIV&AIDS landscape: Reflecting on capacity for adaptiveness. *Gifted Education International* , 16 (2), 357-376.

Ebersohn, L. & Eloff, I. (2006). Identifying asset-based trends in sustainable programmes which support vulnerable children. *South African Journal of Education* , 26 (3), 457-472.

Edwards, R. (2002). Interpreters/Translators and Cross-Language Research: Reflexivity and Border Crossings. *International Journal of Qualitative Methods*, 1 (2), 1-12.

Epstein, N. & Bishop, D. (1981). Problem centered systems therapy of the family. In A. Gurman, & D. Kniskern, *Handbook of family therapy*. New York: Brunner/Mazel.

Fergus, S. & Zimmerman, M. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health* , 26 (1), 399-419.

Flick, U. (2009). *An introduction to qualitative research* . London: Sage.

Foster, G. & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS* , 14 (3), S275-S284.

Fox, N., Almas, A., Degnan, K., Nelson, C. & Zeanah, C. (2011). The effects of severe psychosocial deprivation and foster care intervention on cognitive development at 8 years of age: findings from the Bucharest Early Intervention Project. *The Journal of Child Psychology and Psychiatry* , 52 (9), 919-928.

Freeman, M. & Nkomo, N. (2006). Guardianship of orphans and vulnerable children: A survey of current prospective South african caregivers. *AIDS Care* , 18, 302-310.

Garmezy, N. (1985). Stress-resistant children: the search for protective factors. In A. Davids, *Recent research in development psychopathology*. (pp. 213-233). NY: Pergamon Press.

Giese, S., Meintjies, H., Croke, R. & Chamberlain, R. (2003). *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: Research Report and Recommendation*. National Department of Health. Cape Town: Children's Institute.

Giger, J., Appel, S., Davidhizar, R. & Davis, C. (2008). Church and spirituality in the lives of the African American community. *Journal of Transcultural Nursing* , XX (X), 1-9.

Glaser, K. & Gessa, G. (2012). *Grandparenting in Europe: Main study Preliminary Findings Briefing*. London: Kings College London.

Glaser, K., Montserrat, E., Waginger, U., Price, D., Stutchbury, R. & Tinker, A. (2010). *Grandparenting in Europe*. Grandparents plus.

Goldblatt, B. (2005). Gender and social assistance in the first decade of democracy: A case study of South Africa's child grant. *Politicon: South African Journal of Political Studies* , 32 (2), 239-257.

Goodman, C. (2007). Intergenerational triads in skipped-generation grandfamilies. *Internation Journal of Aging and Human Development* , 65 (3), 231-258.

Gray, M. (2006). The progress of social development in South Africa. *Journal of Social Welfare* , 15 (1), S53-S64.

Gray, M. & Webb, S. (2013). *Social Work Theories and Methods*. London: Sage.

Greeff, A. & Human, B. (2004). Resilience in families which a parent has died. *The American Journal of Family Therapy* , 32 (1), 27-42.

Green, J. & Thorogood, N. (2004). *Qualitative methods in health research*. London: Sage.

Grix, J. (2010). *The foundation of research 2nd Edition*. London: Palgrave Macmillan.

Guattari, F., Pindar, I. & Sutton, p. (2001). *The Three Ecologies*. New Jersey: The Athlone Press.

Hanks, T. (2008). Ubuntu: A theoretical examination of the potentialities of an emergent humanistic paradigm. Unpublished doctoral dissertation, Saybrook Graduate School and Research Centre, San Francisco, California.

Hawley, D. (2000). Clinical implications of family resilience. *The American Journal of Family Therapy* , 28 (2), 101-116.

Hayes, N. (2011). *Doing Psychological Research*. New York: Open University Press.

Hayslip, B. & Kaminski, L. (2005). Grandparents Raising their Grandchildren. *Marriage and Family Review* , 37 (1-2), 147-169.

Hill, R. (1945). *Families under stress: Adjustment to the crisis of war, separation, and reunion*. New York: Harper.

Hosegood, V. (2009). The Demographic impact of HIV and AIDS A cross the Family and Household Life-cycle: Implications for Efforts to Strengthen Families in sub-Saharan Africa. *AIDS Care* , 21 (1), 13-21.

Hosegood, V., Floyd, S., Marston, M., Hill, C., McGrath, N., Isingo, R., et al. (2007). The effects of high HIV prevalence on orphanhood and living arrangements of children in Malawi, Tanzania, and South Africa. *Population Studies* , 61 (3), 327-336.

Hughes, M., Waite, I., LaPierre, T. & Luo Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. *Journal of Gerontology*, 62 (2), 108-119.

Ibrahim, A. M. (2012). Thematic Analysis: A critical review of its process and evaluation. *Academic Conference Proceedings* (pp. 8-21). Zagreb, Croatia: WEI International European.

Impact Conference, Cape Town, April, 2005. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 18 (3), 269-276.

Ironside, P. (2006). Using narrative pedagogy: learning and practicing interpretive thinking. *Journal of Advanced Nursing*, 55 (4), 478-486.

Jamieson, L. & Williams, L. (2003). Focus group methodology: Explanatory notes for the novice nurse researcher. *Contemporary Nurse*, 14 (3), 271-280.

Jansen, J. (2010). The language of research. In K. Maree, *First steps in research* (pp. 15-22). Pretoria: Vab Schaik Publishers.

Kafle, N. (2011). Hermeneutic phenomenological research method simplified. *An Interdisciplinary Journal*, 5, 181-200.

Karim, A., Magnani, R., Morgan, G. & Bond, K. (2003). Reproductive health risk and protective factors among unmarried youth in Ghana. *International Family Planning Perspectives*, 29 (1), 14-24.

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. *The American Journal for Occupational Therapy*, 45 (3), 214-222.

Krishman, V. (2010). Early Child Development: A conceptual Model. *Early Childhood Council Annual Conference* (pp. 1-17). Christchurch: ECMap.

Kritzas, N. & Grobler, A. (2005). The relationship between perceived parenting styles and resilience during adolescence. *Journal of Child and Adolescent Mental Health* , 17 (1), 1-12.

Kumpfer, K. (2002). Factors and processes contributing to resilience: The resilience framework. In M. Glantz, & J. Johnson, *Resilience and development: Positive life adaptations* (pp. 179-224). New York: Plenum.

Landau, J. (2007). Enhancing resilience: Families and communities as agents of change. *family Process* , 46 (3), 351-365

Le Grange, L. (2012). Ubuntu, Ukama and the healing of nature , self and society. *Educational Philosophy and Theory* , 44 (S2), 56-67.

Lewis, D. & Seponski, D. (2012). Transcendent sacrifice and spirituality: Cambodian grandparents raising orphaned grandchildren. *Journal of Intergenerational Relationships* , 10 (4), 355-369.

Lund, F. (2003). Challenging the Development Community to finance Social Assistance. *Children's Institute Seminar Series*. Cape Town: Children's Institute.

Mack, L. (2010). Philosophical underpinnings of educational research. *Polyglossia* , 19, 5- 11.

Madhavan, S. (2004). Fosterage patterns in the age of AIDS: continuity and change. *Social Science and Medicine* , 58, 1443-1454.

Madhavan, S. & Schatz, E. (2007). Coping with change: Household structure and composition in rural South Africa. *Scandinavian Journal of Public Health*, 35 (4), 85-93.

Magnani, R., Karim, A., Weis, L., Bond, K., Lemba, M. & Morgan, G. (2002). Reproductive health risk and protective factors among youth in Lusaka, Zambia. *Journal of Adolescent Health* , 30 (1), 76-86.

Makiwane, M. & Kwizera, S. (2006). An investigation of quality of life of the elderly in South Africa. *Applied Research in Quality of Ilfe* , 1, 297-313.

Mampane, M. R., (2010). The relationship between resilience and school: A case study of middle-adolescents in township schools. Doctoral Dissertation. University of Pretoria.

Marais, H. (2005). *Buckling: The impact of AIDS in South Africa*. Pretoria: University of Pretoria Press.

Maree, K. (2010). *First Steps in Research*. Pretoria: Van Schaick.

Maree, K. & Pietersen, J. (2010). Sampling. In K. Maree, *First steps in research* (pp. 171-181). Pretoria: Van Schaik.

Maree, K. & Pietersen, J. (2010). Surveys and the use of questionnaires. In K. Maree, *First Steps in Research* (pp. 154-170). Pretoria: Van Schaik.

Maree, K. & van der Westhuizen, C. (2010). Planning a research proposal. In K. Maree, *First steps in research* (pp. 24-45). Pretoria: Van Schaik.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research* , 11 (3), Art. 8.

Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist* , 56 (3), 227-238.

Mayring, P. (2004). Qualitative Content Analyses . In U. Flick, E. Kardorff, & I. Steinke, *A Companion to Qualitative Research* (pp. 266-269). London: SAGE.

Mays, N. & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *British Medical Journal* , 320, 50-52.

McCubbin, H. & McCubbin, M. (1988). Typologies of Resilient Families: Emerging roles of social class and ethnicity. *Family Relations* , 37 (3), 247-254.

McCubbin, M. A. & McCubbin, H. I. (1993). Family coping with health crises: The Resiliency Model of Family Stress and Adaption. In C. Danielson, B. Hamel-Bissel, & P. Winstead-Fry, *Families, health, and illness*. New York: Mosby.

McCubbin, H. & Patterson, J. M. (1983). The family stress process: The double ABCX model of adjustment and adaptation. *Marriage and Family Review* , 6 (7), 7-37.

McLafferty, I. (2004). Focus group interviews as a data collecting strategy. *Journal of Advanced Nursing* , 48 (2), 187-194.

Meintjies, H., Budlender, D., Giese, S. & Johnson, L. (2003). *Children in need of care or in need of cash? Questioning social security provisions for orphans in the context of the South African AIDS pandemic*. Joint working paper of the Children's Institute and the Centre of Actuarial Research. Cape Town: University of Cape Town.

Merleau-Ponty, M. (2005). *Phenomenology of Perception*. London: Routledge.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: John Wiley & Sons.

Metzl, E. S. & Morrell, M. A. (2008). The role of creativity in models of resilience: Theoretical exploration and practical applications. *Journal of Creativity in Mental Health* , 3 (3), 303-318.

Mills, T., Gomez-Smith, Z. & De Leon, J. (2005). Skipped Generation Families: Sources of Psychological Distress Among Grandmothers of Grandchildren Who Live in Homes Where Neither Parent Is Present. *Marriage and Family Review* , 37 (1), 191-212.

Minkler, M. & Fuller-Thompson, E. (1999). The health of grandparents raising grandchildren: Results of a national study . *American Journal of Public Health* , 89, 1384-1392.

Mkhize, Z. (2006). Social functioning of a Child Headed Household and the role of Social Work. *PhD Dissertation*. South Africa: University of South Africa.

Moen, T. (2006). Reflections on the Narrative Research Approach. *International Journal of Qualitative Methods* , 5 (4), 56-69.

Monasch, R. & Boerma, J. (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS* , 18 (2), S55-S65.

Montgomery, C., Hosegood, V., Busza, J. & Timaeus, I. (2006). Men's involvement in the South African family: Engendering change in the AIDS era. *Social Science and Medicine* , 62, 2411-2419.

Morgan, B. & Sklar, R. H. (2012). Sampling and research paradigm. In K. Maree, *Complete your thesis or dissertation successfully* (pp. 69-80). Claremont: Juta.

Morse, J., Barrett, M., Mayan, M., Olson, K. & Spiers, J. (2002). Verification Strategies for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods* , 1 (2), 13-22.

Morse, J. M. & Richards, L. (2002). *Read me first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage.

