Resilience processes employed by families from a low socio-economic background

Elsie Sibusisiwe Mahlangu

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Resilience processes employed by families from a low socio-economic background

by

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I wish to express my sincere gratitude to the following people who contributed fully towards the completion of my study:

- ❖ To God be the glory, his grace has kept me thus far.

- ❖ To my wonderful father, Monty Mahlangu: Baba, you have been a pillar of strength to me. I love you

- ❖ To my supervisor, Dr R Mampane: Thank you for the support and believing in me.

- ❖ To my Sister, Thulisile Masemola and brother, Wandile Mahlangu thank you for all the love and support

- ❖ Mr M A Komane: Thank you for your support and constructively critiquing my work.

- ❖ Last but not least, this degree is dedicated to the late Matron Mahlangu (my mother), Ida Mthunywa Mahlangu (grandmother) and Fortune Matron Masemola (my niece).

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GRAMMARFFITI

14 September 2015

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To whom it may concern

I, Sarah Allison Heuer, hereby declare that I have edited the language in the paper entitled *Resilience processes employed by families from a low socio-economic background* by Elsie Sibusisiwe Mahlangu, in fulfilment of a Master's degree in Educational Psychology.

Please do not hesitate to contact me, should you have any further queries.

Yours sincerely

Sarah Heuer

Declaration of Originality

I, **Elsie Sibusisiwe Mahlangu**, declare that this mini-dissertation titled:

Resilience processes employed by families from a low socio-economic background

which I hereby submit for the degree Magister Educationis at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

_____   _____
Elsie Sibusisiwe Mahlangu   Date

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CDG............................Child Dependency Grant

CSG............................Child Support Grant

DG............................Disability Grant

EC............................Eastern Cape

FCG............................Foster Child Grant

FPF............................Family Protective Factors

FRF............................Family Recovery Factors/

FRF............................Family Resilience Framework

GIA............................Grant in Aid

KZN............................KwaZulu-Natal

OAG............................Old-age Grant

SASSA............................South African Social Security Agency

SES............................Socio-economic Status

WVG............................War Veteran's Grant

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ABSTRACT

The purpose of this study was to explore and understand the resilience processes employed by families from a low socio-economic background living in a predominantly black township (Mamelodi). The study further aimed to assess how the participants' experiences have shaped their perceptions of their society. Walsh's family resilience framework (2003) served as a conceptual framework for the study.

Two grandparent-headed households were selected from an ongoing study at a non-governmental organisation and drop-in centre in Mamelodi. A qualitative methodology was suitable for this study, because it aims to understand how the participants derive meaning from the social and cultural contexts within which they live. The two focus group discussions were conducted in isiZulu, with a translator present during the grandmothers' focus group discussion, because one of the grandmothers spoke Xitsonga. The sessions were audio-recorded and later transcribed. The transcripts were analysed using thematic analysis in order to deduce themes that emerged from the participants' experiences. Based on the results, a better understanding of how families from low socio-economic back-backgrounds develop their resilience was established through the themes that emerged, which were as follows: belief system, flexibility of roles and connectedness, unsupportive environment, and self-empowerment. The results were related to existing literature and Walsh's family resilience framework.

Key words:

- Family resilience framework
- Family resilience
- Grandparent-headed household
- Grandparents
- Low socio-economic status
- Townships

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1.1   INTRODUCTION

The current social and economic challenges evident in South Africa may lead to uncertainty among its citizens, resulting in individuals, families and the community at large being in a position of doubt, based on the disparity between their current standards of living and the projected outcomes of their government. According to Seccombe (2002) the gap between the high and the low socio-economic groups has gradually increased, and widespread poverty continues to perpetuate difficult living conditions and to threaten the well-being of many citizens (Seccombe, 2002; Walsh, 2002). Living in poverty has extremely negative implications for both individuals and families. However, it is important to acknowledge, and take lessons from, families that, in spite of their poor socio-economic conditions, have achieved developmental outcomes to a level that is better than was expected (Seccombe, 2002).

History informs us of individuals from poor backgrounds who overcame adverse conditions to achieve beyond all expectations. One relevant example close to home is that of our former president, the late Nelson Mandela, who spent 27 years in prison during the struggle for equality between blacks[1] and whites. Another example is of Solomon Northup, a black man who was born free in New York, but who was kidnapped in Washington, D.C. and subsequently sold into slavery: he managed to reconnect with his family 12 years later (McGlinn & McGlinn, 2014). These examples illustrate determination and perseverance, which are individual traits resuting in resilience. These two individuals were able to foster resilience (even in the midst of adversity), as they were able to construct a new sense of reality and they adapted to what appeared to be normal for them. For Northup, thoughts of his family drove him to survive 12 years of enslavement. His strong sense of identity and his belief in what he stood for mobilised his resilience, leading to continued existence (McGlinn & McGlinn, 2014). Nelson Mandela hoped and struggled to live in a land where all races are held to be equal.

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[1] The term ''black'' refers to Africans, Coloureds and Indians (Woolard, 2002).

Both of these individuals had a sense of purpose. Similarly, a family that has a foundation embedded in their beliefs and expectations, and characterised by a sense of purpose, can enhance the resilience of its members, and their ability to forge ahead even during difficult times (Amatea, Smith-Adcock, & Villares, 2006).

The family unit is a very important setting for physical, emotional and social development (Todd, Smith, Levin, Inchley, Currie, & Currie, 2007); therefore, it follows that family structure and societal dynamics contribute to the resilience levels of an individual. Innes (2010) is of the opinion that whatever happens in/to one's family shapes oneself and all one's family members. Resilience refers to the identifiable factors, both internal and external, of an individual, which allow him or her to flourish even under stressful circumstances (Clinton, 2006). Resilience is also described as 'bouncing back from adversity' (Clinton, 2006 p. 1), which infers a collective, shared, and mutually accepted construct for families and/or communities who deal with challenging situations that threaten their well-being (Theron & Theron, 2010; Lee, Kim, Park, Song, & Park, 2004). Garmezy (1991); Masten, Best, and Garmezy (1990); Rutter (1987) and Werner (1993 as cited in Walsh, 2002 p. 130) view resilience as a continuous, interactive process that occurs during ongoing risk and protective actions.

A more suitable analogy for resilience is identified by Walsh (2002 p. 35; 2003 p. 12) as 'bouncing forward'. She stipulates that resilience provides a platform where the construction of a new sense of reality is manifested, and in so doing, one is able to plan and determine how to live and how to face unanticipated challenges (Walsh, 2002). My aim therefore is to explore resilience processes employed by families from a low socio-economic background. I will take into consideration the facts that culture and context play an important role in determining how families perceive adversity, and how they define resilient developmental outcomes within their contexts.

1.2   PROBLEM STATEMENT

It has been 21 years since South Africa became a democratic country, yet the country is still confronted with numerous socio-economic challenges and adversity at all levels of society (Department of Social Development, 2011; Ebersöhn & Eloff, 2006). According to Mayekiso and Tshemese (2007), poverty is not only defined by a lack of essential material possessions and earnings, but also by limited opportunities and choices. Risk factors that contribute to challenges faced by families and communities include: poverty, unemployment, HIV/AIDS, exploitation, and lack of resources. Unfortunately, poverty is most highly concentrated among blacks, particularly black Africans (Woolard, 2002). This study will be conducted in a predominantly black residential area of Mamelodi, in the east of Pretoria, and it aims to explore and understand the context of the participants and how resilience is demonstrated in their family lives. The study further aims to highlight the processes that families employ to achieve positive outcomes.

According to Klasen and Woolard (2008), unemployment rates differ greatly according to race and age. During the apartheid era, race was a very effective tool to disregard and marginalise Africans with regard to all life opportunities (Department of Social Development, 2011 p. 14). Literature puts it to us (Klasen & Woolard, 2008; Anderson, 2003; Woolard, 2002; Mokomane, 2012; Department of Social Development, 2011) that colonialism and apartheid disadvantaged the African community because of labour migration: most social ills in South Africa are a result of weak family structures and/or the complete non-existence of family units, especially in tems of African families (Department of Social Development, 2011). Families in South Africa comprise nuclear households, single-parent households, child-headed households, and skipped generation or multi-generational households (Department of Social Development, 2012). The current literature on family resilience is focused mostly on nuclear households and in relation to international empirical evidence (Ungar, 2008; Walsh, 2002; Bachoo & Bhana, 2011), and thus lacks sensitivity toward the indigenous community: hence the importance of this study. Furthermore, local family resilience processess are key to strenghthening families and ensuring that they can overcome adversity and ultimately flourish.

1.3   RATIONALE FOR STUDY

There are many aspects that make South Africa the unique and diverse country it is, including its numerous cultures and languages. Like many developing countries, South Africa is characterised by the HIV/AIDS pandemic, poverty, and violence, among other social ills (Seccombe, 2002; Department of Social Development, 2011; Gould, 2014). Huge disparities between socio-economic classes are evident, which are the result of a history of oppression and discrimination, especially in the African residential neighbourhoods (Department of Social Development, 2011; Anderson, 2003; Department of Social Development, 2012).

The literature on family resilience is focused on Eurocentric and international empirical evidence (Ungar, 2008; Walsh, 2002; Bachoo & Bhana, 2011). Therefore, there is a dearth of literature containing South African case studies or rigorous inquiry into culturally determined outcomes that might be associated with resilience in non-western cultures and contexts (Ungar, 2002 p. 219). My rationale for embarking on this study is to understand the processes of resilience employed by local families from a low socio-economic background. As a young black female, who grew up in an area located near to the area under discussion, I am not naïve regarding the current state of most townships in South Africa, especially in terms of poorer residents and families affected by HIV/AIDS (not that all families living in townships fall into these categories). It will be seen that successful developmental outcomes from such adverse backgrounds are a clear indication that such families employ their resilience processes effectively in order to achieve meaningful lives.

1.4   WORKING ASSUMPTIONS

Klasen and Woolard (2008) mention that poverty and inequality are two of the major negative circumstances to which many families are subjected in South Africa. Families that are not nuclear in nature (nuclear households consist of a mother and father living under one roof with their children), and which are instead either multi-generational households, child-headed households, or grandparent-headed households, occur mostly as a result of the HIV/AIDS pandemic, labour migration, and/or unmarried or divorced parents (Tshoose, 2010). Based on the qualitative nature of the study, I am fully mindful that the findings that will arise from this study

cannot be generalised (Nieuwenhuis, 2007). Nevertheless, the study will help to understand the participants' world and how they employ resilience processes to achieve successful development. The many risk factors experienced within the residential context of the township are pertinent for most adverse conditions with which South African families contend.

1.5 RESEARCH QUESTIONS

1.5.1 Primary question

How do families from low socio-economic backgrounds provide the context for resilience to develop?

1.5.2 Sub-questions

- *What stressors/risks are most commonly experienced by families from low socio-economic backgrounds?*

- *What resilience processes are employed by families from low socio-economic backgrounds?*

1.6 DEFINITIONS OF CONCEPTS

In order to ensure a clear understanding of the process of this study, I will attempt to clarify certain key terms.

1.6.1 Resilience

Resilience is defined as 'the ability to withstand and rebound from disruptive life challenges' (Walsh, 2003 p. 399). Furthermore, resilience does not mean bouncing back without bruises along the way; rather, Walsh (2001 p. 14) suggests that resilience is to incur these very same bruises and to continue 'struggling well' in spite of the damage sustained.

1.6.2 Families

Families are viewed as one of the foundational social institutions in all societies; however, the concept of the family is difficult to define (Waite, 2000; Belsey, 2005 as cited in Department of Social Development, 2012). According to Benzies and Mychasuik (2009), a family consists of individuals who relate across levels in a socio-ecological system. Patterson (2002) defines a family as a unit and system that includes two or more individuals (family structure) relating to and with each other (family functioning). According to Walsh (2002), emphasis on the 'ideal nuclear family', consisting of a father, a mother and children all living together, continues to stigmatise other family types and makes them appear or feel abnormal. For the purpose of this study, the definition of family extends to skipped-generation households, where grandparents raise their grandchildren (Department of Social Development, 2012 p. 3). According to Safman (2004), in skipped-generation households, the grandmother is generally the familial caregiver. A familial caregiver is what Papadatou (2006) refers to as an informal caregiver: one who takes care of his or her family member/s but does not have formal training on how to take care of the sick. Thus, the study shall refer to grandmothers as familial caregivers.

1.6.3 Family resilience

The concept of family resilience extends one's understanding of healthy family functioning in situations of adversity (Walsh, 2003 p. 399). Family resilience pertains to the nature of family relationships after a significant risk exposure has manifested. By surviving significant risk exposures together, the family appears more loving, much stronger, and more resourceful when meeting future challenges (Patterson, 2002 as cited in Black & Lobo, 2008; Rutter, 1999).

1.6.4 Low socio-economic status/background

Various factors should be taken into consideration when defining socio-economic status (SES), such as educational attainment, income, occupation, home and asset ownership, and area-based deprivation indices (Cox, McKevitt, Rudd, & Wolfe, 2006). According to Wojcicki (2005), the measures that are used to define socio-economic status are income and education. A difference in social and income groups is also an indication for either low or high SES (Jones, Johansen, Brennan, Butler, & Lyons, 2004). For this study, low SES encapsulates the economic

deprivation of the unemployed residents of Mamelodi township (i.e. those with no formal housing structure), who have minimal municipal services, and who are surviving on social grants and/or other alternative means of income.

1.7 INITIAL LITERATURE REVIEW

Initially, resilience research focused on the positive adaptations evident in children despite the hostile environments in which they lived (Black & Lobo, 2008; McMahon, 2007). Positive adaptions in children from adverse family situations, especially those diagnosed with mental illness, amazed researchers like Rutter (1987) and Cohler (1999). The role of family resilience will be highlighted when the research shows positive developmental outcomes in resilient children raised by mentally ill parents. This forms the beginning of a definition of family resilience that takes into consideration the system and the factors that contribute to collective resilience.

According to Boss (1998), many modern children do not grow up in nuclear households. As the global HIV/AIDS pandemic continues, increased attention is being focused on the negative impact that HIV/AIDS has on children who have lost a family member to the disease (Holborn & Eddy, 2011). The United Nations Children's Fund (UNICEF) estimated that in 2007, some 2 500 000 children in South Africa alone had lost one or both parents to the virus (Holborn & Eddy, 2011; Tshoose, 2010). By 2015 about 5 700 000 children worldwide will be orphans due to the HIV/AIDS pandemic (Holborn & Eddy, 2011). Gardner and Operario (2007) have also projected that by 2020 at least 2 300 000 South African children will have been orphaned by the HIV/AIDS pandemic. The loss of life caused by AIDS rarely exists in isolation; children suffer multiple losses: not only the loss of a parent (usually the mother), but an absent father, poverty (which HIV/AIDS did not create but has intensified), and/or their self-esteem (Denis & Ntsimane, 2006, p. 242). Therefore, close and supportive relationships, with caring adults in protective roles, are vital to the development of these children (Luthar, Ciccetti, & Becker, 2000). Furthermore, those that act as caregivers to orphaned children also need support and the ability to cultivate resilience within their households.

Resilience does not only stem from personality traits: it also develops through dynamic interactions with others and within the social context. The quality of resilience can be developed at any point in the family cycle (Black & Lobo, 2008), and through collaborative efforts, family acceptance, recovery, and growth can be achieved (Walsh, 2002). Walsh (2003) refers to relational resilience as the process of joining together and the ability to overcome adversity through collectively forged strength. Accordingly, Walsh's family resilience framework (see Figure 1.1) proposes key resilience processes, namely the Belief System, Organisational Patterns, and Communication/Problem Solving. These form the core components of her family resilience framework.

1.8   CONCEPTUAL FRAMEWORK: WALSH'S FAMILY RESILIENCE FRAMEWORK

The conceptual family resilience framework shifts the perspective: from viewing families through deficit lenses, towards a strength-based understanding of family functioning (Walsh, 2002; Black & Lobo, 2008). This approach therefore engages distressed families with respect and with compassion for their struggles; it affirms their potential and seeks to bring out their best. Patterson (2002); Merrel (2010) and Black and Lobo (2008) concur with Walsh (2002): as a society we have an extensive history of focusing on the causes of diseases, shortfalls and behavioural problems, rather than on strengths and resources. Families subjectively view themselves as typical or atypical depending on their perception and understanding of what it takes to be healthy.

The family resilience framework is grounded in systems developmental and ecological theory (Ganong & Coleman, 2002; Walsh, 2002). The family is a system that functions in relation to its wider socio-cultural context, as it progresses throughout the multi-generational life cycle (Ganong & Coleman, 2002; Walsh, 2002; Patterson, 2002). Walsh (2002) further states that her framework, guided by a bio-ecological system orientation, views problems and solutions in light of multiple recursive influences, including individuals, families, and the community as a whole (Walsh, 2002 p. 131). This framework will be discussed in detail in Chapter 2.
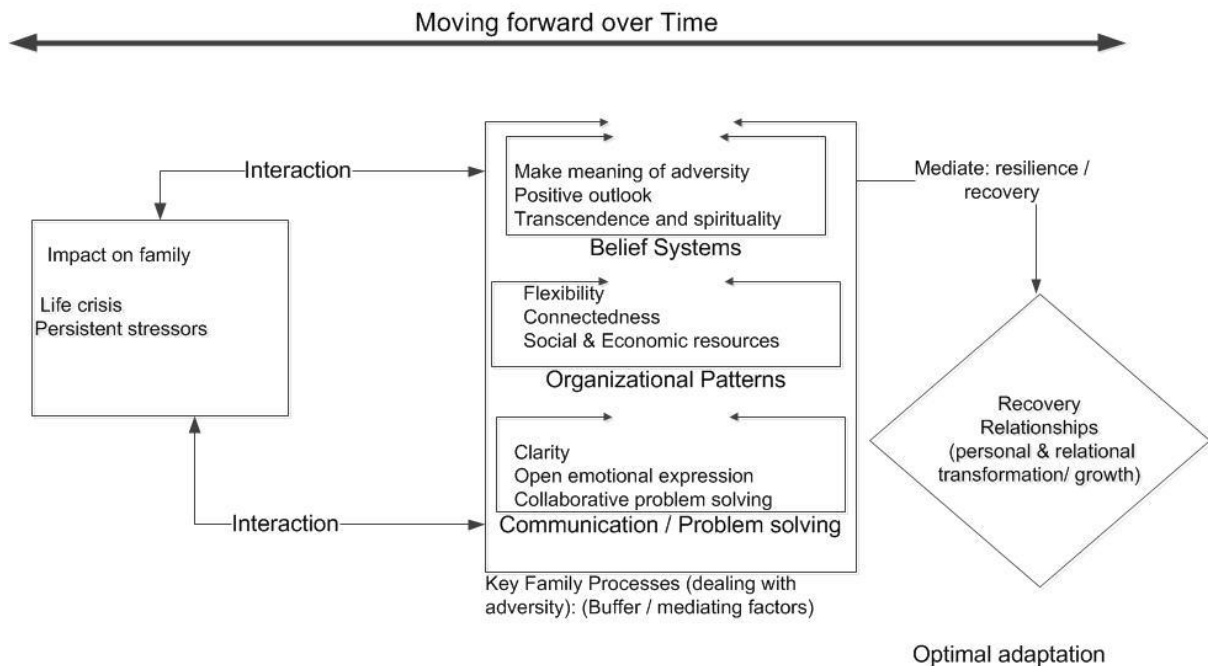
Figure 1.1: Conceptual Family Resilience Framework (as constructed by Mampane, 2012)

1.9   RESEARCH METHODOLOGY

Qualitative research aims to assess how the participants experience and perceive their society, and how they understand and derive meaning from the social and cultural contexts in which they live (Corbin & Strauss, 2015; Nieuwenhuis, 2007; Patton, 1987). I will employ a qualitative research approach, as I aim to understand the resilience processes employed by certain families living in a predominantly black township under low socio-economic conditions.

1.9.1   Research paradigm: Interpretivism

I intend to use an interpretive qualitative approach in the investigation. Interpretive researchers have a firm conviction that reality entails people's subjective experiences of the extended world (Walsh, 2003). An interpretivist researcher therefore utilises methods such as conversations and observation during data collection. Reeves and Hedberg (2003 p. 32) assert that the interpretivist paradigm emphasises the need to look at findings in context. The subjectivity of the participants and an understanding of their contexts is the essence of interpretive research. Interpretive research focuses on how fully involved humans are in making

sense of situations as they arise (Kaplan & Maxwell, 1994). The goal of interpretivism is not to generate a new theory, but to judge or evaluate, and to refine interpretive theories (Kaplan & Maxwell, 1994). According to Nieuwenhuis (2007 p. 59), the interpresitivist standpoint is grounded on the following assumptions:

i. Human life can only be understood from within.

ii. Social life is a distinctively human product.

iii. The human mind is the purposive source or origin of meaning.

iv. Human behaviour is affected by knowledge of the social world.

v. The social world does not 'exist' independently of human knowledge.

1.9.2 Research design: Case study

According to Babbie and Mouton (2013); Jones and Lyons (2004) and Parahoo (1998), a research design is a plan for how the research is to be conducted. For this particular study, I will follow a multiple case-study design, which, according to Nock, Michel, and Photos (2007 p. 1) is one 'in which the phenomena of interest are studied using a single subject or a small group of research subjects'. In this case, the participants will be divided into two groups – grandmothers and grandchildren. Yin (2014 p.16) defines a case study by means of two distinctive qualities. Firstly, a case study investigates a case (phenomena) in depth, taking the real-world context into consideration. Secondly, a case study design implies that the researcher wants to understand the society of the participants, and in the process, assumes that within the participants' world there are important contextual conditions relevant to the proposed case study. According to Ebersöhn, Eloff, and Ferreira (2007), the emphasis for a researcher when selecting a case study is on the gathering of information within a particular context, as opposed to generalised findings. My aim therefore will be to reach an in-depth and comprehensive (holistic) understanding of how the participants relate and interact with one another in a specific context, and how they construct meaning pertaining to the phenomena under discussion (Nieuwenhuis, 2007).

