

CAREGIVERS' PERCEPTIONS OF ADOLESCENT RESILIENCE-PROMOTING
STRATEGIES

by

Andrea Krok

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Supervisor: Professor Ruth Mampane

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Declaration

I declare that the dissertation, which I hereby submit for the degree Masters of Education (Educational Psychology) 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.

Andrea Krok



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Faculty of Education

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INVESTIGATOR

Ms Andrea Krok

DEPARTMENT

Educational Psychology

APPROVAL TO COMMENCE STUDY

16 July 2019

DATE OF CLEARANCE CERTIFICATE

29 January 2021

CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

CC

Ms Bronwynne Swarts

Prof. Motlalepule Ruth Mampane

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Ethics Statement

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's Code of ethics for researchers and the Policy guidelines for responsible research.

Dedication

I dedicate this research to the two people who, although they were not physically here to guide or support me throughout not only this research process but through my whole Master's journey, were undoubtedly there spiritually. My beloved Grandpa and Granny—Reuben and Carole Kartun.

You both taught me that knowledge is power and that there is nothing more satisfying than the outcome of hard work and dedication. I believe that it is through these lessons and countless more that I carry with me that I find myself where I am and who I am today.

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Abstract

The literature provided great insight into the importance of caregivers in the process of resilience. However, there seemed to be a lack of information regarding what caregivers do and their strategies to foster resilience. This study intended to identify caregivers' perceptions of resilience, promoting strategies in adolescence.

The current study used the paradigm of constructivism and qualitative research methodology. A single descriptive case study was used, as the research was conducted within one context, and aimed to describe the caregivers' strategies in supporting resilience. Eleven participants were selected purposively from a drop-in centre in Mamelodi East, called the Matimba Sinqobile Integrated Social Development Facility. Data collection was done by conducting focus group interviews with the participants, as well as through the use of a reflective journal and observations.

Once the data was gathered, an inductive thematic analysis was conducted. Through this, a comprehensive understanding of the different strategies used by the caregivers was obtained. In doing so, provision was made for insight into the diverse ways in which caregivers foster resilience within a low socioeconomic context.

Keywords

Adolescence, caregiving, caregivers, low socioeconomic status, resilience, strategies

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Kind regards



Anna M de Wet

BA (Afrikaans, English, Classical Languages) (Cum Laude), University of Pretoria.
BA Hons ((Latin) (Cum Laude), University of Pretoria.
BA Hons (Psychology), University of Pretoria.

List of Acronyms

APA	American Psychiatric Association
DBE	Department of Basic Education
RDP	Reconstruction and Development Programme
StatsSA	Statistics South Africa

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CHAPTER ONE-OVERVIEW OF THE STUDY

1.1 Introduction and background of the study

In South Africa, individuals, families, and communities constantly face threats to their well-being, whether it is psychological, physical or both (Ungar, 2008). These everyday stressors, accompanied by the difficulties of navigating through potential negative influences, many choices and developmental changes within the various contexts in which adolescents find themselves, all present as risk factors in the adolescents' worlds (Mampane & Bouwer, 2006). Despite this, literature and research illustrate that adolescents can “bounce back” and often express an ability to cope with hardship (Walsh, 2015). This manifestation of human will and determination, despite adverse circumstances, has come to be known as resilience (Theron & Theron, 2010).

Resilience has been argued to be an ecological phenomenon and a process, not simply a trait innate to individuals (Ungar, 2008). According to this understanding, resilience is established through exchanges within the environment, families, schools, neighbourhoods, and the larger community (Walsh, 2015). By acknowledging the different ecologies that buffer resilience within adolescents, it becomes imperative that the specific factors within the environments, such as the caregiving strategies within the family environment, should be identified and cultivated to ensure the best possible outcome of adolescents facing adversities (Henry, Morrissette & Harris, 2015).

The available literature indicates the importance of adult involvement, parental availability, and support for adolescents to moderate hostile environments' impacts and act resiliently (Choe, Zimmerman & Devnarain, 2012). Despite this, gaps in the literature still exist on the exact strategies these caregivers use to support and foster resilience within their adolescent children (Theron & van Rensburg, 2018). This research aimed to address the literature gap due to the focus of this study on the strategies that caregivers can utilise to support adolescent resilience despite a low socioeconomic status.

This topic was of personal interest to me as an Educational Psychologist in training. This is due to the fact that when working with adolescent clients, I feel that one cannot separate them from the systems that they exist within. Of particular importance, is the family system. Through conducting this research, I hoped to be able to discover the strategies that caregivers within a low resourced setting utilise to foster resilience. By

this, I aimed to be able to utilise the findings of my research within the practical work that I will do in my future practice as an Educational Psychologist in South Africa.

This study thus focused primarily on resilient promoting strategies of adolescents as perceived by their caregivers. The study was conducted within a section of Mamelodi Township, East of Pretoria, South Africa, where families experiencing low socioeconomic adversities reside, within informal settlements and within Reconstruction and Development Programme (RDP) housing.

1.1.1 The perspective of the role of primary caregivers

. here is a strong perception that family life is under pressure in South Africa (Ratele, Shefer, Clowes, 2012). The Department of Social Development (2011) has argued that this can be attributed to absent fathers, the prevalence of HIV & AIDS, high levels of poverty and inequality, gender inequalities, unwanted pregnancies, and high numbers of orphaned children. Therefore, the South African government has recognised that families are facing a crisis (Department of Social Development, 2011). The General Household Survey 2017 conducted by Statistics SA showed that of the total of 5,786,000 adolescents between the ages of 12- 17 years of age, 24% had an absent mother, 62% had an absent father, and 21% had both parents absent (Mkhwanazi et al., 2018). Due to the aforementioned contextual challenges that South Africans face, the environments in which children are cared for and the ability of the caregivers to provide care are often hampered (Mkhwanazi et al., 2018).

Furthermore, due to structural disparity and resource-poor settings, working-age adults are forced to leave their homes to find work, leaving their children in the care of other relatives (Mkhwanazi et al., 2018). It would thus be ignorant to assume that all caregivers are the biological parents of the adolescents. Ungar (2016) provides a noteworthy statement on this and explains that if the parents cannot provide this foundation, relationships with other family members such as grandparents, older siblings, and extended kin can serve this function.

Caregiving is essential to navigating successfully through the adolescent phase of development (Walsh, 2016). Therefore, no matter who is caring for the adolescent, the fact that they receive care from a prosocial adult is of great importance to the process

of resilience (Walsh, 2015). It can thus be assumed that the interactions between caregivers and adolescents are imperative in fostering resilience.

The study, therefore, intended to shed light on how caregiving takes shape, which allows for the phenomenon of resilience to occur.

1.1.2 Review on the context of the study–Mamelodi Township



Image 0-1: Map of Mamelodi Mamelodi Township



Image 0-2: Satellite view of Mamelodi Township

Mamelodi is one of the largest townships in South Africa (Blokland, 2014). It is a predominantly black township that was established in 1953 and is located approximately 20 kilometres on the north eastern peripheries of the City of Tshwane (Pretoria) in the Gauteng Province of South Africa (Mashigo, 2012). Mamelodi is home to an unofficial population of over one million people (Blokland, 2014). Mamelodi township is therefore well established with a large permanent residential area. The area mostly comprises of four-roomed houses, a number of self-built liveable houses, housing from the Reconstruction and Development Programme, also known as RDP houses, low cost housing and upmarket homes (Mashigo, 2012).

Despite this, there are still a number of informal settlements comprising mostly of the poorer people within the Mamelodi area who have built their own shacks (Mashigo, 2012). Regardless of the large population, few resources exist within the townships and are instead found and better available in and around Pretoria's inner city (Blokland, 2014). Consequently, Mamelodi residents are required to travel long and costly distances to access them (Blokland, 2014). In this context of inadequate

resources, residents have formed their own ways of handling problems (Blokland, 2014).

An attempt to address the lack of resources and infrastructure in Mamelodi can be found in the Matimba Sinqobile Integrated Social Development Facility. The drop-in centre was officially opened in June 2012 (Mampane, 2017). The organisation assists approximately 95 families and 180 orphaned and vulnerable children through three separate but interconnected facilities (Mampane, 2017), namely the Early Childhood Centre, the Drop-In Centre, and the Older Persons Centre (Mampane, 2017). These programmes provide psychosocial, nutritional, and academic support to families and children and family and community-oriented programmes and entrepreneurial programme (Mampane, 2017). Through the implementation of these programmes, the centre aims to help alleviate poverty and facilitate and support resilience in families and schools (Mampane, 2017).

Mamelodi township was deemed an appropriate research site for several reasons. Firstly, townships are commonly associated with poverty, crime and violence (Mampane & Bouwer, 2011). This highlights the adverse contextual factors that the adolescents living within Mamelodi face. Through living within an environment such as this, the importance of protective factors and resilience is highlighted. Due to this, the importance of the resilience promoting strategies can be emphasised. Secondly, the research focused on the resilience processes within a low socioeconomic status. Mamelodi township provided this context as it can be characterised as a low socioeconomic environment due to the scarcity of resources, unemployment rates and disadvantaged schools (Mampane & Bouwer, 2011). By researching within a context such as this, the protective role of caregivers utilising different strategies could be highlighted.

1.2 Rationale for Undertaking this Study

The resilience of children and youth is an increasingly important research area (van Breda, 2017). South Africa is a country inundated with a structural disadvantage due to chronic hardship and inequitable opportunities associated with a low socioeconomic status (Theron, 2017). Such adversities are all too common among adolescents in South Africa (van Breda, 2017).

Resilience can assist these young people in navigating through these challenges (Theron, 2017). There has, however, been relatively little research on the resilience of South African youth (van Breda, 2017). In a critical analysis of the available literature, Theron and Theron (2010) identified a total of 23 published articles between 1990 and 2008. Fortunately, recently van Breda and Theron (2018) updated this review by analysing South African research published from 2009 to 2017. The analysis revealed a large increase in the amount of research conducted within the field, with a specific focus on a wide range of adverse contexts that place young people at risk, explicitly structural disadvantage (van Breda & Theron, 2018). Furthermore, researchers were interested in understanding how the youth could successfully navigate these adversities and establish themselves as young adults (Theron & Theron, 2010).

Research on family resilience, both abroad and within South Africa, has continually proven that the family is the foundation of the caregiving environment and, as a result, has the largest degree of influence on the development of resilience (Walsh, 2016). The available literature indicates the importance of adult involvement, parental availability, and support for adolescents to moderate hostile environments' impacts and act resiliently (Choe et al., 2012).

Based on this, I believe that this study contributes to this body of literature. It does so by providing further insight into the perceived resilience strategies that the caregivers from the context of adversity use to enhance and support their adolescent children's resilience.

1.3 Purpose of the Study

The study aimed to investigate how South African caregivers from a low socioeconomic status can support the adolescents they care about resilience. Through this, the different strategies and protective factors used within the caregiver-adolescent relationship that contribute to the fostering of resilience could be identified and described. The findings may, therefore, serve to address the lack of understanding underpinning the foundations of resilience in adolescence.

1.4 Problem Statement

Structural disparity, unequal opportunities and the contextual challenges related to living within a constrained socioeconomic environment pose many risk factors to adolescents' ability to grow into prosocial, well-adjusted adults who can contribute

positively to South Africa (Davidson, Grigorenko, Boivin, Rapa & Stein, 2015). Research on resilience has constantly proven that despite this, adolescents can express resilience in challenging circumstances and environments (Mampane & Bower, 2011; Theron & van Rensburg, 2018; Ungar, 2016)

This study sought to understand what interactions occur within the family ecology characterised by resilience enhancing caregiving that allows for the phenomenon of resilience to occur. This was inspired by Ungar's (2011b) work in which he describes resilience from a social-ecological perspective as a process. This process is facilitated through interactions by the individual (the adolescent) and their social systems (the caregivers) (Ungar, 2011a).

1.5 Working Assumptions

The following assumptions guided this study:

- Biological caregivers from low socioeconomic backgrounds are both capable and essential in fostering the resilience of adolescents under their care.
- It was assumed that the research would identify several effective strategies that the caregivers provide, fostering the adolescent's resilience. It was assumed that these would likely include at least one of the strategies as explained by Walsh (2015), such as; having a supportive bond, using authoritative parenting, identifying with the adolescents and advocating for them.

1.6 Theoretical Framework- The social-ecological model of resilience

Current understandings of resilience favour social-ecological explanations (Theron, 2017). Drawing on this, this study was informed by Ungar's (2011b) social-ecological model. The social-ecological model takes the perspective of resilience as a process. This refers to the understanding that as people interact in different ways within contexts of adversity, they draw on different protective mechanisms and processes to deal with risk factors and such adversity (van Breda, 2017). Resilience processes can thus be located at different levels of the ecosystem, such as the individual, family and community levels (Theron & van Rensburg, 2018). Therefore, the social-ecological model posits that resilience can be culturally negotiated and determined (Ungar, 2011). The tenets of the social-ecological model will be discussed further in the following chapters.

The social-ecological model proposed by Ungar (2011) argues that resilience can be culturally negotiated and determined.

Ungar (2011) proposed four principles to this model, namely; “decentrality, complexity, atypicality and cultural relativity” (Ungar, 2011 p.1). The following figure represents these principles.

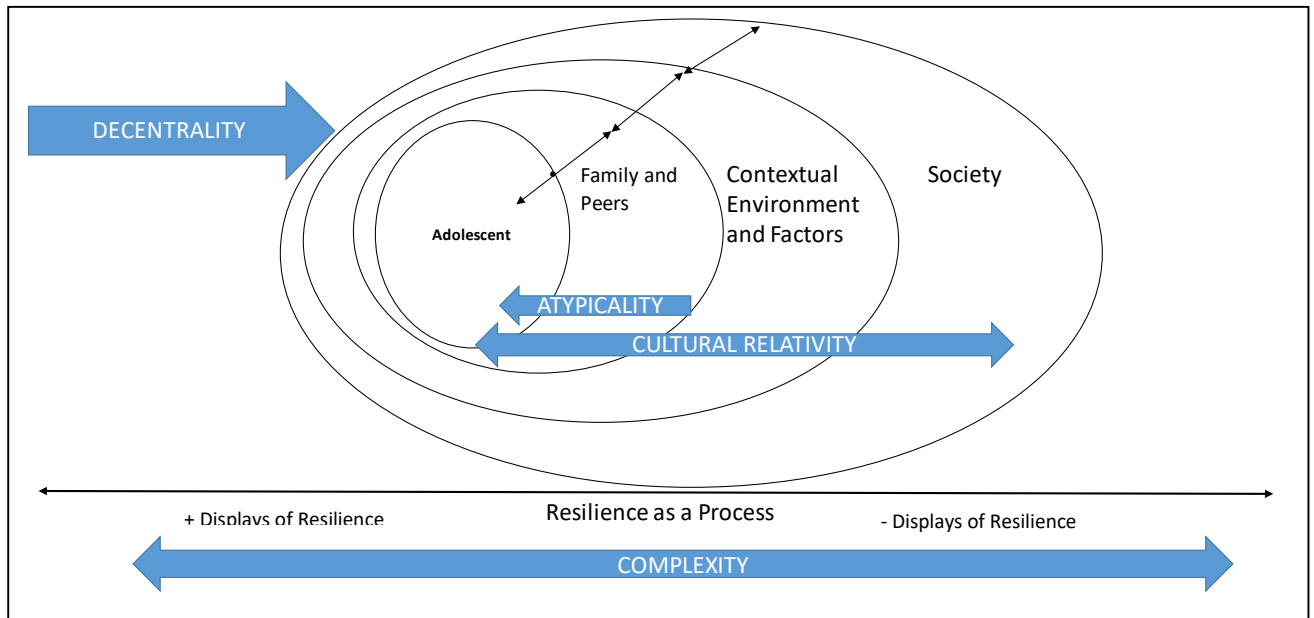


Figure 0.1: Figure representing the social-ecological model of resilience as a theoretical framework.

Decentrality shifts the focus away from the adolescent and places an increased emphasis on how adolescents' environments can promote resilience or not (Ungar, 2011). Through decentralising the adolescent, the basis for resilience does not rely solely on the person nor their environment, but rather upon the interrelated processes and interactions between the two (Ungar, 2011). Through this, the caregivers' perceptions of resilience-promoting strategies are highlighted, as their role of fostering resilience becomes emphasised concerning what exactly the caregivers perceive that they do to be able to support adolescent resilience.

Research on the resilience of South African adolescents living in townships has shown three prominent intrapersonal resources of adolescents, namely; a strong personality, the capacity to problem solve and a future-orientated attitude which is based upon an adolescent's capacity for agency, determination and perseverance (Mampane, 2014; Pretorius & Theron, 2019). Based on the principle of decentrality, resilience should not be defined by the adolescents having these traits. Instead, it should be understood as

to how the adolescents' environment and caregivers can provide them with opportunities to deal with adversities and display these traits (Pretorius & Theron, 2019; Ungar, 2011a; Ungar et al., 2012).

The second principle is the principle of *complexity*. This principle explains that classifying an adolescent as resilient or not is too simplistic (Ungar, 2011). Instead, as adolescents grow up and move between different environments, factors change within those ecologies (Ungar, 2011). These changes result in prosocial traits to respond to and change depending on the versatile environmental factors. Therefore, when exploring the perceptions of what the caregivers perceive as supporting adolescent resilience, it cannot be expected that the adolescent should be, or display resilience in all areas of their lives all the time. Instead, their expression of resilience will depend on the circumstance and environmental factors that they are required to navigate (Masten & Powell, 2003). This principle highlights how resilience can be understood as a dynamic process that draws on factors within one's environment and the caregivers' perceived supportive caregiving strategies.