- Mouton, J. (1998). *Understanding social research*. Pretoria: Van Schaik.
- Mudavanhu, D. (2008). The psychosocial impact on rural grandmothers caring for their grandchildren orphaned by HIV/AIDS. Masters Dissertation, University of South Africa.
- Mulhall, A. (2003). In the field: notes on observation in qualitative research. *Journal of Advanced Nursing* , 41 (3), 306-313.
- Munro, S., van Niekerk, A. & Seedat, M. (2006). Childhood unintentional injuries: the perceived impact of the environment, lack of supervision and child characteristics. *Child: Care, health and development*, 32 (3), 269-279.
- Nettles, S., Mucherah, W. & Jones, D. (2000). Understanding resilience: The role of social support . *Journal of Education for Students PLaced at Risk* , 5 (1), 47-60.
- NDHR. (2012). *South African Global AIDS Response Report*. National Department of Health and Research.
- Nieuwenhuis, J. (2010a). Analysing qualitative data. In K. Maree, *First Steps in Research* (pp. 99-122). Pretoria: Van Schaik.
- Nieuwenhuis, J. (2010b). Introducing qualitative research. In K. Maree, *First steps in research* (pp. 47-69). Pretoria: Van Schaik.
- Nieuwenhuis, J. (2010c). Qualitative research designs and data gathering techniques. In K. Maree, *First Steps in Research* (pp. 69-97). Pretoria: Van Schaik.
- Normand, C. (2007). Exploring the resilience in youth living in a high-risk community. Master's thesis. Stellenbosch University.

Oliver, K., Collin, P., Burns, J., & Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian e-Journal for the Advancement of Mental Health* , 5 (1), 1-7.

Onwuegbuzie, A. & Leech, N. (2007). Validity and Qualitative Research: An Oxymoron. *Quality and Quantity* , 41, 233-249.

Orner, P. (2006). Psychosocial impacts on caregivers of people living with HIV/AIDS. *AIDS Care* , 18, 236-240.

Padesky, C. A. & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology and Psychotherapy* , 19, 283-290.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (Vol. 3). Thousand Oaks: Sage.

Patterson, J. (2002). Understanding family resilience. *Journal of Clinical Psychology* , 58 (3), 233-246.

Park, H. (2005). Grandmothers raising grandchildre: Family wellbeing and economic assistance. *Focus* , 24 (2), 19-27.

Ponterotto, J. (2005). Qualitative Research in Counseling Psychology: A primer on Research Paradigms and Philosophy of Science. *Journal of Counseling Psychology* , 52 (2), 126-136.

Pooley, J. & Cohen, L. (2010). Resilience: A definition in context. *The Australian Community Psychologist* , 22 (1), 30-37.

Prevatt, F. F. (2003). The contribution of parenting practices in a risk and resiliency model of children's adjustment. *British Journal of Developmental Psychology* , 21, 469-480.

Pruchno, R. & McKenney, D. (2002). Psychological wellbeing of black and white grandmothers raising grandchildren: Examination of a two-factor model. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* , 57, 444-452.

Punch, K. F. (2005). *Introduction to social research: Qualitative and quantitative approaches* (Vol. 2). London: Sage.

Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the Nutrition Society* , 63, 655-660.

Ras, G., Simson, I., Anderson, R., Prozesky, O. & Hamersma, T. (1983). Acquired immunodeficiency syndrome: A report of 2 South African Cases. *SA Medical Journal* , 64, 140-142.

Ready, D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education* , 83 (4), 271-286.

Richardson, G. (2002). The Metatheory of Resilience and Resiliency. *Journal of Clinical Psychology* , 58 (3), 307-321.

Richter, I. & Desmond, C. (2008). Targeting AIDS orphans and child-headed households? A perspective from national surveys in South Africa, 1995-2005. *AIDS Care* , 20 (9), 1019-1028.

Ritchie, J., Lewis, J. & Elam, G. (2003). Designing and selecting samples. In J. Ritchie & J. Lewis, *Qualitative research practice. A guide for social science students and researchers* (pp. 77-108). CA: Sage.

Robson, E., Ansel, N., Huber, U., Gould, W. & van Blerk, L. (2006). Young Caregivers in the context of the HIV/AIDS pandemic in sub-Saharan Africa. *Population, Space and Place* , 12, 93-111.

Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing* , 53 (3), 304-310.

Ruggles, S. (2003). Multigenerational families in nineteenth-century America. *Continuity and Change* , 18 (1), 139-165.

Rukema, J. & Simelane, H. (2013). Indigenous knowledge systems, drought and people's resilience and responses: The case of Msinga community in KwaZulu-Natal. *Indilinga African Journal of Indigenous Knowledge Systems: Revisiting the Research Paradigm*, 12 (1), 108-125.

Rule, P. & John, V. (2011). *Your guide to case study*. Pretoria: Van Schaik.

Sandler, I., Wolchik, S., Davis, C., Haine, R. & Ayers, T. (2003). Divorce and Bereavement. In S. Luther, *Resilience and Vulnerability* (pp. 214-230). Cambridge: Cambridge University Press.

Sameroff, A. (2009). *The transactional model of development: How children and contexts shape each other*. Washington DC: American Psychological Association.

SASSA. (2011). *You and Your Grants*. Pretoria: South African Social Security Agency.

Schatz, E. (2007). 'Taking Care of My Own Blood': Older Women's Relationships to their Households in Agincourt. *Scandinavian Journal of Public Health* , 35 (69), 147 - 154.

Schatz, E., Madhavan, S. & Williams, J. (2011). Female-headed households contending with AIDS-related hardships in rural South Africa. *Health and Place* , 17 (2), 598-605.

Schatz, E. & Ogunmefun, C. (2007). Caring and Contributing: The Role of Older Women in Rural South African Multi-generational Households in the HIV/AIDS Era. *World Development* , 35 (8), 1390-1403.

Shakya, H., Usita, P., Eisenberg, C., Weston, J. & Liles, S. (2012). Family wellbeing concerns of grandparents in skipped generation families. *Journal of Gerontological Social Work* , 55 (1), 39-54.

Shava, S., Zazu, C., Tidball, K. & O'Donoghue, R. (2009). Local knowledge as a source of community resilience. *Indilinga- African Journal of Indigenous Knowledge Systems* , 8 (2), 218-229.

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* , 22, 63-75.

Silverman, D. (1993). *Interpreting Qualitative data: Methods for analysing talk, text and interaction*. London: Sage.

Silverman, D. (2000). *Doing qualitative research: A practical handbook*. London: Sage.

Simon, J., Murphy, J. & Smith, S. (2005). Understanding and Fostering Family Resilience. *The Family Journal* , 13 (4), 427-436.

Simons, L. & Conger, R. (2007). Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues* , 28 (2), 212-241.

Simpson, G. & Lawrence-Webb, C. (2009). Responsibility without community resources: Informal kinship care among low-income, African American grandmother caregivers. *Journal of Black Studies* , 39 (6), 825-847.

Sitawa, K. & Makiwane, M. (2007). Older People as Resources in South Africa. *Journal of Aging and Social Policy* , 19 (1), 97-114.

Skinner, D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., et al. (2004). Definition of orphaned and vulnerable children. *HSRC*. Cape Town.

Smukler, D. (1990). Growing up in violent situations -The South African situation. *South African Journal of Child and Adolescent Psychiatry* , 2 (1), 7-12.

Sodi, T. & Mkabela, Q. N. (2009). Indigenous knowledge systems and community development. *African Journal of Indigenous Knowledge Systems* , 8 (2), v-ix.

Sofaer, S. (1999). Qualitative methods: What are they and why use them? *Health Service Research* , 34 (5), 1101-1118.

Spreen, C. & Vally, S. (2010). Outcomes-based education and its (dis)contents: Learner-centred pedagogy and the education crisis in South Africa. *Southern African Review of Education* , 16 (1), 39-58.

Squires, A. (2008). Language barriers and qualitative nursing research: methodological considerations. *International Nursing Review* , 55, 265-273.

Squires, A. (2009). Methodological Challenges in Cross-Language Qualitative Research: A Research Review. *International Studies of Nursing Studies* , 46 (2), 277-287.

Stanza Bopape. (2013). *Who we are*. Retrieved July 23, 2014 from Stanza Bopape Health and Community Development Centre: <http://www.stanzabopapecommunitycentre.co.za/>

Statistics South Africa. (2011). *South Africa- General Household Survey 2011*. Pretoria: Stats SA.

Statistics South Africa, (2013). *General Household Survey 2012 Revised*. Pretoria: Stats SA.

Stroebe, M., Schut, H. & Stroebe, W. (2007). Health Outcomes of Bereavement. *Lancet* , 370, 1960-1973.

Surrender, R., Noble, M., Wright, G. & Ntshongwana, P. (2010). Social assistance and dependency in South Africa: An analysis of attitudes to paid work and social grants. *Journal of Social Policy*, 39 (2), 203-221.

Tanser, F., Victoria, H., Banighausen, T., Herbst, K., Makandwe, N., Muhwava, W., et al. (2008). Cohort Profile: Africa Centre Demographic Information System (ACDIS) and population-based HIV survey. *International Journal of Epidemiology* , 37, 956-962.

Theron, L. (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. & Theron, A. (2010). A critical review of the studies of South African youth resilience, 1990-2008. *South African Journal of Science* , 106 (7), 1-14.

Thurman, T., Brown, L., Richter, L., Maharaj, P. & Magnani, R. (2006, May 20). Sexual risk behaviour among South African Adolescents: Is orphan status a factor. *AIDS and Behaviour* . Pretoria, Gauteng, South Africa.

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.

Toland, J., & Carrigan, D. (2011). Educational psychology and resilience: New concept, new opportunities. *School Psychology International* , 32 (1), 96-106.

Tudge, J., Mokrova, I., Hatfield, B. & Karnik, R. (2009). Uses and Misuses of Bronfenbrenner's Bioecological Theory of Human Development. *Journal of Family Theory and Review* , 1, 198-210.

Ungar, M. (2003). Qualitative contributions to resilience research. *Qualitative Social Work* , 2 (1), 85-102.

Ungar, M. (2005). Pathways to resilience among children in child welfare, corrections, mental health and educational settings: Navigation and negotiation. *Child and Youth Care Forum* , 34, 423-443.

Ungar, M. (2008). Resilience across Cultures. *British Journal of Social Work* , 38, 218-235.

Ungar, M., Brown, M., Liebenberg, L., Cheung, M. & Levine, K. (2008). Distinguishing Differences in Pathways to Resilience Among Canadian Youth. *Canadian Journal of Community Mental Health* , 27 (1), 1-13.

Ungar, M. & Liebenberg, L. (2005). The international Resilience Project: A Mixed-Methods Approach to the Study of Resilience across cultures. In M. Ungar, *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 211-226). Thousand Oaks, CA: Sage.

Ungar, M., Liebenberg, L. & Brown, M. (2005). The International Resilience Project: A mixed methods approach to the study of resilience across cultures. In M. Ungar, *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 211-227). CA: Sage.

Ungar, M., Liebenberg, L. & Ikeda, J. (2012). Young people with complex needs: Designing coordinating interventions to promote resilience across child welfare, juvenile correction, mental health and education services. *British Journal of Social Work Advance Access* , 1-19.

UNICEF. (2003). *Statistics*. Retrieved 04 14, 2013 from Unicef South Africa: http://www.unicef.org/infobycountry/southafrica_statistics.html#89

van Dullemen, I. (2009). The resilience of children of HIV positive mothers with regards to the mother-child relationship. Master's thesis. University of Pretoria.

van Manen, M. (1997). *Researching lived experience. Human science for an action pedagogy* (Vol. 2). London: Althouse Press.

Vandsburger, E. & Biggerstaff, M. A. (2004). Evaluation of the Stress Adjustment and Adaptation Model among families reporting economic pressures. *Journal of Family Social Work* , 8 (2), 65-84.

Vogel, H. (2009). Psychological counselling and indigenous knowledge systems in South Africa. *Indilinga - African Journal of Indigenous Knowledge Systems* , 8 (2), 175-188.

Waldrop, D. & Weber, J. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. *The Journal of Contemporary Human Services* , 82 (5), 461-471.

Waller, M. (2001). Resilience in Ecosystemic Context: Evolution of the concept. *American Journal of Orthopsychiatry* , 71 (3), 290-297.

Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.

Walsh, F. (2002). A Family Resilient Framework: Innovative Practice Applications. *Family Relations* , 51 (2), 130-137.

Walsh, F. (2003). *Normal Family Processes: Growing diversity and complexity*. New York: The Guilford Press.

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process* , 46 (2), 207-227.

Walsh, F. (2009). *Religion, sirituality and the family*. New York: The Guilford Press.

Wendel, R. (2003). Lived religion and family theraoy: What does pirituality have to do with it? *Family Process* , 42 (1), 165-179.

Werner, E. & Smith, R. (1982). *Vulnerable But invincible: A longitudinal study of resilient children and youth*. NY: McGraw Hill.