1.9.3   Sampling of participants

The participants will be families from skipped-generation households (Department of Social Development, 2011): this refers to households where grandparents are the primary caregivers for their grandchildren, due to the parents being absent and/or deceased. Safman (2004) refers to the grandparents as familial caregivers.

Qualitative sampling is based on purposive and non-probability sampling. Purposive sampling means selecting participants according to pre-selected criteria relevant to a particular research question (Nieuwenhuis, 2007). For this study, the participants will be selected using a convenience sampling strategy. Participants will be identified from an ongoing study at a non-governmental organisation and a drop-in centre in Mamelodi. The organisation is partially supported by the Department of Social Development, and runs the drop-in centre, where trained caregivers supply the children with daily meals after school and also assist with homework. Most of these needy children will be identified from their schools by the formal caregivers who are placed at the schools, which all fall into the lower socio-economic categories. The criteria for the participants who will be chosen will be discussed in greater detail in Chapter 3, section 3.6.3.

1.9.3.1 Demographic background of participants

The sample will comprise grandparent-headed households that have been affected by HIV/AIDS. I will be working in collaboration with the drop-in centre to identify participants. The selected participants will not live far from the drop-in centre; hence it will be easy for them to take part in the study. I shall record age, gender, ethnicity and other characteristics for each of the participants. The focus group discussions will take place at the drop-in centre, where a room will be provided for this purpose. The demographic background of the participants will be discussed in detail in Chapter 4, section 4.1.1.

1.9.4 Data collection strategies

Data will be collected by means of focus group discussions, field notes, and informal observations.

1.9.4.1 Focus group discussions

I will make use of focus group discussions, as this method will allow me to work with several people simultaneously. The informal, relaxed atmosphere associated with this method will also allow for the sharing of personal experiences and perspectives. The focus group discussions will be recorded by means of a digital voice recorder, and the recordings will be transcribed. According to Kitzinger (1995) and Nieuwenhuis (2007), focus groups are a form of group interview that encourages participants to talk to one another, share experiences and the meanings thereof. I shall see all the participants on the same days, but they will be divided into two focus groups: the familial caregivers' focus group as well as a grandchildren's focus group. The division of the participants will account for the cultural variance that comes into play due to age and role disparity, which might otherwise affect the results of the study.

In the context of a focus group, the researcher is able to explore the participants' knowledge and experiences, which can be used to examine not only what the participants think, but how they think and why they think that way. Probing is one of the strategies that will be used to obtain the most data possible; it also serves to verify that what has been heard is what was really said (Maree, 2010). The aim of focus groups is to see the world through the eyes of the participants (Maree, 2007) and also to elicit honest views and opinions from the participants (Creswell, 2002).

1.9.4.2 Field notes

I will make use of field notes or memos, which will contain descriptions of my reflections regarding the focus group discussions, a record of moments of confusion encountered, and intuitions, all of which will lead to the formation of new ideas during the study (Mayan, 2001 as cited in Yin, 2014. Nieuwenhuis (2007 p. 86) stipulates that reflection on observations should take place as soon as possible (preferably immediately after the event). The purpose of writing down one's thoughts is to document events that take place and the emotions that the researcher associated

with these events at the time. It will also help me to familiarise myself with the data. This process is known as 'memoing', and will build into a journal containing my own reflective notes about what I am learning from my data. It will help with introspection as well, because I will be able to look back and see if I still hold the same views, even after being exposed to the participants' contexts and perspectives.

1.9.4.3 Informal observations

By making use of observation I will be able to obtain an insider's perspective of the group dynamics and behaviours in different settings. This method assumes that behaviour is purposeful and expressive of deeper values and beliefs. Furthermore, observations will permit me to understand the setting of the study to a far greater and more accurate extent (Patton, 1987). A primary purpose of observational description is to allow one to experience the actual context in which the study is conducted and situated. Observations are also another source of evidence in case study research (Yin, 2014 p.113). One method I shall use to verify my observations, field notes and focus group discussions is that of member checking: verification as to whether my data collection strategies indicate a true understanding of the context (Nieuwenhuis, 2007).

1.10   DATA ANALYSIS: THEMATIC ANALYSIS

Data analysis from a qualitative perspective is largely an inductive (as opposed to deductive) process, and often entails observing patterns in the data and constructing themes based on these observed patterns (Nieuwenhuis, 2007; Denzin & Lincoln, 1994; Guest & Nameu, 2012). Nieuwenhuis (2007) posits that data collection and data analysis are not two separate processes, and that one should see them rather as an ongoing, cyclical and iterative process. This also entails an ongoing analysis, by means of seeking more data and asking more questions (Mayan, 2001 as cited in Maree, 2007). This means that if I am not sure about something, I can consult the participants again and gather more information in an attempt to obtain further clarity. In this process, the raw data (the actual words of the interviewees) will be grouped together into higher-order themes, which in turn will be grouped together to produce more general themes (Denzin & Lincoln, 1994).

The aforementioned process is known as thematic analysis. According to Braun and Clarke (2008), thematic analysis is a method for analysing and reporting themes within data. The flexibility of thematic analysis provides a rich and detailed account of data (Braun & Clarke, 2008 p. 79). Figure 1.2 depicts the process of thematic data analysis.
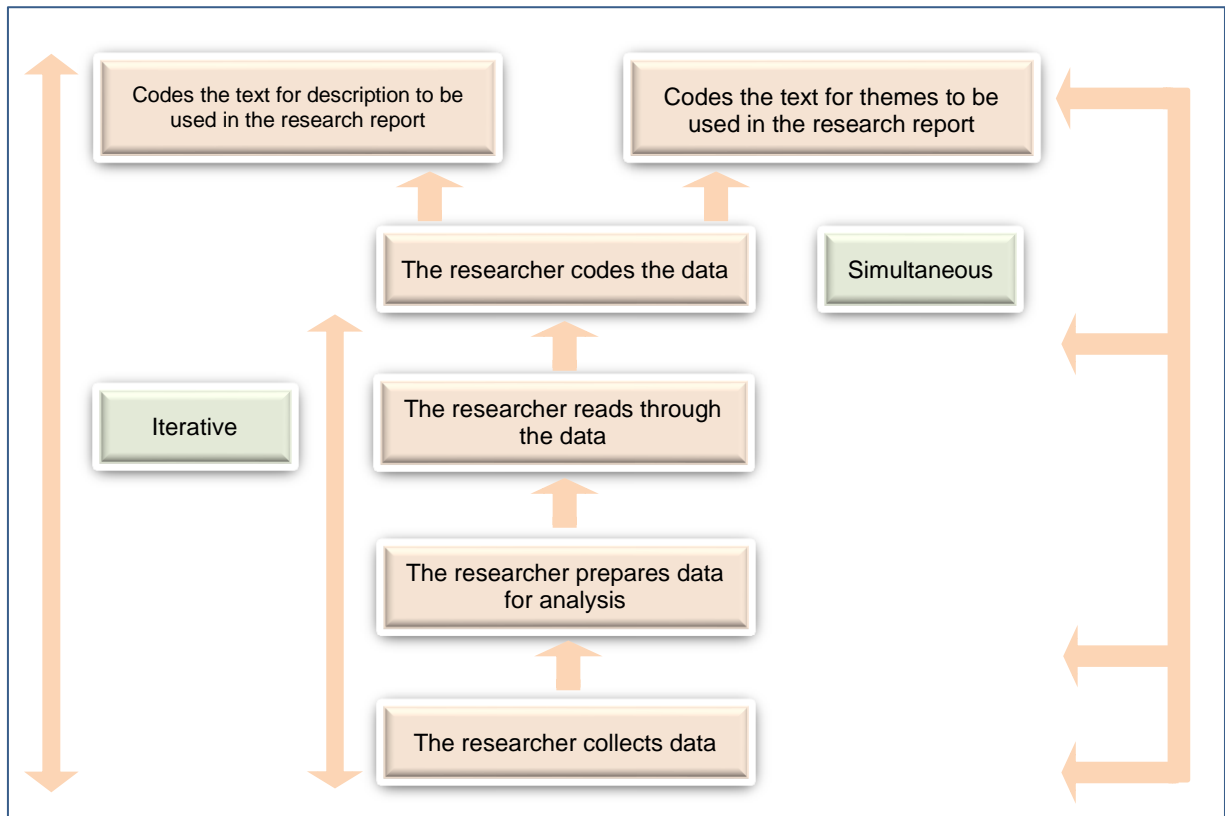
Figure 1.2: The Qualitative Process of Data Analysis (adapted from Creswell, 2012)

1.11   RIGOUR OF THE STUDY

According to Long and Johnson (2000 p. 30) research studies must be open to critique and evaluation based on the soundness of the researcher's methods, the accuracy of the findings and the integrity of the study's assumptions.

1.11.1 Enhancing trustworthiness

The researcher will establish credibility by applying a crystallisation of data collection strategies and data analysis; as well as by means of member checking: asking fellow researchers/participants to see if they can identify any discrepancies in the findings.

Mayan (2001 as cited in Maree, 2010 p. 297) describes credibility (internal validity) as the accurate presentation of a particular context or event as described by the researcher. This infers that the researcher's conclusion must stem from the data (Durrheim & Wassenaar, 2002 as cited in Maree, 2007 p. 297). Credibility requires the accurate presentation of a particular context or event when described by the researcher. Of equal or greater importance is trustworthiness: from a qualitative perspective the term trustworthiness (reliability) refers to the way in which the inquirer is able to persuade the readers that the findings in the study are worth paying attention to and that the research is of high quality (Lincoln & Guba as cited in Maree, 2007 p. 297).

For this study I will use Merriam's (1998) six strategies to ensure internal validity, namely (Maree & Van de Westhuizen, 2007):

- **Crystallisation:** Using several methods to compare the findings. Multiple data collection techniques were utilised in the study, with the aim of providing an in-depth understanding of how the sample families perceived their family resilience.

- **Member checking:** Verifying the interpreted data with the participants of the study. Follow-up sessions will take place once a week for three weeks, which will increase the validity of the data.

- **Observation:** Gathering data over a longer period of time in order to increase validity. Data will be collected for a period of three weeks.

- **Peer examination:** Seeking the opinions of colleagues and co-workers – this will include the supervisor and the external examiners – thereby assisting with providing assurance of the validity of the study.

- **Collaborative research:** Involving participants in the research process.

- **Clearing research bias:** Clarifying the researcher's assumptions and views. This will be discussed in more detail in Chapter 5.

1.12 ROLE OF THE RESEARCHER

Contrary to typical quantitative techniques, where objectivity is a goal, qualitative studies accept researcher subjectivity as something that cannot be eliminated, and perceive the researcher as the research instrument in the data collection process (Nieuwenhuis, 2007). My role as the researcher will be to collect data, analyse this data, and report on what I have found.

1.13 LIMITATIONS OF THE STUDY

This study is qualitative in nature; therefore, it is not possible to generalise the findings of the research to a larger population.

1.14 ETHICAL CONSIDERATIONS

Since this study is qualitative in its approach, I will have to work together with the participants; in so doing, entering their personal space (specifically regarding their values) in order to collect the necessary data. According to Flick (2009 p. 36), codes of ethics are formulated to control the relations of researcher and participants, and to prevent researchers from harming participants involved in the research processes. This study aims to uphold the highest ethical standards, and will comply with the regulations stipulated in the University of Pretoria's Code of Ethics for Research (Committee for Research Ethics and Integrity, n.d.; Rogelberg, 2002; Miles & Huberman, 1994) regarding informed consent, privacy, confidentiality, anonymity, honesty, trust, and safety. A further discussion of these concepts will be provided in Chapter 3, section 3.10.

1.15   LAYOUT OF CHAPTERS

❖   **CHAPTER 1**

Chapter 1 has provided a general overview by means of the introduction, problem statement, rationale, and research questions. It also has also provided concept clarification as well as an explanation of the conceptual framework.

❖   **CHAPTER 2**

Chapter 2 will outline the conceptual framework implemented for this research through consideration of current literature, relevant to the study, focusing on family resilience.

❖   **CHAPTER 3**

Chapter 3 will detail the methodology and research design. The paradigm used in the study will also be included. The selection of participants, data collection methods, as well as data analysis and interpretation thereof, will be explained. In addition, the ethical considerations will be discussed, as well as the quality criteria of the proposed study.

❖   **CHAPTER 4**

Chapter 4 will present the findings of the study: the data that has been gathered and then analysed throughout the study. Results will also be presented, according to the themes and sub-themes that emerge.

❖   **CHAPTER 5**

Chapter 5 forms the consolidation section of the study, in which the researcher's conclusions and recommendations will be discussed.

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2.1   INTRODUCTION

This chapter provides an overview of the literature that is relevant to this study. Throughout this chapter, I will be able to highlight how resilience was initially studied from the individual perspective, and later evolved into collective family resilience. I will also describe resilience from the perspective of positive psychology. Risk and protective factors that play a role in families' well-being will also be highlighted in this chapter.

The study aims to understand which resilience processes are implemented by families from a predominantly black township living in low socio-economic conditions. The risk and protective factors within townships, which play a role in family well-being, will be highlighted. The post-apartheid landscape will also be discussed based on the current socio-economic factors within townships, and the types of family structures found within the township context. Also, a discussion of various positive factors that strengthen families and which help in mitigating risks and building resilience (referred to as key family processes) will be included.

2.2   COMPOSITION OF A FAMILY

A family is a continuing system of interacting personalities bound together by shared rituals (weddings, birthdays, holidays, funerals, graduations, etc.) and rules (curfews, manners, etc.), even more than by biology (Boss, 2001). The Department of Social Development (2012 p. 3) defines family as a societal group that is related by blood (kinship), adoption, foster care, ties of marriage (civil, customary or religious), civil union, or cohabitation, a definition that goes beyond a particular physical residence. Families are living organisms: they have structure, boundaries to maintain, instrumental and expressive functions to perform, thereby ensuring the organism's growth and survival (Boss, 2001 p. 16). Therefore, the extention of the nuclear family is difficult to define when considering cultural demands and practices in most South African black families and societies. A good example is the following: if a child is born out of wedlock and the biological parents have no intention of getting married,

the maternal and parternal families decide to come together to work out arrangements as to how the child will be raised (Lesejane, 2006).

This practice situates the child in two extended families. Mudavanhu, Segalo, and Fourie (2008 p. 77) share the same sentiments: 'most African societies have the obligation of extended families towards other members'. This gives an indication of how members of African societies rely on each other within a support system.

It is only when everyone uses concepts to mean the same thing that we can understand each other; thus definitions are given considerable attention in this chapter. According to Papadatou (2006), caregivers are either informal or formal. Informal caregivers include those who choose to help either their relatives or their friends who are in need of care, despite having no formal training. Formal caregivers include both professionals and volunteers who have received education and training to care for individuals with health-related problems. The participants in this study are informal caregivers (grandmothers), whom Safman (2004) refers to as familial caregivers. Henceforth these grandmothers will be referred to as familial caregivers.

In most developing countries there has been a steady increase in the number of multi-generational and female-headed households (Schatz, Madhavan, & Williams, 2011; Schatz & Ogunmefun, 2007;Tshoose, 2010). These occurrences are geographically and historically determined and are linked to poverty (Schatz, Madhavan, & Williams, 2011; Safman, 2004). When considering the aforementioned households, including the effect of HIV/AIDS on child-headed and/or multi-generational households (Holborn & Eddy, 2011), it is crucial to identify the security and permanency of these arrangements, the problems experienced by caregiving households, and the sources of formal and informal support (Safman, 2004).

According to Mokomane (2012), a key role fulfilled by family is to prevent social alienation through equipping its members with necessary skills. A family has the potential to enhance the well-being of its members as well as their contribution to society at large (Mokomane, 2012; Holborn & Eddy, 2011). The responsibility of the primary caregiver is crucial, in that they need to be supportive pillars for their children by fulfilling their roles. If other institutions fail these individuals, they can always turn to their families in times of difficulty, especially when the family institution is functioning effectively (Mokomane, 2012; Department of Social Development, 2012). The table below indicates the important functions by primary caregivers and the benefits it has towards their family members and society at large.

Table 2.1: Family Core Functions: Instrumental and Effective (adapted from Patterson, 2002)

Family Function	Benefits of each function	
	Individual family members	**Society**
Membership & Family Formation	• Provides a sense of belonging • Provides personal and social identity • Provides meaning and direction in life	• Controls reproductive function • Assures continuation of the species
Economic Support	• Provides for basic needs of food, shelter, clothing, and other resources to enhance human development	• Contributes to healthy development of members who contribute to society (and who need fewer public resources)
Nurturing, Support and Socialisation	• Provides for the physical, psychological, social and spiritual development of children and adults • Instils social values and norms	• Prepares and socialises children for productive adult roles • Supports adults in being productive members of society • Controls antisocial behaviour and protects society from harm
Protection of Vulnerable Members	• Provides care and support for young, ill, disabled or otherwise vulnerable members	• Minimises public responsibility for care of vulnerable, dependent individuals

2.3 RISK AND PROTECTIVE FACTORS EXPERIENCED BY FAMILIES IN TOWNSHIPS

Within any community one can identify risk and protective factors that the community is likely to face. Protective factors are variables that buffer individuals in adversity (Gewirtz & Edleson, 2007); they allow an individual and/or family to function and experience healthy development despite the experience of adversity. According to Mampane's study (2010), specific protective factors can be identified,therefore, it is important for individuals to know how to identify and access the available resources. Some protective factors are enabled by the macro-system (government) such as assistance with school fees (no-fee schools) and feeding scheems (in alleviating the symptoms of poverty and unemployment). According to Mokomane (2012) protective factors sustain resilience of the family in that the primary caregiver/s recognise their role and meet the instrumental and affective needs expressed by the family. Affective needs involve emotional support and encouragement, and instrumental needs are concerned with the provision of physical resources such as food, clothing

and shelter (Walsh, 2006; Peterson, 2009; Mokomane, 2012). Protective factors can either be internal or external resources. Internal resources include a caring and consistent relationship with a primary caregiver, a family in which there is clear adult guidance, monitoring and supportive authority, and a family that has a strong, coherent and consistent set of values (Donald, Lazarus, & Lolwana, 2010 p. 162). External resources consist of a positive self-concept, confidence and a generally positive and outgoing approach to life, a sense of autonomy, a strong identity and a purpose in life (Donald, Lazarus, & Lolwana, 2010 p. 160).

Risk factors are variables that are associated with an increased likelihood of poor physical, emotional and behavioural outcomes (Gewirtz & Edleson, 2007). These variables can include economic disadvantages, maladaptive parent-child interaction, marital conflict and parental separation (Rutter, 1999 p. 123). Environmental risks are considered to be the lack of a support base at school, such as no food scheme during breaks as is the case in most township schools, and no collaboration between the sub-systems (school, community, community library, clinic, etc.) (Ferreira & Ebersöhn, 2012).

The study conducted by Mampane (2010) reports on learners from a township school who experience risk factors within their microsystem (home), which include abuse at home, insufficient food, orphanhood, absent parents (labour migration), and living with unemployed adults. Other examples of risk factors for children include premature birth, behavioural problems, parental mental illness or substance abuse, physical abuse, exposure to violence, homelessness and poverty (Gewirtz & Edleson, 2007; Ferreira & Ebersöhn, 2012; Department of Social Development, 2012). Violence is also a serious risk factor that has become part of our culture (Donald, Lazarus, & Lolwana, 2010). The authors further stipulate that due to social factors, boys and men are particularly at risk for becoming both victims and prepetrators of violence, with males aged 15 to 29 being a high risk group. Table 2.2 gives an indication of the risk factors at various levels of the system and their interaction with other levels.

Table 2.2: Factors Indicated as Risk Factors at Various Levels of the System
(adapted from Donald, Lazarus, & Lolwana, 2010)

Individual factors	Familial factors
• Low self-esteem • Under-socialisation or antisocial behavioural problems • Physical illness	• Exposure to violence or abuse • Lack of adequate parenting • Lack of social support in the family • Breakdown of family life (divorce, death: AIDS related)
Peer group factors	**School-related factors**
• Gang exposure or involvement • Becoming involved in a peer group that supports agression in various ways, including bullying	• Negative eperiences in school • Low levels of achievement, both inside and outside school context • Inadequate policy and incorrect handling of violence in the school
Local community factors	**Wider community and societal factors**
• Low socio-economic status (unemployment in the family) • Lack of recreational and other creative spaces • Exposure to alcohol and drugs • Access to weapons such as guns and/or knives	• Poverty within a society that has high levels of economic inequality • Lack of or inadequate judicial system • Cultural norms, values, and practices that support the belief that 'violence is normal'

2.3.1   SOCIO-ECONOMIC FACTORS WITHIN TOWNSHIPS

According to Jürgens, Donaldson, Rule, and Bähr (2012), social and spatial structures in South Africa have changed substantially. Apartheid was marked by ethical and racial discrimination, both in political and social life (Kotze & Donaldson, 1998). Townships are known to be located on the city margins, and are separated from the city centre and more affluent areas by natural or artificial buffer zones (Jürgens et al., 2012; Kotze & Donaldson, 1998). Through environmental and infrastructural marginalisation and demarcation, environmental risk factors such as poverty and deprivation, HIV/AIDS prevalence, lack of education, no access to resources, violence, and/or lack of service delivery, are among the many factors prevalent in townships (Corrigan, 2009).