Atypicality is the third principle discussed in the theoretical framework. This principle explains that strategies and behaviours of resilience may seem non-normative to an outsider looking into an environment that is different from their own, but nonetheless are necessary and functional adaptive strategies suited to the adolescents' specific environmental needs (Ungar, 2011).

Cultural relativity is the fourth principle. Despite resilience being a well-known concept, it may be understood differently in each culture or context (Zarei & Kamali, 2015). It emphasises how one adapts to adversities, is both influenced by culture and time (Ungar, 2011). Research has thus shown that the better aligned an individual's behaviour to their culturally prescribed norms and perceptions of resilience, the more resilient they will be assumed to be (Ungar, 2011). Based on this, resilience becomes dependant on both culture and context (Ungar, 2011).

Due to the emphasis being placed on the environment within the theoretical framework, its principles align with the study's assumptions. Therefore, the strategies identified should be understood within the context in which they exist (Ungar, Ghazinour, & Richter, 2013).

1.7 Research Questions

1.7.1 Primary Research Question

What strategies do caregivers from low socioeconomic backgrounds use to support the resilience of adolescents in their care?

1.7.2 Secondary Research Questions

1.7.2.1 How can caregivers from a low socioeconomic background support the resilience of the adolescents in their care?

1.7.2.2 How do caregivers foster resilience within the adolescents they care for within a low socio-economic, challenging environment?

1.8 Aims and Objectives

The main aim of this research was to be able to identify the strategies that caregivers use to foster and support the resilience of the adolescents whom which they care for, despite the risk factors that a low socioeconomic status and environment can pose.

The related objective of identifying such strategies was to gain a comprehensive understanding of how the caregivers are able to foster resilience within a low socioeconomic status. Through this, further insight was aimed to be created to be able to inform Educational Psychology practice, potential workshops, preventative training and intervention programmes. In doing so, a practical understanding of resilience promoting factors could ideally have been established.

1.9 Clarification of Key Concepts

The following are the key concepts that guided this study.

1.9.1 Strategies

Strategies refer to the protective processes that might be in place that foster resilience in adolescents across cultures and contexts (Cameron, Ungar & Liebnerberg, 2007). Walsh's (2016) work on family resilience further explains that these processes can include actions and behaviours of significant adults in adolescents' lives through protective parenting practices (Theron & Theron, 2010). Ungar (2016) expands on this and explains that support from prosocial adults is essential for adolescents to navigate through adverse circumstances successfully. For this study, strategies were conceptualised as the perceived practical and protective techniques that the primary

caregiver uses to bring up the adolescents in their care, which enables them to act resiliently in challenging circumstances.

1.9.2 Caregivers

Caregivers can be broadly defined as adults in children's lives (Parchment et al., 2016). More specific to the context of this research, Ungar (2016) describes caregivers to include parents and all forms of biological and non-biological caregivers. Theron (2017) explains that extended family members, and not only parents, are crucial to youth resilience. Theron and Theron (2010) explain that The South African Children's Act (No. 38 of 2005) emphasises the responsibility of adults in protecting the youth from adversities. Based on this, within the study, caregivers were defined as any biological adult relative who took on the role of primary caregiver towards the adolescent/adolescents in their care.

1.9.3 Low Socioeconomic status

Bradley and Corwyn (2002) define socioeconomic status as representing an individual or family's income, education, and occupation. Building upon this definition, low socioeconomic status has been defined as unequal access or a lack of access to education, health care, and employment opportunities; all of which contribute to disadvantage and psychosocial stress placed upon an individual or family (Hallman, 2004). South Africa unfortunately, has these characteristics due to it being an unequal society (Ebersöhn, 2016). This unequal society results in many South Africans having less access to protective resources, due to contextual constraints, with few services and goods available (Ebersöhn, 2007). The definition of low socioeconomic status in this study drew on this resource-constrained understanding (Ebersöhn, 2017), and was conceptualised as the lack of or low level of education, income and employment of the caregiver

Ungar (2008) describes resilience as a collection of characteristics individuals display when they still develop into well-adjusted prosocial adults despite being born and raised in a difficult and challenging environment. More specifically, resilience refers to an individual's ability, despite experiencing adversity, to adapt positively to the circumstances, learn from the adversity, and grow more strengthened through the negative experience (Masten & Monn, 2015). Resilience within this study was conceptualised as a process. As previously mentioned, this conceptualisation views resilience as a result of dynamic processes of prosocial individual traits, interacting

with, and being negotiated by adolescents' social and physical ecology (Ungar, 2011a). Resilience is thus believed to result from a combination of personal traits and environmental supports (such as caregiving practices) (Ungar, 2011a).

Within this study, resilience referred to the adolescents' ability to succeed and not give in to the negative influences within their environment despite the adversities from living with a low socioeconomic status. The conceptualisation also included the adolescent exhibiting specific strengths due to the protective factors provided by their caregivers.

1.9.4 Adolescents

Adolescents refer to individuals going through the critical developmental years between the onset of puberty and the establishment of social independence (Curtis, 2015). The most commonly understood age range of adolescence is individuals between the ages of 12 and 18 (Curtis, 2015). Erickson (as cited in Forrester & Sullivan, 2018) explained adolescence as a transitional stage—characterised as a period of adjustment, in leaving childhood and preparing for adulthood. In this regard, it can be the most important period of establishing one's identity (Lerner & Steinberg, 2009). Within this study, adolescents were understood as individuals between the ages of 13 to 17 currently enrolled in and attending high school.

1.10 Research Methodology

The following table outlines and provides an overview of the methodologies used to carry out the research study.

Table 0.1: Methodologies used in the research study

i. Epistemological paradigm	Constructivism
ii. Methodological approach	Qualitative
iii. Research design	Single descriptive case study
iv. Sampling	N=11 through using non-probability purposive sampling.
v. Data generation strategy	Focus groups interviews, observations and a reflective journal
vi. Data analysis strategy	Inductive thematic analysis

1.11 Ethical Considerations

Before the research process began, ethical clearance was obtained from the University of Pretoria's ethics committee. Obtaining ethical clearance ensured that the research carried out was done in a morally responsible manner (Forrester & Sullivan, 2018). In doing so, the participants' welfare was protected, which is the primary aim of research ethics (Leach, Stevens, Lindsay, Ferrero & Korkut, 2012). Research ethics guidance is outlined within the Code of Human Research Ethics (Forrester & Sullivan, 2018), which was used in conjunction with the ethical code of the Health Professions Council of South Africa (HPCSA) (Relf, Laverriere, Devlin & Salerno, 2009). The ethical considerations for the research included: informed consent, confidentiality and anonymity, the right to withdraw, assessing risk and harm, debriefing and acknowledging the limitations to the researchers' role, honesty and integrity (Forrester & Sullivan, 2018).

These considerations will be further discussed in Chapter 3.

1.12 Foreseen Challenges

“The main language spoken in the Tshwane municipality is Sotho; local languages also spoken are Pedi, Afrikaans, Tswana, Tsonga, Zulu and English” (Blokland, 2014 p.179). This proved to be challenging as, at some points, there was a language barrier between myself and the caregivers.

Furthermore, the research site was a drop-in centre, which means that the caregivers were not constantly there. Due to five caregivers being in each focus group, it proved challenging to provide a convenient time for everyone to be present.

1.13 Possible Contributions

The available literature indicates the importance of adult involvement, parental availability, and support for adolescents to moderate hostile environments' impacts and act resiliently (Choe et al., 2012; Masten, 2004; Theron, 2017; Ungar, 2004b). Despite this, gaps in the research still exist on the exact strategies these caregivers use to support and foster resilience within their adolescent children (Theron & van Rensburg, 2018).

The findings could provide both a South African theoretical and empirical understanding of these strategies, which could potentially be used to inform

interventions to minimise the impact of the harmful contexts facing adolescents growing up in low socio-economic environments.

2 CHAPTER TWO- LITERATURE REVIEW

2.1 Introduction

The purpose of this study is to develop an understanding of the strategies that caregivers from a low socioeconomic status utilise, in order to foster resilience for the adolescents whom which they care for. To achieve this purpose, the associated theoretical topics and concepts, key terms and literature was required to be reviewed. Through this, I was able to develop a comprehensive understanding of the background and context in which this research study is situated. This chapter will focus on the available literature within this research topic. A large amount of research exists regarding resilience and adolescence, but there is a distinct gap in the literature regarding caregivers' perceptions of resilience in adolescence. Therefore, this literature review intended to provide an overview of the existing literature on adolescent development, caregiving and resilience within a low socioeconomic context. As a whole, the literature review aimed to lay the foundation for how the different perceptions of caregivers' strategies to promote resilience could be identified.

2.2 The South African Context

South Africa has been a democratic state for the better half of two decades since the end of Apartheid and has seen a vast amount of social and political change (Keswell, 2004). Although Apartheid ended, its effects can still be felt. South Africa is still known to be one of the most unequal societies in the world (Ebersöhn, 2014). Recent estimates by the World Bank and Statistics South Africa (StatsSA) showed that, despite South Africa being an upper-middle-income country, over half of the general population live below the national poverty line (Probst, Parry, Wittchen & Rehm, 2018; StatsSA, 2019). Statistics SA (2019) indicated that the lower bound poverty line, which refers to the very minimum a person needs to survive was R 512 per month, while the upper bound poverty line, referring to both essential food and non-food household necessities, was R1 227 per month. This indicates that the majority of South Africans cannot afford the basic day to day means to survive. Due to the history of colonialism and apartheid, South Africa's socioeconomic differences are now heavily intertwined with race (Probst et al., 2018). One of the most far-reaching effects of apartheid is the extreme economic inequality between race groups in South Africa and has resulted in many South Africans living with a low socioeconomic status (Keswell, 2004). This can

be seen through recent statistics released by StatsSA (2019), which highlighted the racialised inequality within the South African labour market, where black Africans earn the lowest when employed (R6 899 per month), which is three times lower than white Africans.

Furthermore, female employees earn approximately 30% less on average than male workers and are less likely to have better-paying types of jobs compared to men (StatsSA, 2019)

As a result, South Africa possesses many of the contextual challenges that come with a developing country and emerging economy in transition (Ebersöhn, 2014). South African society is therefore subjected to poverty, unemployment, economically inactive individuals, as well as social stressors such as crime, violence, health issues, a lack of resources, as well as infrastructure in schools and work settings (Ebersöhn, 2014, 2017; Probst et al., 2018). Thus, it may be assumed that environments most likely to impose adversity are those of a low socioeconomic context due to the burdens that accompany the status (Hallman, 2004). According to socio-ecological theory, the negative impact of economic adversity on both family functioning and the individual is widely accepted to lead to negative psychological and health outcomes (Botha, Booysen & Wouters, 2018). Due to living in such environments and South Africa's racially based disadvantages from the colonial period, many black teenagers live with chronic psychosocial challenges (Mampane, 2012).

Therefore, many South Africans live within high-risk environments due to their low socioeconomic status. These high-risk environments can be a reason for concern as research findings have suggested that key factors that define a higher socioeconomic status have been associated with greater resilience levels (Dale, Cohen, Kelso, Weber, Watson, Burke-Miller & Brody, 2014). However, these findings are inconclusive, as a large amount of available literature contradicts this and suggests that there is no relationship between the two (Bradley & Corwyn, 2002). Thus, it has been suggested that individuals who have become accustomed to living with a low socioeconomic status possess certain capabilities that enable them to adjust positively and adapt to the challenges associated with having a low socioeconomic status (Chen, Strunk, Trethewey, Schreier, Maharaj & Miller, 2011).

2.3 Adolescence as a Developmental Stage

The literature shows that most researchers have construed adolescence into three developmental periods, involving early adolescence (10–13), middle adolescence (14–17), and late adolescence (18 until the early twenties) (Steinberg & Morris, 2001). Interestingly, it has been stated that adolescence begins through physiology due to the transition into adolescence being marked by dramatic physiological changes in the young individuals' body and ends in culture due to the transition to adulthood being less clearly defined (Smetana, Campione-Barr & Metzgerl, 2006).

No matter the culture, adolescence is a transitional developmental stage in which the adolescent is searching for identity within the social settings in which they exist (Rawat & Gulati, 2019). These include the home environment, school, and broader society (Rawat & Gulati, 2019). Thus, it is a time of many changes in biological, social, emotional, and cognitive processes that ultimately enable them to attain adult roles and responsibilities (Vijayakumar, Op de Macks, Shirtcliff & Pfeifer, 2018).

Of the many contexts in which adolescents develop, a large proportion of the available literature focusses on the family context (Steinberg & Morris, 2001). Adolescence is a challenging period of development, entailing moodiness, stress and active defiance towards parents (Smetana et al., 2006). Furthermore, according to Masten “a number of disorders and symptoms of psychopathology, including depression, self-injurious behaviour, substance abuse, eating disorders, bipolar disorder, and schizophrenia, have striking developmental patterns corresponding to transitions in early and late adolescence” (Masten, 2004). Yet, a markedly large amount of evidence shows that this is, in fact, not the norm, and only a small proportion of adolescents experience conflicted relationships with their parents (Collins & Laursen, 2004).

However, it is important to acknowledge that the relationship between the adolescent-parent and/or caregiver does go through significant transformations during adolescence (Steinberg & Morris, 2001). These transformations may be because an increased amount of the adolescents' time is spent on interactions with their peer groups and outside of the family. These extra familial relationships serve many of the same functions that were exclusive to familial relationships during childhood (Collins & Laursen, 2004). As a result, parents report perceiving adolescence as the most challenging and difficult childrearing stage (Smetana et al., 2006).

This difficult period can understandably cause a strain on the relationship between the adolescent and their parent and/or caregiver. We have to question what the caregivers do within this relationship during such a challenging time that fosters resilience and not the aforementioned psychopathologies/or strained parent-child relationships.

2.3.1 Caregivers

Due to family resilience being a core aspect to promoting individual resilience, it may be assumed that parents and their children's interactions are imperative in fostering resilience. Therefore, resilience can be promoted by positive experiences, such as a home environment that provides positive parent-child interactions (Swanson, Valiente, Lemery-Chalfant & O'Brien, 2011).

Of extreme relevance to this study is caregiving. The positive influence of supportive bonds has stood out across studies of individual resilience. Worldwide, studies of children facing adversity have found the most significant influence to be a close, caring relationship with an important adult. This adult believed in them, and they could identify with the adult, who acted as an advocate for them, and from whom they could gather strength to overcome their hardships (Walsh, 2015). Furthermore, research also shows that children learn valuable skills through interactions with their caregivers that are necessary for maintaining their well-being at home and in their communities (Ungar, 2008). Therefore, the available literature indicates the importance of adult involvement, parental availability, and support for adolescents to moderate the impacts of hostile environments and act resiliently (Choe et al 2012).

2.3.2 Caregiving

Supportive parenting involves parenting characterised by efforts to reinforce their children's positive behaviours, providing a safe, engaging, positive learning environment, structured rules and developmentally appropriate independence with realistic expectations (Swanson et al., 2011). Ungar (2016) explains that parental support and communication about crises and disruptions to well-being are imperative to mediate their children's adaption to the crisis by influencing the meaning that they make of the experience. This viewpoint relates to Walsh's (2016) belief system, organisational patterns and communication and problem-solving dimensions, and family resilience principles.

In addition to supportive parenting, multiple studies have demonstrated authoritative parenting's effectiveness (Masten & Monn, 2015). Such a parenting technique has been intertwined with desirable outcomes in children (Masten & Monn, 2015). The construct of authoritative parenting describes competent parenting in terms of high warmth, effective structure or discipline, and high expectations (Masten & Monn, 2015).

Studies of parent-child interactions with the authoritative approach have shown, that when parents relate to their children more as peers than authority figures, positive and developmentally appropriate growth can occur in their relationships (Ungar, 2004b). These less authoritative interactions serve to engage children with adults and provide a way for parents to teach children how to relate to others without necessarily threatening parents' capacity to supervise their children effectively (Ungar, 2004b).

In a study of peer influences and drug use among urban adolescents, Farrell and White (1998) found that poor parenting practices, high levels of conflict in the family and a low degree of bonding between children and parents appear to increase the risk of problem behaviour. Furthermore, poor parent-child relationships have been found to increase adolescents' likelihood of affiliating with deviant peers (Farrell & White, 1998). On the other hand, a parent's presence appears to offer a positive influence that shields the adolescent from engaging in risky behaviours as the parents act as a powerful role model (Sanders et al., 2015).

There are differing perspectives on the most appropriate childrearing approaches and practices. Despite this, there seems to be a consensus in the research regarding the need for an overall home environment that provides care and discipline, opportunities for children to feel in control of their lives, and to be protected against exposure to the risks confronting them. This environment allows the youth to learn valuable skills through interactions with their caregivers necessary for maintaining their well-being at home and in their communities (Ungar, 2004b). Based on this, there is growing evidence that suggests that adolescents receive the monitoring, socialisation, and guidance from caregivers that they need to grow up healthy and well-adjusted adults (van Breda & Theron, 2018).