Werner, E. & Smith, R. (1992). *Overcoming the odds: high risk children from birth to adulthood*. Ithaca: Cornell University Press.

Wiklund-Gustin, L. (2010). Narrative hermeneutics: in search of tnarrative data. *Scandinavian Journal of Caring Sciences* , 24, 32-37.

Wild, L., Flisher, A. & Robertson, B. (2011). Risk and resilience in orphaned adolescents living in a community affected by AIDS. *Youth and Society* , XX (X), 1-23.

Willig, C. (2001). *Introducing qualitative research in psychology*. Buckingham, Philadelphia: Open University Press.

Windsor, J., Wing, C., Koga, S., Fox, N., Benigno, J., Carrol, P., et al. (2011). Effect of Foster Care on Young Children's Language Learning. *Child Development* , 00 (00), 1-7.

Winston, A. C. (2006). African American grandmothers parenting AIDS orphans: Griefing and coping. *Qualitative Social Work* , 5 (1), 33-43.

Wright, M. & Masten, A. (2005). Resilience processes in development. In S. Goldstein, & R. Brooks, *Handbook of resilience in children* (pp. 17-37). NY: Kluwer Academic.

Zauszniewski, J., Au, T. & Musil, C. (2012). Resourcefulness training for grandmothers raising grandchildren: Is there a need? *Issues in Mental Health Nursing* , 33, 680-686.

Ziehl, S. (2001). Documenting Changing Family Patterns in South Africa: Are Census Data of any Value. *African Sociological Review* , 5 (2), 36-62.

APPENDIX A

Sample of focus group transcriptions with coding

Transcription Key:

Themes	Sub-themes	Colour Key
1. Spirituality	1.1. Religion	Blue Text
2. Family resilience processes	2.1 Communication	Black Text
	2.2 Problem solving	<i>Black italics</i>
	2.3 Roles and role reversal	Black bold
	2.4 Emotional presence	<i>Black bold italics</i>
	2.5 Involvement	Yellow Text
	2.6 Managing behaviour	Yellow Text Italics
	2.7 Knowledge and respect of the individual	Black Text
3. Resources	3.1 Inter-familial resources	Black Text
	3.2 External resources	<i>Black text italics</i>
4. Perceptions	4.1 Definition of family	Orange text
	4.2 Perceptions of adversity	Orange text Bold
5. Adversity	5.1 Males	Black text
	5.2 Physical impairments	<i>Black Text Italics</i>
	5.3 Inter- and intra-familial conflict	Black Text Bold

NOT APPLICABLE

1
2 **FOCUS GROUP TRANSCRIPTS Sept 2014**
3
4 Facilitator/Translator: We would like to tell you why we are
5 here. Xavier says he had spoken to you earlier about a
6 research project he is working on.
7
8 Female Respondent: Yes.
9
10 Facilitator/Translator: Whenever we do research there are
11 rules that we must abide by. I need to explain to you why we
12 are here. Can you understand what I am saying to you.
13
14 Xavier: Ask her please if we can switch the TV off?
15
16 Respondent: Yes it's fine.
17
18 Xavier: Thank you, the TV is making a noise (all laughing).
19
20 Facilitator/Translator: When we do research we have to
21 follow a certain process. I am here to assist Xavier with
22 translations for his project. It is important for us to explain the
23 purpose of our visit. We want to understand everything
24 about your family. If you feel uncomfortable to tell us about
25 your family life please say so.
26
27 Respondent: I agree to take part in the research.
28

29 Facilitator: We are going to ask you questions and wait for
30 you to respond. We will read to you what you have said so
31 that you can confirm. If we are wrong you will be given an
32 opportunity to change your statement. We are also going to
33 take photos of your house if that is okay with you.

34
35 Respondent: Yes he you can take pictures of my house.

36
37 Facilitator/Translator: The other important this is that you
38 Mama Lea, we are not going to use your real name, we will
39 also not use your home address, all your information you
40 share with us and your address will be kept confidential. Do
41 you have any questions for us

42
43 Respondent: About taking the picture of my home, it is fine,
44 you can go ahead and take the photograph.

45
46 Facilitator/Translator: Everything that you share with us will
47 not shared with anyone else, just the two of us and at the
48 university. The information will be kept confidential. So in this
49 meeting there will be yourself, Lea, Surprise and Xavier. Are
50 you okay with that and do you understand.

51
52 Respondent: I do understand.

53
54 Facilitator/Translator: And do you also agree that we
55 interview you and your children?

56

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57 Respondent: Yes me and my children, I agree. (The
58 translator translated to Xavier).

59
60 Xavier: Are you able to sign or would you like someone else
61 to sign on your behalf?

62
63 Respondent: I can sign because I can write. I will sign myself.

64
65 Xavier: Thank you.

66
67 Facilitator/Translator: Please sign here.

68
69 Xavier: Thank you. We are going to ask the children to also
70 sign their own forms, the form is exactly the same. Is it okay?

71
72 Respondent: Yes I hear you and understand what you want.

73
74 Xavier: Thank you mama.

75
76 Respondent: You seem quite new in this job am I right?

77
78 Facilitator/Translator: Yes mama.

79
80 Respondent: I used to go to Stanza Bopape, after they
81 moved I can no longer go I ask Godfrey to go on my behalf.

82
83 Xavier: We will take a small break until the children are back
84 and then we will ask you to switch the television off. If you
85 want to take part of the conversation please give us

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86 permission by signing here .., it just says that you understand
87 what we're doing and you understand that we will keep you
88 secure and we won't use the information to hurt the family.
89 We want to empower, we want to help but not hurt the
90 family.

91
92 Facilitator/Translator: Can we switch the television off?

93
94 Xavier: Thank you.

95
96 Facilitator/Translator: We are going to record the
97 conversation because we do not want to lose anything, it will
98 not be easy to write whilst we conduct the interview.

99
100 Xavier: Whatever we record isn't going to be shared with
101 anybody else, I'm just gonna type it out because it's gonna
102 be difficult to remember everything that we talk about
103 today. Okay perfect, thank you so much for letting me into
104 your home.

105
106 Respondent: Have you spoken to Lea?

107
108 Facilitator/Translator: We are going to talk to you all as a
109 family.

110
111 Respondent: When I see him he makes me very happy.

112
113 Xavier: Okay cause I'm very happy to be here. So today,
114 you all know that we read through the consent letter which

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115 explains what we going to be talking about. So I just wanted
116 to explain it again, just quickly just to summarise. So we
117 going to be talking about your family. Your family because
118 it's headed by grandmother, by Lea .., so thank you very
119 much for letting me in here and thank you very much for
120 opening up and opening up your family to me.

121

122 Facilitator/Translator: They understand.

123

124 Xavier: Okay we first going to start talking about the history
125 of this household. So when you answer especially because
126 you live next door, or do you stay inside here ...

127

128 2nd Respondent: Ja.

129

130 Xavier: We looking specifically for the relationship and for the
131 strength that Ma-Lea has with Surprise with Lea as well. So if
132 any information that you can share that you see, as
133 somebody from outside seeing inside that would be very
134 helpful.

135

136 2nd Respondent: Okay.

137

138 Xavier: Thank you very much. So to start with the history.
139 Who are you?

140

141 2nd Respondent: I'm a woman .., I'm a mother, Lea Maseko,
142 the owner of the house, her mother died, she had four
143 children, the first born is a female who lives in Nellmaphius,

NOT APPLICABLE

144 the second born is Godfrey, the third is the father of the child
145 and the fourth is another boy. She is my aunt, she brought
146 me up from a very young age until today.

147

148 Xavier: So Lea is your aunt?

149

150 2nd Respondent: Yes.

151

152 Xavier: How long have you been living with the family?

153

154 2nd Respondent: She brought me up.

155

156 Xavier: So she's like your mother.

157

158 2nd Respondent: There's a second one who comes after me,
159 he also lives here.

160

161 Xavier: Is that Philip.

162

163 2nd Respondent: Yes.

164

165 Xavier: How long have you been living here?

166

167 3rd Respondent: Since 2003, until 2013.

168

169 Xavier: What happened in 2013?

170

171 3rd Respondent: I moved and went to live with my mother's
172 family.

- Resources within family

Role of aunt

- Has been through the role of looking after orphans before

Resources within the family

173
174 Xavier: You wanted to go and live with your mother's family,
175 why are you back here?
176
177 3rd Respondent: I'm not back I just come and check.
178
179 Xavier: Oh you just come and check and then you go back,
180 okay, so you still live at your mother's family. Do you like it
181 there.
182
183 3rd Respondent: Yes.
184
185 Xavier: Well we are very happy that you are here and then
186 when you're thinking about what we're talking about today,
187 just think about your upbringing and all the strength that you
188 had with this family, okay. So, that is you as a family. Thank
189 you very much. I want to try and understand you, I want to
190 try understand the family. So I want to ask you what do you
191 see a family as, what is your definition of a family?
192
193 Respondent: It's my family.
194
195 Facilitator/Translator: Why are you saying that?
196
197 Respondent: Because I live with them, they are my only
198 family because I don't have parents anymore, they are all I
199 have, and others are far away but the ones I live with here,
200 we are 7 in this home, aren't we a family?
201

Perceptions: Definitions of family

202 Facilitator/Translator: It is mama.

203

204 2nd Respondent: They just want you to explain ...

205

206 Respondent: We are a family of 7.

207

208 Facilitator/Translator: What we want to understand is what
209 does this family of 7 mean to you?

210

211 Respondent: **They assist me, I am currently blind, if I lived**
212 **alone how would things be. I think it is much better because**
213 **they are here, when I ask for something they assist me.**

214

215 Facilitator/Translator: It's true mama. (translation summary:
216 she explained that she has 7 kids and that family means a lot
217 to her because she is now blind, where would she be if it
218 were not for her family, so it actually tells that she values the
219 family very much).

220

221 Xavier: Okay a family for you is somebody that supports? Is
222 that what you're saying ..?

223

224 Facilitator/Translator: **That's what she means, support means**
225 **being there. It means caring.**

226

227 Xavier: It means caring. And for you, what does it mean,
228 what does a family mean for you?

229

230 Female Respondent: **Many things, helpfulness, caring**

- Role reversal: Getting help from younger family members

- Definition of family relates to affective responsiveness

-Definition of family relates to affective responsiveness

231
232 Xavier: Helpfulness, caring ..
233
234 Female Respondent: Protectness and guidance ..
235
236 Xavier: Guidance. So family members stick together and
237 they guide and protect and help. Okay, but you didn't say
238 that there was a relation, a blood relation, so anybody who
239 helps in a group, and who guides and protects is that also a
240 family for you? And for you ?
241
242 Female Respondent: Ja it's still ..
243
244 Xavier: Is the same. So you have a strong idea that a family
245 is not necessarily blood related but there they are together,
246 they are helping, caring okay I understand ..
247
248 Female Respondent: Ja.
249
250 Xavier: Thank you for that that's a beautiful answer. So what
251 makes this family a family then?
252
253 Female Respondent: **By helping each other, by listening to**
254 **each other and respecting each other.**
255
256 Xavier: So they're helping by listening and respecting ..
257
258 Female Respondent: **And guiding each other.**
259

- Definition of fam relates to affective responsiveness

Def relates to affective responsiveness.

-Definition of a family

- Definition of family

Affective responsiveness in support: Welfare emotions

- Role of family members

260 Xavier: Polena for you ..

261

262 Polena: (laughing)

263

264 Xavier: What makes this a family ..

265

266 Mama Lea: **This is my family, what makes us a family is the**
267 **blood bond, even though they have decided to go and live**
268 **elsewhere, we are bonded by blood, I want to know where**
269 **they are and whether they are okay or not.** In our culture, as

270 you know, we do not forget the son's children, a child has
271 two grandparents but the most important one is the one of
272 the father's side, a boy is very important. Lea and Surprise
273 are very important to me and they make them family. They
274 are blood relatives more than anything.

275

276 Xavier: How did this family come to be a grandmother
277 headed household?

278

279 Mama Lea: I will tell you the truth, their mother became
280 pregnant with Surprise, the young man used to follow her at
281 her parents. He then brought her here while she was
282 pregnant. So the day she gave birth, they were together at
283 the woman's place. My son took her to the nursing home,
284 when he came back he went back to her parents. **So when**
285 **he went to visit the child, the girl's father kicked him out, he**
286 **came back home. The girl followed him and that is how they**
287 **came to live here. That is what happened, I could not chase**
288 **them away. What would you do?**

-Affective involvement:
Empathetic involvement.