Corrigan (2009, p.12) clearly summarises the economic structure of South Africa:

> *The distribution of income and wealth in South Africa is among the most unequal in the world…South Africa has a long distance to traverse on the transformation front, but the vision, will and resources are there to move the country forward. Poverty is not just about lack of income, it is also about people's lost creativity and potential to contribute to society. It is about the denial of access to opportunities and choices to lead a decent life; achieve a better standard of living; have more freedom, dignity and self-respect — things that matter most for human existence.*

The definition of poverty, according to the United Nations, is living on less than US $1 per day, which in South Africa amounts to roughly R14 at the time of writing. The South African Institute of Race Relations published a report arguing that poverty has actually increased since the dawn of democracy in South Africa in 1994 (Corrigan, 2009). According to the Green Paper on Families (Department of Social Development, 2011) and Lesajane (2006), poverty and inequality play a role in discouraging familial nurturing, support and preservation, both within the family and in society at large. It is unfortunate but understandable that those who are stricken by poverty are the very ones who are involved in criminality, the reappearance of begging, resorting to the informal sector to supplement income; 'squatting' in cities; and concealed immigration (Corrigan, 2009).

South Africa has undergone significant changes affecting every sphere of society (Mkhwanazi, 2010). Due to the prevalence of unemployment, the government is expected to come through for its citizens with regard to their social and economic well-being (Holborn & Eddy, 2011). Many families are affected by unemployment to such an extent that they find themselves wondering where their next meal will come from. However, there are families experiencing these unfortunate circumstances who derive shared strength from one another (Holborn & Eddy, 2011; Seccombe, 2002).

Factors such as inadequate development, environmental deprivation, unemployment and negative expectations for the future are documented by Landsberg, Kruger and Swart (2011 p. 30), who echo the sentiments of Corrigan (2009) with regard to the various socio-economic factors within townships that can create barriers not only to learning but to progressively advancing as a community. HIV/AIDS is another factor associated with the disintegration of families. According to Benzies and Mychasiuk (2009) and Insook et al., (2003) families living at a low socio-economic level are associated with early parenthood, high school dropout rates, substance abuse and

increased family stress. Teenage pregnancy is a common trend in South Afria, and it is unfortunate that most teenage pregnancies occur among poor black and coloured South Africans (Mkhwanazi, 2010). Benzies and Mychasiuk (2009) and Insook et al. (2003) emphasise that, with the documented prevalance of teenage pregnancy, there is an increased risk of teenagers contracting HIV/AIDS. According to Mkhwanazi (2010 p. 347) teenagers who become mothers are more likely to perpetuate the cycle of poverty. Teenage pregnancy has become institutionalised and is a fairly typical stage in the domestic life cycle of many families (Jewkes, Vundule, Maforah, & Jordaan, 2001; Walsh, 2003).

2.3.2   POST-APARTHEID: STRUCTURE OF SOUTH AFRICAN FAMILIES

The White Paper on Families (Department of Social Development, 2012) and Holborn and Eddy (2011) mention that there are many elements that contribute to the multifaceted family structure in South Africa. These are known to be extended, single, child-headed, nuclear, skipped-generation, and multi-generational families. Holborn and Eddy (2011 p. 3) indicate that the 2001 census denotes that 76% of households were made up of extended families. Extended families are defined in the White Paper on Families (Department of Social Development, 2012) as multigenerational families that may or may not share the same house. The Green Paper on Families (Department of Social Development, 2011) concurs with the definition, however it adds that these households include family members who are blood relations, related by marriage, cohabitating and/or legal relations.

The proportion of households that were made up of nuclear families decreased between 1996 and 2001 from 46% to 40%, while the proportion of households made up of extended families increased from 32% to 36% over the same period (Holborn & Eddy, 2011). According to Anderson (2003); Holborn and Eddy (2001); the Department of Social Development (2012) and Lesejane (2006), apartheid legislation is one of the factors that has had a strong influence and lasting effects on the family structure in South Africa, more particularly for the African community. This section addresses the effects of the former legislation. During apartheid African adults, mostly men were separated from their families in order to seek employment in cities and towns (Lesejane, 2006); as a result, women became heads of households (Anderson, 2003; Holborn & Eddy, 2011). When it became difficult for them to manage, they sought support from extended family members to assist with the nurturing of their children (Preston-Whyte, 1993 as cited in Anderson, 2003). Preston-Whyte (as cited in Anderson, 2003; Holborn & Eddy, 2011), adds that in

South Africa a child is often raised in a single-parent household and/or lives in a household with unemployed adults. However, women also leave their children behind in search of economic means to provide for their families (Lesejane, 2006). The following words were uttered in 1970 by a doctor living in rural Natal (now KwaZulu-Natal), and express the essence of how the mining economy and the migrant labour system disbanded families:

> *Economic or even social analysis of migratory labour will fail to reveal the full picture of its cost in terms of human misery. To learn this you must listen to the lonely wife, the anxious mother, the insecure child…it is at family level that most pain is felt…migratory labour destroys the African cultural heritage, [which] enshrines a broader, more noble concept of family* (Wilson, 1972 p. 138).

2.3.3 POST-APARTHEID: SOUTH AFRICAN SOCIAL SECURITY AGENCY GRANTS ESTABLISHED TO MAINTAIN FAMILIES

Due to the history of South Africa, there is a particular agency that has been established by the government to deliver financial relief to its beneficiaries. The agency is a body in the Department of Social Development that is meant to facilitate the provision of social grants. The existence of the agency is the government acknowledging and considering the restructured family structures by introducing the following grants: Child Dependency Grant (CDG), Child Support Grant (CSG), Disability Grant (DG), Foster Child Grant (FCG), Grant in Aid (GIA), Old-age Grant (OAG) and the War Veteran's Grant (WVG). This section considers the South African Social Security Agency (SASSA), an established department with the purpose of alleviating social and economic constraints experienced by the disadvantaged. The rationale for incorporating grants in this section is to recognise these as a protective factor and to acknowledge the initiative the government has taken to provide monthly benefits for lessening the economic strain experienced by impoverished families (SASSA, 2005). Nevertheless, when considering the amounts issued to beneficiaries of the various social grants, one is inclined to question whether these are enough to sustain a household, especially if the beneficiary is the only one receiving an income. Is the amount paid to the elderly enough to sustain them? As this study is focused grandparent-headed households also known as skipped-generation households (Department Social Development, 2012) the focus will be on the various support they obtain as a family that enables them to employ resilience.

According to (SASSA, 2005), a person eligible to qualify for an old-age grant must be 60 years of age or older. The amount of the grant is R1350 per month. After the age of 75 an extra R20 is added. Based on the dollar-rand exchange rate at the time of writing, this amount provides the beneficiary with a living of just more than $3 per day. Appendix C and Appendix D provides statistics from the South African Security Services Agency that indicates the number of beneficiaries from each province who claimed grants in January 2013 and January 2014. According to these statistics KZN outweighs all the other provinces with the grant types they provide, except for the WVG. Gauteng (specifically Mamelodi, Pretoria), which is the province this study will be focusing on, is ranked third (succeeding KZN and EC) in respect of types of grants issued in January 2013/2014.

The top three most claimed grants within the region of Gauteng are the CSG, OAG, and DG. In 2013 the OAG was ranked third with 418 859 beneficiaries, and 23 819 more beneficiaries were added in 2014. It is essential to note that the Department of Social Services also provides communities with psychosocial services, including family stress management and/or counselling when the family is experiencing any form of challenge (SASSA, 2005).

The participants of this study will be asked if they can access these services. According to SASSA (2005), in order for an elderly person to qualify to be an OAG beneficiary, the following criteria must be met:

- The applicant must be a South African citizen or permanent resident.

- The applicant must live in South Africa.

- The applicant may not be in receipt any other social grant for his or her own benefit.

- The applicant may not be cared for in a state institution.

- The applicant may not earn more than R61 800 per year (R5 150 per month) or own assets worth more than R891 000 if unmarried.

- The applicant may not have a combined income of more than R123 600 per year (R10 300 per month) if married, or own assets worth more than R1 782 000.

However, the then finance minister, Pravin Gordhan, argued that every elderly person should be eligible for an old-age grant regardless of income or assets (Sapa, 2013). Gordhan asserted that elderly people shound not be subjected to scrutiny, and that the means test, which is given to all applicants for the grant, should be phased out by 2016 (Sapa, 2013).

2.4   TYPES OF FAMILY

Literature has documented that families are the point of origin for a child's perceptions of how people should treat one another and of what is normal in personal relationships (Weigel, Bennett, & Ballard-Reisch, 2003). Similarly, it is within the family that people (should) first learn about the importance of values such as love, respect, honesty, and communication (Weigel, Bennett, & Ballard-Reisch, 2003). According to Boss (2001), there is no 'normal' family, especially since the nuclear family is currently outnumbered by other family structures (Boss, 2001). Children are typically more vulnerable than adults in times of family crisis since they lack the resources to distance themselves from problems in the home. Furthermore, Safman (2004 p. 11) indicates that the social and economic disruptions associated with crises that families undergo have particularly profound consequences for children, who are engaged in time-dependent developmental tasks.

According to Boss (2001), in a study conducted in Thailand in Chiang Mai province, most children left orphaned by AIDS were being cared for by members of their extended family, especially grandparents or maternal aunts. Many caregiving households were experiencing significant financial hardship, which might have had implications for the children's long-term well-being and stability, and for their opportunities for educational advancement. Mudavanhu, Segalo, and Fourie (2008) support the assertion that traditionally the role of a caregiver has been allocated to women, due to deeply established gender and socio-cultural practices. Woman are said to be experienced in raising children and are believed to share in equal measure the parents' interest and affection towards children (Safman, 2004).

My study considers families where grandchildren are living with their grandparents in low socio-economic conditions. My focus will be on how the family fosters resilience processess if and when they are faced with challenges as a family. The Green Paper on Families (Department of Social Development, 2011), defines such a household as a skipped generation household. According to Mudavan, Segalo, and Fourie

(2008) often the grandmother's children are affected by HIV/AIDS pandemic, as a result the grandparents step in to care of their grandchildren as familial caregivers. Even though I will not be working with child-headed families or single-parent households, these sub-topics will briefly form part of the literature review to give a holistic picture of the various family structures found within South Africa.

2.4.1 ORPHANS, CHILD-HEADED AND EXTENDED HOUSEHOLDS IN SOUTH AFRICA

A child-headed household is defined as a household without an adult caregiver, headed by the eldest or most responsible child, who assumes parental responsibility (Department of Social Development, 2012). There is an assumed economic vulnerability associated with households that are headed by a child or an elderly person. Hence, there are many studies surrounding this particular topic (Richter & Desmond, 2006; Department of Social development, 2012) and the topic of HIV/AIDS orphans (Desmond & Desmond, 2006). A number of studies have predicted the number of orphans in South Africa (double, maternal and paternal) and examined their well-being, due to the HIV/AIDS pandemic (Anderson, 2003; Desmond & Desmond, 2006; Holborn & Eddy, 2011). Table 1 gives an indication of what is commonly known: that the majority of children whose parents die are in the care of grandparents or other relatives which is the extended family (Desmond & Desmond, 2006 p. 231).

Table 2.3: Relationship Between Child and Caregiver in the Case of Deceased Mother and Absent Father (adapted from Desmond & Desmond, 2006; based on General Household Survey, 2002)

Relationship to household head	Percentage
Grandchild	68
Brother/sister	7
Son/daughter	3
Other relative	16
Other	6

Based on table 2.3, one can deduce that within African societies, grandparent households are more prevalent compared to other types of households. Life in traditional societies is characterised by brotherhood, with a sense of belonging to a large family. People in African societies live collectively, and can therefore accommodate orphans (Mudavanhu, Segalo, & Fourie, 2008; Desmond & Desmond,

2006). The extended family's function, to a certain extent, is to fill the gap or the 'vacant' role that is experienced either due to death or migratory labour. African societies usually conform to the practical system that dictates, should the father be away from home for a long period of time or should he die, one of his brothers or paternal cousins should take his place regarding legal and economic responsibility of the children (Rollanda, 1999; Mudavanhu, Segalo, & Fourie, 2008).

2.4.2   SINGLE-PARENT HOUSEHOLDS

According to Holborn and Eddy (2011) in South Africa, many homes are maintained by a single parent, who in most cases is a female. The authors further state that unemployment among single parents is high, and that HIV/AIDS has had and still has a profound effect on the status of the household. Single-parent households occur across all races, in all settings, and at all socio-economic levels within South Africa. According to Anderson (2003) single-parent households make up 26% of all American families. He further indicates that knowledge of the needs, challenges and strengths of single parents is crucial for the sake of accurate perception and a non-judgemental perspective. It is a complex field, because some single parents are wealthy, while others are poor. Some have always been single, while others are divorced or widowed. Some have a support system, while others are relatively isolated (Anderson, 2003).

In 2011 more than 40% of all households in South Africa were headed by a single parent (Department of Social Development, 2012). Holborn and Eddy (2011 p. 3), focusing on the *analysis of single African parents in urban areas*, stipulate that 13% of single mothers were between the ages of 16 and 24, 33% between the age of 25 and 34, 24% between the ages 35 and 44, and 23% between the ages 45 and 64. Due to changed marriage patterns, [2]absentee fathers are on the rise (Mokomane, 2012). However, one should be mindful that some households were fatherless because of the migratory pattern. Single parents experience financial strain when their income does not cover the basic needs of the family (Holborn & Eddy, 2011). Where fathers worked far from home, their role as fathers became equated with material provision, to the exclusion of other forms of parenting such as guiding and being a role model (Lesejane, 2006). As mentioned by Benzies and Mychasuik (2009), having an adequate income is an important protective factor for the family, as it eliminates the agony of not being able to cater for the basic needs of the family.

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[2] Father is alive but is socially, emotionally, and/or financially absent from the child/ren's lives. (Mokomane, 2012 p. 8)

2.5   UNDERSTANDING RESILIENCE

The concept of resilience developed primarily from studies of children who functioned capably despite being exposed to adversity, especially when psychopathology was expected (Waller, 2001; Patterson, 2004; Masten, Best, & Garmezy, 1990; Shaikh & Kauppi, 2010; Cicchetti & Garmezy, 1993). Concurrently, scholars in disciplines other than psychology were noting similar competent functioning following risk exposure. Shaikh and Kauppi (2010 p. 155) and Mieh, Airhihenbuwa, and Iwelunmor (2012) assert that the term resilience derives its accurate meaning from the fields of physics and material sciences, wherein it is defined as 'a property of material that allows it to resume its original shape or position after being bent, stretched or compressed'. Gunderson and Holling (2001) define it as the potential of a system to endure disturbance, yet maintain its functions and controls. Walsh (2003; 2006), denotes that exposure to risk does not necessarily entail resuming the same way of functioning. The most relevant example is the following: if a family's car is repossessed due to financial implications, they will have to restructure their routine and align with the bus schedule so that they can get to work on time. This shows that the family is finding other means for functioning effectively even after a difficult event.

According to Patterson (2004 p. 350), resilience is the phenomenon of doing well in the face of adversity. In these studies, the evidence of resilience was usually based on competent functioning when exposed to risk, also implying positive adaptation (Shaikh & Kauppi, 2010). Regardless of which understanding researchers of resilience adhere to, many continue to hope for the discovery of ways to inoculate against personal and environmental stressors (Ungar, 2004). This study views resilience as it is explained by Luthar, Cicchetti, and Becker, (2000) and Patterson (2004): resilience is the dynamic process that includes positive adaptation within the context of significant adversity. Also, to acknowledge Ungar (2004); Rutter (1999) and Patterson (2002) resilience is a result of a predictable relationship between risk and protective factors, characterised by circular causality and transitional processes.

2.5.1 CONCEPTUALISING FAMILY RESILIENCE

According to Patterson (2002), just as child resilience originates from stress and coping mechanisms in children, family resilience can be explained from the perspective of family stress and coping theory. Patterson (2002) introduces the Family *Adjustment and Adaptation Response* (FAAR) model used to assist in understanding the functioning of a family. The model is underpinned by four constructs namely: engaging in *active processes* to balance, *family demands* with, family *capabilities* as these interact with *family meanings* to arrive at a level of *family adjustment or adaptation*. The family stress and coping theory is linked with the family adjustment and family adaptation (FAAR) model to emphasise links between family stress theory and family resilience perspective. As mentioned, resilience is realised when there are parallels between risk and demands, as well as between protective factors and capabilities. These demands and capabilities can emerge either from the individual family members, a family unit and/or from various community contexts. According to Seccombe (2002 p. 388), there are two types of resilience factors: family protective factors (FPF) and family recovery factors (FRF), which are central features of the resiliency framework. The former involves the shaping of the family's ability to endure in the face of risk factors. The latter involves an active combination of protective factors in assisting families to bounce back from adversity. FRF is a process the family engages in, in order for restoration to take place. FPF are already identified and set in place by the family, to be applied as a buffer in the midst of adversity.

The family's resilience is the product of family relationships (Patterson, 2002; Rutter, 1999; Patterson, 2004) and can be viewed as a singleness of vision, bringing them to a place of shared strength. In turn, this allows them to overcome adversity, which is experienced as a shared challenge. Family traditions and rituals undertaken by the family even in the midst of difficult situations strengthen the bond and unity of the family, extending their resiliency (Seccombe, 2002 p. 388). Walsh (2006 p. 56) shares the same sentiments; however, she calls this relational resilience: 'In joining together, we strengthen our ability to overcome adversity.' Family resilience does not only develop through avoidance of risk, but through successful application of protective factors to engage in adverse situations and to emerge from them stronger (Benzies & Mychasiuk, 2009 p. 103). Certain families' structures are associated with protective advantages; it is possible that the smaller the family the less they experience financial strain, resulting in lower stress levels, and vice versa (Benzies & Mychasiuk, 2009). Having the ability to communicate (both parents and children)

also serves as a protective factor for the family. Certain characteristics of resilient families that are regarded as protective factors include warmth, affection, cohesion, commitment, and emotional support for one another (Seccombe, 2002). However if parents are not able to provide these, other relatives (extended family) step in to share in the burden of caring (Anderson, 2003; Mudavanhu, Segalo, & Fourie, 2008).

2.6   CONCEPTUAL FRAMEWORK

The conceptual framework for this study is Walsh's family resilience framework. The concepts that underpin the framework will be discussed in the following sections. The family resilience framework (FRF) was developed to guide clinical practice (Walsh, 2003). This framework seeks to understand variables that play a crucial role in contributing to the resilience process and well-being of families (Walsh, 2003). The framework will also play a role in conceptualising the resilience processes employed by the participants. In this section I will be discussing how the participants resonate with the conceptual framework with regard to the various strategies available within the family resilience framework. In the context of the family, interaction takes place with other sub-systems within the community. The conceptual family resilience framework is an outline for how families can function in a healthy way even in the midst of affliction. The conceptual family resilience framework has three key processess that familes can employ in order to buffer their resilience (see Figure 2.1).
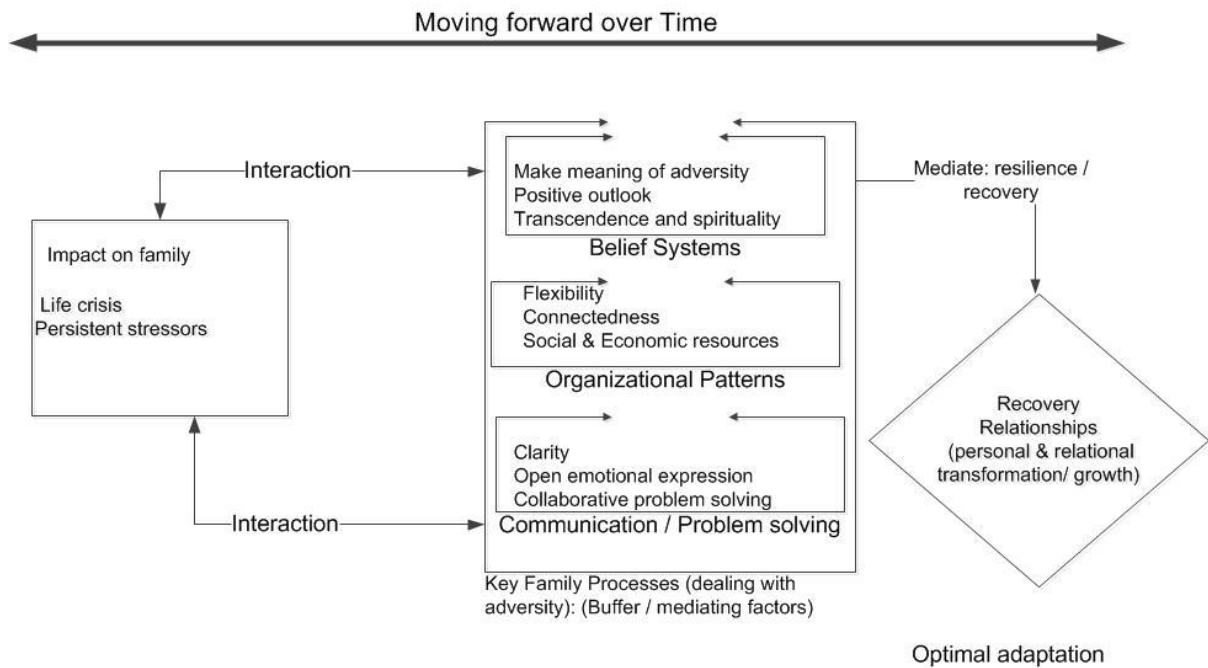
Figure 2.1: Conceptual Family Resilience Framework (as constructed by Mampane, 2012)

Belief systems are how families view their world according to their subjective positioning (Nieuwenhuis, 2007): how they perceive their living conditions, their protective factors and stressors. The study seeks to establish how participants find meaning in adversity: do they have a positive outlook when exposed to a challanging situation and/or transcendence or spirituality as a protective factor? I will look at which of the three components of organisational patterns the families utilise as a means for family resilience. Communication/problem solving will be identified by means of the families' abilities to communicate effectively by being emotionally expressive, collaboratively solving problems and having the ability to clarify themselves when communicating. For relational resilience to be displayed, families need to be encouraged to share their feelings in a way that will enourage them to find comfort in each other. This not only allows the family to be closely knit, but also allows emotional expression among the members.