Parents who exhibit these traits and behaviours may therefore promote resilience and positive coping methods by creating a supportive environment wherein children can

learn about stressors and how to manage them, and by acting to protect and foster physiological and social adaptation systems (Swanson et al., 2011).

2.3.3 Caregiving within a South African context

However, within a South African context, biological parents are not always available to provide the support needed to serve as a protective factor. A study conducted by Ungar (2016) in Kwa-Zulu Natal, South Africa, showed that most children within the study only lived with their mother or other household members due to AIDS related deaths or the economic decline, forcing family members away from home to search for employment. Furthermore, in adolescence, one becomes increasingly involved in the larger society outside the family. Subsequently, an absence of caregivers would infer that no one is available to act as a support system, forcing the adolescents to choose peers and other community members to fulfil this function (Ungar, 2004b).

A study conducted by Werner and Smith (2001) yielded results that showed that all the resilient children in the study had at least one person in their lives who they felt supported and nurtured by, reinforcing their self-worth. This finding highlights that the biological parent is not always imperative for resilience, but at least one caregiver is required. This finding applies to this research for two reasons. Firstly, within this study, caregivers are understood to be any biological relative that an adolescent is under the care of, not necessarily the parent. Secondly, elements of support, warmth, and nurture may be important aspects of the caregivers' strategies and should be considered during the data collection and analysis phase.

Thus, while high-risk adolescents within South Africa may not have access to the same type of parenting or caregiving as those from higher socioeconomic environments, they still have much to gain from contact with caregivers. They appear to make the most of what they do have access to and from what their relationships with their caregivers have to offer (Ungar, 2004b).

2.4 Resilience

2.4.1 Understanding the construct resilience

Due to structural disparities and the risk factors within low socioeconomic status environments, growing up in adverse conditions can come with many challenges as the youth move into adolescence and adulthood (Brody, Yu, Miller & Chen, 2016). These challenges include heightened risks for academic failure, social difficulties,

conduct problems, and various forms of psychopathology (Mampane, 2012; Shiner & Masten, 2012). Despite these challenges, South African families and the youth have exuded resilience and have been able to thrive in the face of adversity (Botha et al., 2018; Bradley & Corwyn, 2002). Resilience, therefore, can assist these young people in navigating through these challenges towards independent living, particularly as they transition out of adolescence and into young adulthood (van Breda, 2017). For decades, the concept of resilience has been conceptualised and studied at both the individual and the family level (Masten & Monn, 2015). Broadly, resilience has been defined as positive adaption in the face of adversity, or in layman's terms, the ability to "bounce back" (Theron, Theron & Malindi, 2013; van Breda, 2017).

For this research, however, a more complex and detailed understanding was required. A vast amount of literature exists on resilience, and a clear debate arises regarding whether resilience is an outcome or a process (van Breda, 2017). Resilience as an outcome is viewed as an individual's ability or innate trait of expressing hardiness and well-being despite adversities and challenges (van Breda, 2017). Resilience can be displayed through individuals interacting with and drawing upon protective resources in different ways within a context of adversity (van Breda, 2017). Ungar (2004a) distinguishes the two perspectives by explaining that resilience can either refer to an individual at risk experiencing well-being (an outcome) or to the characteristics and mechanisms that enable a person to experience a state of well-being (a process).

This study used an understanding of resilience as a process. Ungar (2016) explained that the ecologies and contexts that children grow up in matter and are essential to consider when predicting developmental outcomes. This statement has been proven within the South African context. It has been demonstrated that social support, family factors and close relationships with prosocial adults are related to resilience and reduce the negative effects of the exposure to risk factors for the South African youth (Choe et al., 2012).

Research has suggested that for an individual to be described as resilient, two criteria are essential. Firstly, a context of adversity must be identifiable—these identifiable adversities can include psychosocial threats, traumatic experiences or a biological risk (Theron et al., 2013). Secondly, the individual should be able to adjust to whichever adverse contexts they may be faced with (Theron et al., 2013).

Resilience is thus the capacity for one to navigate health-sustaining resources and opportunities to experience feelings of well-being within the context of significant adversity (Masten & Monn, 2015). According to this definition, resilience is associated with the processes of positive and adaptive human development and functioning that enhance an individual's experience of well-being despite being challenged with significant adversity (Ungar, Ghazinour & Richter, 2012). This conceptualisation of resilience underpins the notion that an individual's environment influences resilience and the interaction between individuals and their social ecologies will determine the degree of positive outcomes experienced (Ungar, 2008). Therefore, resilience demonstrated by adolescents is not solely due to their intrinsic characteristics; but also accredited to supportive contextual and normative factors that promote healthy and positive development (Mampane, 2012).

Identifying the protective environments and resources of an individual then depends on interactions between the abilities of the individual, the contexts in which they live, and the opportunities afforded to them (Cameron, Theron, Ungar & Liebenberg, 2007). Therefore, resilience is supported by an environmental, social and psychological process that can act as the roots of resilience (Cameron et al., 2007). Furthermore, many research studies have shown that resilience processes can be located at the individual, family and community levels (van Breda, 2017; Walsh, 2016).

2.4.2 Significance of resilience in adolescents

Adolescence is a critical period in life for achieving human potential (Patton, Sawyer, Santelli, Ross, Afifi, Allen, Arora, Azzopardi, Baldwin & Bonell, 2016). It is characterised by dynamic brain development in which the interaction with the social environment shapes the capabilities an individual takes forward into adult life (Patton et al., 2016). Adolescence is, therefore, understood as a time of change (Steinberg, 2007). These changes, coupled with challenging contextual South African realities, can make the development of a well-adjusted and resilient adolescent extremely difficult. In South Africa, adolescents account for a third of the population, and multiple risks within their ecologies put their health and well-being at risk (Theron, 2018). These risks are a reason for concern as during this phase; an individual acquires the physical, cognitive, emotional, social, and economic resources that are the foundation for later life health and wellbeing (Patton et al., 2016). If there is a lack of such resources, or if these resources prove to be adverse, there may be a negative impact on adolescents'

well-being. Due to this, adolescent health and well-being must become imperative, as multiple risks threaten this growing group of adolescents (Theron, 2018). For example, many sub-Saharan adolescents live in areas stricken by poverty, have limited access to quality education, are exposed to multiple forms of violence, and/or are infected or affected by communicable diseases such as HIV/Aids (UNICEF, 2011). Adolescents exposed to such risks are also more likely to live in physically degraded and degrading environments such as townships, in which they are exposed to many challenges emanating from existing social, political and economic adversities, compounding these risk factors (Mampane, 2014; UNICEF, 2011). Such factors were important to remain cognisant of during this research, as the participants resided in the Mamelodi township that possesses many characteristics.

Wider research into resilience, however, depicts that many adolescents can overcome seemingly devastating risks and develop successfully into competent adults (Mampane, 2014). Adolescents have thus been shown to be resilient, “bouncing back”, expressing an ability to cope and recover from hardship by drawing upon both intrapersonal and interpersonal skills and strengths (Masten & Monn, 2015). Theron and Malindi (2010) explain that adolescents' ability to continue to behave in developmentally appropriate ways and be resilient, despite difficult realities, is due to them working together with their families, peers, schools and communities to make the most of their current situations.

A significant amount of research has been conducted on this phenomenon within South Africa. Examples of such research are two reviews conducted within 2010 (Theron & Theron, 2010) and, more recently, in 2018 (van Breda & Theron, 2018). A review of South African child and adolescent resilience studies published between 1990 and 2008 comprises 23 studies (Theron & Theron, 2010). Following this review, a subsequent review of the same topic of studies published between 2009 and 2017, comprised of 61 studies (Van Breda & Theron, 2018).

One such study was conducted by Ungar, Ghazinour & Richter (2012), researched adolescents in 11 different countries, one being South Africa, and found that seven interrelated aspects of an adolescent's environment work together, leading to resilience whatever the culture or country of origin. These factors include, relationships, a powerful identity, power and control, social justice, access to material

resources, a sense of cohesion, belonging and spirituality, and cultural adherence (Ungar et al., 2012).

Furthermore, an adolescent's typical behaviour patterns, thinking and feeling are likely to be another source of resilience as they navigate their way into adulthood (Ungar et al., 2007). The basic structure observed in adolescents, children and adults is a five-factor structure known as The Big Five personality traits. These include emotional stability, extraversion, openness, agreeableness and conscientiousness (Ungar et al., 2012).

2.4.3 Family resilience

Patterson et al. (2018) explain that family resilience, just like individual resilience, is not a trait but rather a process. In acknowledging resilience as a process, it is important to understand the different protective factors that an adolescent engages in within the family context to act resiliently. Due to this research focusing on what the caregivers do to buffer this process, it is necessary to recognise the concept of family resilience. Walsh (2012) explains that resilient families and communities are needed to support resilience in adolescence. Within the research field of resilience, the family is consequently viewed as an adaptive system (Masten & Monn, 2015).

The family has always been perceived as a system providing love, security and protection to all who live in it (Raniga & Mthembu, 2017). Therefore, family resilience is understood to be the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion (Black & Lobo, 2008). Pioneers in the field recognised early on how the family functions and the standard of caregiving within a household play a central role in high-risk children's resilience (Masten & Monn, 2015). Consequently, in the face of hardship, in addition to the family members expected protection of their children from any perceived risks, families also foster a range of resilience competencies that build a repertoire of skills enabling their children to deal with hardship positively (Masten & Monn, 2015) .

The family resilience approach draws on this and views the family as one of the prime systems that can increase the vulnerability or the protection of individuals (Henry et al., 2015). Coinciding with the conceptualisation of resilience as a process, the focus of family resilience emphasises the crucial influence of positive relationships with

family, kin, and mentors on such relationship outcomes (Black & Lobo, 2008). This focus is vital as it emphasises the value of this research study.

Walsh's Family Resilience Framework identifies the critical dimensions and processes that buffer resilience. These dimensions and processes include belief systems, organisational patterns, communication, and problem-solving (Walsh, 2012). These processes are important to consider when understanding the sources or foundations that underpin the protective strategies that the caregivers use. Ungar (2016), has since defined family resilience within a socio-ecological lens as a complex and dynamic process of interaction between families and other systems within challenging environments that facilitate a family's capacity to cope with adversity over time. Instead of breaking under these challenges, family resilience leads to the family emerging strengthened and more resourceful. This definition of resilience has added complexity to Walsh's (2012) ground-breaking work on the interfamilial patterns of behaviour that contribute to resilient families and has further emphasised that the family is a vital context for nurturing and reinforcing resilience.

These core transactional processes are mutually interactive with the traits of the resilient personality. Within a South African context, however, these core processes may differ due to the multi-cultural society. Thus, these processes may be expressed in varied ways as they would be related to cultural norms and family preferences. Families, therefore, forge varying pathways in resilience depending on their resources, challenges, values and aims (Ungar, 2016).

2.5 Factors Threatening Individuals

2.5.1 Socioeconomic status

Low socioeconomic status has been known to affect relationship dynamics significantly, specifically within the parent-adolescent dyad (Rawatlal, Pillay & Kliever, 2015). It is, therefore, an important factor to investigate when identifying the processes that support resilience within a low socioeconomic context. Additionally, South African society possess a multitude of negative economic circumstances arising from over-population and unplanned urbanisation, which contribute to unemployment and aggravated poverty (Prinsloo, 2007). These poor economic circumstances intensify problems outlined in the White Paper on Families (2012), such as disintegrated

families, single parenthood and child-headed households, which cause increased stress and greater poverty (Prinsloo, 2007).

Within South Africa, unemployment rates remain high and low earning persists, thereby maintaining low standards of living causing poorer households. This impacts the youth's psychological, emotional, cognitive, and physical development (Botha et al., 2018). According to new data released by Statistics SA (2019), poverty is on the rise in South Africa. In general, children and adolescents, black Africans, females, people from rural areas, and those with little or no education are the main victims in the ongoing struggle against poverty. Theron and Theron (2013) report that the 48% of families living in poverty are mostly Black South African families who survive on less than R800 per month. Therefore, many of the people most vulnerable to the effects of poverty and deprivation live in informal settlements in Africa (Raniga & Mthembu, 2017), such as in the Mamelodi township—the research site of this study.

Such statistics are concerning as there is substantial evidence that demonstrates a link between low socioeconomic status and a negative impact on both family functioning and the relations between parents and children, which result in adverse outcomes in adolescence (Rawatlal et al., 2015). These negative outcomes manifest in the development of psychological challenges such as stress, depression, and physiologically in the form of physical illness and problematic behaviours (Patterson et al., 2018). From a socio-ecological perspective, low socioeconomic status also impacts adolescents' well-being through the inability of their family to access financial capital, which limits their access to non-material resources such as education, skills, and knowledge as social capital (Rawatlal et al., 2015).

A family's ability to be resilient in the face of risk is therefore related to their internal processes and the risks or opportunities in the social systems in their ecological context (Patterson, 2002). Owing to this, whilst it can be acknowledged that the family is a source of the protective factors needed to face and overcome adversity (Walsh, 2016), this is not always the case. Due to the structural disparity and a large number of risk factors facing South Africans living within a low socioeconomic context, families, especially those living in poverty and crime-ridden, violent neighbourhoods, are subjected to high risks, which can undermine their ability to provide the protective factors (Patterson et al., 2018).

These stressors can hamper the family system's functioning, causing ripple effects to all of its members (Walsh, 2016).

In contexts of high levels of structural and economic disadvantage, such as South Africa, resilience among adolescents becomes increasingly important to protect the children and youth from the negative effects of adversity (van Breda & Theron, 2018).

2.5.2 Social problems

Living in townships and areas characterised by low socioeconomic status and a lack of resources increases the chance of being exposed to crime, violence and gangsterism. The 'White Paper on Families' (South Africa & Department of Education, 2001) explains that crime is an ever-increasing problem in South Africa, daily affecting millions of families negatively. Community violence exposure has been associated with a wide range of consequences, namely substance abuse, depression, anxiety and increased aggression, which have all been documented amongst violence-exposed South African children (Ward, Martin, Theron & Distiller, 2007). Such internalising and externalising problems in adolescence may interfere with the ability to concentrate and impair their school performance (Ward et al., 2007). Both substance abuse and delinquent behaviours may also compromise the youths' development and, in fact, put them at risk for further exposure to violence (Ward et al., 2007). Moreover, in South Africa, black youth are more vulnerable to the above-mentioned risks, largely because of the country's Apartheid history and the contexts in which they live (Theron & Malindi, 2010).

A study conducted by Theron and Malindi (2010) on South African street youths highlighted similar social problems due to their socioeconomic status. These problems included high poverty levels, inadequate housing, reliance on welfare support, a high incidence of HIV and AIDS and sporadic community violence. Their study's findings showed that the youths exhibited access to interpersonal and intrapersonal resources despite the adversities and revealed to be resilient (Theron & Malindi, 2010). This finding highlights that assuming that adolescents cannot cope with such challenges and are destined for negative outcomes is wrong. Instead, the focus should lie on what enables the youth to emerge resourceful and resilient despite the odds stacked against them.

2.5.3 Access to education

Students within rural areas, informal settlements and impoverished townships face the obstacles associated with poverty that prevent them from accessing and receiving quality education (Spren & Vally, 2006). Obstacles such as hunger and lack of access to electricity can be found within their home environments. In addition, the presence of obstacles within the schooling system, implies that simply because a learner is receiving an education or enrolled in school, does not necessarily mean that their right to basic education is being fulfilled (Spren & Vally, 2006). Therefore, it is important to remain cognisant of the quality and relevance of the education a child receives, as this also affects the education they receive, as does the problem of school violence on accessing an education (Spren & Vally, 2006).

Access to quality teaching is also an important factor to consider. Schools in South African rural, township and urban areas differ in many respects depending on their geographical location and differences in teachers' professional backgrounds and educational levels (Prinsloo, 2007). Moreover, resilience research consistently highlights the importance of positive and supportive relationships between learners and their teachers as a key protective factor in the youth's lives (Johnson, 2008).

The Centre for Justice and Crime Prevention conducted The National School Violence Study in 2008. In total, 245 South African schools were included, and the findings indicated that violence in schools relates to violence at home, causing most of the learners to think that violence is the appropriate way of resolving conflict (Mampane & Bower, 2006). Faced with such adversities, one can understand the motive behind so many learners dropping out of school (Spren & Vally, 2006).

In addition to exposure to violence in schools, their demographics and low socioeconomic context cause township schools to experience a scarcity of resources and overcrowded classrooms (Mampane & Bower, 2011). These challenges are of concern as such risk factors are known to impair individuals' competence and resilience. Exposure to chronic stress and adversity and a lack of resources—which are found within township schools, decrease the chances of the learners being able to access protective factors to alleviate the risks, leading to maladjustment (Mampane & Bower, 2006).

2.5.4 Burden of disease

Adolescence is a crucial period of brain development that leads to increased self-regulation (Patton et al., 2016). However, the impulsiveness associated with this phase can lead to risky behaviours that result in impaired cognitive or emotional development, lifelong disability and even death (Davidson et al., 2015). These behaviours and challenging environmental exposures often interact over time, compounding their effects (Ungar et al., 2013).