- Cultural norms

- Internal resources

289
290 Facilitator/Translator: You will look after them because you
291 now have a grandchild.

292
293 Mama Lea: So I let them stay until Lea was born. The child
294 was born in 2001, Lea baby was born in 2003. The girlfriend
295 then made piece with her parents. She later died and they
296 came back and wanted to claim the children. My husband
297 was still alive at the time, he refused to release the children to
298 the girl's parents. The social workers supported us. The elder
299 one went to crèche and then to school, later on the
300 youngest also did the same. Surprise is the oldest he is in
301 grade 8 and Lea is the youngest and is I grade 6. These are
302 my grandchildren.

303 (translation summary: Lea's parents were dating and the
304 mother got pregnant with Surprise and then the father of
305 their mother kicked her out. So Lea's father took her in and
306 they came to stay here, she allowed them to stay here
307 because she didn't want them to live anywhere. While they
308 were here the second baby was born, Lea's mum. They
309 stayed here until Lea's mom passed away. After she passed
310 away the maternal family wanted to demand the children,
311 but Mama Lea's husband refused. Her son also died. The
312 matter was referred to the social workers. The family assisted
313 them to bury their daughter. The maternal family before the
314 passing of the children's mother they were not involved with
315 them. The children were not given back to the maternal
316 family because Mama Lea's husband would not hear of it.
317 They do visit the children.

- Internal resources

- Internal resources

- Resources outside of family

318
319 Xavier: It must have been very difficult for you for losing a
320 child and for you losing parents? And today we going to talk
321 ...

322
323 Facilitator/Translator: It must have been painful for you when
324 you lost your child?

325
326 Mama Lea: It was very difficult for me when I lost my child, I
327 used to ask myself how am I going to cope. But God was
328 there, I brought them up, I baptised them at church, and
329 confirmed them at church, I also took them to school with
330 the help of God.

331 (translation summary: I was very hard broken about my son,
332 and was worried how I was going to raise Lea and Surprise,
333 but with God's will and help I survived. I was able to get
334 them through school, helping them).

335
336 Xavier: Did she have to do the same thing with Polena and
337 Phillip? Did she have to do the same thing?

338
339 Mama Lea: She was born here.

340
341 Facilitator/Translator: So you brought them up like Lea and
342 Surprise?

343
344 Mama Lea: Yes they were all born at Holy Cross in Selbourne.

345

-Emotional challenges

- Spirituality: Religious
-Spirituality

-Resources outside of family

346 Facilitator/Translator: What had happened for you to bring
347 your sister's children up, what had happened? This
348 happened first with Polena and Phillip and then with Lea and
349 Surprise. How does this make you feel?

350
351 Mama Lea: I very proud of that, I thank God, I could not
352 have done it without his strength, it's God's will although
353 today I feel like a crock, and it is now their time to take care
354 of me. I brought them up and looked after them, including
355 Polena's brother, Phillip, I brought them all up. My husband
356 was sweet, he didn't have a problem, we did things together
357 and were one thing. We would fight just like any other
358 couple and forgive each other.

359 (translation summary: I am very proud of what I achieved in
360 terms of bringing up Polena and her brother and having the
361 ability to actually do it all over again with my own
362 grandchildren. My husband was very welcoming and open,
363 we would argue just like any other couple, I thank God for
364 giving me the strength to be able to do this. I am happy, she
365 has brought up a nation.

366
367 Xavier: Do you feel that the skills that you used to bring up
368 Polena and Phillip, children that were not hers, did she use
369 those skills to bring up Lea and Surprise?

370
371 Mama Lea: Yes I brought them up in the same way, I am
372 Catholic, I took them to my church and they are still in the
373 same church. I brought them up the same way I brought up
374 Polena and Phillip.

- Perception of adversity
- Gratitude towards God
- Perception of powerless

-- Role reversal

- Roles

- Resource within the family-
strength of relationship

-Did not treat any of the
children differently to her
own biological children

- Spirituality- resource

375
376 Xavier: Did you do the same for your own children .., for the
377 four children that you had originally?

378
379 Mama Lea: I bring up my children through the church, they
380 then go to school, my priority is going to church and school.

381
382 Xavier: So nothing changed depending on whether you
383 were raising your children to raising somebody else's
384 children?
385 (translation summary: Regardless of the situation, these two
386 things are important, if you are in this household that's how
387 you will be raised)

388
389 Xavier: Lea, how did you feel about growing up with your
390 grandmother (Mama Lea)?

391
392 Lea: Very happy.

393
394 Xavier: Can you describe it for me, think about the past,
395 think about your upbringing, can you give me a short story
396 about how you felt about it?

397
398 **Lea: I've been feeling very happy living with my**
399 **grandmother, with my grandfather,** some other kind of things
400 in this family and as I was growing up they changed ...

401
402 Xavier: You've been changed, changed in what way?

403

-Spirituality strength and resources

- Church and school external resources

- Strong values and principles in parenting

Affective responsiveness: welfare emotions

404 Lea: When my father died I changed living here and
405 sometimes living with my other grandmother.

406

407 Mama Lea: Can I have water please.

408

409 Xavier: We have coke if you want some.

410

411 Lea: *The treatment changed after my father died ..,* that is
412 why we moved to live with my other grandparents. So when
413 we got there, *they didn't treat my brother Surprise very well,*
414 *they gave him little food, sometimes took his clothes.* So our
415 grandmother did not know that they were not treating him
416 well, *so I live there and Surprise lives here.*

417

418 Facilitator/Translator: You don't want to come back here ...

419 (translation summary: *There were differences between the*
420 *families and the living arrangements that is why I moved that*
421 *side and Surprise stayed here and things worked out easier).*

422

423 Xavier: So Surprise still lives here?

424

425 Lea: Yes.

426

427 Xavier: What were those different arrangements, what had
428 changed, what was different from the house over there to
429 the house here?

430

431 Lea: *I was not happy living here, I was not happy with the*
432 *circumstances,* so it was easier and better for me to go live

? Answer not clear

- Identification of problem

- Evaluation of success

- Decision of action
alternative

- Identification of problem

- Decision of action
alternative

- Evaluation of success

433 with the other family. I wanted to stay here because of my
434 grandmother, I miss her .., although I am not used to the
435 other family but I am happier there, but I would prefer to stay
436 with my grandmother. That is why I keep popping between
437 the family. I must help my grandmother. Living
438 circumstances changed after my father died, the treatment
439 changed). My happiest memories are here.

440

441 Xavier: In what way did the circumstances change?

442

443 Facilitator/Translator: They were not treated well.

444

445 Xavier: You don't have to answer all the questions if you feel
446 sensitive about it you can also just say I don't want to answer
447 that question and I won't ask it again. In what way were you
448 not treated well. You can also answer in Sotho if you want.

449

450 Lea: The treatment from my uncle was not well, I am happy
451 with the way my grandmother treats me .., the difficulty is with
452 the males.

453

454 Xavier: And so you felt better living with your mother's
455 family?

456

457 Lea: Ja.

458

459 Xavier: But you still miss it here?

460

461 Lea: Ja.

Affective involvement. –
empathetic involvement.

- And problem solving.

- Inappropriate affective
responsiveness

462
463 Xavier: Thank you for answering that question, I know it's
464 difficult. Okay maybe we can carry on. So now I want to
465 look at what makes your family strong. Please ask Mama Lea
466 too. How does your family work together.

467
468 Lea: I am very open, I love meetings so that matters can be
469 clarified.

470 (translation: What makes the family work is that I am open
471 and if I'm not happy about something we call a family
472 meeting, that's what makes us strong.

473

474 Xavier: Who is the head of the family?

475

476 Lea: My grandmother.

477

478 Xavier: From what I understand is that Lea is open, she's
479 open to communicate.

480

481 Lea: We feel free talking to her about things.

482

483 Xavier: Does Surprise .., maybe you can answer for him, does
484 he also feel the same comfort to speak with Mama Lea, so
485 whenever there's an issue you go and speak to her, do you
486 speak as a group, as a family or do you speak in private?

487

488 Lea: Private.

489

-Communication

-Roles and structure of family management is clear

Communication

Knowledge of individuals

490 Xavier: So what makes, so that's what makes your family
491 work, now what makes your family strong?

492
493 Facilitator/Translator: That's what she answered, that what
494 makes them works is having meetings and what makes them
495 strong is the fact that they can communicate with each
496 other, they are able to hold meetings if there's something
497 wrong within the family.

498
499 Xavier: What about you Mama Lea?

500
501 Mama Lea: I don't have any problem (they then explained
502 to her what was meant). What gives me strength is Lea and
503 Surprise, they will come to me and say we are going to visit
504 our other grandmother. I do not refuse them, I gave them
505 the permission. Since they started going there there's a lot of
506 things, I want to know why and that woman came to me
507 and asked me to assist her with money to support the
508 children. I once gave her R600, later on I gave her R300.
509 From then on she sneaked to change the children's identity
510 documents ...

511
512 Facilitator/Translator: What you have just told me are things
513 that hurt you, what makes you strong as a family? What
514 gives you the strength to look after this family?

515
516 Mama Lea: My family is very strong, we do not have
517 problems ..

518

- This shows the strength of the bond between grandmother and orphans.

- **Affective involvement; Empathetic involvement**

- Supporting the maternal family as well as they look after the one orphan

- Perceptions of the adversity.

519 Facilitator/Translator: What makes the family strong here at
520 home, if you have family problems what gives you the
521 courage to continue?

522
523 Mama Lea: *The prayer, when I am alone I pray, I pray the*
524 *Lord Jesus Christ, Maria's son.* (translation summary: what
525 keeps the family strong is prayer. She says she's a woman
526 who prays a lot, she was just explaining that she serves the
527 living God. Irrespective of the conflict between her and the
528 other family, what keeps her strong is prayer).

529
530 Xavier: When the family is faced with a difficulty, how do you
531 view that difficulty?

532
533 Polena: *We discuss issues*, we communicate, if someone has
534 made a mistake we must talk about it and for instance **Lea**
535 **knows that if she has done something wrong I will reprimand**
536 **her, she knows what is right or wrong.** *We talk about it.*

537 (translator summary: In general we don't have a way to
538 solve problems, so it's going to depend on how we solve the
539 problem, how we look at it. If you see a problem you tell the
540 person that this is what you did, you explain it and then they
541 deal with it, they talk about it ..)

542
543 Xavier: Do you talk about it together as a family or do you
544 just talk about it with the person that you have the problem
545 with?

546
547 Polena: *It depends on the problem.*

- Spirituality (Strength in prayer)

- *Identification of the problem (Problem solving)*

- Roles- accountability

- Communication is clear and direct

- Behaviour control is flexible

548 (Translator summary: Depending on the issue at hand,
549 sometimes you might embarrass someone, so it depends on
550 the issue, some issues they might discuss as a family or with
551 the individual).

552
553 Xavier: Okay but let's go back to when Lea decided that
554 she wanted to go back and live with her maternal family.
555 How did you deal with that issue? How did the family deal
556 with that?

557
558 Lea: It was difficult.

559
560 Xavier: How did the family get strong from that?

561
562 Polena: We understood, Mama Lea did not understand. We
563 understood the situation, the kids are getting older, there are
564 changes in their lives, so that is why I didn't have a problem, I
565 still go there even though my grandmother has a problem
566 when I go there, she tells me.

567 (translator: She says it was difficult but they as the aunt, she
568 understood but the person who had difficulty understanding
569 was the grandmother because she didn't understand things,
570 but Polena acted a mediator between the two families, so
571 that if they have a problem with Lea or Surprise and they will
572 speak to her and she is able to convey a message between
573 the two families).

574

- Individuals have different strengths. What cannot be dealt with by one someone else takes lead in problem solving and facilitation.
- **Affective involvement**

575 Xavier: And in this family specifically, just this household, do
576 people also come to you to speak to Mama Lea, or not or
577 do they just go straight to Mama Lea?