2.6.1 FAMILY RESILIENCE FRAMEWORK

Family coping strategies are not inherited but the existence thereof can be passed on from generation to generation (Boss, 2001). These strategies can include behaviours and rules (Walsh, 2003). I used the family resilience framework to understand how participants perceive stressful/challenging events and how they overcome adversity (Boss, 2001). Also, the focus was on the processess that form

the foundation of the family resilience conceptual framework. There are three key processes or essential elements for building solid foundations for family resileince: the **Family Belief System**, **Organisational Patterns**, and **Communication/ Probem Solving**. Walsh's family resilience framework is adapted for this study in order to identify and recognise strengths cultivated by families. This study aims to identify which key processes families rely on to be resilient, such as taking charge of a situation to lessen stress levels.

2.6.2   FAMILY BELIEF SYSTEMS

Belief systems are norms that are interrelated to varying degrees (Usó-Doménech & Nescolarde-Selva, 2015). The authors further mention that belief systems are the stories we tell ourselves to define our personal sense of reality. It is through this mechanism that we individually *make sense* of the world around us. It is also important to note that family values and beliefs predict vulnerability to stress and how the family goes about managing stress levels (Boss, 2001). A family's value orientation should be determined before one can understand why families manage or fail to manage stress. I am most interested in supportive beliefs that sustain hope and empower families instead of those that foster blame, shame or guilt. Families adapt best when they can create a narrative about an illness or disability that is empowering, sustains hope, and affirms their relationships (Rollanda, 1999). When a family experiences an unexpected and painful transition in their life, it often causes them to put their hope and trust in something higher than them, or someone greater. This faith can be considered a protective factor.

Beliefs are often convictions based on religious beliefs. A belief system needs to have a basis in reality as it should provide adequate explanations (Usó-Doménech & Nescolarde-Selva, 2015). A belief system is one of the examples known to anchor (secure) the family's stability and strength (Walsh, 2003). Therefore when one's confidence is placed in a 'higher being' this instils a sense of hope and reassurance. It can be concluded that a family's beliefs are anchored in cultural values and influenced by their subjective positioning within their society (Walsh, 2003; Nieuwenhuis, 2007).

Normalising and contextualising stressful situaltions allows the family to make meaning out of their adversity (Walsh, 2003). Boss (2001) mentions two kinds of family value orientation: mastery-orientated and fatalistically-orientated families. The mastery-orientated family takes charge and is active in stress management (Boss,

2001). The latter encapsulates a family who believes that their conditions and experiences cannot be changed. Fatalistic families are more passive with regard to their management of stress. If families value mastery over fatalism, and action over passivity, or control over acceptance, it will make a difference to how they percieve and deal with both vertical and horizontal stressors. This is how resilience manifests.

Identity plays a role in the resilience process (Walsh, 2003). Their norms and rituals give the family an identity that its members are able to draw strength from (Walsh, 2003). An established identity allows them to be aware of their protective factors (resources) and their risk factors (stressors). Within many African family contexts, ancestors are acknowledged (Semenya & Mokwena, 2012). Ancestral worship refers mostly to acknowledging ancestral influence on a family and mediation with God. In such context the family members will engage in rituals that manifest as their belief in ancestors. According Semenya and Mokwena (2012), through prayer, the living engage the ancestors by sending petitions using their *'sereto'* and the ancestors act as guardians of the well-being of the living.

2.6.3 ORGANISATIONAL PATTERNS

Within organisational patterns of the framework, there are three elements to be considered: flexibility, connectedness, and social economic resources (see Figure 2.1). According to the Merriam-Webster Dictionary (2014), organisational refers to 'the process of putting different parts of something in a certain order so that they can be used easily'. Walsh (2003) stipulates that families should be organised in varied ways to meet the challenges they face. She further mentions that, the family's organisational patterns are maintained by external and internal norms which are in turn influenced by the familys' culture and belief system/s (Walsh, 2003). Organisational patterns represent, firstly, how a family is able to recognise and identify their resources; secondly, the ability to buffer stress; and lastly, the ability to transition within adverse conditions (Walsh, 2006). Boss (2001) mentions that in order to relate to a family, it is important to understand how they percieve the situation they are in and what measures they are willing to take to ensure that they have access to support.

Having structures in place as a family indicates awareness and active participation from the family's side in managing stressful situations. Further awareness of their responsibilities and acknowledgment that change is inevitable ensure that the family is able to recognise available resources, which in turn allows the family to move

forward and be resilient. This study aims to explore flexibility of the participating families and how they show resilience. The research also aims to assist in validating existing literature, especially with regard to the conceptual framework used to guide this study.

Most families experience what Walsh (2003) calls horizontal stressors (see section 2.7.1), which are unpredictable in nature (for example, unemployment caused by retrenchment and restructuring). In the same vein, adversity can come in many forms such as divorce, death of a family member and/or behavioural problems manifested by a teenager. It is important to take note of how a family makes meaning in adversity, because it is most crucial for resilience (Walsh, 2006). The Merriam-Webster Dictionary (2014) defines flexibility as having the willingness to change and try different things. According to Visser (2012 p. 31) the willingness to change is a sign of a healthy and flexible system, which is defined by positive relationships and patterns of behaviour, instead of symptoms or dysfunctions within the system. A family should have the willingness to function differently, in an optimal way, to meet new demands.

A negative experience need not necessarily break one. It can lead to learning, transformation and growth during unforeseen circumstances (Walsh, 2003 p. 410). Visser (2012) explains the experience of change in systems as an imbalance. She states that the sole purpose of a system is to maintain balance; if it does not, various self-regulative mechanisms come into play to restore the balance. These mechanisms occur within and around the family (Visser, 2012 p. 31).

It is important that families are connected during stressful times. Connectedness is a component for the effective functioning of a family. Without connectedness a crisis can break family cohesion if members are unable to turn to one another (Walsh, 2003 p. 411). It is possible that individuals who live with extended families may experience challenges with regard to integration, however forging workable relationships strengthens family resilience (Walsh, 2003 p. 411). Walsh (2003) mentions the importance of financial security as a resilience factor, which is evident in South Africa, as poverty is among the key factors that cause stress (Holborn & Eddy, 2011; Jürgens, Donaldson, Rule, & Bähr, 2012). Inadequate resources plague female-headed households especially (Thomson, Hanson, & McLanhan, 1994; Dornbusch, et al., 1985). According to Thomson, Hanson, and McLanhan (1994 p. 222):

Parents provide two keys resources – money and time. Money provides not only food, shelter and clothing (instrumental needs), but also, high quality neighbourhood, schools and opportunities for experiences that foster cognitive and social dvelopment. Parents' time provides the combination of support (affective need) and control associated with positive child outcomes.

The importance of financial security should not be neglected. Even in times of crisis the family has to eat and pay rent, hence the importance of kinship and social networks for support (Walsh, 2003).

2.6.4   COMMUNICATION/PROBLEM SOLVING

Communication is key in that it is seen as an active process for exchanging verbal information (Lerner & Johns, 2009; Walsh, 2003). Communication processess foster resilience by bringing clarity to crisis situations, encouraging open emotional expression and collaborative problem solving (Walsh, 2003 p. 413). Similarly communication is divided into instrumental and affective forms. The former explains ability to communicate about basic issues such as provision of money, food, clothing, and housing. The latter explains emotions or feelings, such as anger or depression (Walsh, 2003 p. 589). According to Boss (2001), with regard to gender socialisation, men are encouraged to be more in charge and active while women are expected to be expressive, supportive and more passive when it comes to problem solving and communication.

Walsh (2003) mentions two varieties of communication: clear versus masked communication and direct versus indirect communication. The clear versus masked continuum focuses on the content of the message: is the message clearly stated or is it vague? The direct versus indirect continuum focuses on whether the message is directed to the appropriate individuals, or redirected to other people. Most family members base their reactions to situations they stumble into on assumptions, because there is no shared ackowledgement of the situation (Walsh, 2003) or they excercise their communication in a manner that leans more towards the indirect and masked side of the continuum. Seeking clarity is one of the components Walsh (2003) considers to facilitate effective family functioning when communicating.

For resilience to be experienced, families need to be encouraged to share their feelings and to work collectively as a unit for it encourages families to find comfort in one another. This not only allows the family to be close, but it also allows emotional expression among the members. Family communication is important because it gives one the ability to know how to communicate to others, taking into consideration their age and emotional capacity to handle situations. According to Walsh (2003), shared acknowledgment of the reality and circumstances of a threatening situation a family is facing, fosters healing.

2.7 OPERATIONALISING THE RESILIENCE PROCESS OF RECOVERY AND ADAPTATION

Based on the literature reviewed, I was able to make sense of the information grounded in Walsh's conceptual resilience framework (see Figure 2.2). The figure is a deconstruction of the framework: it gives an illustration of family functioning on three different levels. There is interaction between levels (systems) at all times (Bronfenbrenner, 1979): the arrows indicate interaction between the individual family members, the family as a unit and the community at large. The recovery element refers to the adaptation process of the family, where meaning meets capabilities and adaptation is established. Family resources and protective factors are attributed to being; relational processes within families are considered the primary basis for considering resilience.
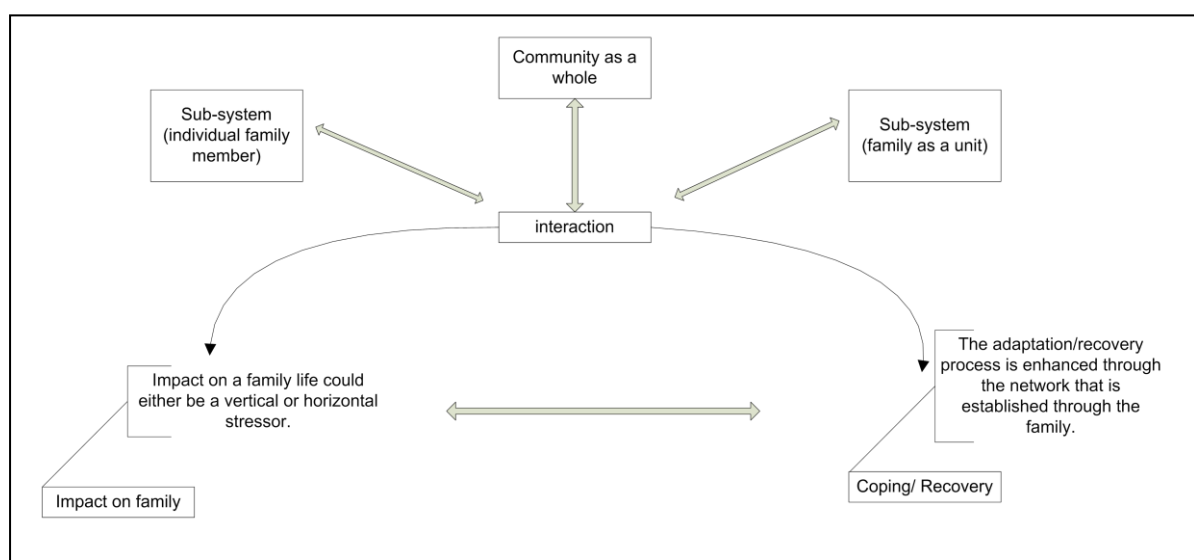
Figure 2.2:   The Resilience Process of Recovery and Adaptation

2.7.1 Life stress and/or persistent stressors

Resilience is triggered by life stressors. Figure 2.2 indicates the resiliency of families based on their various interactions from different levels of society, which triggers the resilience process. Life stressors are defined as those life events or occurrences of sufficient magnitude to bring about changes in the family system (McCubbin, Joy, Comeau, Patterson, & Needle, 1980). These are what Walsh (2003) refers to as horizontal stressors: developmental (life-cycle transition) and unpredictable (death, accidents, unemployment, natural disasters, etc). Stressor events are inevitable in family life, thus the ability to cope is important in ascertaining which families are invulnerable to crisis (Boss, 2001). It is somewhat difficult to categorise stressors into objective lists of those that cause eustress (good stress) and those that cause distress (bad stress), because different people will have different reactions to particular situations. However, in general, stressors that are typically experienced as negative are death of a spouse, filing for divorce, hospitalisation (oneself or a family member), money problems, and unemployment (Mills, Reiss, & Dombeck, 2008). A family can experience these stressors on an individual and/or collective level. Boss (2001 p. 48) mentions the following on family stress:

> *Family stress is pressure on the family, it is a disturbance of the family's steady state, that is, the system is upset, disturbed and not at rest…family stress becomes bad when the degree of stress (pressure or change) in the family system reaches a level (either too low or too high) at which the family members become dissatisfied or show symptoms of disturbance.*

2.7.2 Interaction between sub-systems

Interaction relates to collaboration between two or more systems (Bronfenbrenner, 1979 p. 22), According to Bronfenbrenner (1994 p. 39), the microsystem is the immediate environment where face-to-face interactions occur and where proximal processes operate for development to occur. Time refers to the changing social and cultural influences on development as well as the individual's development period within the proximal processes that are taking place (Mampane, 2010 p. 55). Individuals engage in reciprocal interactions with other microsystems in their immediate external environment, consisting of significant others (family, friends) (Ferreira & Ebersöhn, 2012).

2.7.3   RECOVERY AND COPING

A family's coping skills include collective strength during stressful times– for instance, economic security, proximity of support, relationship skills and/or job skills. According to Billings and Moos (1983; 1982), the recovery process becomes easier with relationships and strong networks established through the family, as they are a central source of emotional and material resources. According to Kübler-Ross (1970 p. 123), hope has been eminent in all people who are facing a difficult situation: 'it is the glimpse of hope which maintains them through days…it is the feeling that all this must have some meaning, it will pay off eventually if they can just endure it for a little while longer.' With that said, belief systems play a crucial role in determining how a family responds to a challenging and stressful situation (Boss, 2001).

The author further stipulates that if the family values mastery over fatalism (refer to section 2.6.2) these beliefs will make a difference in how a catastrophic event is percieved and responded to.The social system is also a paramount factor in acting as a buffer during the recovery process of an individual (Billings & Moos, 1983). The presence of cohesion and supportive social resources in family and/or other settings fosters adaptation and provides the resources needed to cope. Billings and Moos (1983) and Ungar, (2004) further state that in order for one to recover, there needs to be a balance between stressors and protective factors. This means, as the risk factors are in play, the positive factors (internal or external) counteract them to buffer resilience. Hence Kübler-Ross (1970) states that being in a position where one accepts the impact a negative situation has on them, does not necessitate one being happy; rather it implies acknowleding one's surroundings and the stressors one is experiencing, counteracting these with the resources that are available. Figure 2.2 illustrates the process of how a family can experience positive or negative impacts through interacting with the systems (home, work, school), and how through identifying the protective factors recovery and optimal adaptation can be achieved.

2.8 CONCLUSION

The above literature review provides a broad overview on the subject of family resilience. There are various factors that contribute to the disintegrated family structures within South Africa. The family resilience conceptual framework is a guide that assists in capturing the key processess that contribute to family resilience. The key processess are protective factors that buffer individuals during adversity (Gewirtz & Edleson, 2007); and allow families to function and experience healthy development despite the experience of adversity.

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3.1   INTRODUCTION

According to Ritchie, Lewis, Nicholls, and Ormston (2013), qualitative research aims to provide an in-depth understanding of the society in which the participants exist. In general, qualitative research is described as a naturalistic, interpretive approach, concerned with exploring phenomena from the participants' perspectives (Flick, 2009; Ritchie et al., 2013). The researcher learns about the sense participants make of their social and material circumstances, their experiences, perspectives and histories (Ritchie et al., 2013). In order to answer the questions leading this research, I have undertaken a process underpinned by a qualitative approach, using the interpretivist paradigm. This chapter will discuss the research design used in the study, including strategies, instruments, data collection and analysis methods. It will explain the stages and processes that were involved in the study, the role of the researcher, and ethical considerations.

3.2   RESEARCH RATIONALE

This research is descriptive in nature, and it has attempted to reach an understanding of what constitutes healthy functioning for families with a low socio-economic status, even in times of affliction. As a young black female from a middle-class family, I consider myself privileged to have attended a good school and university. When I compared my upbringing to those in the families participating in this research, I could not help but wonder what a 'successful' developmental outcome means to them. Guided by the interpretivist paradigm, the rationale for this study was to identify which elements within the family resilience framework the family members ascribe to, so as to find meaning in their adverse experiences. The rationale was to obtain an in-depth and comprehensive (holistic) understanding of how the participants (families) relate to and interact with one another in a specific context (low socio-economic status) and how they make meaning of the phenomenon under consideration (resilience) (Nieuwenhuis, 2007).

3.3   PROBLEM STATEMENT

South African individuals and families are faced with challenges and adversities at all levels of society (Ebersöhn & Eloff, 2004; Department of Social Development, 2011). Woolard (2002) states that poverty is multi-dimensional, in that it can be broken down into components such as hunger, unemployment, exploitation, and/or lack of resources. My research aimed to explore how families from a low socio-economic background employ their resilience when experiencing risks to, and demands on, the family. The current literature on family resilience is focused on Eurocentric and international empirical evidence (Ungar, 2008; Walsh, 2002; Bachoo & Bhana, 2011); hence these publications have lacked sensitivity toward the local indigenous community.

3.4   RESEARCH QUESTIONS

The following primary and secondary research questions guided the study:

3.4.1 Primary question

How do families from low socio-economic backgrounds provide the context for resilience to develop?

3.4.2 Sub-questions

- *What stressors/risks are most commonly experienced by families from low socio-economic backgrounds?*

- *What resilience processes are employed by families from low socio-economic backgrounds?*

3.5   RESEARCH PARADIGM: INTERPRETIVISM

Research is based on certain underlying philosophical assumptions about what constitutes validity, as well as which research methods are appropriate for the enhancement of knowledge in a particular study (Ritchie et al., 2013). According to Terre Blanche and Durrheim (1999), research practice has three main components: ontology, epistemology and methodology.

Ontology refers to the study of the nature and form of reality: that which is or can be known (Nieuwenhuis, 2007 p. 53). A research paradigm is viewed as an inclusive system of interconnected practices (Terre Blanche & Durrheim, 1999). Therefore, for this study I chose to use the interpretivist paradigm, which is anchored in a qualitative approach. According to Ritchie et al. (2013 p. 12), knowledge is produced by exploring and understanding the social world of the people being studied, focusing on their individual meanings and interpretations. The authors further affirm that researchers also construct meanings and interpretations based on those of the participants. This approach is seen to have its roots in hermeneutics, which is the method/principle of interpretation (Nieuwenhuis 2007 p. 58). Interpretive researchers have firm convictions pertaining to 'reality', which is seen as entailing people's subjective experiences of the extended world (Walsh, 2003). The fundamental objective of this study was to obtain the subjective views of the participating family members regarding their perceptions of family resilience.

An interpretivist paradigm seeks to understand a field of research through the various meanings that people ascribe to their experiences (Deetz, 1996). Reeves and Hedberg (2003 p. 32) assert that the interpretivist paradigm emphasises the need to look into a context and understand the meanings the participants express; hence the need for conducting focus group discussions and informal observation: methods that rely on a subjective relationship between the researcher and the participants.

3.6 RESEARCH METHODOLOGY: QUALITATIVE METHOD

Traditionally, research has been predominantly objective and positivist, aimed at discovering laws from a nomothetic perspective (Nieuwenhuis, 2007). Qualitative research methods aim to understand the participants' perspectives and how they see their world (Corbin & Strauss, 2015; Nieuwenhuis, 2007; Patton, 1987). In this case my participants were from a low socio-economic background in the Mamelodi area. According to House (2004), Ritchie et al. (2013) and Banister (1994), it is difficult to define or illustrate qualitative research without comparing it to quantitative methods. Denzin and Lincoln (2011) mention that qualitative research is often associated with specific kinds of data, usually involving words or images rather than numbers. The volume and richness of qualitative data are often highlighted, as are the distinctive approaches qualitative researchers bring to analysis and

interpretation, and the kinds of output that are derived from qualitative research. In this context, qualitative research is often distinguished by the fact that hypotheses are commonly generated after analysis of the data, rather than stated at the outset (Silverman, 2010).

According to Eatough (2012), and Breakwell, Hammond, and Fife-Schaw (1998), qualitative methodology assumes acceptance of a phenomenological, interactionist framework, which focuses on the participant's perspective – a perspective that is neither objectifiable nor quantifiable, but which is understood through social constructions and shared meanings. In qualitative research, human activities are understood in terms of the meanings people attach to them, while focusing on the social construction of ideas and concepts (Nieuwenhuis, 2007). The primary objective of qualitative research is establishing an idiosyncratic understanding of the phenomenon under study and obtaining an in-depth understanding of the participants' experiences and perceptions (Nieuwenhuis , 2007).

Denzin and Lincoln (2011 p. 3) as cited in Alasuutari (2011) propose that, in spite of the inherent diversity within qualitative research, it can be described as follows:

> *[A] set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to self … qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them.*

3.6.1 Case study design: multiple case study

The term 'case study' has multiple meanings; often it is defined as a limited number of units of analysis studied intensively, allowing a multi-perspective analysis, in which the researcher considers the voices of the units (Nieuwenhuis, 2007 p. 75). The 'unit' (Welman, Kruger, & Mitchell, 2005; Nieuwenhuis, 2007; Patton, 1987) refers to an individual, a group, and/or an institution. Patton (1987) defines a case study as having small numbers of members/participants in a group too small for generalisations. He further mentions that a case study is selected because it serves a particular purpose. According to Ebersöhn, Eloff and Ferreira (2007), the emphasis of a researcher when selecting a case study design is on gathering information about a particular context, and not on being able to generalise findings elsewhere.