As a result, various neurological, mental health and substance-use disorders reach a peak during adolescence (Davidson et al., 2015). Statistics have shown that more than 15% of disability-adjusted life years (DALYs) are found within adolescents and young adults (Davidson et al., 2015). Of note, the DALY rates in Africa are 2.5 times higher than that of high-income countries (Davidson et al., 2015). According to Davidson and colleagues, “globally, the primary causes of years lost due to disability for adolescents include neuropsychiatric disorders (45%), unintentional injuries (12%) and infectious diseases (10%). Up to 20% of young adults have a disabling mental illness, and up to 50% of adult mental health disorders experience their onset in adolescence” (Davidson et al., 2015). Furthermore, untreated HIV infection is associated with disabling cognitive impairment, depression and behavioural disorders in adolescence (Davidson et al., 2015).

The impact that mental and physical illness has on family relationships is disruptive and often a source of interpersonal difficulties due to the considerable burden of care (Jonker & Greeff, 2009). Consequently, although family members are sometimes reluctant to take on caregiving, they still often fulfil the primary care-giving role (Jonker & Greeff, 2009). Subsequently, despite illness, characteristics of low education, low income, and a high unemployment rate, South African youth continue to show high resilience levels (Dale et al., 2014).

2.6 Factors Promoting Resilience

Masten (2001) distinguished three types of resiliency outcomes: “(i) positive outcomes despite high-risk environments; (ii) competent functioning in the face of acute or chronic life stresses; and (iii) recovery from trauma.” These classifications have been useful as they suggest that “resilience is more than an absence of pathology and, instead, embraces the strengths, assets and competencies” (Wright & Masten, 2005).

Three main categories of resiliency factors have also been identified, namely, personal characteristics or disposition, family cohesion and warmth, and the availability and use of external support systems (Raniga & Mthembu, 2017)

Masten (2014, p:148 as cited in Theron, 2018) developed a “shortlist” of resilience-enabling factors and/or processes that can fall into those categories. The list includes universally relevant protective factors such as caregiving, connectedness, intelligence and problem-solving skills, self-regulation, agency, mastery, hope and constructive meaning-making, and effective schools and communities.

The shortlisted factors/processes are common to sub-Saharan child and youth resilience studies which coincide with global protective factors/processes (Wright & Masten, 2005). This shortlist reinforces an ecological systems approach to resilience as it alludes to interactions and processes between individual, relational, and contextual factors (Wright & Masten, 2005).

A brief description of each factor will be discussed to understand the resilience promoting protective factors that are likely to be identified within the participants.

2.6.1 Connectedness

The African value of Ubuntu can be drawn upon to understand that despite the adversities that adolescents face, they will have access to some sort of caregiver within their social environments that can serve as a buffer to foster resilience.

Conventionally, African children are brought up to value their connectedness to their social environment (Nsamenang, 2006). This concept has been termed Ubuntu—the African value that epitomises a sense of community and views humanity in terms of collective existence, which serves as the foundation of supportiveness, co-operation, collaboration and solidarity (Mabovula, 2011). This value instilled in African communities can serve to inform why Africans continue to ascribe to the value of connectedness and children get brought up by caregivers who are not always their parents (Ramphela, 2012). This connectedness includes family connections provided through lineage or marriage and connections that transcend formal family ties (Theron, 2018). These may consist of family-like connections to caring peers and adults who facilitate the adolescents’ access to basic resources and experiences of belonging and mattering (Theron, 2018).

Given this situation, it is not surprising that a collective of adults and peers is a common protective factor within the social ecology of South African studies of adolescent resilience (Theron, 2018). As connected beings, African adolescents are a support system and have a support system (Rose, Joe, Shields & Caldwell, 2014). This statement underpins the reciprocal nature of positive caregiver-adolescent interactions (Theron, 2018). For instance, Camfield's (2012) study with Ethiopian adolescents, who were living under conditions of poverty, reported that their relations to supportive others such as cousins, aunts, uncles, and neighbours facilitated resilience and supplemented the resources provided by the immediate family.

Through this, it is evident that to support resilience in adolescence, resilient families and communities are needed (Walsh, 2012b). Therefore, caregivers' capability to protect their adolescent family members and facilitate their resilience is an important factor in allowing for adaptive responses in adverse contexts such as those characterised by a low socioeconomic status (Masten & Monn, 2015).

2.6.2 Intelligence as a protective factor

Higher intelligence implies better analytical, creative, and practical problem-solving abilities. Furthermore, intelligent people are known to be more knowledgeable, are expected to have better self-help and coping skills when faced with stress (Friborg, Barlaug, Martinussen, Rosenvinge, Hjemdal, 2005). Several longitudinal studies have supported this link and found that childhood intelligence is a protective factor against later maladjustment (Radke-Yarrow & Sherman, 1990; Egeland et al., 1993; Luthar et al., 2003, as cited in Friborg et al., 2005).

Different adverse events in one's life can strain individuals' ability to cope and often cause clinical distress that manifests in symptoms of depression, anxiety, and stress (Armstrong et al., 2011). As a result, in addition to cognitive intelligence, emotional intelligence has also become a factor that facilitates resilience (Friborg et al., 2005). Therefore, emotional intelligence can also be understood to be directly related to resilience as emotionally intelligent behaviour is adaptive in stressful circumstances (Armstrong et al., 2011). In a study researching the relationship between emotional intelligence and psychological resilience to negative life events (Armstrong et al., 2011), the relationship between emotional intelligence and distress was negatively

associated with distressful events, as most participants with higher levels of emotional intelligence reported fewer stressful events (Armstrong et al., 2011).

2.6.3 Problem-solving skills

Problem-solving skills include the ability of an individual to plan and to be resourceful in seeking help from others and to think critically, creatively, and reflectively (Jaffee & D’Zurilla, 2003). Problem-solving has further been defined as the cognitive-affective-behavioural process that enables people to identify, discover, or create effective and adaptive coping responses for specific problematic events (Erozkan, 2013). Based on this, being proficient at problem-solving can have an important influence on success in life. Regarding resilience, problem-solving skills refer to using personal and social capital to find a solution to whatever is threatening (Theron & Malindi, 2010).

2.6.4 Self-regulation

Self-regulation can be understood as an individual's ability to control their attention, emotions, and behaviour (Alvord & Grados, 2005). Therefore, self-regulation has been identified as a protective factor in resilience, as the ability to self-regulate seems to be at the core of good interpersonal relationships, peer relationships, and a host of other areas fundamental to successful adaptation and functioning (Alvord & Grados, 2005)

2.6.5 Sense of agency and control over one’s environment

A key feature of adolescence is growing autonomy (Sanders et al., 2015). Agency refers to the youth's role in taking control over shaping their destinies (van Breda, 2017). Agency is about the power they hold at a micro level to exercise authority over themselves and influence their social environments. In South Africa, however, there are many structural forces such as poverty, lack of quality education, and unemployment that constrain young people's opportunities (van Breda, 2017). In such cases, the agency that one does have over such influences can be drawn upon by utilising the assets and resources that they do have available to them; this has been termed asset focused resilience (Ebersöhn, 2008). Asset focused resilience suggests that by focussing on protective factors and strengths during times of adversity, a state of well-being can be reached despite the obstacles imposed on an individual (Dale et al., 2014). Agentic thinking, therefore, reflects the cognitive momentum that translates into a “can do” attitude relating to people’s confidence in their abilities to conquer valued goals, despite obstacles (Snyder et al., 2002).

2.6.6 Experiences of mastery over one's life goals and challenges

Mastery is a cognitive component of resilience, as it reflects a solid self-reliant belief and internal locus of control in one's capacity to influence the environment and bring about desired outcomes (Burns et al., 2011). Mastery would therefore be the ability of an individual to steer themselves in a goal-directed manner and experience success (Theron et al., 2013). Psychological well-being is an important factor underlying resilience as it relates to a network of favourable attitudes and behaviours of oneself (Armstrong et al., 2011). Considerable evidence links increased mastery to better psychological and physical health outcomes and lower mortality risk.

2.6.7 Hope for the future and a positive outlook

Hope is defined as “the process of thinking about one's goals, along with the motivation to move toward those goals (agency), and the ways to achieve those goals (pathways)” (Snyder, 1995, p.355 as cited in Snyder et al., 2002). As such, according to Snyder and colleagues, “hope is a dynamic cognitive, motivational system that correlates positively with self-esteem, perceived problem solving capabilities, perceptions of control, optimism, positive affectivity, and positive outcome expectancies” (Snyder et al., 2002). Therefore, higher levels of hope can be associated with positive outcomes, higher well-beings and a greater ability to cope with stress.

Related to hope, is a positive outlook. There is an abundance of research that highlights the importance of a positive outlook for resilience. The benefits of a positive outlook for resilience is well known through Walsh's work on family resilience, in which a positive outlook falls under the key dimension of family belief systems (Walsh, 2015). A positive outlook can be understood to be related to the concept of hope. It is, however, not about being overly optimistic about a difficult situation but instead having hope that the adversity will resolve or that positivity can come from it. A positive outlook is fostered through the support and encouragement of others, that fosters agency and efforts to persevere (Walsh, 2020).

2.6.8 Constructive meaning making

According to Theron and Theron (2014), “explanations of meaning-making generally prioritise intrapersonal processes. Although making meaning is an intrapersonal process, it is also strongly influenced by person-context interactions and cultural

positioning” (Theron & Theron, 2014). explain Southwick et al. (2011) explain that meaning-making can be understood as one’s ability to find meaning in even the most stressful and adverse events. The process of meaning-making clearly has strong intrapersonal features. It also has social or interpersonal aspects; thus, constructive meaning-making is a product of both intrapersonal processes and socio-cultural contexts (Theron & Theron, 2014).

2.6.9 Effective schools

Despite the challenges faced in schools, schools can also be a source of protection amongst high-risk youth and have the capability of strengthening resilience (Brooks, 2006). The right school environment can foster a range of resilience promoting and adjustment capabilities in their learners (Gilligan, 2000). A sense of belonging to school can enhance academic performance, motivation and emotional well-being, serving to protect against behaviours risky to health (Ungar et al., 2007). Success at school in the academic, sporting or social domains may support recovery from adversity and therefore foster mastery and resilience (Gilligan, 2000). Similarly, there is sufficient evidence that education and educational aspirations play a significant role in sub-Saharan adolescent resilience (Theron, 2018).

2.6.10 Effective communities

Beyond the aforementioned connectedness of the community, the structures within the community are also important to consider. Studies that focus on community-level factors associated with the resilience of youth and families, reflect a shift in focus from community deficits and risk factors, to the potential of communities to facilitate the use of both human and physical resources (Ungar, 2011a). Schools, public health departments, judicial systems, child protection agencies, recreation services and family resource centres— such as the drop-in centre—are all factors within a community that can foster resilience (Ungar, 2005). Resilience is therefore interrelated to the structures available within a community that enable individuals to access the social determinants of health like public safety, housing, employment, healthcare, and education (Department of Social Development, 2011).

For this reason, resilience is best understood not only as an individual's ability to withstand adversity, but instead as the process enabling individuals to access the resources they need to sustain well-being through the resources that their

communities and governments provide them with in meaningful ways (Ungar, 2011b). The process is, therefore, one of both navigation and negotiation (Ungar, 2008) with the individual's resilience being the result of how well his or her community provides the much needed resources when risk factors are present (Ungar, 2011b).

2.7 Conclusion

This chapter provided background of the township of Mamelodi East in conjunction with the literature review of this chapter emphasises the challenging and robust adverse factors present in the lives of the adolescents of this study whilst they are growing up challenges faced by their caregivers. Although adversities can undermine the adolescents' abilities to grow into pro-social well-adjusted adults, research indicates that it would be wrong to assume that there are no protective factors or assets within these hardships upon which adolescents can depend. Structures such as drop-in centres and schools within the community, teachers, parents, extended family members, and other community members are available to these adolescents. In addition, intrapersonal resources such as hope, agency, intelligence, self-regulation and problem-solving skills are also available to foster resiliency. By recognising the socio-ecological process of resilience, such factors can be drawn upon to ameliorate risks and empower the adolescents in Mamelodi East. In addition to the adolescents' resources, the value of Ubuntu entrenched in African communities and woven into individuals' practices may further promote protective caregiving strategies, which mitigate risk factors.

3 CHAPTER THREE- RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, I appraise the methodological and epistemological approaches used in this study, as well as comment on the selected sample, data collection, documentation and analysis. I also comment on the rigour and ethical concerns of the study.

3.2 Methodological Approach

I used a qualitative research approach in identifying the caregivers' perceptions of adolescent resilience promoting strategies. The qualitative research process supported both the theoretical framework and epistemological approach to the study. The chosen methodological approach allowed the research question to be answered by considering the environment's influential role when interpreting the data. Consequently, through conducting qualitative research, the participants' subjective reality could be discovered inductively (De Vos et al., 2011).

Qualitative research also proved useful as it allowed me to ask open-ended questions (Creswell, 2014). The open-ended questions were useful in the data analysis as richly textured answers, and information were gathered (Jackson et al., 2007).

I was aware that a qualitative study might be biased and subjective (Creswell, 2007). To address this, I remained conscious of being reflective during the research process to become aware of any biases I may have held. I did this by keeping a reflective journal, which will be discussed later in this chapter. I also tried my best to remain objective in analysing the findings and writing the dissertation.

3.3 Revisiting the Research Questions

The outlined methodology was deemed most appropriate for the research questions. The primary research question aimed to identify the perceived effective strategies that caregivers from a low-socioeconomic environment use to support the resilience of adolescents in their care. Based on this question, a qualitative study allowed for insight into these caregivers' perceptions to be developed. The study utilised two secondary research questions to answer the primary research question. These included; how caregivers from a low-socioeconomic background can support the resilience of the adolescents in their care and how the caregivers foster resilience within the

adolescents within a challenging, low socio-economic environment. These two secondary questions allowed for a specific focus on the strategies used within the caregiver- adolescent relationship and factors within the environment that may influence these strategies to foster resilience.

3.4 Epistemological Paradigm

The epistemological paradigm of constructivism was utilised in this study. The constructivist paradigm allowed the subjectivity and plurality of the caregivers' perceptions to be captured. Constructivism proved to be advantageous to the study as during the data analysis phase, the relativity and subjectivity of the caregivers' reality was kept in mind and emphasised (Creswell, 2014). As a result of the paradigm's subjective nature, both the caregivers and their environmental context were taken into consideration when identifying and understanding the strategies used (Creswell, 2014). When interpreting the findings, the identified strategies could not be considered right nor wrong, but rather had to be understood contextually as an outcome of the caregivers' experience, culture and environment (Denzin & Lincoln, 2017).

Constructivism focuses on the belief that there is no single truth, only a narrative reality that constantly changes (De Vos, Strydom, Fouche, Delport, 2011). Due to the assumption of individuals' knowledge being actively constructed, constructivism conceptualises humans as active beings who possess agency (Lincoln & Guba, 2013). This belief results in the constructivist assumption, which proposes that individuals actively construct knowledge to make sense of experiences and continually adapt these constructions to adjust to new information and experiences (Lincoln & Guba, 2013).

Because of the focus that truth is only a matter of perspective (Given, 2008), constructivism adopts a pluralist and relativist position. Thus, realities are understood as multiple, comprising of conflicting, meaningful, mental constructions that are socially and experimentally based (Lincoln & Guba, 2013). Constructivism, therefore, draws on an emic point of view to develop an understanding of the participant's world as it is experienced and constructed by them (Given, 2008).

Another guiding assumption of constructivism is that meaning is generated socially through interactions with the community (Kutay, Howard, Riley & Monney, 2012). The

emphasis on the social aspect of constructivism was beneficial in this study. It allowed the influential role that the caregivers play in adolescents' lives to be foregrounded. Furthermore, constructivism can be linked to the theoretical framework of the research. It supports the view that resilience can be manifested in various ways depending on an individual's subjective experiences and environment (Ungar, 2011). Therefore, the caregivers' strategies for interacting with the adolescents become central to the findings, as they are necessary to acknowledge in order to understand the multiple constructions of resilience within adolescents. Subsequently, this assumption was a fundamental aspect of answering the research question.

Lastly, constructivism posits that knowledge is created, not discovered (Creswell, 2014). Because of this assumption, resilience as a process can be supported (Ungar, 2011). From this perspective, the expression of resilience can differ depending on the social and physical ecologies of the caregivers and adolescents in their care (Ungar, 2011). The literature suggests that factors such as parenting qualities and socioeconomic status are influential (Armstrong, Birnie-Lefcovitch & Ungar, 2005). Yet, within a South African context and particularly in this research's township research site, these factors would differ due to the structural, educational, and economic disparities (Ebersöhn, 2014). Consequently, this research attempted to understand the different perceptions that caregivers within a low socioeconomic status had on what promoted resilience within their adolescent children. In applying constructivism within the research, it was acknowledged that resilience and its flexible nature could be understood in a pluralistic manner (De Vos et al., 2011).

While it can be acknowledged that constructivism was beneficial to the research, it also came with its challenges. Due to the nature of constructivist methods, I became a part of the construction that I was researching due to my interaction with the participants (Silverman, 2015). Lincoln and Guba (2013) made a noteworthy comment on this. They explained that, as a researcher, I cannot be disconnected from the participants when researching their constructions. Therefore, the research findings are a construction of the inquiry process of which I was a part.