578

579 Polena: *They go straight to Mama Lea.*

580

581 Xavier: Alright, thanks. What always works for your family
582 when dealing with the problem, what always works?

583

584 Polena: *We call each other including the ones who live in
585 Nelmapius. Personally I don't like to talk, I will tell them how I
586 feel ... whatever has happened I would approach the person.*

587

588 Facilitator/Translator: Okay let me ask Mama Lea the
589 question.

590

591 Mama Lea: *You know what, as people we are not the same,
592 you would treat each person differently. Generally my
593 children are giving me a problem, but this boy who walked in
594 now, it's like he is crazy, he is the one who gives me
595 problems.* We once took him to the doctor and we were

596 told he is sick. If he says he is hungry he is really hungry and
597 he will scream. He is the one who gives me a problem.

598 Polena would go to work and inform me in the morning that
599 she will come late. *There's a young woman who lives*

600 *nearby, Loretta, she comes here every morning and prepare
601 water for me to bathe, make tea and breakfast for me, she
602 comes back again at lunch time and prepare my lunch.* I

603 thank her somehow, because she is not my child she will not

- *Problem solving process is constant*

- *Communication of problem to the appropriate person*

Knowledge of and respect of individuality

problems with the males in the household

- *Resources within the community. Neighbours and willing community members*

604 help me for free, I give her something just to thank her, about
605 R200 or so. Nobody stays with me during the day, they all go
606 to school and work ..., I believe in the Lord he will provide, I
607 believe in the Lord.

608 (translator summary: Basically she is worried about her
609 youngest son, she didn't answer the question directly, but I
610 get the sense that she finds it easy to deal with things with
611 Aus Polena and the kids than with the male children).

612
613 Xavier: Are the males more difficult to speak to, don't they
614 want to speak?

615
616 Polena: With the males they will keep quiet until something
617 major happens and then they act us, unlike with them they
618 are able to say I have a problem this is what is happening,
619 but with them it's a different story.

620
621 Xavier: So they keep it inside until they explode?

622
623 Polena: Yes.

624
625 Xavier: And what do you do when they blow up?

626
627 Polena: I withdraw and get out of the situation, as she is, she
628 responds to things immediately when they happen.

629
630 Xavier: How does Mama Lea deal with it?

631

-Spirituality – Protection from God. Personal strength.

-Affective responsiveness: emergency responses that are inappropriate

- Communication

- Survival tactic of the females

- Affective responsiveness

632 Facilitator/Translator: She has difficulty with the males, but
633 with the girls she can speak to them and tell them, you are
634 wrong this is what is happening, but with the guys it's hard for
635 her.

636
637 Xavier: And with you, when the men are getting angry or
638 exploding, how do you deal with it? I know you dealt with it
639 by going back to your mother's house, but when you were
640 here how did you deal with it?

641
642 Lea: would speak to Mama Lea.

643
644 Facilitator/Translator: She will speak to her and she will speak
645 to them, more as a mediator.

646
647 Xavier: Is that cultural, is that cultural, is it wrong for Lea
648 being a young child to go speak to older males and say that
649 she has a problem?

650
651 Polena: She's scared of them.

652
653 Xavier: But if you weren't scared of them would it be done or
654 is it culturally not done?

655
656 Polena: In true essence that is what she must do, I believe
657 that if there's a problem between two people, it's much
658 better than if you have to talk to three, to say "uncle I did not
659 like this and that", even if he is going to be upset, he will
660 realise his mistake.

- Emotional difficulty with males. They do not listen and do not function well within the family system.

-difference in communication styles

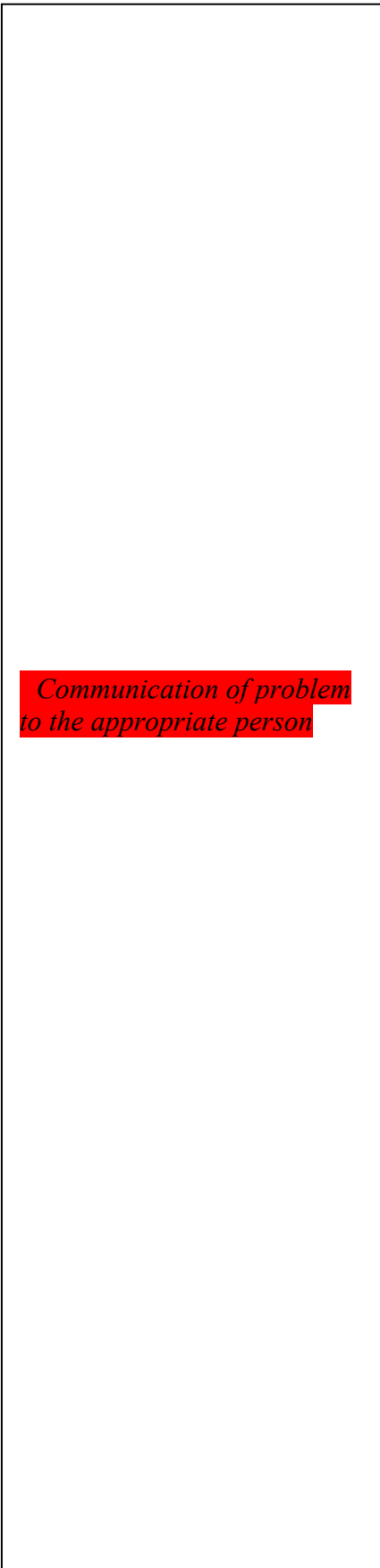
- communication

Emotional difficulty with males

- Communication should be direct and clear

- Difficulty with cultural norms of not speaking to males if you are a child

661
662 Facilitator/Translator: What do you do in your culture.
663
664 Polena: I am not sure what we would do in our culture, if Lea
665 was offended by one of her uncles what must she do, or if
666 the uncle had done something wrong .. (she then asked
667 Mama Lea for her opinion)
668
669 Mama Lea: Something what do you mean, beat her up or
670 what?
671
672 Facilitator/Translator: What must she do?
673
674 Mama Lea: *If the uncle is wrong, she must tell me, if I can't*
675 *handle it I will take it further.*
676
677 Facilitator/Translator: You have to tell someone who is older,
678 I will not just go to the police without discussing the matter
679 first.
680
681 Polena: That I did not know.
682
683 Facilitator/Translator: Are you okay.
684
685 Xavier: Yes.
686
687 Facilitator/Translator: If she has a problem sorting the matter
688 our she will get the police involved. If the problem is not



*Communication of problem
to the appropriate person*

689 resolved she can take further steps by going to the police or
690 ..

691
692 Xavier: And a problem like today with Surprise leaving and
693 not telling anybody where he is going, is that seen as a
694 problem or not?

695
696 Facilitator/Translator: Did Surprise tell you where he was
697 going today?

698
699 Polena: *I think he spent the night at his sister's, he didn't go*
700 *to school, he must have been wearing his uniform because*
701 *he did not go to school,* so he was afraid I am going to
702 scream at him for not going to school, so he probably went
703 to his sister's place. (she then asked Mama Lea if she
704 received a call from Nellmapius to confirm that Surprise is
705 there).

706
707 Facilitator/Translator: So how do you deal with such a case?

708
709 Polena: Polena is a bit confused, I think he is aware that we
710 must all meet ...

711
712 Mama Lea: He knows.

713
714 Facilitator/Translator: translation: What is happening is that
715 Surprise knows very well that they will deal with it, they will
716 speak to him and be (they were all talking at the same time)

Adversity dealing with males
in household

717 probably he did not come home after school and maybe he
718 knew that we were coming.

719

720 Xavier: So they worry about him?

721

722 Facilitator/Translator: Yes.

723

724 Xavier: And who deals with the behavioural problems?

725

726 Female Respondent: **I do. Grandmother (Mama Lea) wants**
727 **the children to be happy, he and I have an issue that**
728 **whenever I raise an issue ...**, for instance I had a problem with

729 Lea, she is here, if I reprimand her, it was as if I am harsh, she
730 is spoiling her. **Surprise also will come back with a pack of**
731 **lies**, where ever he is he is there purposely, he knows what is
732 going on.

733 (translator summary: Sometimes conflict is created by the
734 fact that the grandmother treat them a bit softer than others,
735 even if they are wrong she protects them, if they do
736 something wrong she will cover up for them this is the
737 situation.

738

739 Xavier: So **you are the rule setter, the tough one and you are**
740 **the loved one, the one who loves and protects, but you're**
741 **also loving and protecting through the rules and through that.**
742 **I understand that very well.**

743

744 Female Respondent: Yes.

745

Behaviour control: Polena = rule maker and seems to be flexible. Lea senior seems to be laissez faire

- Difference in parenting: Behaviour control not respected.

- Adversities Males

**Roles: Grandmother role is nurturance and support
Aunt role is behaviour control and instrumental and mixed (maintenance and management)**

746 Xavier: What different roles, what was your role in the family
747 when you were growing up?

748
749 Female Respondent: **I would wash the dishes, clean the**
750 **floors, keep the house neat when I come back from school.**
751 **(translator: she did dishes mostly, but then with the cleaning**
752 she did it sometimes, she helped with the house chores).

753
754 Xavier: And Polena what is your role in this family or what
755 was your role when you grew up with Mama Lea?

756
757 Polena: I would also wash the dishes.

758
759 Female Respondent: **Everything was done by me, if I am not**
760 **here there's no order. I did everything.**

761
762 Xavier: **And did you also help with bringing up Lea and**
763 **Surprise?**

764
765 Polena: Ja.

766
767 Xavier: **Would Mama Lea being able to do it if you weren't**
768 **here, if the boys weren't here, would she have been able to**
769 **do it, looking after Lea and Surprise by herself?**

770
771 Polena: **Not really, the part I play there is no way she would**
772 **have done it. As we get older the problems increase, she**
773 **would not have been able to raise them alone, especially**
774 **the older children, especially the girl.**

- Mixed roles of systems maintenance and management
- Now children's roles more supportive

- Role of maintenance and management. Family functions have clear allocations but she seems to cover most of the roles as the men do nothing.

-Role of nurturance and life skills development

- Internal resources

Dependant on aunt.

Role reversal

775
776 Xavier: Mama Lea what is your role?
777
778 Mama Lea: I just sit and around and talk too much.
779
780 Facilitator/Translator: Before you were blind what did you
781 do?
782
783 Mama Lea: I used to go to work, come back and cook for
784 the children, do their washing and when they go to school
785 the following morning they are clean, I take the train and go
786 to work. I come back in the afternoon .., do all the house
787 chores. I used to do all the work, unfortunately I cannot do
788 those things anymore. If I was able to see I would work
789 again, it's a pity I'm blind. I was born in 1935. I was born in
790 1935, how old am I?
791
792 Facilitator/Translator: I will check for you.
793
794 Mama Lea: Is Mandela older than me ...
795 (translator summary: She was trying to play her role as the
796 grandmother, she is limited/challenged because she is now
797 blind. She then said her role was to take care of the family,
798 cook and clean, do laundry and she also used to work,
799 made sure that the children have school uniforms, they were
800 clean and had everything that they need. And while her
801 husband was still alive she was the one who cooked for
802 them, made sure that she ironed.
803

- Role: Maintenance and management. Bread winner, household manager, nurturer.

-Role reversal

-Physiological adversities due to old age.

804 Xavier: When did her husband pass away?

805

806 Mama Lea: In 1986, he was born in 1922.

807

808 Xavier: So it's 28 years ago.

809

810 Mama Lea: on the 2nd of October, I was born in 7 July 1935.

811

812 Xavier: Was there a daily routine, is there a daily routine in

813 the family? What is your routine?

814

815 Female Respondent: **We first wake up, clean the house,**

816 **before we clean the house we have to ensure that granny**

817 **has been bathed. And then we clean the house. After**

818 **cleaning the house we have our breakfasts**

819 (translator summary: They wake up, clean and make sure

820 that the grandmother has been bathed and then then bath

821 and the they have breakfast).

822

823 Xavier: And then what happens?

824

825 Facilitator/Translator: Give me the scenario when you go to

826 school?