Merriam (1988) infers that research aimed at discovery, insight, and understanding from the participants' perspectives offers the greatest promise for making significant contributions to the world of knowledge, due to of the development of contextually rich data sourced from the participants themselves. Case studies are valuable when the study aims to capture individual differences or unique variations from one setting to another or from one experience to another. Willig (2008) describes case studies as in-depth, intensive and sharply-focused explorations of such occurrences. Case studies need not be limited to a single source of evidence (Yin, 2014): hence this study was also conducted by means of field notes and the use of an audio recorder for the gathering of evidence.

The present research followed a multiple case study design, exploring the families' accounts of stress and coping, and presenting factors and processes from which inferences of resilience could be drawn. The study took place in a community centre that provides psychosocial services to orphans and vulnerable children and their families. Multiple data collection techniques were utilised in the study, with the aim of providing an in-depth understanding of how the families perceived their family resilience. The units of analysis were families, consisting of familial caregivers (grandmothers) and their grandchildren.

3.6.2 Research sample

This sample, being qualitative in nature, required significantly fewer participants (Maree, 2007). Sampling took place at two levels: the research site was conveniently and purposively selected, and the participants were purposively selected according to the criteria discussed below.

3.6.3 Sampling of participants

Three families were selected to participate in this research; however, only two families made themselves available to participate in the study. The families were selected from a population of 146 families affiliated to the drop-in centre. Identification and selection of participants was facilitated with the assistance of the drop-in centre's manager, and was based on the required criterion. One of the participating families had an infant in the household, but he was not part of the research. He was brought along to the drop-in centre, because his grandmother (who was part of the study) was the only one available to care for him.

I received assistance from two formal caregivers: one assisted with the grandchildren (while I was conducting the focus group with the grandmothers) and the other assisted with language translation and interpretation for one grandmother who spoke Xitsonga (see Table 3.1 below).

The community centre provides psychosocial services to orphans, vulnerable children and families from a low socio-economic background. At the time of writing, it is partially sponsored by the Department of Social Development. Participants were selected using purposive sampling, so as to facilitate access to information and to allow for the development of contextually rich data that would deepen the inquiry of this study (Mudavanhu, Segalo, & Fourie, 2008).

The families, consisting of familial caregivers and their grandchildren aged between 6 and 13 years, were recruited to participate in this study. The selected participants were children who had lost a parent due to HIV/AIDS and who were living with their grandmothers. The grandmother's ages were 62 and 65 years. Both the grandmothers were single: one of the grandmothers indicated that she had been married; however, she and her husband obtained a divorce after she came back from her ancestral training [3].

Table 3.1: Demographics of Participants

Family	Familial Caregiver	Grandchildren	Family Dwelling	Community Support
Family 1	Grandmother (62 years old)	Female 9 years old Male 9 years old Female 6 years old	Formal sector(Access to municipal services)	Old-age grant Child support grant Meal at drop-in centre Food parcels
Family 2	Grandmother (65 years old)	Female 11 years old Female 6 years old	Informal sector (Squatter camp with minimal municipal services)	Child support grant Meal at drop-in centre Relatives assist with food parcels

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[3] Ancestral training is when a person who is 'called' by the ancestors to be a traditional healer undergoes intensive training-*ukutwasa* (Richter, 2003 p. 15).

The participants met the following criteria in terms of the study:

- Familial caregivers (grandmothers) caring for their grandchildren, whose parents are deceased due to HIV/AIDS, and/or are not staying at home due to the phenomenon of migratory labour.

- Families living in low socio-economic conditions, as identified by the schools that referred the children to the drop-in centre.

- Residents of Mamelodi Township.

After identifying the two families, three focus group sessions were planned (two for the familial caregivers and one for the grandchildren), each session running for a minimum of 45 minutes. A session for member checking was included in the planning, to follow after the focus group discussions were transcribed. Therefore, in total, there were four sessions conducted with the participants. Member checking allowed me to verify and clarify the data that was gathered and allowed the participants to comment on the transcriptions and verify the accuracy of the data that was collected.

3.6.3.1 Research site

At the time of writing, the drop-in centre is a community NGO accessible to vulnerable families and children in the area. The formal caregivers visit these needy households on a weekly basis (they have family visits on certain days of the week) to make sure that the families' psychosocial needs are attended to. The centre collaborates and partners with various private businesses (for funding) and governmental departments (e.g. the Department of Social Development) in order for social workers to contact the vulnerable families and for them to receive the various psychosocial interventions that are necessary.

The centre is very spacious and accommodates approximately 100 children on a daily basis. Children are able to play and run around outside in the play area. Rooms are allocated according to the needs of the children (e.g. psychologist's room and social worker's office, group workroom, kitchen, etc.). Every Wednesday and Thursday the drop-in centre receives food from Pick 'n Pay and Woolworths: this is how the drop-in centre is able to provide meals for the children. Children from various vulnerable households attend the holiday programme **(refer to Appendix E)**

and receive food twice a day (breakfast and lunch). Each child also receives leftovers to take home for supper.

3.7   DATA COLLECTION

Data was collected during the March/April school holidays of 2015 (the centre operates throughout the year). It was assumed that the participants spoke Northern Sotho; however, the focus group sessions were conducted in isiZulu, with a translator present during the grandmothers' focus group discussions; because one of the grandmothers spoke Xitsonga.

According to Creswell (2012) there are five reciprocal steps in the process of qualitative data collection. These steps should not be regarded as a linear process, but rather as a cyclical process, even though they follow one another.

The following steps were followed: firstly, the participants were selected through purposive sampling. Secondly, I gained access and permission to consult the participants, who were identified from an ongoing study supported by the Department of Social Development. Thirdly, I conducted focus group discussions, as I considered this method best suited to answering the research question. Before I met the grandchildren for their group discussion, as a means to establish rapport, we drew pictures together with the caregiver present (someone familiar to them). This was intended to accustom the children to me, so that they would not feel shy when I spoke to them during their focus group discussion **(refer to Appendix F).** The drawings were not used for data analysis.

Fourthly, I ensured that data collection was conducted with rigour: by making use of the necessary instruments, such as the audio recorder; and catering for supportive role players, such as the caregiver assisting with language translation. Lastly, when collecting data, I was mindful of the potential ethical concerns, such as confidentiality and anonymity, among others (Creswell, 2012). I was able to indicate to the participants that everything discussed was private and would not be discussed with anyone other than my supervisor. All responses were also completely anonymous. Table 3.2 outlines the process I followed when collecting data. The table summarises the methods and tools used as well as how often data was collected.

Table 3.2: Summary of the Data Collection and Documentation Processes

Data Collection Technique	Purpose	Data Documentation Technique	Participants	Phase
Initial focus group (2 cases in total)	To obtain information on each case	Audio-recorded verbatim transcripts	Familial caregivers and orphans and/or vulnerable children [4]	Beginning of data collection phase
Follow-up focus groups (1 case in total)	To determine the manner in which the participants employ the processes of family resilience	Audio-recorded verbatim transcripts	Familial caregivers and orphans and/or vulnerable children	End of data collection phase
Observation	To establish context and meaning	Field notes	Familial caregivers and orphans and/or vulnerable children	Throughout the research process
Member checking	Clarification and verification of data collected	Field notes	Familial caregivers and orphans and/or vulnerable children	After data collection was conducted

Cultural variance should not be overlooked: as I was younger than the familial caregivers, cultural practices played a part in the study. Within the African culture, respect entails many dimensions, one of them being that children may not look their elders in the eye when conversing. Thus, the grandchildren may also have felt uncomfortable were they to be asked to talk in front of their familial caregivers. Therefore, for the sake of not putting my participants in compromising positions, it was decided that the grandmothers be separated from the grandchildren. In the first half of the day, I conducted the familial caregivers' focus group; later in the day I conducted the children's focus group, whereby a rapport was established and they felt comfortable (by being in a familiar place).

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[4] A vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance, which prevents the fulfilment of his or her rights. Vulnerable children include, among others: orphaned children, children infected and affected by HIV/AIDS, and children in poor households and communities (Department of Social Development, 2010 p. 11).

3.7.1 Focus group discussion: grandmothers

According to Kitzinger (1995) and Nieuwenhuis (2007), focus groups are a form of group interview that encourages participants to talk to one another, share experiences and the meaning/s thereof. I created an accepting and safe environment for the grandmothers, which allowed them to be at ease, giving them a chance to answer questions thoughtfully (in their own words) on how they attributed meaning to their experiences. A limitation associated with the grandmothers' focus group discussion was that the sample size was very small (2 familial caregivers). Another limitation was the fact that focus group discussions may not always be a suitable data collection technique for sensitive issues **(refer to Appendix G)** (Smithson, 2000).

3.7.2 Focus group discussion: grandchildren

The grandchildren's focus group consisted of 5 grandchildren. As mentioned in section 3.6.3, I received assistance from a formal caregiver. On the first day, for the sake of building rapport, we drew pictures together. Rapport was firmly and successfully established, and the grandchildren grew fond of me, which made it easier for me to preside over the focus group the following day. The discussion was informative, and the grandchildren crystallised most of the information their grandmothers had imparted to me during their session (the previous day). A limitation of focus groups that include children aged younger than 9 years is that they tend to copy the answers of the older children. With that said, the sample was too restricted to permit reliable generalisation of the findings from the focus group discussion (Nieuwenhuis, 2007).

For the purpose of this study, the sample for the focus group discussion seemed appropriate, as the phenomenon under investigation occurs as a social process among the participants, and between the participants and their environement. The sample size was manageable and it was possible to keep the topics discussed in the focus group relevant to the study. Furthermore, the group was able to provide reliable data based on their experiences and interactions. Table 3.3 gives an indication of the pre-structured questions that were posed to the participants.

Table 3.3:   Quadrant Map of Data Collected

Session	Primary Caregivers: Grandmothers	Children
1	**Strengths** • Explore the history and context of the family according to the perspective of the grandmothers • Explore the protective factors mentioned within the family (if any)	**Strengths** • What is a family? • Explore protective factors mentioned as being present within the family (if any)
2 and 3[5]	**Risk Factors** • Health (caregivers and/or children) • Lack of basic services (housing, water, electricity) • Unemployment/ financial impacts	**Risk Factors** • Challenges experienced at home • Challenges experienced in community
4	**Follow-up** • Emerging themes shared with the participants	**Follow-up** • Emerging themes shared with the participants

3.7.3   Field notes and observations

According to Nieuwenhuis (2007 p. 83), 'observation is a systematic process of recording the behavioural patterns participants display without necessarily questioning or communicating with them'. Through observation I was able to obtain an insider's perspective of the group dynamics and behaviours in different settings. This method assumes that behaviour is purposeful and expressive of deeper values and beliefs. Furthermore, observation permits the researcher to understand the setting of the study to an extent not entirely possible using only insights obtained through interviews or secondary data (Patton, 1987).

Field notes were also made, and these noted the age, gender, ethnicity and other characteristics of the participants. A primary purpose of observational description is to take the reader of the study into the setting of the study, as it has been observed by the researcher.

Observations serve as another source of evidence when conducting case study research (Yin, 2014 p.113). I was able to note my observations, firstly, of the context from which the participants originated; secondly, of their ways of life; and lastly, of how they related to one another (elders with elders and children with children). The expectation of using observation as one of my tool to collect data is to see how the family dynamic was. How they relate with each other and how they carry themselves

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[5] Session 3 was for the grandmothers only.

as a family. One of the grandchildren assumed the role of caregiver for her infant brother while her grandmother was involved in a focus group discussion **(refer to Appendix G)**. The work ethic at the drop-in centre and specifically of the caregivers was impeccable. However, I did experience delays during collection of the participants (the drop-in centre's vehicle was in for a service on the day scheduled for data collection) which postponed the starting time.

Informal observations were recorded as field notes: observations played a secondary role in the study, as the focus group discussions served as the main sources for obtaining data on the perceptions of the participants. Informal observations recorded in a research diary were selected as a data collection method for this study. This allowed for crystallisation of data to take place, enhancing the trustworthiness (reliability) of the study. The informal observations focused on the physical appearance of the community centre, as well as the interactions of the participants during the focus group discussions.

3.8   DATA ANALYSIS: THEMATIC ANALYSIS

The study used thematic analysis as a means for identifying, analysing and reporting on themes, which arose from the qualitative data that was collected (Braun & Clark, 2006). The following six steps, as outlined by Braun and Clark (2006), were implemented for conducting the thematic analysis for this study:

a)   Familiarisation with the data through perusing the data meticulously and repeatedly, and noting initial ideas.

b)   Generating initial codes through the systemic coding of features across the data set, and collecting the data applicable to each code.

c)   Searching for themes through grouping of codes into themes, and collecting all the data applicable to each theme.

d)   Reviewing themes through checking whether the themes and the coded data could fit together, and by establishing how the themes corresponded to the entire data set.

e)   Defining and naming themes through continually analysing and refining each theme, as well as the overall narrative of the analysis, which resulted in clear definitions for each theme.

f) Producing the report through selecting examples and extracts, relating the analysis back to the research question and literature, and reporting on the analysis.

3.8.1 Enhancing trustworthiness

When undertaking qualitative research, in order to deal with the issues of quality and trustworthiness (reliability), the researcher is required to consider various criteria for enhanced validity. These criteria include credibility, transferability, dependability and confirmability (Maree & Van der Westhuizen, 2007). These criteria were met throughout this study through the use of several techniques.

With regard to crystallisation, I used a multi-method data collection approach (focus group discussions, field notes and informal observations) with the aim of providing an in-depth understanding of how the families perceived their family resilience. Crystallisation was needed in order to compare the findings to one another for the sake of congruency. Secondly, member checking was employed: by constantly reflecting on what the participants had said during the focus group discussions, and by means of consultations with colleagues. Furthemore, peer examination took place, whereby the supervisor provided assurance regarding the validity of the study.

According to Nieuwenhuis (2007) crystallisation provides qualitative researchers with a more complex and deeper understanding of the phenomenon under study. Qualitative research is based on the belief that participants reveal multiple realities, and the role of the researcher is thus to document a true and credible representation of these revealed realities (Lincoln & Guba, 1985). Figure 3.1 gives an indication of how data was crystallised.

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┌─────────────────────────────────────┐
│    Results Compared and Interpreted  │
└─────────────────────────────────────┘
        ┌────────────┴────────────┐
┌──────────────────────┐  ┌──────────────────────┐
│ Focus Group Discussions│  │                      │
│   -Grandmothers        │  │ Field Notes and       │
│   -Grandchildren       │  │ Observations          │
└──────────────────────┘  └──────────────────────┘
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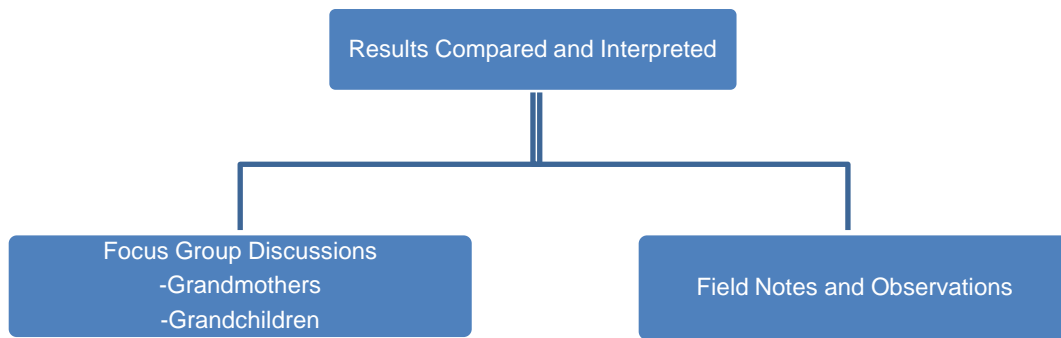
Figure 3.1: The Process of Enhancing Trustworthiness of Data

3.9   LIMITATIONS OF THE STUDY

Contextual limitations, such as language barriers and time constraints, were present throughout the study. One of the grandmothers spoke in Xitsonga, so I needed a translator to interpret her speech for me. Time constraints also played a factor, in that a lot of things had to be done within a limited time, because the participants had to walk home in the afternoons.

Using a multiple case study design allowed me to take cultural variance into consideration; therefore, throughout the different case study discussions, I was able to engage with the two groups at their levels and thus to obtain relevant information from them. However, a limitation I encountered in the grandchildren's focus group was that the two younger participants (both 6 years old) copied the older participants' responses (n=5). I attributed this to the Hawthorne effect (which is commonly known as an increase in productivity, or in some other outcome under study, caused by participation in the study as such) (Wickström & Bendix, 2000) **(refer to Appendix G).** For the grandmothers' focus group discussion, the limitation

3.10   RESEARCH ETHICS

I needed to work together with the participants, and in so doing, I was entering their personal space, specifically in terms of their values. According to Flick (2009 p. 36), codes of ethics are formulated to control the relations of researcher and participants, and to prevent researchers from harming participants involved in the process. This study upheld the highest ethical standards, and in order to fulfil the regulations set by the University of Pretoria's Code of Ethics for Research (Committee for Research

Ethics Integrity, n.d.; Rogelberg, 2002; Miles & Huberman, 1994), various aspects were considered during the research **(refer to Appendix A).**

3.10.1 Informed consent

I informed my participants of the purpose of the study and the extent of the research prior to initiating the research process. The consent letters were explained to the participants, and they were allowed sufficient time to consider this information (which was also translated into Xitsonga) before signing the consent letters **(refer to Appendix B).**

3.10.2 Harm and risk

I ensured that no participants were put in a situation where they could be harmed as a result of their participation, either physically or psychologically. I ensured that a social worker (attached to the centre) was available to attend to emotional and psychological needs that could arise as a result of participation in the research.

3.10.3 Honesty and trust

I adhered strictly to all the ethical guidelines and standards pertaining to honesty and trustworthiness, during both data collection and data analysis.

3.10.4 Privacy, confidentiality, and anonymity

I ensured my participants that confidentiality and anonymity would be maintained through the removal of any identifying characteristics before dissemination of findings. I made it clear to my participants that their names would not be used, nor would information be shared if it could potentially reveal their identities.

3.10.5 Voluntary participation

All participants partook in the study entirely of their own free will and were not bribed or forced into participating. Participants were also allowed to terminate their participation in the research process at any time, without fear of any punitive measures. The research ethics were clearly explained to them before they signed the consent/assent letters.

3.11   CONCLUSION

Research was conducted from an Interpretivism paradigm, as the purpose of this study was to understand the findings from the perspective of the participants. The participants were selected by means of non-probability sampling methods, which were employed to answer the research question. The next chapter will focus on the results and findings of the study. The main research results that arose from thematic analysis of the collected data will be provided in detail.

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4.1   INTRODUCTION

The analysed data served to formulate a representation of the participants' views on family resilience and the strategies that they employ as families to enhance resilience processes.

A key to the abbreviations used in representation of the data is found in Table 4.1. Distinctions are made between data collected from the focus group interviews, the researcher's informal observations, and research diary notes.

Table 4.1: Abbreviation Key

Source	Abbreviation
EI	Elsie (researcher)
Participant	P1: Grandmother
	P2: Grandmother
	P3: Grandchild
	P4: Grandchild
	P5: Grandchild
	P6: Grandchild
	P7: Grandchild
Translator	Tran
Transcript 1: Grandmothers' focus group discussion	E1
Transcript 2: Grandchildren's focus group discussion	E2
Focus group discussion	FGD

4.1.1 BRIEF BACKGROUND OF PARTICIPANTS AND THEIR FAMILIES

Participant 1 (P1) was a single parent. Her two daughters passed away, leaving behind three children between them, and P1 was left to care for her three grandchildren. Thus the family consists of four members (n=4). Participant 2 (P2) is a Mozambican descendant who came to South Africa almost 20 years ago for her ancestral training in a small rural area in Mpumalanga with her son. Her son has three children (two are from the same mother). The infant (who did not partake in the study) has a different mother. The family consists of five members (n=5). Thus, two grandparent-headed families participated in this study. Therefore the sample for this research is n=7. Tables 4.2 and 4.3 provide the demographics of the participants.

There was a separate focus group for the grandchildren and the grandmothers. The session with the grandchildren consisted of them explaining their family life and drawing pictures of their families. The grandmothers shared information about their families; however they were able to give detailed accounts, since they are adults and the heads of their households with more experience.

Table 4.2: Demographic Information of the Grandmother Participants

Participant	Children	Grandchildren	Family Dwelling	Community Support
P1 (single grandparent)	2 children who are both deceased (girls)	3 grandchildren 2 girls and 1 boy (P4, P5, P6)	Formal sector (section 5)	Drop-in centre, child grant, old-age grant
P2 (single grandparent)	4 children (1 boy is in S.A with her and 3 girls are in Mozambique)	3 grandchildren 1 infant boy and 2 girls (P3, P7)	Informal sector (squatter camp) with minimal municipal services	Drop-in-centre, child grant

Table 4.3: Demographic Information of the Grandchildren Participants

Participant	Parents (Alive/ deceased)	Grandmothers	Family dwelling	Community support
P3	Mother deceased Father alive (father did not consent to participation)	Living with grandmother (P2) and father	Informal sector (squatter camp) with minimal municipal services	Drop-in centre, child grant, school
P4	Mother deceased Father unknown	Living with grandmother (P1) and 2 cousins (P 5 and P6)	Formal sector (section 5)	Drop-in centre, child grant, school, old-age grant
P5	Mother deceased Father unknown	Living with grandmother (P1) and 1 sibling (P6) and 1 cousin (P4)	Formal sector (section 5)	Drop-in centre, child grant, school, old-age grant
P6	Mother deceased Father unknown	Living with grandmother (P1) and 1 sibling (P5) and 1 cousin (P4)	Formal sector (section 5)	Drop-in centre, child grant, school, old-age grant
P7	Mother deceased [6]Father alive (father did not give consent to participation)	Living with grandmother (P2) and father	Informal sector (squatter camp) with minimal municipal services	Drop-in centre, child grant, school

4.2   RESULTS OF THE THEMATIC ANALYSIS

From the themes that arose after analysing and interpreting the raw data generated from the focus group interviews, the following themes emerged: **Belief system, Flexibility of roles and connectedness, Unsupportive environment** (as a risk), and **Self-empowerment**. I outline these themes, as well as sub-themes, in Table 4.4. These themes are supported by statements that were made by the participants during the data collection processes, as well as from the field notes recorded in my research journal.