Consequently, I may have brought my own beliefs and meanings from my own context and background to what the participants said. Addressing this required a twofold approach. Firstly, my own bias was considered and documented through a reflective

journal to make me aware of any biases. Boellinghaus, Jones and Hutton (2014) explain that reflecting in a journal allows the researcher to develop self-awareness that may help to identify possible biases or negative attitudes towards others. This bias could come about because I was unfamiliar with the background and circumstances of the residents of Mamelodi, and therefore had an etic viewpoint of the research participants (Athanasou & Maree, 2012). In addition to creating an awareness of such things, the reflective journal proved useful in the coding process (Silverman, 2010). Secondly, it was addressed through a democratic relationship between myself and the participants. I, therefore, took an inductive approach, in which I viewed the participants as active as they influenced the process of meaning-making, rather than looking for predetermined topics within the interviews (De Vos et al., 2011).

3.5 Research Design and Strategies

3.5.1 Case study research design

A case study research design was used as it is an empirical inquiry method that enabled me to investigate the perceptions of the resilience promoting strategies within the low socioeconomic context that I was interested in—the Matimba Singobile drop in centre (Yin, 2009). This allowed for an in-depth and contextual based understanding of the strategies used in facilitating resilience within adolescents who live in Mamelodi.

To conduct a case study, Baxter and Jack (2008) explain that it is imperative that the “case” must be defined. The case is the unit of analysis within the research that is being studied (Baxter & Jack, 2008). Thus, the defined case being analysed within the research was the strategies that the caregivers use to promote resilience amongst adolescents under their care. There are many different kinds of case studies that one could employ (Baxter & Jack, 2008). To best answer the research question, however, a single descriptive case study was used. This type of case study is focused, detailed and used to describe a phenomenon and the real-life context in which it occurred (Yin, 2003). A single case study was therefore deemed appropriate as the research was conducted within one context, and descriptive due to the research aiming to describe the strategies utilised by the caregivers in promoting resilience.

This research design was both suitable and beneficial to the research for several reasons. Yin (2009), whose case study approach was applied, based his approach on the constructivist paradigm (Baxter & Jack, 2008). This approach is beneficial as the

epistemology of research is constructivism. Yin (2009) explains that the case study approach allows researchers to answer “how” and “why” questions. Therefore, the case study approach was well-suited to answering the research question of how caregivers foster resilience. Similarities can also be seen between the assumptions that underpin the case study approach and the social-ecological theoretical framework of the research, thus making it suitable to the study (Ungar, 2011). Yin (2009) explains that the case study approach emphasises the context in which the phenomenon is being studied. Therefore, the contextual factors within the caregiver and adolescent’s environments were acknowledged, much like the theoretical framework emphasised. Consequently, through utilising a case study approach, the identified strategies were understood contextually. This approach was useful in interpreting the findings.

Despite the applicability of the case study approach to the research, there were challenges that needed to be addressed for the study to possess rigour (Baxter & Jack, 2008). Due to the nature of a case study, it can be expensive and time-consuming (Baxter & Jack, 2008). Yin’s (2009) suggestion of boundaries being placed on the case were implemented to combat this. This tactic ensured that the research remained manageable. In addition, the case was bound by selection criteria for the research participants and was conducted within a single context within a limited time. Additionally, a common critique is the issue of generalisability (Yin, 2009). To address this, I acknowledge that the findings will not be generalisable to the population as a whole, but rather to theoretical propositions and within Mamelodi (Yin, 2009). Although this research design brings about challenges, they could be addressed simply, and in doing so, the study became increasingly feasible and timely.

3.5.2 Selection of participants

Due to the nature of the research, the participants’ selection was done by using non-probability purposive sampling. Non-probability sampling is widely used in qualitative research (Ritchie, Lewis, Nicholls & Ormston, 2013). Within this research, non-probability purposive sampling was used due to the convenient access to the sample, as all of the participants could be found within the Matimba Sinqobile drop-in centre in Mamelodi.

Creswell (2014) explains that in case studies, sampling is also purposive. This resulted in specific selection criteria being set, and thus certain participants were purposefully

selected for the research. This involved selecting certain types of caregivers to be a part of the research due to their qualities, information, and knowledge (Tongco, 2007). Therefore, caregivers were deliberately chosen based upon the expectancy that each would provide unique and rich insights that would be of value to the study (Etikan, Musa & Alkassim, 2016).

The benefits of utilising this sampling strategy were twofold. Firstly, by using this sampling technique, I could develop a predetermined set of characteristics for the type of caregivers that I needed to answer the research question. The set of characteristics included that the caregivers had to be caring for adolescents who were enrolled in high school, the caregivers had to be 30 years of age or above a biological relative of the adolescent. The age requirement was to help ensure that the caregivers would be old enough to be the parents and/or caregivers of adolescent aged children. Additionally, caregivers had to be able to speak and understand English. However, as English was not the local language, it was arranged that the social worker at the drop-in centre would be available to assist in translating my questions and any other comments made by either myself or the participants that could not be understood. In defining a set of inclusion criteria, a boundary was placed within my research design, thus addressing one of the case study approach's challenges. Secondly, due to the participants' purposive selection, I was afforded the opportunity to obtain the rich and detailed information required to answer the research question (Etikan et al., 2016).

Another benefit of purposive sampling is that the focus is on developing a comprehensive understanding of the phenomenon being studied rather than the sample size (Tongco, 2007). As qualitative research can be time-consuming (Denzin & Lincoln, 2017), a smaller sample size was needed to meet the mini-dissertation time constraints. Due to purposive sampling emphasising understanding, there is no specified number of participants within a purposive sample (Tongco, 2007). Therefore, I was able to choose the number of participants within the study and keep the sample size small enough to meet the MEd mini-dissertation's study parameters. However, it has been found that at least five participants are needed to ensure reliability (Tongco, 2007). Therefore, there was a total of 11 research participants in the study, split randomly across two focus groups, which resulted in one focus group with six (6) participants and the other with five (5).

Due to the participants' deliberate selection, purposive sampling led to me being subjective, which was likely to impede on the rigour of the research (Etikan et al., 2016). To overcome this, I consulted with my supervisor before I finalised the sample. Furthermore, the data analysis was systematic to minimise potential bias (Rabiee, 2004). Although the participants were chosen, they were still required to be available, willing to participate, and able to express themselves in an articulate manner (Etikan et al., 2016). To address this, I briefed the potential participants on the expectations and requirements before they agreed to partake in the study.

3.5.3 Data Collection and documentation

Data assembly was done through two focus group interviews observations and a reflective journal. The focus group interviews took place in Mamelodi, within the Matimba Sinqobile drop-in centre. Both focus group interviews were conducted in the mornings at an appropriate time, when the necessary research participants would be there. The drop-in centre was the selected research site because the University of Pretoria, with Professor Mampane, had conducted research there before, and this research study fell within an associated broader project. Already having a research site and access to the centre was useful. It helped attain and reach the participants, as they were consistently available and easily accessible, which improved the validity of the data gathering process (Carlson, 2010).

3.5.3.1 Biographical questionnaire

Before the focus groups began, each participant was given a biographical questionnaire. The purpose of this was to obtain each participants' identification information and to keep the most time available for the discussion with the focus groups. It was noted before the questionnaires were developed that it was highly likely that English would not be the participants' first language. Therefore, the questions within the questionnaire were translated and available to be answered in English and/or Sotho as this is the main local language spoken within Tshwane (Blokland, 2014).

3.5.3.2 Focus group interviews

The data was generated by conducting two focus group interviews within the drop-in centre in Mamelodi. The focus group interviews ran for an hour each. Krueger and Casey (2014) suggest that smaller groups provide more potential; therefore, in the first

group, there were six (6) participants and five (5) in the second group. Two separate focus groups were conducted for two primary reasons. Firstly, smaller groups were decided on to allow for a more intimate discussion that could be better managed. Secondly, smaller groups allowed for the COVID-19 regulations of social distancing to be followed and limited the participants' amount of contact with other individuals.

The interviews were audio-recorded and then transcribed verbatim into text, which provided a rich qualitative record (Conradson, 2008). The transcriptions, together with my reflective journal were highly detailed. This allowed important features of the discussions to be noted and interpreted (Bailey, 2008).

The interview within each focus group took, on average, six hours to fully transcribe (Rabiee, 2004). This was a challenge due to the other commitments of the MEd programme. It was for this reason that only two focus groups were conducted.

Focus groups involve carefully planned in-depth group discussions made up of open-ended questions (Rabiee, 2004). The questions posed during the focus group interviews were designed to obtain rich and detailed information to provide insight into the meanings, beliefs, and cultures that influence the caregivers' behaviours and, thus, their strategies (Krueger & Casey, 2014). Due to the focus groups' design and implementation, I could generate large amounts of data in a shorter period than individual interviews (Rabiee, 2004). This time saving was beneficial as there was a limited amount of time that I could spend conducting the focus groups.

Through the interactive and focus group interviews, I developed a comprehensive understanding of the caregivers' experiences of raising adolescents within Mamelodi, how they understood resilience, the challenges they encountered, the different strategies that they used, and why they chose to use them

3.5.4 Reflective journal

Keeping a reflective journal is a common practice when conducting qualitative research (Ortlipp, 2008). In keeping a reflective journal, I was urged to talk about myself, my experiences at the centre when conducting research, and how I felt when conducting the focus groups. Through reflecting on these experiences and emotions, I consciously acknowledged them and any potential biases (Ortlipp, 2008). Due to the constructivist nature of the research, I became a part of the constructions that were being studied. Therefore, my own experience of the focus groups can be considered

part of the research instrument (Houghton, Casey, Shaw & Murphy, 2013). Keeping the reflective journal was an important expression of reflexivity and contributed to the study's rigour (Houghton et al., 2013).

Observations

The drop-in centre and the context of the study are of importance to the research findings. Throughout the time spent at the centre, unstructured field and participant observations were made. Unstructured observations refer to flexible observations that are not predetermined by a set of criteria but are rather made on criteria that appear to be relevant to the context of the research (Bailey, 2007). Observations were made about the physical drop-in centre, the different physical objects that were and were not present, the people at the centre and what they were doing, the sequencing of events over the period that I was there, the reasons as to why the different people were at the centre and the demeanour of the people (Bailey, 2007). Through making such observations, I was able to remain mindful, present and aware of the environment in which I conducted my research. Thus, I could develop a better holistic and objective understanding of the participants and their experiences (DeWalt & DeWalt, 2002). These observations allowed greater insight into the participants' context and provided a way in which the findings of the study could be better contextualised. Through this, I could explore an enhanced understanding of possible reasons for the caregivers employing certain strategies and why they may enhance resilience within the adolescents in their care.

3.6 Data Analysis and Interpretation

An inductive thematic analysis was conducted to systematically analyse and interpret the transcribed data from the focus groups. Through this, I found common trends and patterns of meaning from analysing and searching across the transcribed data set (Braun & Clarke, 2006). In conducting an inductive thematic analysis, I went through a process of identifying, analysing and reporting on themes found within the research (Braun & Clarke, 2006). Uncovering themes provided in depth insights (Smith & Firth, 2011). A theme can be defined as “a trend found within the transcribed data that captures something important in relation to the research question” (Braun & Clarke, 2006, p. 82). The themes that I was searching for were the different ways caregivers perceived to foster resilience within their adolescent children. These perceptions allowed the strategies used within the sample to be identified.

Thematic analysis was chosen due to its flexibility and suitability to the needs of this research project. Firstly, thematic analysis is not tied to any pre-existing theoretical framework nor epistemology, and therefore is compatible with the social-ecological model (Ungar, 2011) and constructivism (Braun & Clarke, 2006). Additionally, thematic analysis is flexible, making it a simpler and more accessible analysis method for a novice qualitative researcher such as myself (Braun & Clarke, 2006). Although relatively simple, it still provided a richly detailed and complex account of the data (Braun & Clarke, 2006).

A challenge when using this analytical approach was that there are no clear guidelines for carrying it out accurately (Braun & Clarke, 2006). An inductive approach to thematic analysis was taken to address this. An inductive approach means that the analysis was data-driven as there was no pre-existing coding frame when coding the data and generating themes (Braun & Clarke, 2006). Therefore, any possible analytic preconceptions of the findings became redundant (Braun & Clarke, 2006). Accordingly, the generated themes were closely connected to the data (Braun & Clarke, 2006). Through this, I could address the possible bias and subjectivity from conducting purposive sampling for the focus groups.

Braun and Clarke (2006) suggested a six-phase process of inductive thematic analysis. Phase one involved familiarising myself with the data. The process of transcribing the data allowed me to begin this process. Thereafter, I immersed myself in the data by repeatedly actively reading the data, searching for meaning and patterns whilst I read (Braun & Clarke, 2006). Phase two focused on generating the initial codes from the data. Through this process, the data started becoming organised into groups (Braun & Clarke, 2006). Phase three consisted of searching for themes by analysing the codes. I accomplished this by organising the different codes into possible themes, and then categorising the relevant coded data into the identified themes (Braun & Clarke, 2006). Phase four involved reviewing and refining the themes; through this, I understood what the themes were, how they fitted together, and what they all said about the data (Braun & Clarke, 2006). In phase five, I defined and named the themes (Braun & Clarke, 2006), which are presented and analysed in Chapter 4. Lastly, phase six was about practically producing this report through the final analysis and writing of the findings.

3.7 Ethical Considerations

Before the research process began, ethical clearance was sought and obtained from the University of Pretoria's ethics committee. Obtaining ethical clearance ensured that the research carried out was done in a morally responsible manner (Forrester & Sullivan, 2018). Doing so protected the welfare of the participants. (Leach et al., 2012). Research ethics guidance is outlined within the Code of Human Research Ethics, which was used in conjunction with the Health Professions Council of South Africa' ethical code (Relf, Laverriere, Devlin & Salerno, 2009).

Before the focus group interviews began, I explained the purpose of the research and what was expected of the participants. Only once the participants fully understood what was required of them and agreed to go ahead with the process were they given the opportunity to sign an agreement of informed consent (Flick, 2017). I also informed the participants that they had the right to withdraw from the research at any time without suffering any consequence, and that there that was no foreseeable form of mental nor physical harm that could be caused by partaking in the research. (Stangor, 2010) However, it was indicated that if any form of harm occurred, it would be dealt with appropriately and the necessary referrals would be made.

Upon completing the focus group interviews time was allocated for a debriefing session with the participants to elaborate on the purpose of the research, how the data was going to be used, and to address any issues or concerns they may have encountered during focus groups (Forrester & Sullivan, 2018).

During the research process, I remained cognisant of the limitations of my role, especially as a novice researcher. I, therefore, restricted my interactions with the participants to the focus groups only (Forrester & Sullivan, 2018). Throughout the process of writing up the research findings, confidentiality was maintained by anonymising any identifying personal information of the participants and by not using the information in any way that could result in revealing their identities (Forrester & Sullivan, 2018).

3.8 Rigour of the Study

There are different criteria used to assess qualitative research rigour, but the most common are those proposed by Lincoln and Guba (2013), namely credibility, dependability, confirmability, and transferability.

Credibility refers to the value and believability of the findings (Houghton et al., 2013). This study can be considered credible as the participants were deemed to be appropriate for the research question. Secondly, credibility also depends on the accuracy of the researcher's documentation, the reliability of the document's produced, and an error-free final research document (Koch, 2006). These standards were met within this document as I complied with the standards and guidelines of writing a research document under the supervision of an expert in the field and according to the University of Pretoria's stipulations.

Dependability refers to how stable the data is (Houghton et al., 2013). To improve the research's dependability, I ensured that the standard of the recording and transcribed data, documentation, and focus groups were continuously monitored and kept to a high standard. It was also sent to my research supervisor to check (Maree, 2013).

Confirmability refers to the neutrality and accuracy of the data (Houghton et al., 2013). Another researcher should confirm the research to improve the research's confirmability (De Vos et al., 2011). Confirmability was accomplished as part of completing my Master's qualification. I am required to conduct my research study with the guidance of a supervisor. In this case, my supervisor acted as another researcher and was actively involved in the research process and writing up of the findings.

Lastly, transferability refers to whether or not particular findings can be transferred to another similar context or situation while still preserving the meanings and inferences from the completed study (Houghton et al., 2013). The research design and methodologies followed were described in great detail to increase transferability.

3.9 Chapter summary

In this chapter, the epistemological and methodological approach that I used to collect and understand the data was discussed. I also detailed the qualitative methodology, including the research design, participants' selection, and the different aspects to the data collection and analysis. Lastly, I adhered to the ethical considerations during the study and elaborated on how I ensured this study's quality.

4 CHAPTER FOUR- DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

In this chapter, the results of the research will be presented under themes, subthemes and categories. These themes emerged following the inductive data analysis from the data collected during the research process at the Matimba Sinqobile drop-in centre from school-going adolescents' caregivers. The chapter concludes with a discussion of an overview of the findings.

4.2 Participants' Biographic

Table 4.1: Participant Background Information

i. Total Focus Groups	Two (2) groups
ii. Total Participants	Eleven (11) participants
iii. Total Participants in Focus Group 1	Six (6) participants
iv. Total Participants in Focus Group 2	Five (5) participants
v. Gender	All female
vi. Home Languages	Tswana, Pedi, Sotho–English was all of the participants' second language

Table 4.2: Demographics Table

i. Focus Group 1	F1
ii. Focus Group 2	F2
iii. Observation	O
iv. Reflection	R

4.3 Keys to be Used in the Discussion of Findings

Table 4.3: Keys for discussion of findings

i.	Focus Group 1	F1
ii.	Focus Group 2	F2
iii.	Observation	O
iv.	Reflection	R

4.4 Results of the Thematic Inductive Analysis

Three themes emerged surrounding the perceived protective factors after conducting the thematic inductive analysis and the subsequent interpretation of the two focus groups' raw data. These themes were resilience promoting factors within the caregiver-adolescent relationship, environmental resilience promoting factors and perceptions of positivity in adversity. I outline these themes, as well as their corresponding sub-themes and categories below in Table 4.4. These themes are supported by the participants' statements during the data collection process and from reflective notes made in my research journal. The themes will be described and explored further by considering the research findings concerning the reviewed literature.