827

828 Female Respondent: **Sis Polena wakes up early and ensure**

829 **that the house is clean and then she warms water for granny**

830 **so that she can have a bath. Polena bathes granny and we**

831 **have our bath and go to school. Sometimes we first bathe**

832 **and leave granny sleeping, when we come back from**

- Routine is to fulfil household maintenance and care and support of grandmother. Role of maintenance and management is shared between the aunt and the daughter

- Polena is now primary care giver and fulfils most roles of care giver

833 school we find her clothed, the uncles would not give her

834 water to bathe because they swear at her sometimes

835 **Translator:** In the middle of the week they use warm water to

836 bathe, they go to school, she actually leaves before them

837 (Polena) sometimes they leave her Mama Lea sleeping) (she

838 missed some of the information).

839

840 **Facilitator/Translator:** What happens when you come back

841 from school?

842

843 **Female Respondent:** When they come back from school

844 they make her food to eat and ..

845

846 **Xavier:** So do you help with the cooking?

847

848 **Female Respondent:** Sometimes

849

850 **Xavier:** Why do you like cooking the most, what is your best

851 meal?

852

853 **Female Respondent:** Chicken ..

854

855 **Xavier:** Kgogo (laughing). And then after the cooking what

856 do you do then?

857

858 **Female Respondent:** Wash dishes.

859

860 **Xavier:** And then?

861

- Roles are clearly defined between the woman of the household.
- Although the managerial and management roles of lea junior distracts her from her childhood roles and academic development.

862 **Female Respondent: Watch TV.**

863

864 **Xavier: So do you have time to do your homework**

865 **everyday?**

866

867 Female Respondent: Sometimes.

868

869 Xavier: So do you feel that you're so busy that sometimes
870 you don't have time to do your homework?

871

872 Female Respondent: I'm always very busy.

873

874 Xavier: You always very busy. I just heard from Lea what her
875 daily routine is, what she does every day, I want to know your
876 typical day. What do you do when you wake up to when
877 you go to sleep (interruption – a knock at the door). Okay I
878 just heard from Lea now, about what she does from when
879 she wakes up to when she goes back to sleep at night, so just
880 her routine of her day. And I want to know from you what
881 your basic ...

882

883 Polena: When I go to work I wake up at 5, I catch a taxi at
884 5:45 am and knock off at 4. When I come back prepare
885 supper, this is during the week.

886

887 Facilitator/Translator: What about weekend?

888

889 Polena: I wake up in the morning and get Lea (little one) to
890 do something, but most of the chores are done by me.

**-Continuation of roles for
Polena.**

891

892 Facilitator/Translator: Explain to me what you do?

893

894 Polena: I wake up at around 6:30 to 7, clean outside and
895 then from there don't do much, will probably watch TV,
896 Generations and all that, and then later on I will clean the
897 bedrooms and the whole house. Around 4 in the afternoon I
898 prepare supper. In the morning I would have prepared
899 breakfast for Mama Lea, bathe her before she eats.
900 Everybody else prepares their food on weekends.

901

902 Xavier: I get it, you wake up at 4 in the morning and get
903 ready, at 5:45 you leave for work, you get back about 6:30 to
904 7, you watch Generations ...

905

906 Facilitator/Translator: And she cooks around 4 in the
907 afternoon on weekends. Everybody makes their own food
908 weekends.

909

910 Xavier: What about laundry and all of that?

911

912 Polena: Ja I do the washing over the weekend.

913

914 Xavier: What does Surprise normally do?

915

916 Polena: **He will assist sometimes with the dishes and fetch**
917 **water for us.**

918

-Role of orphan boy is limited and not always fulfilled. Allocation and accountability are not maintained.

919 Xavier: Do you feel that your role and your routine
920 contributes to the family? Do you feel like you're
921 contributing to the family, like do you feel that if you weren't
922 here the family would be different?

923
924 Female Respondent: She says she does contribute but her
925 aunt disagrees with that.

926
927 Xavier: And you, do you feel that you contribute to the
928 family?

929
930 Polena: A lot.

931
932 Xavier: And what do you do during your day when you
933 wake up in the morning (posed to Mama Lea)?

934
935 Mama Lea: **After bathing, I sit and eat porridge and then**
936 **walk around to stretch my legs and just sit around. I can't do**
937 **any of the house chores because I can't see.**

938 (translator summary: I wake up, bathe and leave, walks
939 around the yard and just sit around, she cannot do anything
940 because she cannot see).

941
942 Xavier: What if she could clean?

943
944 Facilitator/Translator: Earlier on she said that her duties were
945 to clean the house and cook. There's something else that
946 she said, she feels that can't do much right now, she is limited
947 by her visual impairment.

- Role reversal. Due to
physiological challenges

948
949 Xavier: **She must realise that what she does isn't only**
950 **physical, it's also emotional, spiritual and her stories.**
951
952 Mama Lea: I'm thankful to God.
953
954 Xavier: **From what I hear you're also a problem solver, when**
955 **people have problems they come to you and you go to her**
956 **and then you also solve .., so that's also one of your roles.**
957 **(referring to Mama Lea). So you have many roles you**
958 **mustn't feel like if you can't contribute to the family ..**
959
960 **Mama Lea: I have helped a lot of people**
961
962 **Polena: Of course mama things change, you are older now.**
963
964 Xavier: Do you get pension every month?
965
966 Mama Lea: Yes the pension grant is my boss.
967
968 Xavier: **So ja the pension is also used to help the family with**
969 **food. So you mustn't think that you don't have a role. How**
970 **does the family come with money, how does the family deal**
971 **with issues of money? I take it you work?**
972
973 Female Respondent: Ja.
974
975 Xavier: Okay and there's pension and who else brings
976 money for the family?

- Role of nurturance and support. Affective responsiveness. Assists with management by facilitating problem solving
- Religion and spirituality

- Role of nurturance and support. Affective responsiveness. Assists with management by facilitating problem solving

-Role reversal

Instrumental role of grandmother through pension and foster grants

977
978 Female Respondent: **My uncle but sometimes and then the**
979 **boy, when it come to money there are problems, they are**
980 **not able to assist us with money** .., they assist very seldom.

981 (translation summary: one of the uncles helps once in a
982 while, but they are the main contributors to the family).

983
984 Xavier: So what are the roles of the men in the family?

985
986 Female Respondent: What the men do is they are wasteful,
987 they burn our plates on the burner, when they warm their
988 food they cover the food with a plate, and just leave it to
989 burn. If you try to talk to them they give you hell.

990
991 Xavier: So they don't have that many roles?

992
993 Female Respondent: No. If it's clean they would spill drinks
994 on the floor and when you complain they become so
995 cheeky. They are a big problem, they just mess up and do
996 want someone to clean after them.

997
998 Xavier: I apologise for the men but I understand it's very hard
999 work to raise a family, it's very hard also for Gogo also to raise
1000 a family for children that are not hers .., not her blood. So
1001 there's lots of strength, there's lots of strength in you as
1002 women in the family and there's lots of strength in you as well
1003 for solving your problems, for doing things that are good for
1004 you. Okay. So what makes you different from other families
1005 that you know?

- Males are least effective with role functioning, not even instrumental roles.

- Men are not functional members of the family.

1006
1007 Female Respondent: **The difference between us and other**
1008 **families is that we don't live together as a family, sometimes**
1009 **others are here and sometimes not, other families live**
1010 **together.**

1011
1012 Xavier: And for you Polena?

1013
1014 Polena: My problem is our family does not support us even
1015 though they can afford, they don't even consider coming to
1016 help them and they have good jobs.

1017
1018 Xavier: **Have they asked them specifically for help?**

1019
1020 Polena: **Ja they pretend as if they will help us but in essence**
1021 **they don't .., they just make false promises.**

1022
1023 Xavier: Ma Lea, what is different for you, what makes your
1024 family different from another family?

1025
1026 Mama Lea: We get along with the neighbours etc., but she
1027 feels that when you have kids they can help you but if they
1028 don't help it's still fine. The only difference is that the
1029 neighbour's children are able to help you, at times they
1030 won't help you, that's what makes them different.

1031
1032 Xavier: That's what makes this family different is that ...

1033

- **Materialistic challenges.**
- **Do not get the support from other family members**

- Support within the family not available

Definition of family in relation to other families. Negative comparison, suggesting that they do not feel that their family is doing well.

1034 Facilitator/Translator: Is that not necessarily that they have
1035 children that necessarily help them, but in other families you
1036 may find that they are able to help.

1037

1038 Xavier: So it's a bit of a .., it's a negative difference?

1039

1040 Facilitator/Translator: Yes, because she basically said the
1041 same thing that she said.

1042

1043 Xavier: And when something goes right, when there's a
1044 success, when you've dealt with a problem, there's no more
1045 problem, what do you do to celebrate as a family? How do
1046 you celebrate this achievement?

1047

1048 Polena: *We would celebrate as a family, it would just be us,*
1049 *to be honest we do not celebrate a lot, we would just sit*
1050 *around and talk about things.*

-Celebration of the success
and evaluation of success in
problem solving

1051

1052 Xavier: Can you give me an example of when the last time
1053 that happened?

1054

1055 Polena: *I think it was in December, it was Mama Lea's*
1056 *birthday, we all came here .., we would also celebrate if*
1057 *someone got was offered a job or if Surprise or myself have*
1058 *passed our exams we would celebrate* ..

-Celebration of the success
and evaluation of success
dealing with the issue

1059

1060 Xavier: So you celebrated when you got a job, celebrated in
1061 December for Mama Lea's birthday and when you pass at
1062 school ,...

1063

1064 Facilitator/Translator: Or when the youngest uncle got a job
1065 because he works part time.

1066

1067 Xavier: Okay, that's fantastic. **So it is important for you to sit**
1068 **around and talk about what you did right?**

1069

1070 Female Respondent: **Yes.**

1071

1072 Xavier: And also it will happen when you pass your school
1073 this year .., are you not gonna pass this year.

1074

1075 Little Lea: Yes I'm going to pass.

1076

1077 Xavier: I have a few more questions but we can take a small
1078 break, is that okay, if we take a ten minute break where we
1079 can eat something and drink something. Is it okay if we take
1080 a ten minute break and eat something?

1081

1082 Polena: These children have a problem with Maths, I wish
1083 they could get help, like extra classes on Saturdays, their
1084 marks are extremely low, especially Surprise.

1085

1086 Xavier: Okay, are you okay to carry on?

1087

1088 Female Respondent: Yes.

1089

1090 Xavier: What makes your family feel like if things are not
1091 okay?

-Importance placed on
celebrating success in
problem solving process

1092
1093 Female Respondent: When we don't get along or when
1094 there's conflict in the family.
1095
1096 Xavier: And for Mama Lea?
1097
1098 Mama Lea: My family is okay, the only thing I hate is lies. I do
1099 not want to be lied to.
1100 (translator summary: *there's nothing wrong with my family, I*
1101 *just hate dishonesty and lies, I don't want to be lied to*).
1102
1103 Xavier: Does that happen a lot?
1104
1105 Mama Lea: Lea would lie to me and say Koko I'm coming
1106 back I don't want to live there, the atmosphere is not right,
1107 she went the social workers at school that Thomas is
1108 bothering her, *she doesn't want to live here because of him.*
1109 *When I asked Thomas, he denied and said that he had*
1110 *nothing to do with her.*
1111 (translator summary: sometimes Lea lies to her and say she
1112 wants to come back for good, and then she wants to go
1113 back, that's when she feels that they are being dishonest
1114 with her).
1115
1116 Little Lea: *The days are not the same, because my*
1117 *grandmother cannot see, when aus Polena had gone to*
1118 *work, he treats me very badly, they do not realise how badly*
1119 *he treats me.* For instance if my grandmother is asleep, he
1120 will tell me to go, sometimes I just decide to leave.

-Perceptions of family-normality

- Adversities due to physiological impairments

- Physiological challenges makes problem solving difficult at times. Grandmother does not know who to believe.

1121 (translator summary: The grandmother does not see how the
1122 uncle treats her, although my aunt knows a little but she
1123 doesn't fully understand how badly he treats them, so it is
1124 difficult for them to understand).

1125
1126 Xavier: What do you do as a family when things are not
1127 okay?

1128
1129 Female Respondent: We sit around talk things over.

1130
1131 Xavier: How do you know as a family that things are not
1132 okay?