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[6] Based on the ethics of this study, participation is exclusively voluntary. Thus said, the father of this household did not want to participate.

Table 4.4: Themes and Sub-themes

Themes	Sub-themes
Risk in the form of lack of access to supportive environment	• Unsupportive extended family: redefining family • Lack of access to and knowledge of social support services
Family belief systems	• Spirituality • Support from community members
Flexibility of roles and connectedness	• Role of grandchildren • Role of grandmothers
Self-empowerment	• Improving living conditions • Improving the *'ndumba'* • Equipping the grandchildren with essential skills

4.2.1   THEME 1: RISK IN THE FORM OF LACK OF ACCESS TO SUPPORTIVE ENVIRONMENT

Table 4.5: Inclusion and Exclusion Criteria for Theme 1

Sub-theme	Inclusion Criteria	Exclusion Criteria
Unsupportive extended family: redefining family	Any reference to how the participants define family in relation to low socio-economic status (SES)	Any reference to the socio-economic status (SES) outside the family context
Lack of access to and knowledge of social support services	Any reference to the lack of knowledge regarding available support from the community	Any reference to lack of knowledge regarding available support outside the community

4.2.1.1 Unsupportive extended family: redefining family

The participants defined family based on the roles family members play and their ability to respond and provide affection when the family member requires support.

EI: *What is a family?*

(P1) Lines 230-233: '*In my mind, a family is … I don't know how to put it. My family taught me something, for instance when my children died, my family took their bags and never came back, it has been 10 or 11 years. Can you imagine how it was for me to bring up these kids without anybody's help...? This is a strong family. My three children are my strongest family; the only challenge is that they are still very young. This is my family, if I fall during the day or at night; they come and help me rise up again.*'

The above statement defines a family by its presence and the ability and willingness to offer help and support when it is needed; thus a family is dependable, present and reliable. When one is abandoned by family members when experiencing adversity, such abandonment contradicts the role of family. According to P2's definition of a family, it includes the ability to assist financially:

> (P2) Lines 266-268: *'This is just me and my child, the father to my grandchildren. Although I have a family they don't assist me at all. I am now struggling with my son and grandchildren now.'*

The above statement indicates that socio-economic status does have an influence on this particular family, and from the lack of support from extended family, one can deduce that families tend to abandon those who experience financial burdens, and resurface when the financial burden is alleviated. This is clearly presented by P1's experiences: receiving an old-age grant this year (2015) has brought back her extended family:

> (P1) Lines 312-314: *'I am earning my pension grant now … I started receiving it from January, all along I lived on the children's grant. My problem is … what I call family, my sisters, my cousins etc., they only come to me after I get my pension grant.'*

> (P1) Lines 308-310: *'My younger sister ... she doesn't know the children. The only time she wants to know who I am is when she needs my money. I don't have money at all; the money I have is to look after the children.'*

Similarly, P2's statement supports the notion that socio-economic status determines how family members relate to each other. In her case she always has to be at the mercy of her son for financial support.

> (P2) Lines 339-341: *'I don't get the grant, my son gets it, so I do not have access to it. My son uses some of the money for himself. I do not get access to the money. I get some of the money; if I had access to it I would know what to do, save etc.'*

Theme 1 focuses on instrumental roles assumed by individuals in the family. The low socio-economic status is seen to influence these roles. Both grandmothers mentioned how their low socio-economic status was a major factor in separating them from their extended family members, and with improved financial conditions

members of P1's extended family resurfaced. In this subtheme, lack of financial resources posed a major risk to the families and broke them apart.

4.2.1.2 Lack of access and knowledge of social support services

Supportive organisations within the community and information on how to access financial support are essential for family survival. P1 expressed how the local municipality has assisted her and her grandchildren to experience financial freedom:

> *E1 (P1) Lines 724-737: 'I now qualify for POP (Poor of the Poorest) I pay less for municipal services….. Last of last month, the rent had reduced a little, I now pay R50 per month, from R3000 per month… The councillors and social workers assisted me with this. They were a big help, I did not have electricity at the time. They really assisted me. Even if I don't pay they don't cut the electricity off.'*

On the contrary, P2 experienced a lack of support from the local municipality and does not know the correct procedure to follow in resolving her current financial and identity document challenges.

> *E1 (P2) Line 687: 'It affects me a lot.'*

P1 is very well informed regarding the channels P2 is supposed to follow in order to get assistance from the local municipality, however, due to her living in the squatter camp there seems to be no structure set in place for her to access these channels. This is what P1 has to say about the best way to resolve P2's challenges (P2 was too upset to speak; hence P1 spoke on her behalf):

> *E1 (P1) Lines 775-777: 'Gogo should not be having the problems she is faced with now, especially because we have a community and a Councillor.'*

> *E1 (P1) Lines 761-764: '…all they need to do is to transfer Gogo to the social workers to assist her; she will transfer her to POP who will transfer her to Home Affairs. She has nothing, that's the problem, she doesn't work…'*

> *E1 (P1) Lines 695-697: 'The street committee where she lives and the community must support her. They must transfer her to Charity (social worker) in order for her to get help. Now they expect her to pay for the service. If she was able to vote why can she not get an ID.'*

> *E1 (P1) Line 743: 'Now Gogo's case is difficult because she is oppressed by the street committees where she comes from…'*

P2 wants to be financially independent in order for her to be able to meet the demands of her family, and to spoil her grandchildren as their late mother used to do:

> *E1 (P2) Lines 383-386 (tran): 'She used to spoil the children, buy them a lot of nice food… She passed on. So this one was spoilt, so Gogo wants to spoil the kids with nice things using her pension money, or get a piece job to make them feel at ease.'*

4.2.1.3 Discussion of findings for Theme 1

Resilience is evident when there is positive adaptation within a context of significant adversity, P2 lives in the squatter camp, where service delivery is at a minimum. P1, on the other hand, lives in a section with functional service delivery. Both families are grandparent-headed households and have been affected by the HIV/AIDS pandemic. Risk factors such as low socio-economic status, lack of support from extended family and lack of knowledge on how to access support from the community, were identified by the participants. From the data, it is clear that the participants' immediate environment tends to impact them negatively. However, participants are able to access other services to benefit their families, such as POP, the drop-in centre, old age gran and the child grant. The challenge that impacts P2 is her inability to obtain an ID document, which is limiting her from accessing an old-age grant and thus gaining financial independence. P2 also experiences housing problems, living in a squatter camp with a lack of essential municipal services and no political leadership or support as compared to P1.

Regardless of the grandmothers expressing that they are not receiving support from their extended families and/or, P2 expressing her lack of knowledge on how to access social support from the local municipality. They love and care for their grandchildren and provide a stable home for them to the best of their abilities. Just as stipulated in the article by Mudavanhu, Segalo, & Fourie, (2008 p. 77), grandparents' presence gives the family 'a sense of continuity, rootedness, and the means to survive adversity'.

What is not clear is why P2 is not receiving support from the social workers affiliated with the drop-in centre. She voted in [7]1994 but has since not received an ID document. This shows that even with the availability of supportive services, accessibility remains a problem. Thus said, theme one highlighted the risks the participants were experiencing in the form of lack of access to supportive environment. However, they demonstrated resilience through their , but their perseverance which was observed regardless of the risk.

4.2.2   THEME 2: FAMILY BELIEF SYSTEMS

This theme highlights the importance of the participants' spirituality in relation to their family resilience. There are two sub-themes that emerged based on the participants' perceptions of how spirituality plays a role in their day-to-day lives. Table 4.6 outlines the inclusion and exclusion criteria for the sub-themes.

Table 4.6:   Inclusion and Exclusion Criteria for Theme 2

Sub-theme	Inclusion Criteria	Exclusion Criteria
Family beliefs	Any reference to how the participants' faith and religious practices have a positive impact on their lives	Any reference to resilience factors other than spirituality
Support from community members	Any reference to how the participants receive support from people in the community	Any reference to the participants receiving support from people not in the community

4.2.2.1 Spirituality

P1 mentioned her family's belief in God, and how their faith in God has sustained them:

> *E1 (P1) Lines 512-516: 'My family believed in ancestors at some stage but before the elders died they had converted to Christianity… who was going to take over because at the moment we do not have cattle, chicken or anything …who is going to take over, and where are we going to get the*

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[7] It appears as a matter of assumption that certain arrangements with the intent to accommodate persons who were eligible to vote but were not yet in possessions of their bar coded ID documents.

cattle, goats and chicken from. So we live on prayer, we do not practice rituals anymore or communicate with ancestors.'

On the other hand, P2 mentioned that she engages in ancestral worship which refers mostly to acknowledging ancestral influence on her family and mediation with God. The statement below indicates the participant's belief system as a positive factor for her family:

> *E1 (P2) Lines 484-449:* '*Yes we do that a lot, we as a family believe in ancestors, I also have a calling, we do the ritual to speak to ancestors. I have not been practising as a traditional healer, I have now decided to renew the calling in order to practise…*'

The above statements indicate that P1's faith sustains her. On the contrary, P2 has not been practising her ancestral worship due to her '*ndumba*' (workplace) being in ruins. P1 acknowledges ancestral worship (practiced in the past), but she and her family have converted to Christianity and rely on prayer. In the following statements, P1 continues to explain how her faith plays a role in her and her family's lives:

> *E1 (P1) Lines 539-541:* '*I am a believer, I just pray to get better, I call them and we sit around and pray together. After praying we carry on as usual. God blessed me one day; I couldn't do anything, cook or do the washing. I asked God to get me help to come and help me... The fact that I woke up this morning, there's enough food, I thank God and say God we are alive, we have food at home.*'

P2 has faith in her ancestors, however feels she needs to revive her ancestral calling to be close to them and to begin her journey as a traditional healer:

> *E1 (P2) Lines 518-519:* '*Of course we also pray, I just want to complete the process with my ancestors, we pray too.*'

P1 gave a suggestion for how P2 should approach her belief once she starts getting back into practising as a traditional healer:

> *E1 (P1) Lines 922-924:* '*There's a corner in her house, she must go there, kneel down and speak to her ancestors. You believe in ancestors, speak to them. You see I believe in God, I pray, but she must speak to her ancestors, I want to tell*

her one thing, please go to that corner and speak to your ancestors … share your problems with them… talk to the ancestors.'

The grandchildren had the following to say regarding their belief systems at home:

> *E2 (P4) Lines 377-378:* '*Yes we do go to church…we worship, they pray for us, if you have demons they take them out, they spill water on you and get the demons out of your body.'*

> *E2 (P3) Lines 381-385:* '*We pray even on Christmas so that people do not burn us with fireworks (crickets), my dad would say "Come here my children let's pray and thank God for being here today, ask God to bless us".'*

4.2.2.2 Support from community members

The participants discussed the support they receive from their fellow church members and other people in the community. The support they receive seems sufficient and beneficial to them. In response to the question: 'When you have problems in your home, who do you go to?' the participants showed hope.

> *E1 (P1) Lines 913-315:* '*I found a way to accept this thing and gave it to God, prayer support from pastor has assisted me, anything that disturbs me I ask them to pray with me, before I sit with the committee I talk to them first… as I had already told you, my pastor and his wife, we are not related, they live far away from me but they help me.'*

The community support is also evident in P2's family:

> *E1 (P2) Line 287:* '*I go to Sesi [8]Keke's family they assist me…'*

> *E2 (P3) Line 293:* '*Gogo Keke gives us food when we don't have any food.'*

4.2.2.3 Discussion of findings for Theme 2

The families' belief systems (spirituality) were evident throughout the sessions with both grandmothers and the grandchildren. P1 explained that her family used to practise ancestral worship; however since the passing of the elders, she has moved on to Christianity. P2 explained that she does pray to God, but she also practises ancestral worship. According to (Billings & Moos, 1982;1983), the recovery process becomes easier when relationships and strong networks are established, as they are

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[8] The names of the participants were changed for the purpose of protecting their identity.

a central source of emotional and material resources. The sub-themes describe different strategies used as a buffer for certain risks experienced by the families. This theme highlights social support as one of the essential factors in giving hope and allowing for family survival (Ferreira & Ebersöhn, 2012). For P2 to overcome the risks she encounters due to not having and ID document, and to experience success, she has to overcome her financial obstacles and find hope and meaning in her spirituality (ancestral worship). She seems to experience no form of support from the local municipally and extended family, but her belief in her ancestors gives her hope. Another resource that was identified is the drop-in centre, which provides food, homework assistance and psychosocial activities for the children at the centre **(refer to Appendix E)**. The relative who assists P2's family with food also plays an important role. Furthermore, P2 has 2 tenants in her backyard, who she mentioned that their rent money assists.

4.2.3 THEME 3: FLEXIBILITY OF ROLES AND CONNECTEDNESS

Table 4.7   Inclusion and Exclusion Criteria for Theme 3

Sub-theme	Inclusion Criteria	Exclusion Criteria
Role of the grandchildren	Any reference to the role of the grandchildren within the family context	Any reference to the role of the grandchildren outside the family context
Role of the grandmothers	Any reference to the role of grandmothers within the family context	Any reference to the role of grandmothers outside the family context

4.2.3.1 Role of the grandchildren

The grandchildren were aware of how their roles contribute to the overall well-being of their families. The grandmothers and the grandchildren's roles were instrumentally based, meaning that their roles are related to challenges that are basic in nature, such as provision of shelter, money, food, cleaning the house and yard, cooking, doing laundry, and so forth (Epstein, Ryan, Bishop, Miller, & Keitner, 2003). In answer to the question: 'Tell me about your family, what kind of family is it?' the grandchildren defined their daily household chores.

> *E2 (P3) Lines 40-50: ' My family I would say, I would tell them about the things we do as a family, what my sister and I do before we go back to school is we clean the house, she washes the dishes while I fetch water for*

bathing, cooking and for drinking. After that we scrub the floors and clean the house and clean the house and make the house clean. We also go and clean my father's room. After that we clean the yard and do the things dad asked us to do.

If there's washing we will wash it. After all this is done my grandmother says we can go and play but we must be home by 3:30.'

E2 (P4) Lines 87-88: 'Doing washing, rinsing the washing, she's asking us to assist her'

4.2.3.2 Role of the grandmothers

The grandmothers defined their parental roles as family providers and carers:

E1 (P2) Lines 347-348: 'I look after the children, cook for them, bathe them and care for them but I do not get an income.'

E1 (P1) Lines 350-355: 'I cook for my children, 7 o'clock in the morning I walk them to school, I make sure they are at school. I then come back to clean after they've bathed, they leave the water they washed with and clean up. Our role is extremely important because we must cook, wash and you also want to know if they've had something to eat, they've bathed, they slept well, they wake up in the morning and go to school, they are generally okay, their school clothes are fine

4.2.3.3 Discussion of findings for Theme 3

The above theme indicates the importance of the roles played by individuals in the family, which are instrumental in nature. Walsh (2003 p. 587) denotes that families that experience instrumental problems rarely deal with affective problems. The grandmothers did mention that even though they do not capitalise on affective problems, when necessary they address with their grandchildren whatever issues are bothering them (line 373). As mentioned in section 2.5.1 certain families' structures are associated with protective advantages; it is possible that the smaller the family the less they experience financial strain, resulting in lower stress levels, and vice versa, however, P 1 and P 2 are of a different opinion. Even with the small family, P2 is struggling to get by. Evenso, Thomson, Hanson, and McLanhan (1994) mentioned that primary care givers provide money and time to their dependents. Money ensures the children have food, shelter, clothing etc and time provides a combination of support and control associated with positive children outcomes. This

is a clear indication that P2 is striving to not only provide money for her grandchildren but also to have time for them as P1 has indicated in section 4.2.4.1. The restructuring of the roles in the families is evident of them joining together through collaborative efforts and forging strength. This indicates willingness to function differently to meet new demands. The connectedness of the family is seen in light of how they relate to each other, in terms of their mannerisms, communication with and affection towards each other. During the focus group session with the grandmothers, the translator explained to me that P2 instils love and care in her grandchildren and expects them to treat others similarly. During the focus group with the grandchildren, they indicated that they love each other because of what they do for each other (instrumental roles) and how they look out for each other both at home and at school. P2 also mentioned that she encourages her grandchildren to stand up for one another. Thus, not only do the grandmothers teach the children life skills, but they also teach them how to behave and treat one another.

Flexibility is a core aspect of resilience. Because the participants of this study are grandparent-headed households, their families have undergone structural re-organisation. The grandchildren's roles have been reconstructed in such a way as to assist their grandmothers. The cohesion demonstrated in the two families is evident in that they share the household chores (Walsh, 2003).

4.2.4   THEME 4: SELF-EMPOWERMENT

Table 4.8:   Inclusion and Exclusion Criteria for Theme 4

Sub-theme	Inclusion Criteria	Exclusion Criteria
Improving living conditions	Any reference to living conditions being improved within the home context	Any reference to living conditions not being improved
Rebuilding the *ndumba* for financial and emotional stability	Any reference to rebuilding the *ndumba*, for her financial and emotional well-being	Any reference to rebuilding any other structure other than the *ndumba*
Equipping the grandchildren with essential skills	Any reference to equipping the grandchildren with essential skills within the home context	Any reference to equipping the children outside the home context

4.2.4.1 Improving living conditions

The grandmothers, more than anything else, want to improve their living conditions.

> *E1 (P1) Lines 546-550: 'God blessed me one day; I couldn't do anything, cook or do the washing. I asked God to get me help to come and help me. God surprised me, we were from a Thursday prayer session, I received a pamphlet from a furniture shop, with pictures of all appliances. I bought a washing machine which washes everything including blankets.'*

P1's improved financial outlook allows her to afford appliances, which in turn permits her more time for herself and family. This is what P2 said in acknowledging that P1's finances are admirable:

> *E1 (P2) Line 552: 'She is better off; she doesn't need to wash with hands anymore… You were truly blessed.'*

> *E1 (P1) Line 553-555: 'The only hand wash I do is white school shirts, because they change colour if you wash them in a washing machine. White shirts and my church uniform is also white, I do hand wash. Last year in January I wanted a hot plate ... I was worried that the hot plate will burn my children, God blessed me with a stove, the same furniture shop sent me another pamphlet, I have a big stove... and a washing machine. What I want to do now is microwave oven. I will not go to the shops again.'*

4.2.4.2 Improving the 'ndumba'

An '*ndumba*' is a workplace used by traditional healers to do their ancestral work. P2 feels that once her '*ndumba*' is rebuilt, she will be able to be financially independent. As indicated in section 2.6.2, these families are showing what Boss (2001) calls the mastery-orientated family. They take charge and are active in stress management, even though P2 seems to be struggling to access the local municipllity recources she takes initiative to get another form of income. The following statements indicate how much P2 wants to improve her workplace:

> *E1 (P2) Lines 508-510: 'I need to renew my workplace in order to start working. The lightning also demolished my workplace (ndumba). I have to start from fresh and make things right. I want to start doing my ancestral work.'*

> *E1 (P2) Lines 486-490: 'I must now buy a goat and bring them closer. We will also make the mxombothi* (traditional beer)*; I invite my guru… in order to revive my ancestors and the place where I work. I am a healer; I had stopped working because my friends were jealous of me and did something bad to me so that I cannot heal people. Currently I am not working.'*

> *E1 (P1) Lines 527-528: 'I think she will be okay if her things are renewed. Once the workplace (ndumba) is sorted she will be fine, she will be able to work.'*

4.2.4.3 Equipping the grandchildren with essential skills

The grandmothers see their roles at home to be essential for their grandchildren. The statement below is a clear indication of how P2 is teaching her grandchildren life skills:

> *E1 (P2) Line 359: 'I am teaching the children to do everything themselves I don't clean up after them. After bathing, she must clean up and after school she cleans up.'*

> *E1 (P1) Line 388: '… I learnt something from her (P2), a good teaching. I need to teach the children to cook, wash their dishes, underwear and panties.'*

4.2.4.4 Discussion of findings for Theme 4

This theme highlights individuals interacting within their sub-systems, and in the process, identifying the resources that contribute to the success of the family. The grandmothers (especially P2) stressed the importance of teaching their grandchildren the basic life skills that will enable them to be well equipped. This is a form of internal resource as indicated by (Donald, Lazarus, & Lolwana, 2010) because, not only are the grandchildren taught life skills but the grandmothers are caring and consistent in their relationships with them, they are a prominent adult guidance with coherent and consistent set of values set in place.

Despite being familial caregivers, the grandmothers experience satisfaction when they see the impact the children are providing to the family though their shared roles and the grandmothers can enjoy their relationship with their grandchildren, which can also enhance their sense of purpose and contribute to a sense of accomplishment, through maintaining the families' continued identity and well-being. Also, the grandmothers act as a 'safety net' for their grandchildren by providing stable, loving and structured environments. The grandmothers are not only trying to improve their families living condition, but their own lives also. P1 has a lot of knowledge regarding services the community offers, and is able to channel them. One of the services she partakes in is the ANC woman's forum and the community church. On the contrary, P2 does not know which challenges to follow in order to access the provided services by the municipality.