Table 4.4: Identified themes, sub-themes and categories

<p>Theme 1- Resilience promoting factors within the caregiver-adolescent relationship.</p> <ul style="list-style-type: none"> • <u>Sub-theme 1.1: Open communication channel</u> <ul style="list-style-type: none"> - Category 1.1.1: Honesty and openness between both the caregiver and the adolescent. - Category 1.1.2: Parental involvement and mutual trust to mitigate risky and unhealthy sexual behaviour. • <u>Sub-theme 1.2: Caregiver as a role-model</u> <ul style="list-style-type: none"> - Category 1.2.1: Instilling values through role-modelling behaviour. - Category 1.2.2: Practical empowerment through parental expectations. • <u>Sub-theme 1.3: Displays of affection towards the adolescent</u> <ul style="list-style-type: none"> - Category 1.3.1: Providing a sense of support and encouragement. - Category 1.3.2: Foster the development of self-esteem and self-worth. - Category 1.3.3: Giving tough love and being authoritative when necessary.

Theme 2- Environmental resilience promoting factors

- Sub-theme 2.1: Importance of Education
 - Category 2.1.1: Involvement and monitoring of school-related behaviour.
 - Category 2.1.2: Providing aspirations and goals, promoting the development of initiative.
- Sub-theme 2.2: Importance of Religion
 - Category 2.2.1: Creating an ethical framework and regulator of values.

Theme 3- Perceptions of positivity in adversity

- Sub-theme 3.1: Resilience through exposure to risk
 - Category 3.1.1: Positive ascription and outlook towards hardship.
 - Category 3.1.2: Lack of money used as a motivation to succeed.

4.5 Theme 1- Resilience Promoting Factors Within the Caregiver-Adolescent Relationship.

Research conducted on personality traits of individuals who display resilience shows that a sense of relatedness through trusting, supportive and tolerant relationships is fundamental (Di Fabio & Saklofske, 2018). This highlights the crucial role that relationships and relational ability play as a protective resource (Di Fabio & Saklofske, 2018). Relating to this, supportive caregivers and relationships with them have become known to be a strong predictor of resilience in adolescents (Ungar, 2016; Walsh, 2015) This theme supports this literature, as in this theme, the participants identified the supportive strategies that they use when interacting with their adolescent child/children that they believe will enhance resilience. Three sub-themes emerged relating to an open communication channel, the caregiver taking on the responsibility of, and being aware that they should be a role model to their adolescent, and the importance of displaying affection towards their adolescent.

Table 4.5: Theme 1 Inclusion and Exclusion criteria

Theme	Inclusion Criteria	Exclusion Criteria
<u>Sub-theme 1.1:</u> Open communication channel.	Any reference to having open and honest conversations between adolescents and caregivers.	Any reference to having open and honest conversations not related to adolescents and caregivers.
<u>Sub-theme 1.2:</u> Caregiver as a role model.	Any reference to the caregiver modelling and/or discussing the expected appropriate behaviour, values and morals. Particularly regarding the responsibility, self-discipline and respect for their adolescent children.	Any reference to the caregiver not modelling and/or discussing the expected appropriate behaviour, values and morals. Particularly regarding responsibility, self-discipline and respect for their adolescent children.
<u>Sub-theme 1.3:</u> Displays of affection towards the adolescent	Any reference to the caregiver emphasising the importance of showing affection, support and encouragement towards their adolescent child, to develop their self-esteem and self-worth. Affection also includes discipline through tough love.	Any reference to the caregiver not providing or showing affection, support and encouragement towards their adolescent child.

4.5.1 Sub-theme 1.1- Open Communication Channel

To raise an adolescent who can be resilient, many of the participants explained the importance of communication and being open with the adolescents in how they interact with them. Participants explained that;

“the most important thing is to talk” (FG2).

To which another participant said that; *“you need to communicate-this and this, you explain to them ... if you take this way, it will lead you here. This one, it’ll lead you to a different place- you have to explain” (FG2).*

From the above statement, it can be seen that the participants explain the consequences of certain behaviours to their adolescent children for them to make informed choices by understanding the ramifications of risky behaviour. The participants expressed their commitments to communicate openly with their children as captured below:

“

“when she (her daughter) experiences the problems, I have to talk to her, and when she’s sharing, you have to listen and understand what’s the problem, what’s the cause of the problem” (FG2).

“At this stage, you have to understand what they are going through” (FG1)

“Sometimes, you want to understand what does he/ she feel about the situation”

The open communication between the caregiver and adolescent, however seems to be modelled by the caregiver being open and transparent with the adolescent about their own lives, as another participant said that; *“I share everything with my daughter” (FG2)*, while another participant expressed the importance of making *“time to speak to the children” (FG2)*.

It seems that this type of two-way communication provides both the participants and the adolescents with a sense of security in *“always knowing what your kid is up to” (FG2)*, FG2 continued, *“and at the end of the day, you can know your children ... communication is important at this stage, because you have to understand what they are going through” (FG2)*.

The researcher made the following observation relating to Theme 1:

When one participant would be talking about communication, many of the other participants in the focus group would be nodding their heads in agreement, as well as making the “mm” sound, also indicating that they were agreeing with them. I could see that communication is something that they all seem to agree upon in regards to what they do with their adolescent child/ children. (A Krok, Personal Observation, 2019)

4.5.1.1 Category 1.1.1: Honesty and openness between both the caregiver and the adolescent.

As mentioned above, the participants use the strategy of being honest and open with their adolescents about their own lives and current challenges. In doing so, the caregivers model this communication pattern, thus creating an atmosphere of trust and opportunities for adolescents to be open and honest with them. As FG1 said, *“letting your child know you, and being honest with your child” (FG1)*. Some of the comments of the participants are reflected below:

“I try to sit down with her and then tell her the things that have happened to me. I like to tell her that I had a baby at the age of 16 years ... so I don’t want you to be the same because it’s difficult” (FG1)

“These days we are open with our children” (FG1)

“I sit her down and tell her I am HIV positive...I don’t have secrets” (FG1)

“I remember that I have to tell the truth, because if I don’t say the truth and be open to my daughter, one way or another- someone will be teaching her” (FG2)

Ungar et al. (2012) explained the possibility of one’s environment and interpersonal processes having the ability to influence or change one’s character or make different traits become more prominent depending on the situation. This social-ecological understanding may highlight the importance of the modelling of honesty and openness within the caregiver-adolescent relationship. The importance of modelling honesty and openness in fostering the development of resilient adolescents can be seen through the participants’ statements of:

“sometimes teenagers, like they got pressure outside. So, they always come to you, you need to communicate” (FG2)

“if it came to that point where she starts dating, she will be able to come to me and tell me, and she says “yes mommy, because we’ve talked a lot”. (FG2)

“if you don’t understand something, just ask- I will tell you” (FG1)

“if you understand, they will always confide in you and tell you what is happening” (FG1)

It appears that the open communication channel created by the caregiver creates the necessary space for adolescent children to feel that they can open up to their caregivers about challenges they are experiencing and come to them for help and advice rather than turning towards counterproductive coping behaviours. This, therefore, seems to allow the caregiver-adolescent relationship to be a resilience promoting factor.

The researcher made the following reflection in the reflective journal, regarding Theme 1, Category 1.1:

I was surprised regarding the emphasis and value that the participants place on open and honest communication while I was conducting the focus groups.

Upon further reflection that day, the fact that this style of communication seems so essential to the participants excited me. I feel like many people know how important communication is for the maintenance of a healthy constructive relationship, but how important it is with teenagers may be overshadowed by the conception of teenagers not wanting as much parental involvement. Yet the data shows that the opposite may be true. Furthermore, the fact that communication as a strategy is kept in high regard within a low socioeconomic community is important within the South African context where resources are low, as this may mean that this strategy could be implemented across families through the simple awareness of its importance, and no further resources would be needed (Krok, 2020).

4.5.1.2 Category 1.1.2: Parental involvement and mutual trust to mitigate risky and unhealthy sexual behaviour.

Adolescence is a transitional time, which is often characterised by risk due to youths gradually venturing away from the home's safety to explore new opportunities (Davidson et al., 2015; Rose et al., 2014; Soh et al., 2018). In this phase of life, both parents and peers play an essential role in either prompting or mitigating risky and dangerous activities (Soh et al., 2018). As this research was conducted with participants who resided within Mamelodi, it may be assumed that in addition to the expected risks adolescents are exposed to or may engage in, being a township resident may cause them to be subjected to even more risks within their environment.

It seems that to try and protect their adolescent children from engaging in unhealthy sexual risky behaviours, the participants choose to instead talk to them openly about the risks rather than avoiding the topic to keep them unaware of such risks, as reflected in the comments below.

“it’s not necessarily about keeping him or keeping her away- just to tell her, to advise her” (FG1)

“she asked me; ‘how is it to be in a sexual relationship and sleeping with the guy for the first time?’ (FG1)

The participants demonstrating that they are open to talking about such issues with their adolescent children is a protective factor. This suggests that the interaction between adolescents and their caregivers serve to prevent the adolescents from engaging in the risky behaviours. Alternatively, if they do engage in them, they will be aware of the realities and practicalities of partaking in the behaviours by equipping them with the necessary knowledge to deal with the situation should they find themselves in it.

“I have taught him about the HIV and Aids testing kit. I always tell him “the sooner the better”, I am your mother, I have to know your status, so that if it happens, I have told you to go to the clinic as soon as possible” (FG2).

“I even bring him condoms” (FG2).

We teach them, there’s a sexually transmitted diseases, there’s HIV and Aids and all that...when you start dating, rather go to a clinic, have a test with your boyfriend to see your status and then you can take it from there. And knowing that there’s many things that you can prevent yourself from, like getting sick or pregnant. (FG2)

You know during the day when I’m at work, I Google ‘Lives in Jail’ on YouTube, and when I get home, I show him the videos, I say “this is life in jail, you see, those are the prisoners”. My child, if you drink or if you use drugs, you are going to do things that lead you to end up in jail. I tell him that, these people that you see in the videos, some of them, they are innocent, but, they have been sentenced for many years in prison because of peer pressure. (FG2)

The participants, therefore, appear to consciously and purposefully utilise preventative strategies based on building an awareness of the risks within the environment to mitigate risky behaviours and negative outcomes. To do so, it seems that the caregivers use a key strategy use to know who their adolescent children’s friends are to monitor the kinds of influences that they are exposed to, as demonstrated in the following comments:

“you must know who your child’s friends are- if every day my child goes outside, I say my child, where are you going?” (FG1)

“I’m going to know if she is a good girl or is a bad girl” (FG1)

“so you see, this one is a good friend, then this good friend can come” (FG1)

In addition to risky sexual behaviours, adolescents are also exposed to risks within their environments such as exposure to substance abuse and peer pressure.

“Like drug abuse is the biggest challenge in our community” (FG2)

“children can force your child to do something, if she doesn’t know how to say no to something” (FG2)

“say like the boys, they’ll say: you a boy, you not a man if you don’t smoke. So, they just smoke because his friends are smoking, not because he needs to smoke”: (FG2)

One participant explained an instance when her son gave into peer pressure, she said:

He went out with his friends, and he knows what he is doing is not okay, he smoked glue, he said ‘mama, there were bigger boys and they were forcing me to smoke this; they said they were going to bully me. (FG1)

Although here the participant’s son gave in to peer pressure, it appears that he is still comfortable enough to tell her that he did engage in the risky behaviour and was aware that it was wrong. Based on this, one cannot assume that this participant’s son is not resilient as he gave in to peer pressure, but rather that environment and taking the contextual factors into account caused him to be less resilient. Owing to this, he talked to his mother about what he did instead of keeping it a secret from her which may have served to promote further the development of an open and honest relationship that can serve as a buffer against giving into peer pressure in the future, as can be seen from the comments below:

“that was a mistake my daughter, but next time be careful” (FG2)

I tell him reality. You see my child, I am poor, I am struggling, it’s because when I was still young at your age, I used to do 123 123, so if you want to do something similar, you are going to be like me. (FG2)

Research that has been conducted on the impact of parental involvement on adolescents shows that having such a communication channel appears to curb risky behaviours as adolescents who do not report such involvement are more prone to

associate with deviant peers and engage in risky behaviours (Pengpid & Peltzer, 2018).

4.5.2 Sub-theme 1.2: Caregiver as a role-model

The participants mentioned and alluded to the importance of being a role model to their adolescent children by teaching them to do the right things by modelling and behaving in how they want or expect their adolescent to act.

“to be a role model to your child...if you do things like the drinking or the smoking, and you have a child, she’ll do the same” (FG2).

The participants’ aim in using this strategy, seems to be to ensure that they are setting a good example for the adolescent children:

“you have to be the best teacher ever” (FG2)

“teaching them our values” (FG2)

“Just talking, being at home, giving advice or guidance, or talking- just sharing our experiences” (FG2)

The individual who an adolescent identifies as their role-model is of great importance because adolescents can be easily influenced and manipulated in their search and development of identity (Christie & Viner, 2005). Adolescents regularly look to adults to determine appropriate and acceptable behaviour, as well as to identify who and what they want to be like (Hurd et al., 2009).

“You don’t have to disappoint children, because as parents, we also don’t want them to disappoint us, so we must keep our promises” (FG2).

“And when you ask for something, say can you please... and at the end say thank you” (FG2)

“He says “yoh, mommy, I want 123, I don’t want to be like my uncle...mommy, I want to be like you!”. He sees himself very far” (FG2)

From the participants’ statements, they are aware that their adolescent children mimic their behaviours and how essential it is for them to then act accordingly.

4.5.2.1 Category 1.2.1: Instilling values through role-modelling behaviour.

The available literature and psychological theories provide a basis for understanding the significance of having a positive adult role model in adolescents' lives as it is a predictor of positive outcomes (Hurd et al., 2009). It seems that by the participants attempting to be a role-model for their adolescent children, they perceive that by teaching them their values and appropriate behaviour, the adolescents would differentiate between right and wrong, and could draw on this knowledge when navigating through adverse or challenging events. One participant demonstrated this by explaining;

“wherever he goes, whenever he does something, he will know that this is what my mother doesn't want for me” (FG2)

Thus, instilling a strong set of morals and values in their adolescent children seems to be perceived as an important strategy when raising adolescents. Promoting positive moral development of adolescents is fundamental in raising resilient adolescents, as this is the stage of their life when they are more likely to spend time with their peers, venturing out of the home and being exposed to increased risks (Curtis, 2015; Soh et al., 2018). Consequently, because adolescence is the foundation for adulthood, raising their adolescent children to be morally sound suggests that they will become responsible adults (Hart & Carlo, 2005).

“She must choose right. Even if she stays in res, she must know that even when she goes away, she must be able to stand by herself” (FG2).

Parents and caregivers have been shown to be particularly effective at fostering the internalisation of positive values through proactive parenting (McLean, 2020). The participants in this research all seem to take a proactive approach in raising their adolescents by playing an active role in their life through involvement and modelling of behaviours and values (Padilla-Walker & Thompson, 2005), as can be seen from the following comments:

“She must know that there's a right and a wrong, and at the end of the day, there are consequences” (FG2).

“If they do something wrong, you must tell them; “you're not supposed to do that” (FG1).

“If they have respect to any elder people, that shows that your child is raised well” (FG2)

“So you must teach your children how to say things in a proper way” (FG2)

In addition to instilling moral values and behaviours, the participants alluded to leading by example instead of simply preaching what they expect their adolescent children to do, or how they should behave. A participant gave a practical example of this and explained that:

Maybe if I go to bed without washing dishes, tomorrow when I say, son, remember you can't go to bed without washing the dishes, he'll say but mommy! You never washed the dishes- you see; you have to lead by example. (FG1)

Relating to Theme 1, Category 1.2.1, I noted the following:

This statement struck me because I remember telling my parents as I grew up “why should I if you don't?”. This made me realise that no matter the context, the strategies utilised by these participants must have greater applicability to other contexts too.

Leading by example, especially when raising an adolescent must be extremely important due to adolescents seemingly not wanting to listening to what their parents say. Although the adolescent reaches this stage, it cannot be possible for them to stop looking at their parents for guidance? Instead, maybe it is possible that the adolescents stop asking for it as much, but don't stop watching for what their parents do and how they behave.

From these observations, it appears to me that, modelling appropriate behaviour and leading by example must therefore be an essential part of raising an adolescent, and something that parents/ participants should try to remain cognisant of. (Krok, 2020)

It can be seen from this, that the caregivers play a vital role in modelling the necessary appropriate behaviour that the adolescents may copy in instances in which they are required to act in a responsible manner. The caregivers display an awareness that to simply expect their adolescent to act responsibly is not enough, instead, the caregivers themselves note that one cannot be hypocritical in expecting the adolescent to act responsibly and do the correct thing, when the adult/ adults in their life do not.