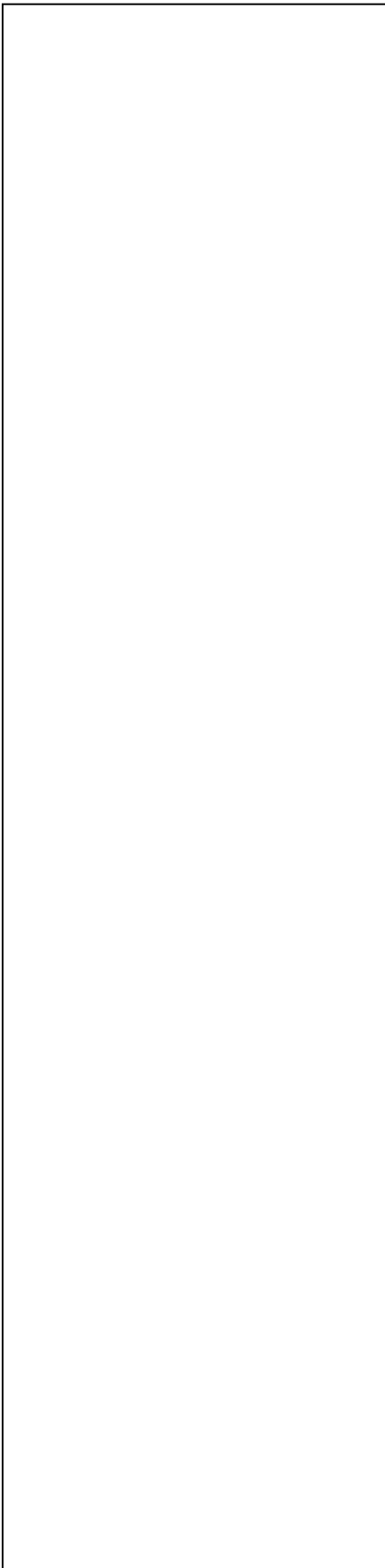
1133
1134 Facilitator/Translator: You asked that earlier on.

1135
1136 Xavier: Now tell me about what happens now .., how do you
1137 function as a family when things are not okay, how does the
1138 family feel?

1139
1140 Little Lea: They do tell him off but he continues to treat me
1141 badly.

1142
1143 Facilitator/Translator: (The same question was posed to the
1144 grandmother).

1145
1146 Mama Lea: Ask Lea this question, how did her grandmother
1147 find her birth certificates in my handbag in my own house,
1148 and take the birth certificates and go to SASA in order to get



1149 the child grant. How did she get hold of their birth
1150 certificates? (she did not translate this)

1151

1152 Facilitator/Translator: I understand what you are saying
1153 Mama Lea, what I want to know from you know is you and
1154 your family, how do you solve your problems, how do you
1155 deal with your problems?

1156

1157 Mama Lea: We do solve our problems .., these children do
1158 not treat me well. I took my handbag and put all my
1159 important documents in it and all the birth certificates and
1160 my late son's important documents. At the moment I do not
1161 have any documentation, it means I have to start afresh, Lea
1162 took all the documentation and gave them to her maternal
1163 mother's family. They were taken to SASA. (not translated)

1164

1165 Facilitator/Translator: Grandmother let me ask you a
1166 question, if brother Timmy and sis Polena were fighting, how
1167 would you handle that?

1168

1169 Mama Lea: **I would call the to order, I would reprimand the**
1170 **one who is wrong** At the moment, the very Timmy can say
1171 to me go and look for a job, go and clean the yard .., how
1172 am I going to do all that when I am blind.

1173 (translator summary: when they have problems they do not
1174 let things hang in the air and they will talk about things. Lea
1175 said: the other thing is as much as they can speak to his
1176 uncle about the way he treats her, it doesn't make a
1177 difference because he continues to treat her badly. So as

- Behaviour control and
problem solving and
communication. Direct and
clear communication.

1178 much as they try to solve the problem, there's nothing much
1179 they can do).

1180
1181 Xavier: And when things are not okay in the home, how
1182 does the family look? What do the family members do?

1183
1184 Female Respondent: **For instance if my uncle is rude to**
1185 **whoever, there will be a lot of conflict and tension in the**
1186 **home ...**

- Affective responsiveness

1187
1188 Xavier: So they withdraw from each other. I think that's what
1189 Polena said earlier that she withdraws when there's fighting
1190 and when there's aggression. Okay. How often are things
1191 not okay?

1192
1193 Female Respondent: Sometimes, very seldom.

1194
1195 Xavier: How often in a week?

1196
1197 Facilitator/Translator: How often are things not okay Polena?

1198
1199 Polena: **The way we were brought up we were taught not to**
1200 **withdraw from each other, but they would sometimes swear**
1201 **at each other ...**

Affective responsiveness

1202
1203 Xavier: How often does that happen, maybe in a week or a
1204 month?

1205

1206 Polena: It is mostly with the boys, the girls we don't have a
1207 problem.

1208

1209 Xavier: And when the guys are fighting, do you withdraw,
1210 you stay away?

1211

1212 Polena: Yes we withdraw.

1213

1214 Xavier: For Mama Lea, how often does she see it ...

1215

1216 Mama Lea: That is not true ...

1217

1218 Facilitator/Translator: How do you notice when there's
1219 conflict in the family?

1220

1221 Mama Lea: When they fight I will ask them what is the
1222 problem

1223

1224 Facilitator/Translator: How would you know when there's
1225 something wrong?

1226

1227 Mama Lea: I am blind.

1228

1229 Facilitator/Translator: How would you know if there's
1230 conflict?

1231

1232 Mama Lea: They would be screaming at each other and I
1233 would hear them.

1234

Emotional problems with
males

1235 Facilitator/Translator: Do they fight a lot?
1236
1237 Mama Lea: Not so much, once in a while, not often, I just
1238 hate lies.
1239
1240 Female Respondent: Who is lying to you?
1241
1242 Mama Lea: One of them. Lea is a liar.
1243
1244 Facilitator/Translator: The resources available here in
1245 Mamelodi, what are they and do you use them. For instance
1246 the library, clinic, police station, NGO, schools etc.?
1247
1248 Polena: No.
1249
1250 Facilitator/Translator: So you don't even go to the clinic?
1251
1252 Polena: Sorry I did not understand.
1253
1254 Facilitator/Translator: What are the resources available here
1255 in Mamelodi?
1256
1257 Polena: Clinic, schools and library ...
1258
1259 Xavier: So they have the school, they have clinics, they have
1260 ..(unclear)?
1261
1262 Facilitator/Translator: Yes.
1263

- Adversities

- Resources outside of family

1264 Xavier: And I just wanted to make sure the sleeping
1265 arrangements. So in this house is Mama Lea with Surprise
1266 and Lea. And then in the other house is Philip

1267

1268 Polena: Thomas and Godfrey.

1269

1270 Xavier: And then the other one is you?

1271

1272 Polena: I sleep here ..

1273

1274 Xavier: Are you sleeping in here with ...?

1275

1276 Polena: Ja with Mama.

1277

1278 Xavier: Okay, so, alright and then .., ke feditse, ke a leboga,
1279 thank you very much.

1280

1281 Mama Lea: You are leaving, where are you going to now?

1282 When are you coming back?

1283

1284 Xavier: Unless if she has something more to share, she is more
1285 than welcome to share.

1286

1287 Mama Lea: I want to know about the trip ..

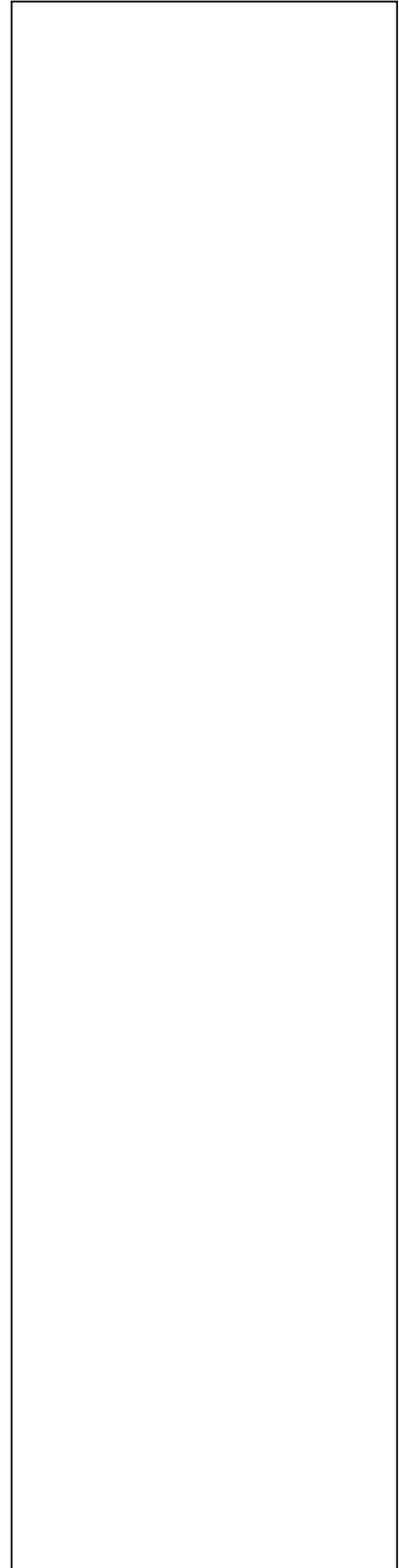
1288

1289 Xavier: We were going to go to Stanza Bopape but we
1290 decided to do it here instead because ...

1291

1292 Facilitator/Translator: For this gathering?

1293
1294 Xavier: Ja.
1295
1296 Facilitator/Translator: (She explained to Mama Lea).
1297
1298 Xavier: But I do want to see you again, I want to share what I
1299 found with you. I want to come back and once I'm finished
1300 writing up everything, I will come and I will share it with you,
1301 so that you can tell me no that's wrong, yes that's right.
1302
1303 The grandmother then started asking questions about social
1304 workers/charity etc.
1305
1306 **END**
1307
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APPENDIX B

Signed informed consent and assent forms

Please sign here

I Leah Mascko Junior (name), understand what the research is about and agree to take part in the study.

Lmlul.
Signature of participant

12/09/2014
Date

I Leah Mascko

Have read and understood what the study is about and hereby agree to participate in the focus group.

I agree (Please tick the correct box) want the researcher to take photos of my house.

LEAH
Signature of participant

12/09/2014
Date

I Palena Mogetwa

Have read and understood what the study is about and hereby agree to participate in the focus group.

I (Please tick the correct box) want the researcher to take photos of my house.

L.P. MOGETWA
Signature of participant

13-09-2014
Date

APPENDIX C

Focus group schedule

FOCUS GROUP SCHEDULE

The purpose of this schedule is to gather historical and contextual information regarding the multigenerational family. After exploring the family's history I will be exploring the family's interactive processes that encourage resilience in the face of adversity. The discussions will be based on systemic perspective that will yield rich context relevant data.

1. History and context exploration

- Tell me about you as a family?
 - o Who are you – as a family?
- Help me understand you as a family?
 - o In your own view what is a family?
 - o What makes you a family?

2. Cohesion and strengths

- How do you as a family work together?
- What makes your family strong?
- What have always worked in this family?
- Which are the things that you can remember that makes this family succeed?
- Which things do you do together as a family?
- Which part of your routine (each of you) makes you feel you are contributing to the success of the family?
- What makes each of you feel that you are contributing to the success of the family?
- When you are experiencing difficult times, how do you deal with your problems?
- How do you celebrate as a family when you experience successes?
- What makes you different from other families that you know?

3. Adversities

- What makes your family feel as if things are not okay?
- How do you as a family know that things are not ok?
- Tell me about what happens when things are not Ok.
- How do you function as a family when things are not Ok?
- What does it look like at home when things are not Ok?
- What are the things you do as a family when things are not OK?
- How often are things not Ok?
- What have you done previously to make sure that things are Ok again?
 - o What do you do to make sure that things go back to being Ok?

These questions will be probed and rephrased in such a way that is understood by all members of the family.

APPENDIX D

D.1: Observation schedule

D.2: Exerts of researcher's completed observation schedule

D.1

OBSERVATION SCHEDULE

The purpose of this schedule is to observe the living context of the participants in addition to their non-verbal queues.