Despite the unfavourable living conditions faced by these families, they are living their lives in a meaningful way by improving themselves and their living conditions, which shows initiative as a mastery-orientated family. This is emphasised by what one of the grandchildren said about her grandmother: Another grandchild (P4) shared the same sentiment by stating that her grandmother taught her and her siblings to call the ambulance if one of them was sick (Line 398).

P3 (E2) Lines 275-278: 'I love her because I learnt a lot of important things from my grandmother…. She is teaching me how to iron, to wash and cook; now I am able to cook pap and meat.'

4.3   CONCLUSION

In the current study, risk factors that the familial caregivers experience include, among others, low socio-economic status, unsupportive extended families, unemployment, and lack of access to and knowledge of social support services. Despite these risk factors, the families are experiencing successful outcomes based on the hope they have as spiritual people. The focus group discussion with the grandmothers was an informative session; it was a platform for the grandmothers to draw closer to each other through shared experiences, taking advice from and encouraging each other. A risk factor that P2 has been experiencing is her lack of financial independence, which is mostly due to her not working as a traditional healer and not having an ID document, which she needs to receive an old-age grant. P2 feels that once she has an income she will be able to manage her household by buying food, spoiling her grandchildren and not entirely depending on her son. P1 receives no support from extended family (although her sister lives in the same neighbourhood as her); she feels that her old-age grant is the only reason for her extended family showing interest in her and her grandchildren. P2 is also experiencing a lack of support from extended family. Human behaviour is affected by knowledge of the social world. Thus, P1's vast knowledge regarding the available social support services (protective factors) within her municipal area, such as the community forum, the street committee as well as the social workers in her area, allows her to feel confident that P2 can be assisted. P1 qualified for the poor of the poorest (POP) and old-age grant (OAG) this year (2015), making her life much easier. Indeed, the old-age grant seems to be enough for P1, as she is able to pay off her accounts, buy furniture and sustain her family.

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5.1 INTRODUCTION

This chapter includes a summary of Chapters 1 to 4. The underlying conceptual framework is also revisited and contextualised, and the research questions are answered. A discussion of the study's limitations, and recommendations for practise, training, and future research are also presented.

5.2 SUMMARY OF CHAPTERS 1 TO 4

5.2.1 CHAPTER 1

The study was introduced by providing an overview of the necessary background information and the rationale for the investigation. The significance of the topic and the need for exploration thereof was outlined. The research questions that guided this study were introduced, and key concepts for the study were explained. The ethical considerations of the study were also discussed.

5.2.2 CHAPTER 2

Relevant literature regarding the resilience of families from low socio-economic backgrounds was reviewed. The chapter included a section on the different family structures found in South Africa, the historical influences relevant to the study, and an in-depth discussion of the conceptual framework.

5.2.3 CHAPTER 3

The qualitative approach that guided the study was discussed, in addition to the interpretivist paradigm that has underlined the research methodology. The methodological aspects of this study included the sampling of participants, the collection of data, and finally the analysis of the data.

5.2.4   CHAPTER 4

The results of the thematic data analysis were reported. Four main themes were identified, with a number of sub-themes linked to each theme. The results were related to the literature reviewed in Chapter 2 and the findings were discussed in detail.

5.3   ADDRESSING THE RESEARCH QUESTIONS

5.3.1   PRIMARY QUESTION

How do families from low socio-economic backgrounds provide the context for resilience to develop?

Based on the results of the study, this section attempts to address the main research question by comparing and contrasting the results to the family resilience framework created by Walsh (2003). Among my participants, the grandmothers where the ones who were able to shed most light on how they provide the context for family resilience to develop. The answer to this question is two-fold: firstly, from the internal system and secondly, from the external system.

Internally, the grandmothers confirmed that family role-sharing unites them. The grandchildren have been playing instrumental roles by assisting their grandmother with the household chores, which also allows the grandchildren to learn life skills in the process, as was indicated by P2. Sharing the burden of housework provides the context for resilience to develop, because the grandmothers know they can rely on their grandchildren. In turn, this bridges the relationship of the grandmothers and their grandchildren, which is a product of family resilience. P2's grandchildren indicated that when they return from school there are certain chores that are assigned to them, such as fetching water from the communal tap, cleaning the yard and washing the dishes. Furthermore, a desire for self-empowerment was evident in both grandmothers. P2 wants to build her *'ndumba'* (workplace) so she can start working and receive an income. P1 has started buying appliances for her home, which according to her have made life so much easier for her.

The second part of the answer relates to the external system: the families identified available resources within the community that provide the context for resilience to develop. For one, the government, through the municipality, assisted the participants by alleviating their financial burdens: P1 indicated that social support services assisted her to obtain an old-age grant (±R1350) together with the child support grant (± R330 per child). This financial support allows P1 to provide for the family and pay for necessities, and additional items such as a washing machine. P1 credits the government for her financial freedom. Finances are core to this family's resilience and success.

The drop-in centre provides social support to vulnerable families such as the participants (who have been affected by HIV/AIDS and are from low socio-economic households). Such support is seen in the provision of daily meals to the children from these households after school; and providing the space for children to learn life skills and do their homework, as social workers are hired to offer these services to the children. The grandmothers (P1 and P2) expressed acknowledgment of the services provided to them and their grandchildren by the drop-in centre. The children at the drop-in centre are able to relate to each other because of the common denominator that has brought them there. Thus, the families who meet at the drop-in centre become a protective factor for one another.

Lastly, the community leaders and street committees act as gatekeepers and 'para-social workers' for the community; however, these structures are only successful in structured and formalised communities, as opposed to informal settlements. P1 is living testimony to the successful realisation of the powers, roles and functions of community leaders and street committees. Through such community structures, P1 has accessed POP (poor of the poorest) services; whereby she pays less rent and electricity. According to P1, the social worker assisted her to obtain POP because, during the routine social worker house visit, she found P1 and her grandchildren to be living without electricity. Now that P1 has POP, if it happens that she does not pay her electricity on time, Eskom does not cut off her electricity anymore. P1 has indicated that life is now much simpler for her and her grandchildren; she further receives food parcels, house visits from the social worker, and also has regular meetings with the ANC Women's Forum.

Unfortunately, P2 has had a different experience, because such structured municipal support and community services seem to be non-existent in her informal settlement. Thus, P2 experienced a lack of access to essential and necessary social services and had no knowledge as to how to apply for such support. Mampane (2014) confirms that support is key to resilience. Making resources available to families, individuals and communities (such as social services) does not necessarily mean that families can access and utilise such resources: knowledge on how and where to access support is core to the utilisation of such services. It is evident that financial burdens and problems have created division and strife between the adult participants and the members of their extended families.

5.3.2   SECONDARY QUESTION 1

What stressors/risks are most commonly experienced by families from low socio-economic backgrounds?'

Poverty and lack of access to support services are regarded as the greatest risks to resilience by P2. P2's lack of knowledge regarding where to obtain information on municipal social services within the community is identified as a risk factor. P2 said that she had been experiencing difficulties in obtaining an ID, which limits her prospects for receiving an old-age grant even though her age qualifies her for such a grant. She further explained how her lack of financial freedom prevents her from fulfilling her ancestral calling as a *sangoma* (traditional healer) as she cannot afford to build herself an '*ndumba'* to 'host' her ancestral spirits and practise her craft. P2 further stated that even though the family receives a child support grant through her son, she has no control on how the money is managed and she remains financially dependent on her son.

Death in both families is seen as a risk factor. P1's daughters have passed on, leaving her to raise her three grandchildren on social support grants. P2's daughter-in-law passed away as well, leaving her to care for her grandchildren. P2 is finding it more difficult to adjust because of how her daughter-in-law used to spoil her grandchildren with the little money she had, making it difficult for P2 to maintain the standards her grandchildren were accustomed to. As an interpretivist researcher in this study, I do realise that people's reality is subjective experiences of the extended world (Walsh, 2003). P2's frustration to obtain an ID document, is perpetuated by the context she and her family inhabit (informal settlement), where she is aware that she is not getting the same service delivery as P1, and how she is not able to spoil her

grandchildren as their mother did. Living in an informal settlement is also considered as a risk factor for P2's family, considering the lack of municipal services in and around her area (informal and unstructured). As mentioned by one of the grandchildren (P3), she goes to the communal tap to collect water every second day after school. The lack of support from extended families is also considered a risk factor; as much as P1's and P2's families have established their own households, P2 admitted that she would love it if her extended family supported her.

There is one risk factor that was identified from the drop-in centre: Why is P2 not being assisted with her ID document application? According to P2, the social workers affiliated with the drop-in centre are not taking this matter seriously because they are not explaining to her why her ID document application is taking so long, even being in South Africa over 20 years. The drop-in centre is supposed to be a safe haven for vulnerable families; it is a place where vulnerable families are assisted with psychosocial and household-related issues, which are within the scope of the social workers' responsibilities. The irony is that, as much as it is a safe haven and is meant to lessen stress, it is definitely doing the opposite in this regard. P2 feels helpless and is not so keen on being dependent on her son for financial relief. How does one then justify the social worker's inability to assist P2? Unfortunately, the social worker was unavailable to clarify this matter; however I did make the manager of the drop-in-centre aware of this.

5.3.3   SECONDARY QUESTION 2

'What resilience processes are employed by families from low socio-economic backgrounds?'

The family resilience framework (Walsh, 2003) is explained by means of three processes: belief systems, organisational patterns, and communication/problem solving (refer to Figure 2.2). Walsh (2003) mentions that family resilience is evident when there is a balance between risk and protective factors. Along with the three processes mentioned above, the family resilience conceptual framework also focuses on the interaction the family has with one another, and within their sub-systems. The conceptual framework further encapsulates how families encounter life crises and persistent stressors, which could be vertical and/or horizontal stressors. Through interaction with each other and with external systems, families are able to recover from their stressors by means of optimal adaptation.

The participants in this study demonstrated the three resilience processes as follows:

- Belief systems: religion and ancestral worship

- Organisational patterns: flexible family system; connectedness

- Problem solving: POP, old-age grant

Faith is an anchor for the two families included in the study, although their approaches are different (praying to God and praying to both God and the ancestors). As grandparent-headed households, their organisational patterns project how the family relies on one another regarding their roles. Flexibility is seen in that the grandmothers have assumed the new role of being a primary parent or 'mother' to the grandchildren. A strong relationship is seen between the grandmothers and their grandchildren. The grandmothers are more connected to their grandchildren and this unity is seen as a reliable measure of what a family should be, especially because such a relationship is not defined by financial rewards; but by care, trust, dependability, presence and unconditional love. The role of the grandparent/s in the skip-generational family is to create stability for their grandchildren and a home where love, care and support are experienced. To add to Walsh's (2003) family resilience framework, it is important to include other resilience processes from the findings of this study, most notably self-empowerment: as much as the families are living in poor socio-economic conditions, they do want to better themselves and their dependants.

Figure 5.1 is an illustration of the asset map the participants employ among themselves and within the community. The figure shows the participants' processes of interaction and recovery within their context. It also shows how resilience is at play through the balancing of risks and protective factors found in their community.
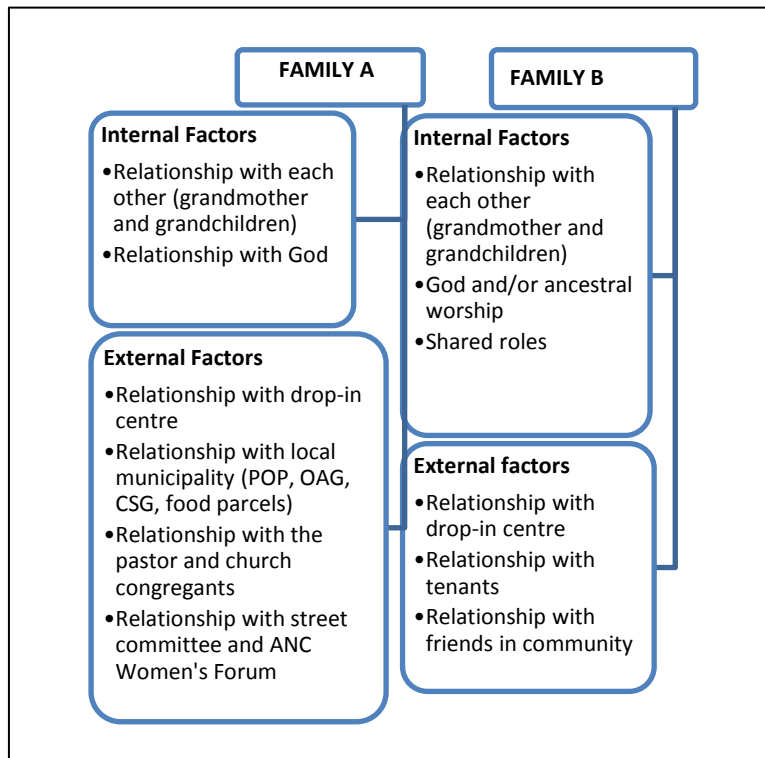
Figure 5.1: Internal and External Factors for Family Resilience

5.4   ADDRESSING THE CONCEPTUAL FRAMEWORK

Chapter 2 outlined the underpinning conceptual framework, which was based on three processes designed by Wash (2003) as constructed by Mampane (2012) that act as a buffer for families. Having used Walsh's key processes in family resilience as a conceptual framework to guide this study, it is safe to say that the conceptual framework was reliable and its applicability to this African community sample was relevant. However, what stood out the most in this sample was their belief system. Both the families explained how their faith sustains them (especially the grandmothers). They spoke of a 'better tomorrow' based on their positive outlook anchored in their spirituality. The grandchildren took pride in the re-organisational patterns within families. Their grandmothers do not see them as mere children; however they depend on them to do their part (household chores) to get the family functioning effectively. This is a good example of the family demands intertwining with family capabilities as these interact with family meanings to arrive at a level of family adjustment or adaptation. In the same manner, their grandmothers are teaching them life skills that equip for when they grow older.

According to Bronfenbrenner (1979) there is interaction between levels (systems) at all times, thus said, the participants go beyond interacting their immediate context, however they interact with the schools, drop-in centre, neighbours and the community at large. Through the various interactions, the families are able to deal with life stressors either horizontal (developmental (life-cycle transition) and unpredictable (death, accidents, unemployment, natural disasters, etc) and/or vertical (family orientated dysfunctions such as family emotional patterns, violence, disabilities) (Walsh, 2003). Subsequently, the families have experienced death (horizontal stressor), however, because of their inteactions with the larger community they are in connection with the drop-in centre (protective factor) allowing their resilience to be at play and causing the family to adjust.
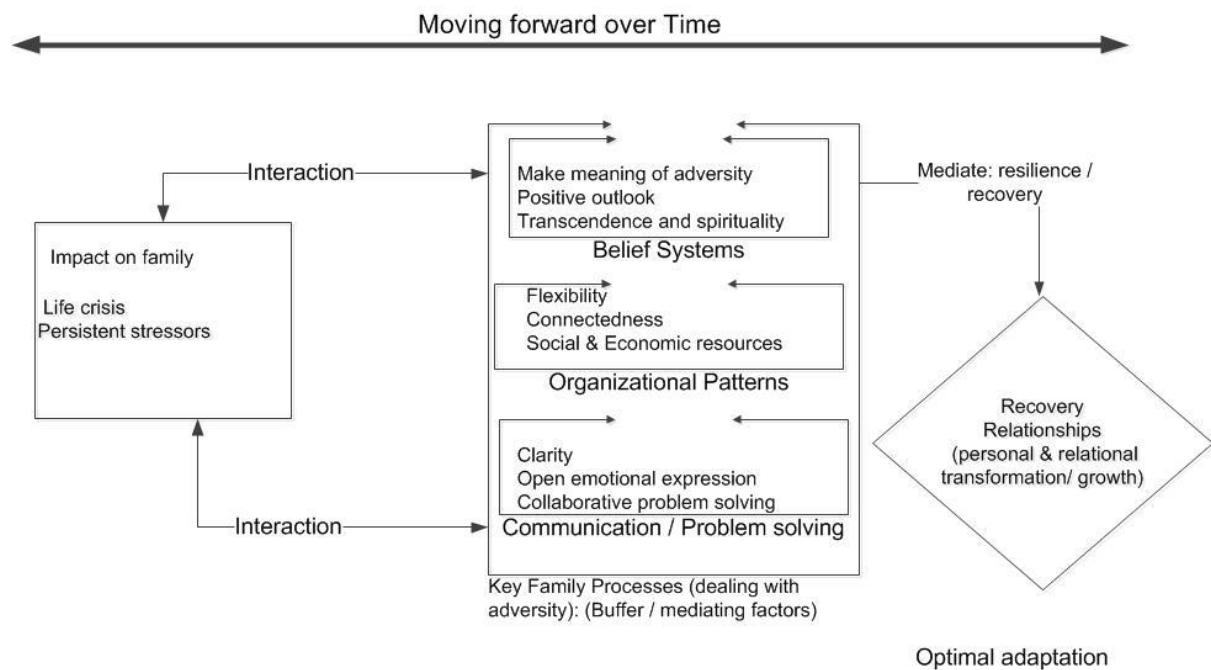
Figure 5.2: Conceptual Family Resilience Framework (as constructed by Mampane, 2012)

5.5   ADDRESSING WORKING ASSUMPTIONS

An evaluation will be conducted in this portion of the research to see whether the working assumptions hold up against the findings in the study:

- Poverty and inequality are a major stress factor that many families are subjected to in South Africa.

- The HIV/AIDS pandemic has led to an increase in multi-generational households, child-headed households, and grandparent-headed households.

- Low socio-economic status and unemployment are empirical underlying issues.

The participants' family structures are due to the HIV/AIDS pandemic. The participants confirmed that they are living in conditions that are not favourable, although they consider their lives to have meaning. Furthermore, the participants were able to identify factors that contribute to their resilience, as discussed in Chapter 4. Validity was enhancd using credibility, transfereability, dependability and confirmability. With regards to credibility, the findings are congruent with reality and in so saying trustworiness was established. Also , the findings were dependable (reliability) for this particular sample found within this particular context based oon the various methods employed to gather the data. As indicated that the nature of the study is qualitative, as the researcher, I was aware that my own beliefs, values, and biases affected the research process in some way, hence peer examination somewhat established the confirmability (objectivity) of this study, in that my supervisor and fellow colleagues gave an objective perspective of the study.

5.6   POSSIBLE CONTRIBUTIONS

The findings of this study contribute to the vast literature on family resilience. Even though the study cannot be applied to other situations (generalise/transfer), the study gives an indication of the risk and protective factors that are present in the lives of the members of the samples families.

5.7   LIMITATIONS AND RECOMMENDATIONS

This study is qualitative in nature, and the findings cannot be generalised, because the sample is not representative of the population as a whole, thus one cannot transfere the findings to a larger context. The limit, therefore, is that the findings are contextually bound, and further studies that are quantitative in nature need to be undertaken so as to establish factors within South Africa that are generalisable and relevant to the general population.

5.8   RESEARCHER'S REFLECTIONS

When I compare my upbringing to that of the families who have participated in this study, I have come to realise that a 'successful' developmental outcome is the product of their relationship as a family, their belief system and their flexibility in role-reversal and connected as a family. According to Siliman (undated as cited in Mokomane, 2012), families and their individual members demonstrate resiliency when they build caring support systems and solve problems creatively. The participants in this research showed that, despite their low socio-economic status, they are able to function accordingly. The grandmothers instil great life lessons in their grandchildren and roles are rearranged to conform to the family structure they have inherited. Figure 5.3 demonstrates how the participants in this study employed resilience within their families, based on the available resources within the family itself (e.g. role-sharing, instilling life skills) and community at large (resources set in place by the government, through the municipality).
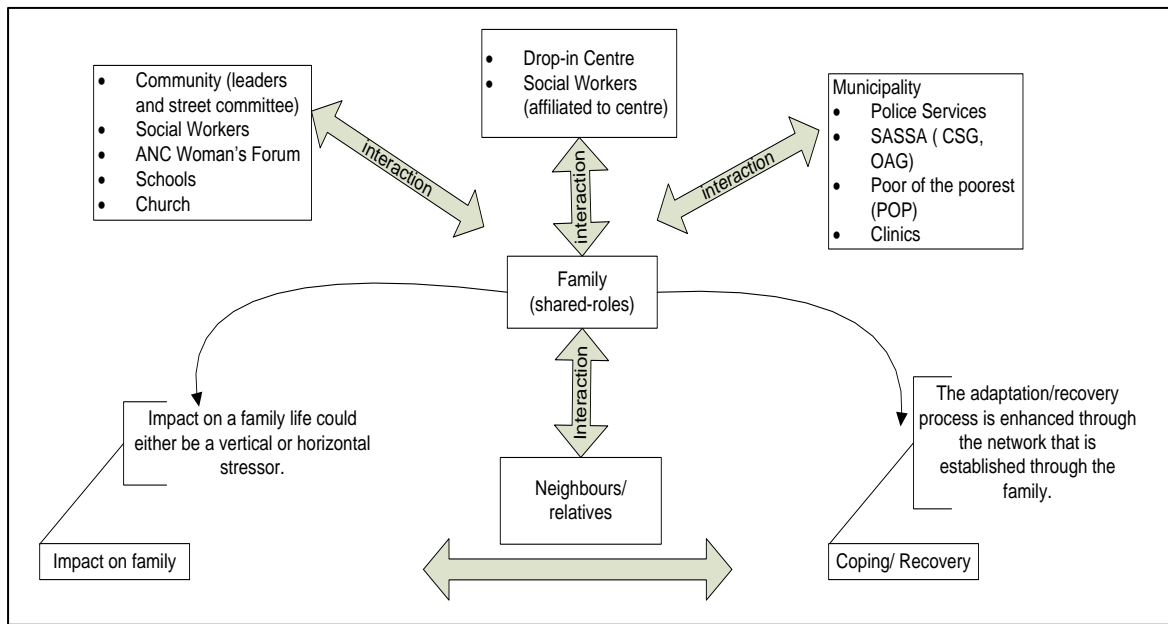
Figure 5.3: The Resilience Process of Recovery and Interaction Based on This Study.