It can be seen that the caregivers play a vital role in modelling the necessary, appropriate behaviour that the adolescents may copy when they have to act responsibly. The caregivers display an awareness that to expect their adolescent to act responsibly is not enough; instead, the caregivers themselves note that one cannot be hypocritical in expecting the adolescent to act responsibly and do the correct thing, when the adult (s) in their life do not.

4.5.2.2 Category 1.2.2: Practical empowerment through parental expectations

In addition to instilling moral values as a perceived resilience enabling strategy, the participants also emphasised the expectations that they have of their adolescents regarding maintaining their responsibilities and being self-disciplined, as reflected below.

Teach your child responsibility, that if he left that cup on that chair, it is not your responsibility to move the cup for him, he must move the cup himself” (FG2).

“My kids, they know that whenever when we wake up, we have to make our beds. Not like you are punishing them, you are teaching them self-discipline” (FG1).

“Teaching them to help out in the house” (FG1).

This relates to the above *Category 1.2.1: Instilling values through role-modelling behaviour*. This can be seen through one participant’s statement regarding equal expectations of behaviour on her part as well as from her adolescent children:

“I’m an open person, so the minute I try to tell them that, if you want me to make you happy, you have to make me happy as well ... I try to make it 50/50 for both of us” (FG2).

4.5.3 Sub-theme 1.3: Displays of affection towards the adolescent

They have found that parent-youth relations can have positive long term effects on decreasing risk-taking behaviours and promoting resilience (Nikmanesh & Honakzahi, 2016). This theme particularly relates to the participants both displaying affection towards their adolescent children, as well as telling them that they love them:

I will tell them, ‘I love you’. Sometimes, I will kiss them on their cheeks ... they know they [are] loved- whenever one of them have to go out the door, I will say ‘I love you’, and they’ll say ‘I love you too, mama’. (FG1)

For other participants, it is not necessarily about saying “I love you” every day, but rather about the actions one takes in showing that they love their children. This could be seen by the statements made by two different participants:

“But also, the action shows. You can’t say you love, but at the end of the day you do something wrong. And you know, love conquers all” (FG2).

“We don’t tell each other that we love each other. But I know that he loves me and he’s proud of me” (FG2).

“Not to be ashamed to tell them and for them to tell me that I love them, or that they love me” (FG1).

The participant mentioning shame regarding displaying affection towards her adolescent children and the adolescents reciprocating it may be related to the fact that the participants all reside within the Mamelodi township, which has many hard or unloving factors.

“My boys get more peer pressure from their friends, from the locals” (FG1).

“like drug abuse is the biggest challenge, especially in our community” (FG2).

“We have so many challenges ... because now it’s not safe. Nowadays there’s a lot of rape or something like that” (FG1).

I found it interesting that the participants seem to hold displays of affection in such high regard. This implies the participants themselves can be resilient as they have developed this positive outcome despite their challenges, for instance teenage pregnancy:

“I get into matric, I stop going to school because of the baby... but I push after getting the baby, and then I go back to school” (FG2).

The findings suggest that the participants seem to use positive affect as a buffer against the hostility that the township can impose. The data found in this theme substantiates the findings that relate to how adolescents living in hostile environments benefit from support to overcome hardships and enhance their resilience within their environment (Mampane, 2014; Theron, 2018)

I noted the following reflection regarding Theme 1, sub-theme 1.3

Love and affection are something that for some reason I did not think would come up in the discussions today. It is interesting to me that resilience relates to a sense of hardiness or toughness, and that the participants relate this with softness. Reflecting on this idea makes me think about how important it is to feel like the caregiver-child relationship- no matter the age of the child is always needed as a secure base and a source of comfort as a child grows up and has to deal with challenges. Knowing that they are loved and supported is almost like a crutch. Knowing that despite the challenges and outcomes, they are unconditionally loved. (Krok, 2020)

4.5.3.1 Category 1.3.1: Providing a sense of support and encouragement.

As discussed above, a positive parental/caregiver attachment is an important factor in enabling resilience, especially in risk-taking behaviours (Nikmanesh & Honakzehi, 2016). This positive attachment is underpinned by primarily supporting their adolescent children by understanding what they are going through and encouraging them to overcome and persevere.

In the second focus group, I asked; *“and what do you think you need as parents, to raise your children well?”* To which the participants quickly—with hardly any thought, responded: *“you need patience and encouragement”*; *“you need love”*; *“support”* (FG2).

The third participant elaborated by then explaining;

I have to talk to her and support her during the difficult issues. Most of the time, when she’s sharing, you have to listen. And understand what’s the problem, what’s the cause of this problem, and then tell the child that it will be okay, even if you don’t believe that it will be okay, maybe it’s a difficult issue, but just say, ‘it will be okay’. Don’t worry. (FG2)

These statements allude to an authoritative parenting style characterised by parents and/or caregivers being emotionally warm and supportive (Barnová et al., 2019). Based on the participants’ identified challenge of drug abuse, particularly within the community, the fact that they seem to use the authoritative parenting style is reassuring as it is likely that in using this style, they are attempting to safeguard their

adolescents from the risks in their environments. This finding is in line with the available literature on the positive impact of the authoritative parenting style. Therefore, this parenting style is a known, effective strategy for the participants to foster adolescent children's resilience (Canegallo et al., 2020; Ungar, 2016).

The participants highlighted the necessity to constantly support their adolescent children by making statements such as;

“you show them support, we support” (FG2)

“to have love, and to support your child” (FG1)

In addition to the turbulent nature of adolescence, it is also a time in which career plans and ideas about the future start becoming essential factors to consider. Yet, at the same time, adolescents may be facing risks that serve to undermine their future. This may be especially apparent when growing up in a township wherein adolescents are exposed to high poverty levels and a lack of resources (Schwartz et al., 2017). When discussing career plans, one participant explained that; *“in terms of careers, we always don't agree at the end of the day, but we have to support them (FG2).*

This statement alludes to the importance of unconditional support for the adolescents' hopes and aspirations. Through this, the caregivers will not become another factor that may undermine the adolescents' future but rather serve to promote their goals.

The supportive nature of the relationship can also be seen through the data to hinge on encouragement. The data collected in this research shows that caregivers are sources of encouragement for adolescents and so can to instil hope, determination and future-directedness in the face of adversities.

“all the time, just giving them hope” (FG2)

She repeated school twice, she earned it last year- the matric. She matriculated last year. But I didn't give up on her, because I was encouraging, and giving that support, and eventually- yoh- she was doing the best than the previous terms. (FG2)

Support, encouragement, hope and a positive outlook can thus be seen to be fundamental characteristics of an affectionate, positive parent/caregiver-child relationship. With the carrying out of an authoritative parenting style, both of these

approaches are protective factors for adolescents' positive developmental outcomes, leading to a decrease in risky behaviours (Li et al., 2020).

4.5.3.2 Category 1.3.2: Foster the development of self-esteem and self-worth.

As previously discussed, adolescence is the developmental stage in which one's identity is formed (Christie & Viner, 2005). The data from this research suggests that the participants contribute towards facilitating positive identity development by raising their adolescent children to promote and foster the development of their self-esteem and self-worth.

“groom them to have a good self-esteem. Most of the people, especially who are women they have a low self-esteem. They can't express themselves what they want and what they don't want” (FG1)

We also teach them to love themselves. You know, if they have self-love they'll know what self-respect is. And there's no one to tell them lies. Like, I love you more than yourself. If you love yourself, you can take care of yourself. (FG1)

“And to know your self-worth” (FG2)

“I think that they must have a self-esteem and self-love, and knowing to be focused in life” (FG2)

Several of the participants identified that a difficulty they experience with their adolescents is that their adolescent children often compare themselves to their peers based on material possessions. and wanting to have the same things as their peers to feel that they fit in;

“not to compare, to avoid peer pressure- ya. If I can buy you these toughies, or a school bag without a label, just make sure that you accept that thing, you don't have to compare that thing” (FG2).

“I have two teenagers- they like to compare” (FG1)

This would be a risk factor as it appears that the adolescents partially obtain their sense of self-worth from material possessions. The participants seem to buffer this by emphasising their adolescent children's' positive traits and characteristics instead.

This can be seen as I asked the participants; *what do you ladies say to try and build your children's self-esteem?* (FG1). They replied,

“You look smart” (FG1).

“You look beautiful” (FG1).

“you look wow!” (FG1).

“I tell her she’s a boss lady” (FG1).

“always when she is wearing something, I say, “you look so beautiful”, always don’t forget to tell her you are so beautiful” (FG1).

I noted the following observation regarding Theme 1, Category 1.3.2:

when discussing self-esteem even the quieter, reserved participants were nodding their heads and seemed to agree with what being said.

More of the participants seemed to engage with this part of the discussion than some other topics that were discussed. They seemed to enjoy telling me the different things that they say to their adolescent children, laughing and smiling a lot, as well as saying the compliments with a lot of enthusiasm (Krok, 2020)

The data shows that good self-esteem and a sense of self-worth are understood by the participants to be important factors for their adolescent children in confidently expressing themselves, standing up for themselves, and not looking outwards for validation. Participants explained;

“accept the way you are”. (FG2)

“To love themselves, they don’t need to be ashamed of who they are. They are beautiful and there’s nothing else- there’s nothing wrong about loving myself”.

Based on the emphasis the participants place on their adolescents having a good self-esteem, loving themselves for who they are and sense of self-worth, it can be understood that self-esteem and self-worth can act as a way to buffer against feelings of insecurity and rather develop a sense of confidence when their adolescent children encounter adversity.

I can say that if you tell them that you love them, and that they are special, they will see that in them, and they’ll realise ... yoh, I am so loved. They won’t need anyone else to tell them that they love you when they land up abusing you. But

also, the action shows. You can't say you love, but at the end of the day, you do something wrong. And you know, love conquers all. (FG2)

Consequently, high self-esteem is perceived to help adolescents cope with challenges, changes and protect their mental health. Based on this, the participants perceived self-esteem and self-worth are factors that promote resilience.

4.5.3.3 Category 1.3.3: Giving tough love and being authoritative when necessary.

Effective disciplinary strategies, appropriate for a child's age and development, teach the child or adolescent how to regulate their behaviour; protect them from harm, improves cognitive, socioemotional, and executive functioning skills; and strengthens the behavioural patterns taught by the child's parents and participants (Sege et al., 2018). It is, therefore, an essential part of raising adolescents who are resilient. As stated by FG1:

"You can't do anything without discipline today" (FG1).

Yet, there are various disciplinary strategies parents and/or participants may employ, all of which have been found to have different outcomes.

The data found within this research is thus encouraging, as the participants all expressed an aversion to using insensitive disciplinary strategies and rather employ an authoritative approach to discipline.

"I try to do the best that I can to discipline them in a loving way- not being too harsh on them. I try to make them understand you know, you know what you are doing is wrong." (FG1)

Sometimes when I shout at them, they'll say, 'mommy doesn't love me...why is she shouting at me'. So, I tell them, I love you. And I'll always love you, but sometimes I have to be strict for you, to make like tough love—I have to give you tough love." (FG1)

Sometimes, good punishment. Like if the child, maybe she has failed maths or something, and you see that she didn't read well, she wasn't doing her work... you have to say that "for this week, you mustn't watch the TV, for this week, you must concentrate on your books. (FG2)

The authoritative parenting style seems to predict higher levels of prosocial behaviours in children and adolescents (Canegallo et al., 2020). This parenting style is thus effective when applied to disciplinary strategies and resilience enabling.

The participants use the authoritative parenting style to find a balance between allowing the adolescents to learn and experience natural consequences for their actions, and protecting them from serious circumstances that may threaten them (Stiepock, 2016). Protecting children from adversity would not necessarily enable them to be resilient as it would undermine their agency. Rather, it seems that the participants would prefer to let their adolescent children take the lead and experience the consequences for themselves and have to deal with them independently.

“Sometimes I feel like it is choices... Sometimes you can do as much as you want, or as much as you would love to. Remember they also have their own mind and their own experiences” (FG1)

“What steps do he or she want to take, and let them take the lead from there” (FG2)

The data thus suggests that the participants do not demand a consequence for every behaviour that they deem as wrong, but rather ascribe value in allowing their adolescents to make mistakes and work through them independently. This approach relates to the supportive nature of the caregiver-adolescent relationship, as discussed above. According to the socio-ecological model, these opportunities would enable adolescents to have the chance to negotiate and navigate towards resilience by drawing on their protective resources. This then could allow the adolescents to develop and experience competence by learning how to handle adverse situations effectively and thus foster their resilience.

When asked what the participants do when their adolescent child/children do something wrong or are not behaving as expected, the authoritative parenting style came to the forefront again. None of the participants indicated that they use harsh forms of punishment or discipline but they rather use what they termed “tough love” and a logical consequence to support their rules and expectations.

“I don’t shout. I speak softly” (FG2)

A common strategy that the participants utilise is taking something that the adolescent values away.

“Whenever I try to discipline, when I take something that she likes that’s when she’s going back” (FG1)

Taking something away that they like, like for example, like mine used to like cartoons ... if he doesn’t perform at school, then I stop paying DSTV, so then, we arrive home, it’s just us, talking and doing the school work, and sleep... now, he is performing. Even now, when he does homework, he will switch off the TV, even the cell phones. (FG2)

Thus, the authoritative approach to discipline is what the participants are referring to when they describe their disciplinary strategy as “tough love”. This can be an effective strategy, both from the data and the literature.

4.6 Discussion of Findings for Theme 1

Exploring this theme created an opportunity to gain insight into what the caregiver-adolescent relationship comprises and what maintains the relationship. It has provided important information that describes how the participants behave and act towards their adolescent children in ways in which are resilience enabling. There is a clear contrast between the external environment in which the participants and their adolescent children reside and their interpersonal relationship. The environment poses many challenges and exposes the adolescent to many risks. At the same time, the relationship with their caregiver, on the other hand, provides love, safety, support, encouragement and opportunities for positive developmental outcomes. Therefore, the positive, warm and nurturing relationship between the participants and their adolescent children can buffer the risk factors for resilience that their environment may require. Interestingly, all the strategies the participants reported as having used have also been previously been endorsed in the available literature and other research studies as positive parental behaviours and resilience enabling processes.

4.7 Theme 2- Environmental Resilience Promoting Factors

In theme 2, the caregivers’ perceptions of resilience promoting factors within their adolescent children’s environment are identified. These factors are understood to be external contextual factors that further support the adolescents’ ability to be resilient.

According to the reviewed literature and the socio-ecological framework of this research, this theme is significant as it has moved away from the notion of resilience being a character trait that one may or may not have or possess in different degrees (Masten & Monn, 2015). Rather, it has been argued that resilience is a process that draws on different parts of and aspects of individuals' environments to influence how resilience is expressed (Theron & Theron, 2014; Ungar, 2011). Furthermore, this theme is significant, as the theoretical framework that underpins this research is based on Ungar's (2016) socio-ecological model, based on the understanding of resilience being a process negotiated through interactions within the environment (Ungar, 2011a). Thus, this theme provides evidence for and supports the social-ecological understanding of resilience. Two themes emerged, firstly, the importance of knowledge of how education can serve to provide the adolescents with goals, aspirations and foster their initiative to be resilient and not give in to risk factors. Secondly, it showed the importance of religion in providing an ethical framework from which the adolescents can draw values and moral guidelines.

Table 4.6: Theme 2 Inclusion and Exclusion Criteria

Theme	Inclusion Criteria	Exclusion Criteria
<u>Sub-theme 2.1:</u> Importance of Education	Any reference to the significant value of education on the adolescent child's ability to be resilient, and strategies the participants use to ensure that the adolescents complete their education successfully.	Lack of reference to the significant value of education on the adolescent child's ability to be resilient and a lack of interest in successfully completing the adolescents' education.
<u>Sub-theme 2.2:</u> Importance of Religion	Any reference to how religion or a belief system provides the adolescent children with an ethical framework and values, to regulate their behaviour in the absence of adult supervision.	Lack of reference to how religion or a belief system provides the adolescent children with an ethical framework and values, to regulate their behaviour in the absence of adult supervision.

4.7.1 Sub-theme 2.1: Importance of Education

Education itself has become known to be a protective factor that promotes resilience (Ebersöhn, 2017; Mampane & Bouwer, 2011). However, the lack of resources, the quality of teaching, structural challenges and large amounts of learners within classes in township areas such as Mamelodi, in which the research was conducted, can be understood to influence the quality and relevance of the education that the adolescents receive (Mampane, 2017).

During my research, a strategy that the participants sought out proactively was the continual reinforcement of the importance of education. Owing to this, it appears that the participants aimed to ensure that their adolescent children take their education seriously and prioritise it. The participants themselves seem to place a large amount of value on education and consequently, aimed to instil this value in their adolescents.

“and then I try to speak to her “go to school ... when you finish school you can get a job, you can make a living, you can get a husband what you want, and then life will sort out” (FG1).

It seems that to demonstrate the importance of education and what it can do for them, the participants share their past educational experiences with their adolescent children.

“But I try to go to matric, and I get my matric, even though I don’t have money to go to tertiary (FG1).

“Cos when I, I get into matric I stop going to school because of the baby. But I push after getting the baby, and then I go back to school” (FG1)

You say ‘I don’t like maths’... me, I used to dislike maths at your age and didn’t do the classwork because I disliked the teacher, so don’t dislike the teacher... if you like the teacher, you’ll end up loving the subject (FG2)

This, therefore, relates to *Subtheme 1.2 of the Caregiver as a Role Model* and highlights how the participants themselves have displayed resilience, as, despite the hardships they encountered during their school-going years, they persevered and ensured that they completed their education.