1. How does the family make meaning out of adverse situations?

Remarks: _____

2. Has the family normalized their situation/difficulties?

Remarks: _____

3. Is there a strong sense of leadership within the family system? Who take initiative and leads the conversations?

Remarks: _____

4. Does the family know of the available internal and external resources and assets? Do they utilise these resources?

Remarks: _____

5. Description of the family cohesion?

Remarks: _____

6. How is the family dealing with disagreements in the focus group? Is there any form of conflict management?

Remarks: _____

7. How does the family communicate non-verbally towards one another?

Remarks: _____

8. Describe the level of affection that is shown towards each other?

Remarks: _____

9. Description of the families dwelling?

Remarks:

10. What are the sleeping arrangements?

Remarks:

11. Does the family have any routines?

Remarks:

12. The communication styles of the family members towards each other and towards the researcher?

Remarks:

D.2

OBSERVATION SCHEDULE

The purpose of this schedule is to observe the living context of the participants in addition to their non-verbal queues.

1. How does the family make meaning out of adverse situations?

Remarks: The males and females deal with things differently. Men are more aggressive and confrontational. The women withdraw from the aggression but deal with their issues through direct and clear communication.

2. Has the family normalized their situation/difficulties?

Remarks: Yes they have. The grandmother has looked after her niece and nephews. The children have also normalized their situation they do not fight the grandmother headed system.

3. Is there a strong sense of leadership within the family system? Who take initiative and leads the conversations?

Remarks: Yes, but the leader is getting old and needs more care than what she gives. She is still viewed as the head of the household even though she is visually handicapped.

4. Does the family know of the available internal and external resources and assets? Do they utilise these resources?

Remarks: They are trying to sort out grants with SASSA. External family member live in stone property. They utilize the school, clinics and are affiliated with an NGO.

APPENDIX E

E.1: Exerts from researcher's diary

E.2: Exerts from translator's diary

Exerts from Researcher's diary used for data analysis: Spirituality; Resources; Communication and Adversities

Spiritual
↑
Spiritual → Component
good relationship with god.

→ Grandmother need help physically to find things in the house. They
→ helped to pour water in her glass.

Resources Inter

Resources
Communication
→ Familial understanding. Sometimes the translator did not convey the question through properly. The family members would then explain the concept in a way that the matriarch would understand.

Adversities
→ They seem to have difficulty parenting Surprise. They elude to educational and behavioural problems.

→ I get the sense that he is defiant
→ Male role models in the family are not the best. Could be showing step.

(37)

Exerts used for data analysis: Knowledge and respect of individuals; and Resources

- The family highlight values as being centre of what a family is. This is her blood
- Respectful towards each other
↳ Knowledge & Respect
- ~~Mum~~ helps by helping grandmother understand the questions.
↳ Resources
- ~~Mum~~ did not arrive so ~~Mum~~ joined in to add some perspective
She was also brought up by
Grandmother.

Grandmother is a good story teller

But she loses concentration and has to be brought back.

Exerts used for data analysis: Problem-solving; Roles; and Adversities

Problem Solving

- Grandmother is the person they all go to to solve problem
- Confrontations are dealt with immediately (when appropriate).
 - Ex: ~~Mr~~ and ~~Mr~~
 - There are
- Roles amongst the women are evident & clearly defined however this is not the case for the men
- Women in family are primary caregivers and primary financial breadwinners

Roles

Difficulties

- Unemployment
- Poverty
- Grants
- Visual Impairment
- Loss of loved ones

Adversities

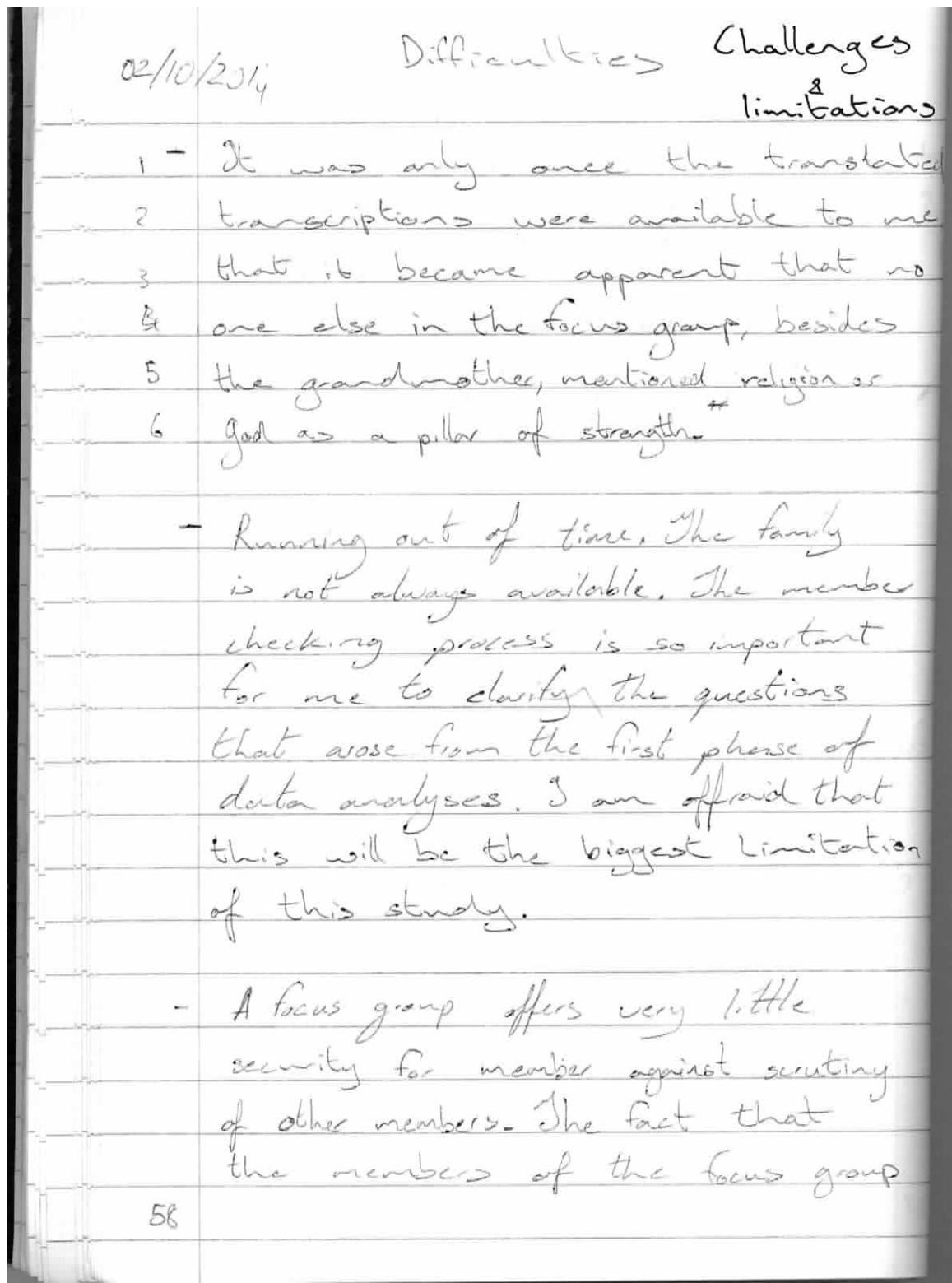
- Male dominated -ve Role models
- Mother's family (where Leah went to)
- Visual Impairment

Strength

- Spirituality
- +ve Role models women
- communication problem solving

(38)

Exerts used for Chapter 5: Challenges and limitations



Reflective exert from Researcher's Diary

13/10/2016

Reflection on Methodological Process

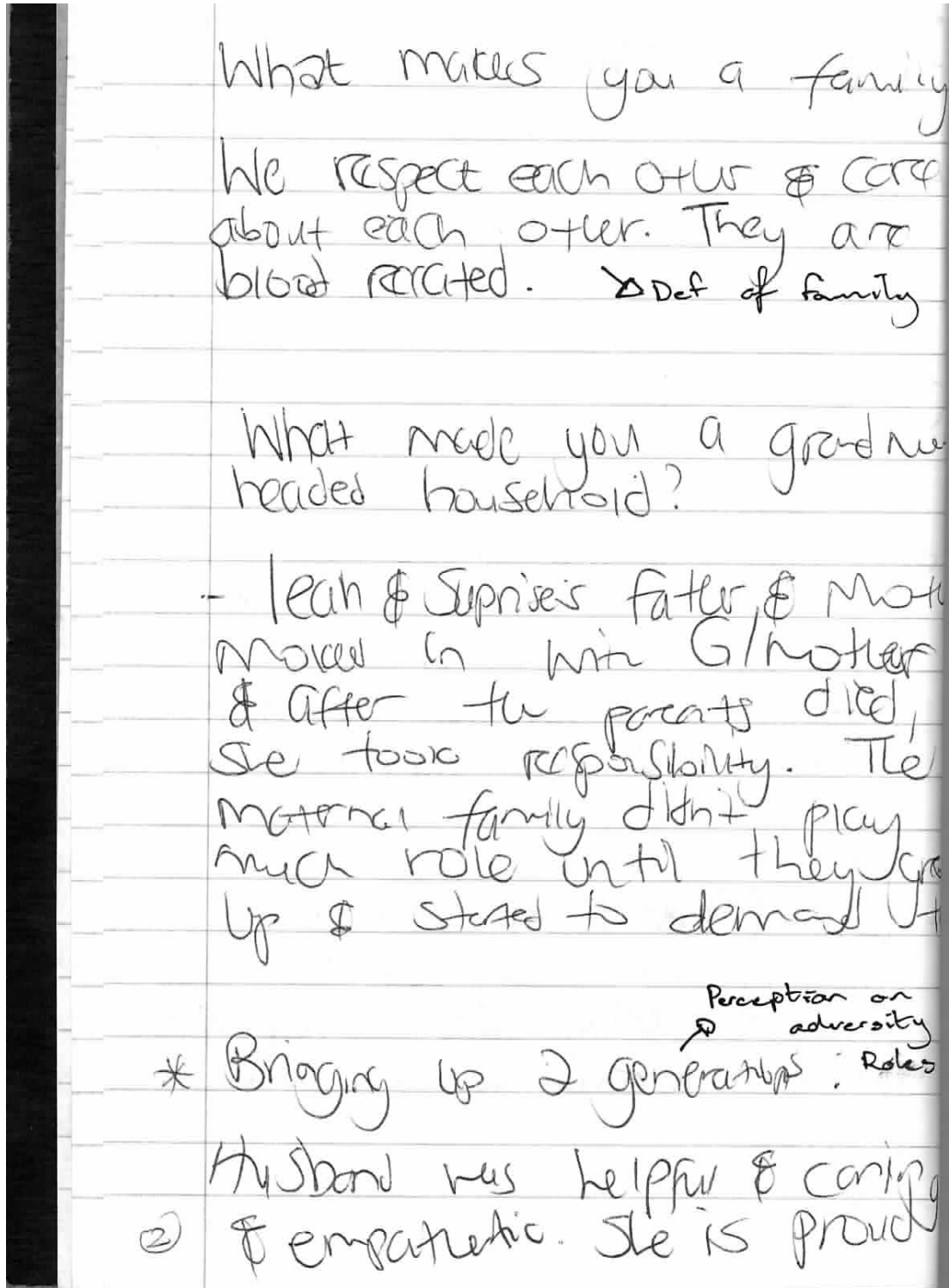
I always had the preconception that research was something that was well planned and executed promptly without any hiccups. (Good research atleast.)

If things go wrong and the methodology constantly changes it meant that the researcher was not adequately prepared.

The process that I have undergone is anything but smooth. Every time I meet with my supervisor I seem to have to change/add steps prior to and post data collection. Does this mean my study is flawed? Does it mean that I did not dive into enough existing research on grandmother headed households and resilience?

(13)

E.2: Exerts from translator's diary used in analysis for Perceptions



Used in data analysis for knowledge and respect for individuals

of what she has achieved
with bringing them up.

Different arrangements between
families.

How you strong? :

Speak about things and
prayer - ↳ Spiritual

How they view issues:

* Specific to the person or
as a family depending
↓
Differences

APPENDIX F

Professional editing letter

To whom it may concern

I hereby confirm that I have edited Mr Xavier Knox's (student number 25066596) thesis entitled 'Exploring Family Resilience in a low socioeconomic grandmother-headed household with orphans' for submission towards being awarded a Masters degree at the University of Pretoria, South Africa.

My ID number: 8310270028082

My affiliations: BK Publishing

Kind regards

Andrea Vermaak

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