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APPENDICES

Appendix A:
Ethical Clearance

Appendix B:
Consent Letter and Letter of Assent

Appendix C:
Fact sheet: Issue no. 1 of 2013 – 31 January 2013:
A statistical summary of social grants in South Africa

Appendix D:
Fact sheet: Issue no. 1 of 2014 – 31 January 2014:
A statistical summary of social grants in South Africa

Appendix E:
Holiday Programme

Appendix F:
Grandchildren's Drawings

Appendix G:
Field Notes

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Appendix A:

Ethical Clearance

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER :** UP 12/09/01 MAMPANE 14-003
DEGREE AND PROJECT	MEd Resilience processes employed by families from a low socio-economic background.
INVESTIGATOR(S)	Sibusisiwe Mahlangu
DEPARTMENT	Educational Psychology
DATE PROTOCOL APPROVED	28 November 2014
DATE CLEARANCE ISSUED	3 September 2015

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE	Prof Liesel Ebersöhn
DATE	3 September 2015
CC	Jeannie Beukes Liesel Ebersöhn Dr Ruth Mampane

This ethical clearance certificate is issued subject to the following condition:

1. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.
2. The protocol you were granted approval on was implemented.
3. The Ethics Committee of the Faculty of Education does not accept any liability for research misconduct, of whatsoever nature, committed by the researcher(s) in the implementation of the approved protocol.

Please quote the clearance number in all enquiries.

Appendix B:

Consent Letter and Letter of Assent

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tša Dihlalefi

Faculty of Education

Pretoria 0002 Republic of South Africa
Department of Educational Psychology
19 May 2014

Consent Letter
Resilience processes employed by families from a low socio-economic background.

Dear guardian/parent of child ....
My name is Elsie Mahlangu a researcher and masters student from the University of Pretoria. I am involved in an on-going study headed by Dr. Ruth Mampane in Mamelodi. The purpose of this research is to find out how you and your family are able to 'bounce back'/ function best even when experiencing difficult situations.

This paper talks about my research and the choice that you have to take part in it. You are able to ask me as many questions as you like.

Your family (you and your child) has been selected to be part of this study as you meet the requirements of the study. I will have the opportunity to see you and your child separately for the sake of giving the child the liberty to talk and do the activities freely. I will ask you questions that will assist me in understanding how your family is able to be function best at home when facing challenging issues at home. The sessions will be conducted in either Northern Sotho or English; you are welcome to choose the language you prefer to communicate in.

It is up to you if you would like to be part of the study, if you wish to be part of the study, kindly write your name in the section below. You have the right to end your partaking in the study anytime you feel the need to. The interviews will take place in a secure and private location, which means no one else will know what we are talking about. Therefore, whatever we discuss in the room should be between us only. The study does not intend to bring harm or risk as a result of you taking part in it. Your name will remain confidential; this means that when I write a report of the results of the study, your name will not be included. The discussions will however be recorded using a recorder to help me in my research. I would also request your permission to take photos of you and your houses during the sessions. The photos will help me in describing the context that you and your family live in. There is space below to indicate if you give permission (or not) for photos to be taken.

We appreciate your input to the study, for the sake of security, only the researcher (myself) and my supervisor will have access to the information gathered throughout the sessions. All information gathered from the focus group will be made available to you at another discussion meeting so that you can comment if I managed to capture a true reflection of your ideas.

_____

Sibusisiwe Mahlangu
Researcher

_____

Dr. Ruth Mampane
Supervisor

Trear-off_ _

I (your name and surname)_____have read this paper and understand what the study requires of me, I therefore agree to be part of the study as a participant.

Kindly indicate if toy want the researcher to take pictures of you:
I _____ **(tick the correct box)** not want the researcher to take photos of me.

Do	Do not

_____

Signature of participant

_____

Date

Faculty of Education

Pretoria 0002 Republic of South Africa
Department of Educational Psychology
19 May 2014

<u>**Letter of Assent**</u>
Resilience processes employed by families from a low socio-economic background.

Dear participant (under the age of 18)
My name is Elsie Mahlangu a researcher and masters student from the University of Pretoria. I am involved in an on-going study headed by Dr. Ruth Mampane in Mamelodi. This study would like to find out, how families are able to function best even when experiencing difficult situations at times.

This paper talks about my research and the choice that you have to take part in it. You are able to ask me as many questions as you like.

Joining in the research: It is up to you to decide if you want to join or not. You can say "yes" or "no", either way no one will be upset if you decide not to take part. If you decide to take part in the study, you can stop being in the research at any time, just tell me when you want to stop. During the research you and I will be playing and talking in a group on how you and your family relate with each other and the community at large. You can speak either English or your home language with me during the sessions spent together.

What happens if you join this research: If you decide to join this research, I will ask you to do fun stuff for me like, drawing, playing with sand tray and talking to me when I ask you questions. I will ask that you allow me to take pictures of your drawings and sand trays so that I can use in my research. You can sign below whether you agree or not.

Confidentiality: Any information shared with me during our sessions will be kept private. I will try making sure that no bad things will happen to you during the time you will spend with me, instead it will just give me more knowledge on how you and your family relate with each other and the community at large.

_____   _____

Sibusisiwe Mahlangu   Dr. Ruth Mampane
Researcher   Supervisor

Trear-off_ _

I (your name and surname)_____have
read this paper and understand what the study requires of me, I therefore agree to be part of
the study as a participant.

Kindly indicate if you want the researcher to take pictures of you:

I | Do | Do not | **(tick the correct box)** not want the researcher to take pictures of me.

_____   _____
Signature of participant   Date

Appendix C:

Fact sheet: Issue no. 1 of 2013 – 31 January 2013: A statistical summary of social grants in South Africa

Fact sheet: Issue no 1 of 2013 – 31 January 2013

A statistical summary of social grants in South Africa

The fact sheet provides a statistical summary of social grants in the 9 regions (provinces) of South Africa which are: Eastern Cape (EC), Free State (FS), Gauteng (GP), KwaZulu-Natal (KZN), Limpopo (LP), Mpumalanga (MP), North West (NW), Northern Cape (NC) and Western Cape (WC) as at 31 January 2013. Social grants refer to Old Age grant (OAG), War Veteran's grant (WVG), Disability grant (DG), Grant in Aid (GIA), Child Support grant (CSG), Foster Child grant (FCG) and Care Dependency grant (CDG).

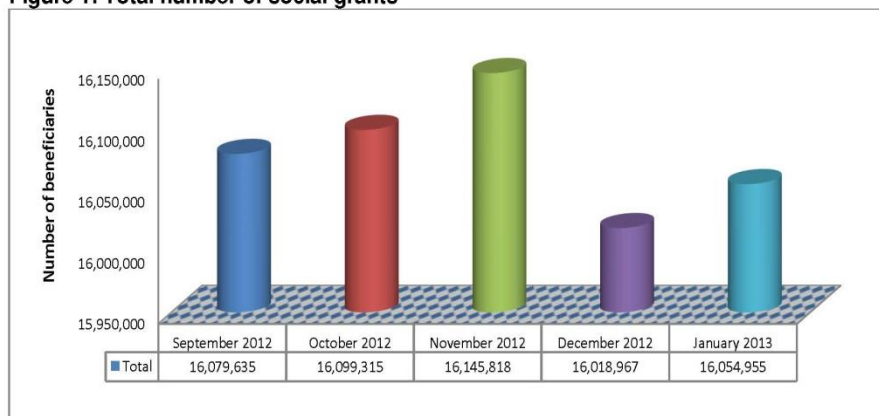**Table 1: Total number of social grants by grant type and region as at 31 January 2013**

Region	Grant type							
	OAG	WVG	DG	GIA	CDG	FCG	CSG	Total
EC	505,423	76	185,328	9,063	18,440	111,387	1,850,667	2,680,384
FS	170,256	8	87,158	1,151	5,816	38,697	634,092	937,178
GP	418,859	149	123,242	1,565	15,664	56,970	1,567,206	2,183,655
KZN	587,704	86	315,387	28,871	36,058	133,249	2,767,011	3,868,366
LP	392,450	49	88,269	10,735	11,718	54,684	1,580,671	2,138,576
MP	225,577	28	81,199	2,761	8,549	33,956	1,051,418	1,403,488
NW	215,742	18	86,465	3,987	8,326	40,503	749,821	1,104,862
NC	74,276	17	48,681	4,166	4,437	13,480	275,538	420,595
WC	258,759	163	153,115	9,451	10,727	27,853	857,783	1,317,851
Total	2,849,046	594	1,168,844	71,750	119,735	510,779	11,334,207	16,054,955

Source: SOCPEN system   *NB: The total include grant in aid*

Table 1 shows the status quo of social grants as at 31 January 2013.

Figure 1: Total number of social grants

	September 2012	October 2012	November 2012	December 2012	January 2013
Total	16,079,635	16,099,315	16,145,818	16,018,967	16,054,955

Source: SOCPEN system   *NB: The totals include grant in aid*

Figure 1 shows the trend of social grants from September 2012 to January 2013.

Enquiries may be directed to:
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Appendix D:

Fact sheet: Issue no. 1 of 2014 – 31 January 2014: A statistical summary of social grants in South Africa

Fact sheet: Issue no 1 of 2014 – 31 January 2014

A statistical summary of social grants in South Africa

The fact sheet provides a statistical summary of social grants in the 9 regions (provinces) of South Africa which are: Eastern Cape (EC), Free State (FS), Gauteng (GP), KwaZulu-Natal (KZN), Limpopo (LP), Mpumalanga (MP), North West (NW), Northern Cape (NC) and Western Cape (WC) as at 31 January 2014. Social grants refer to Old Age grant (OAG), War Veteran's grant (WVG), Disability grant (DG), Grant in Aid (GIA), Child Support grant (CSG), Foster Child grant (FCG) and Care Dependency grant (CDG).

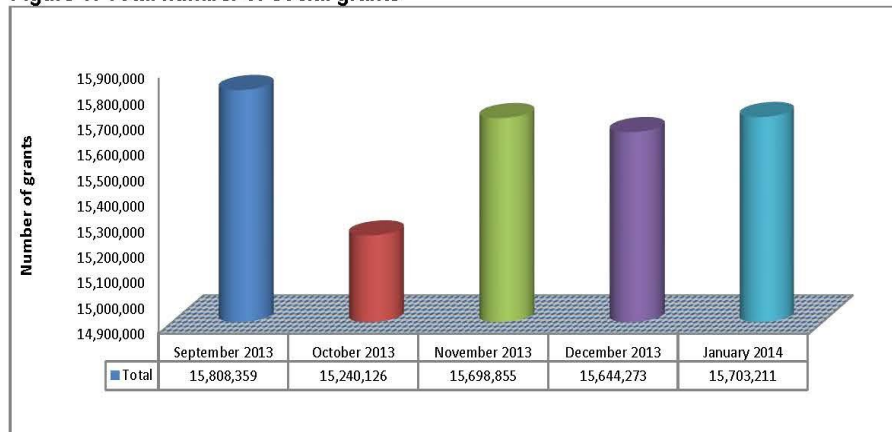**Table 1: Total number of social grants by grant type and region as at 31 January 2014**

Region	Grant type							
	OAG	WVG	DG	GIA	CDG	FCG	CSG	Total
EC	514,033	62	180,012	11,737	18,206	108,765	1,751,448	2,584,263
FS	175,592	6	82,441	1,494	6,174	36,307	624,436	926,450
GP	442,678	110	113,341	1,990	15,228	53,004	1,519,921	2,146,272
KZN	606,077	60	295,652	29,684	35,103	122,299	2,617,645	3,706,520
LP	418,510	36	91,045	12,468	12,427	54,279	1,604,187	2,192,952
MP	215,185	17	76,409	3,285	8,646	32,252	972,930	1,308,724
NC	76,684	13	48,475	4,481	4,565	13,283	271,281	418,782
NW	223,220	17	85,619	4,911	8,369	38,653	742,839	1,103,628
WC	270,862	122	149,137	9,672	10,878	27,418	847,531	1,315,620
Total	2,942,841	443	1,122,131	79,722	119,596	486,260	10,952,218	15,703,211

Source: SOCPEN system   *NB: The total include grant in aid*

Table 1 shows the status quo of social grants as at 31 January 2014.

Figure 1: Total number of social grants

	September 2013	October 2013	November 2013	December 2013	January 2014
Total	15,808,359	15,240,126	15,698,855	15,644,273	15,703,211

Source: SOCPEN system   *NB: The totals include grant in aid*

Figure 1 shows the trend of social grants from September 2013 to 31 January 2014.

Appendix E:

Holiday Programme

STAND NO2 SHILOVHANE STREET X5
Mamelodi East
0122
P.O BOX 79126
MAMELODI EAST, 0122
REG.NO:048-673-NPO

TEL/FAX: (012) 801 2091
E-mail stanzaev@gmail.com

STANZA BOPAPE HEALTH AND COMMUNITY DEVELOPMENT CENTRE
pushing back the frontiers of poverty

Nature of programme: School Holiday Program
Venue: Matimba / Sinqobile Centre
Duration: March/April 2015 School Holidays

Activities	Date/day	Responsible person	Target	Reason
Collage (Cutting & Pasting) Hero Family tree Drawing	Mondays	Francinah Refiloe	All OVC	Encouraging Team Work Concentration Creativity Family Profile Self – Expression
Soccer & Netball	Wednesday & Fridays	Wonder Khutso Neria & Julia	All OVC	Fitness Teamwork
Indigenous Games	Tuesday	Connie Philicia Lehlogonolo Nthabiseng Karabo	All OVC	Counting Confidence Team Work
Spelling Bee Mental Maths	Thursday	Mittah Nurse Phumelelo Ronny Neria	All OVC	Increase vocabulary Self-esteem
Dialogue	Monday	Bobby Wonder Constance Tshwarelo Petronela	All OVC	Awareness Knowledge

Compiled by: Bobby Mohanoe
Contact: 078 525 5215
E-mail: mohanoeb@ymail.com

Menu:

|	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Bread with Margarine & Jam(Tea)	Soft Porridge	Jungle Oats (White Maize Meal)	Soft Porridge(Mabele)	Bread with Cheese, Polony and Margarine(Tea/ Juice)
Lunch	Rice, Cabbage, Pumking, Betroot & Chicken	Macaroni & Fish	Pap & Beef OR Meal rice & Mince Meat	Stamp & Beans, Soap	Macaroni & Fish OR Mince

Compiled by: Bobby Mohanoe
Contact: 078 525 5215
Email : mohanoeb@ymail.com

Appendix F:

Grandchildren's Drawings
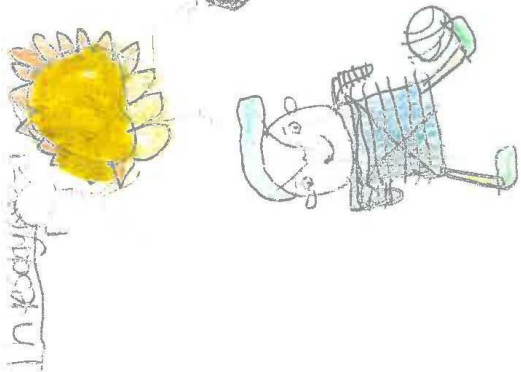
Appendix G

Field Notes

DAY 1   26 March.   Grandmother's Session

* Family 1   FAMily 2.

P1's ____Household   P2's   household.

dependent 1   dependent 1
Participant 4 (P4)   Participant 3 (P3)
  9 yrs old   11 yrs old
dependent 2   dependent 2.
Participant 5 (P5)   Participant 7 (P7)
  9 yrs old   6 yrs old
dependent 3   dependent 3. (infant)
Participant 6 (P6)   BABY Infant
  6 yrs old
Grandmother: 62 yrs old   Grandmother 65 yrs old
Participant 1 (P1)   Participant 2 (p2)

OBSERVATION   PERSONAL ReFLECTION.

> The Center 15 well   > I was really exited
organised - the building   about today, although
accomodates thee ECD,   I had my doubts, because
elderly as well as the   se of the weather. It was
drop-in's   cloudy, with light stattered
              Protective fuctions showers.
> Caregivers -(Formal)
Definition: Papadatou (2006) We had to fetch our participants
were included in my day 1   from their various houses due
of signing consent & data   to the weather.
collection with afamilial care

givers.

CAREGIVER 1 assisted with childrens drawings

CAREGIVER 2 assisted with translating from tshonga to Sotho

Family Dynamics

P3 is a very protective factor in the Magwebo family. She helps a lot with BABY (infant). She has assumed a role of nurturing. I noticed while I was busy with the grandmothers P3 automatically transitioned into taking care of BABY

P3 is a protective factor also in that she is able to talk fluently in tshonga & Sepedi (Gate keeper between "the world" & her grandmother)

I really enjoyed the session with my 2 gogo's! They were really co-operative and eager to share their experiences with me.

I was flowing with my participants — they seemed so sincere and genuine towards me and when they were telling their stories. I mean, you could feel the raw emotions from them as well as how one would respond to the other — Priceless.

Children's session.

Family B	Family A
Participant - 3	Participant - 4
Participant - 7	Participant - 5
	Participant - 6

OBSERVATIONS

> Arrived @ 9:10 am P1's family was @ the drop-in centre, while the P2's family were still @ home.

> breakfast was served at 10:00 am (children ate alles)

> session started at 11h00 am.

> ~~Session started a~~

P2's demeanour has changed today.

OBSERVATION.	Personal Reflection
Organisation was a bit slow today. We had to drive to pick up my participants only to find out they left home to come to the drop-in.	To be honest I feel honoured to be doing my research with these two families. I relate with the families so much even though our "struggle" is not the same.
The caregivers organised a different room for me to use this time around.	* Their "struggle" is for their basic

OBSERVATIONS	Personal Reflection
Session 1 : (children Focus group discussion. 1)	needs to be catered for such as : electricity, water, shelter and/or food. & for gogo M - she needs an ID document.
> P3 and P4 were very verbal during the discussion	
> P5, P6 and P7 needed a lot of probing and gave very basic and concrete answers.	* Financial attunment is a big factor for Family M as well as support * Family k the support seems to be a risk factor (Family)
> The children's responses (especially the two younger ones) where alt-ered a lot of times based on the older participants responses. - I attribute that to hawthrone effect.	At the end of the day both these Families want to live a comfortable life.... Just As I would like to!
└ participants change their behaviour due to the attention they recieve from researcher	I really felt (and still do) sorry for gogo M when she teared up. - I thought I would cry to but I just had to be strong at that moment. I feel gogo M is so desperate for an ID document that she thought karen and I where somehow from home affirs and would be able to assist her in that regard.

OBSERVATIONS.	Personal Reflection

> Session 2 : (Grandmothers Focus group discussion 2).

> Gogo **P2**'s demeanor was very different today. She really stressed the fact of not having an ID document is very stressful to her because she feels she can not rely on her son forever. There was a moment where gogo teared up and I was moved by her sincerity to the issue of her ID document.

Session 2: Elders

> Focused a lot of risk factors faced in the community

Instrumental vs Affective

• From the bigening I have been having a sence of Instrumental needs are more expressed than the affective.

Instrumental needs involves

Lo Basic in nature eg.
* provision of money, food clothes
* housing
* transportation

Affective Needs

Lo issues of emotions & feelings

NB° Families who's functions is disrupted by instrumental prob rarely deal effectively with affective problems (p687!)

Dimentions of Functioning (PS84)

	Problem Solving	Comm	Roles
Instrumental	X	X	X
Affective			

DATA ANALYSIS
Transcrip 3.
Group Interview with Children

Red font = summarising

○ line 52 - Grandma chores

Line	Belief System	Organisational Pattern	Comm/Prob-Solving
32	(305) night revival	Grandmom - chores	(154-158) Money & clothes.
42-50		Flexibility: Roles ⎤ instrumental	
41 instrumental support	(364-371)	Flexibility: Roles ⎦ family functioning p585	
196, 200-204	(377-386)	Connectedness: Mutual support	321-327
209, 210 ↓		Connectedness: Mutual Supp	
290, 293		or Normatively? Make strong out of adversec cant anticipate daily discry & distress	
		68 - extended fam (tenant) 108-122 " " (apprentice)	
398 ↓		Instrumental Approach	
		*OP: strong authoritative leadership... protection guidance	
		(preparing them to sun... out in their own)	
		(life skills) - have the guidance.	
		*OP: Flexibility - Roles : Connectedness - M.S	
524			
535	T.S		
559-563			Clarity
630 ↓ 649	P.O & T.S.		
10			

External Assistance Gogo: ~~782~~ — Risk focused P 86 (Elsie 1)
— Gogo : 781   & deeply Affected.

ID issue

community problem solving:
green & Red

Belief System	Framework used Part (Community Prob Solv)	
1008 P.0	933 - Children lived with	857 - Collaborative
1033 T?.0	her.	Problem Solving
268 Elsie 1		865 - 874 - Collaborative
> traing Ancestral Worship.		Prob Solv
		894 - Beth & Princip & 999.
		> 1014

ELSIE 1

Q1	What is a family	Risk	Support
236 ●	strong (small yet strong) young g	> No support from family (extended) 251 & 231.	• Pastor (Church) line 260.
241 ●	Grandchildren are her family.		• line 312 Cousin 318
247 ●	Flexible with roles		• line 287 • son line 336
245 ●	Understands her		

280 ⎧ Grandchildren + son = family. ⎫ Role of
      ⎩ Extended fam = Mozambique ⎭ gog - instrumental line 347

322 ✱ Gogo pray's a lot. 367
          ↳ Relo 350 line

306 Connectedness of family

discipline
Different
line 353

---ooOoo---