4.7.1.1 Category 2.1.1: Involvement and monitoring of school-related behaviour.

The data suggests that the participants use strategies such as instilling the value of education within their adolescent children, monitoring the adolescents' behaviour at school and completing their homework and classwork. They also maintain an open communication channel with the teachers regarding their adolescent children's education. This ensures that despite the challenges posed to the quality of the adolescents' education, they can receive an education that can provide them with opportunities to succeed. This can be seen from their comments:

“And if you check the school books, you must sign at the bottom” (FG1)

“and as long as you the mother, with the teacher, you have good communication, I believe your child at school will turn out to be well” (FG1)

“Go to school and then ask the class teacher and then talk to the class teacher how, how does uh, Sina perform at school and check the school books every day” (FG1)

“I told him that I'm going to visit your school, I'm going to see your teacher” (FG2)

Based on this, the data suggests that the participants act as an intermediary and a buffer against risk factors that the adolescents may encounter within their environment that could hamper the adolescents' access to the educational opportunities they encounter. Therefore, the strategies they use are protective factors against the possible obstacles that the adolescents could experience regarding accessing their education. Therefore, the caregivers' strategies are an attempt to ensure that their adolescent children remain focused on their education.

The research indicated that the participants would use forms of discipline when they see that their child was going off track and becoming distracted from their schoolwork. In this way, it appears that the participants safeguard against distractions and the negative influences that may impair their adolescent child or children from focusing on their school work and education. The participants commented:

She starts focusing on the schoolwork and doing the right thing so that when she starts to see, whenever I try to discipline, when I take something that she

likes that's when she's going back and say I'll go back to school focus on doing the schoolwork and study, not staying on the streets. (FG1)

"This is nothing compared to your education. Rather get your education, stop the dating and all that" (FG2)

It appears that the participants also perceive that who their adolescent children are friends with is an important factor, as their friends can influence the focus on their school work positively or negatively. Two participants, in particular, indicated that they perceive their adolescent child's friends to be a good influence as she does her homework and does her schoolwork with the friend. This was seen as I asked; *"What makes them a good friend?"* One participant answered, *"a good friend for my child is a child that does her schoolwork"* (FG1). Another indicated, *"and whenever she go to the friend's house, I know she will be doing homework and doing stuff"* (FG1).

It appears that the reinforcement of the value of education, staying involved in the adolescents' education and monitoring what kind of people are influencing them are important strategies. Such strategies are used to ensure the successful completion of school work and that the adolescents' educational opportunities are embraced fully. This can be seen through the participants reporting positive results and behaviour from their adolescent children regarding their school work.

"For me, I see changes, because last year I saw she brought for me, a certificate. A certificate of A plus, certificate of understanding. She's got five certificates" (FG1).

"And then the principal called me, she told me 'your child is disciplined, she doesn't make a noise at school, she stays clean' " (FG1).

"his school work is always done and good" (FG2).

"Like that and pay school fees, 123, because if I don't do that, he becomes disappointed, he'll say mommy, you owe school fees" (FG2).

"She's always at home, doing her work" (FG2).

Based on the value that the participants ascribe to education and the adversities that they experienced when obtaining their education, it appears that they want better for their children. Consequently, the caregivers place a lot of energy and emphasis on

ensuring that their adolescents have better experiences and opportunities than they did.

Therefore, the participants appear to be highly involved in their educational processes both within and out of the classroom. This results in their adolescents adopting the same value of education that is modelled for them.

4.7.1.2 Category 2.1.1: Provides aspirations and goals, promoting the development of Initiative.

The data suggests that in addition to acting as a buffer against distractions, the participants act as a support system by providing their adolescents with motivation, support and encouragement in regards to school work. This can be understood to foster a positive attitude and orientation towards education within adolescents. The data suggests that having a positive orientation towards their education provides the adolescents with aspirations and goals to work towards, thus fostering the development of resilience by navigating their way through adversities and remaining focused on their education.

“Maybe if you know if the child is not performing with the school work at school, you give him courage” (FG2).

“Each and every time, I make sure that they go to school” (FG2).

The participants indicated that positive reinforcement of their child’s achievements and providing them with goals to work towards are important. It appears that the participants perceive this strategy to be conducive to maintaining a good work ethic.

“Check their books, say “yoh! You got 90%! Well done my child ... keep it up”.
(FG2)

Regardless of the financial standing or circumstance that a caregiver may find themselves in, the importance of their children’s achievement and success in education can be seen in the financial sacrifices made by certain participants. This is done by some of the participants agreeing to buy their adolescents material rewards if they succeed academically and achieve their goals to motivate their adolescents—even if their financial situation does not support it. Consequently, this strategy appears to be a way in which motivation is fostered. Thus, an end goal and the desire for their

adolescent to realise their potential and experience academic success, appear to override and take priority over their financial situation. As FG2 commented:

Telling them that if they get the good results at the end of the year, I'm going to buy you this. And maybe, he wants something ... sometimes I like to ask him, what would you like me to buy you? And then he tells me. If he tells me, then maybe I'll say 'if you get a good result at the end of the year, I'm going to buy you this'. (FG2).

Other participants, however, use the fact that their adolescents desire such things that they cannot afford to purchase for them as a way to foster ambition. This strategy is used to display the importance of education. It is only through education that the adolescents will be able to obtain well paid job to afford such things for themselves. FG1 commented:

You as a parent must tell your child, use that phone and then you can finish the school. When you finish the school, you can buy a new phone, the one you want, because I can't afford that Samsung. (FG1).

Beyond a material-based goal that the adolescent may use as motivation to work towards, the participants appear to remind their adolescents of the greater importance of their education. This is done by highlighting how education is vital in enabling the adolescents to make a better life for themselves and use it to accomplish greater goals and empower themselves to break the cycle of poverty.

"My children, will learn that you know, I must break the cycle. And at least, empower myself to have a better life in future, so they will press on to go to school, and be you know, focused" (FG2).

"I always tell him that you go to university, you do a degree, after degrees- and that's when you can do your drama" (FG2).

It can, therefore, be seen that education provides adolescents with an opportunity to display ambition and determination. These are essential intrapersonal traits that enable adolescents to display resilience in their education and all other aspects of their lives.

4.7.2 Sub-theme 2.2: Importance of religion

The participants made it clear that religion and a sense of a higher power play a significant role in raising their children. Furthermore, it seems that the participants perceive that through religion, their adolescents learn and assume values, morals and appropriate ways of behaviour. Through this, the data suggests that the participants perceive that the adolescents can use religion as a resource to cope with adversity, and prevent from engaging in risk-taking behaviours that are often characteristic of adolescence.

“it’s very important because it teaches them the morals, and how to respect, and also, to be- to know who they are” (FG2).

“It takes a lot. And you know, teaching our kids to go to church and always praying I think it plays a big role in our kids” (FG1).

The data also suggests that the participants see religion as providing adolescents with an aspect of their identity. This is crucial as the adolescents are in a phase where they develop their identity (Christie & Viner, 2005). Consequently, adopting religion as part of their identity may serve as a protective factor that they can utilise when navigating adversities.

“So, I think it’s something that us parents must teach them ... to pray and teach them how to fear God” (FG1).

The different beliefs and concepts associated with religion appear to support the participants’ disciplinary techniques with the adolescents as discussed in *Category 1.3.3: Giving tough love and being authoritative when necessary*. It appears that the participants use the notions associated with religion, such as fearing God and being in God’s presence, as a way to ensure that their adolescent children act according to morals and values. Two of the participants commented:

Because of other people, they can identify with other things, but if you are in God’s presence, you will start to understand that, I am loved and I can do things better in life, and also, the most important thing is respect. (FG2)

“Also, when I pray, I ask God, I ask God to protect my children and please give my children the right choice not the bad one” (FG1).

The theme suggests that religion is a central feature to raise their adolescents and a protective resource in the participants' lives that they rely on when they experience challenges in raising adolescents. Moreover, it appears that their sense of faith, and prayer comfort them in that their adolescents, in some way, are supported in making the correct decisions.

4.7.2.1 Category 2.2.1: Creates an ethical framework and regulator of values.

The participants indicated that religion provides the adolescents with a consciousness making them more cognisant of their behaviour, and more likely to think about their actions and the associated potential consequences before they engage in them. The participants commented:

And teaching them to hear God. I think that it's the most part, that it helps them because then they'll always have, they will always have that thing of saying; You know what, what I am doing God doesn't want me to do that ... its part of that consciousness that's saying, whenever mommy is not there or if nobody is watching, the Almighty knows what I am doing, so the consciousness will tell them, you know what, you have to stop this. (FG1)

I think, when talking about the church and God, you have to have that fear. This is wrong ... you have to listen to your conscious. You have to know your conscious ... if I do this, it's wrong—then you know and then you'll be safe. (FG2)

Through this, when the participants are not present, and the adolescents are not under their supervision, it appears that instilling the associated values of religion and a higher power or God being present and watching over them provide the adolescents with an ethical framework according to which they act. This strategy appears to provide the participants with a greater sense of trust in adolescents, as can be seen from the following comments.

Sometimes we also tell them, that if today, God remembered me, how will you be? So that thing sometimes, it clicks in them. Even if my parents are not there, I must persevere to reach my goals, so that I can also help my siblings or whoever looks at me. (FG2)

“watching over them, yes. And also protecting them. And also knowing right from wrong” (FG2).

Thus, the data relating to this subtheme indicates that religion acts as a support and a form of reinforcement of the interpersonal factors within the caregiver-adolescent relationship. The participants appear to perceive this as a means to foster resilience in their adolescents, and a protective resource within their lives that they can depend upon to both prevent and deal with adversity. -

The researcher noted the following reflection regarding Theme 2, Category 2.2.1

When the participants were speaking about religion, and the value that it brings into their own, as well as their adolescents' lives, I felt like it related closely with the literature I had reviewed in regards to a sense of connectedness, belonging and meaning making.

Being Jewish, and not religious myself however, made me become conscious of my positioning within the focus group. I realised that although I know of concepts such as 'fearing God' for instance, I did not truly understand what it means and had to now research it further. Through this, I realised the importance of using constructivism as an approach to understanding the research. Lastly, I found exploring this sub-theme and immersing myself within the data as both challenging and extremely insightful. (Krok, 2020)

4.8 Discussion of Findings for Theme 2

This theme provided a great deal of insight into the aspects of the participants' lives that serve as a protective factor and how they have instilled the same values within their adolescent children. It also can be seen how, despite the challenges, the available literature associates living within a township such as Mamelodi with having a low socioeconomic status. However, the participants can identify and utilise protective factors within their environment. Therefore, according to the social-ecological model and understanding of resilience as a process, it is evident that the participants and their adolescent children have resources available to draw upon that foster resilience. Thus, the available data indicates that the participants use protective factors within their environment to assist them in raising adolescents who can be resilient.

4.9 Theme 3- Perceptions of Positivity in Adversity

This theme provided a great deal of insight into the aspects of the participants' lives that serve as a protective factor and how they have instilled the same values within their adolescent children. It also can be seen how, despite the challenges, the available literature associates living within a township such as Mamelodi with having a low socioeconomic status. However, the participants can identify and utilise protective factors within their environment. Therefore, according to the social-ecological model and understanding of resilience as a process, it is evident that the participants, and consequently, their adolescent children, have resources available to draw upon that foster resilience. Thus, the available data indicates that the participants use protective factors within their environment to assist them in raising adolescents who can be resilient.

Table 4.7: Theme 3 Inclusion and Exclusion Criteria

Theme	Inclusion Criteria	Exclusion Criteria
<u>Sub-theme 3.1:</u> Resilience through exposure to risk	Any reference to how risk factors within the environment are perceived to lead to the adolescent becoming increasingly resilient.	Any reference to how risk factors within the environment are perceived to lead to the adolescent becoming less resilient.

4.9.1 Sub-theme 3.1: Resilience through Exposure to Risk

The participants demonstrate a common perception that through their adolescent children growing up without having access to all they desire and being exposed to adversity, they can learn how to deal with challenges constructively. They can use such factors as motivation to make a different life for themselves and break the cycle of poverty. FG2 asserted that:

Because if you know that you are suffering, and you know, let's say, I can afford till this far, and also my children, will learn that you know, I must break the cycle. And at least, empower myself to have a better life in future ... but the other

ones, because of the money, if you want to go to school, you can go to school, if you don't want, you don't go. (FG2)

One participant indicated specifically that she believes that children who grow up poor are actually better positioned to succeed in the future than children who grow up with a higher socioeconomic status. Growing up without easily accessing resources and having every want met, appears to motivate adolescents to take their education more seriously and work hard for what they want. They know what it is like to go without, which then serves as an incentive for them to work hard.

You know, most of the richer kids, they don't attend and don't do their schoolwork properly...They don't do their schoolwork properly but the poor ones, they complete their work no matter what, with a torch, they will finish their work. And at the end of the day, they are going to be a teacher or a lawyer. (FG1)

"Yes, and they don't have a way to understand that no, not everything is to do about money" (FG1)

Based on this, the participants ascribe value to their circumstance and frame it as an opportunity rather than a disadvantage. Furthermore, it appears that they perceive that having a limited amount of resources and money keeps their adolescent children safer, as they cannot afford to buy substances or go out to be exposed to risky situations. In this regard, it seems that the low socioeconomic status acts as a buffer and a protective factor against risk factors within the environment. These statements suggest that high-risk environments may be conducive to positive outcomes by being content with what you have, coupled with motivation towards education and ambition to break the cycle of poverty:

Because of, if you want to please your friends, others they start to uh, drink, they do cocaine, and all those sorts of things that are negative. But these ones, because of not being able to go anywhere that is fancy, they are content. (FG2)

"So, they know, not to go there" (FG1).

I can't afford those fancy things, and going out as my child pleases, makes that gap between the rich and the poor. Because of this one, I teach my one to be content with what he/ she has, but with that one, you know, if they want to go

to Dubai, the parents will do, if they want to go out with friends, the parents will do. But the most dangerous part is most of those children, they are so exposed to uh, dangerous things. (FG2)

4.9.1.1 Category 3.1.1: Positive ascription and outlook towards hardship

The participants seem to have a positive outlook despite their circumstances and can see beyond their environment's limitations.

“but I see, you know, those people selling those sweets, a street vendor, then sometimes we see the street vendor, but if you see the bigger picture ... I see a big owner for a well-known supermarket” (FG2).

I tell my son, you must have a vision. Like, he likes engineering, so I tell him that, if you want to be an engineer, think of yourself as when you are older, maybe an engineer that works in the air force, so vision is good. (FG2)

Although the participants hold a positive outlook towards their circumstances, at the same time, they are not oblivious to the risks that the environment poses towards their adolescent children. The participants indicated that it is not about protecting their adolescents from such risks by preventing them from any exposure to the risks. Instead, they prefer to allow their adolescent children to deal with the challenge themselves and navigate through the problem. In doing so, the participants believe that this prepares them to be independent and thus resilient, as they will develop the skills that will enable them to deal with challenges alone.

“Don’t be overprotective, don’t spoil your child, and don’t defend your child” (FG2).

Because if you do too much, it’ll get you back. Like, also defending your child, even if they wrong, you know, in our local communities, our children play with other children, so it happens that they fight. Then you come as a mother, defending your child, and tomorrow, your child is playing again with those children, and you can end up being a, what can I say? A bad mother because they can’t fight for themselves. (FG2)

“even in the school, hey, there’s these things that the parents used to do. Saying like, my child is the best child ever. Then your best child won’t be able to support themselves or you” (FG2).

The participants' responses thus suggest that they can make meaning out of the challenges they are faced with and use them to inform the strategies to raise resilient adolescents. The participants appear to perceive risks as opportunities to raise independent and ambitious adolescents. Furthermore, they do not seem to feel that they or their adolescent children are disadvantaged in any way by having a low socioeconomic status. They rather ascribe value to experiencing challenges and hardship, making their adolescent children resilient.

4.9.1.2 Category 3.1.2: Lack of money is used as a motivation to succeed.

A common perception is held by the participants concerning their socioeconomic status. They do not perceive their low socioeconomic status as a factor that hampers their adolescents' opportunities for success but instead sees it as motivating. Consequently, it seems that the participants do not perceive money as a factor that fosters resilience. Instead, they indicate that just having enough money to provide for the basic essentials is sufficient.

To clarify this perception, I explicitly asked the participants in the first focus group; *“So like to make your teenagers resistant and strong and tough. You don't need more money?”* A participant responded *“Not more money, but enough”* (FG1).

Despite the positive outlook that the participants have towards their environment and circumstances, they still experience challenges in raising their adolescents and identified several sources of difficulty that the environment poses upon them.

Uh, girls ... they go to sugar daddies, so you must teach your daughter in how to prevent herself from not being exposed to those things” (FG2).

“For me, he likes to compare himself to others... ya, he wants expensive clothes. also competition. Maybe with clothes. Maybe you don't afford, and they compare himself to each other” (FG2).

Sometimes when the child comes to your school, she can tell your about [Pause]. I saw this one has a Samsung what, what phone. [pause]. And then me, I say, what is that phone? I can't get you that one, I can get the slide one, that cheaper one (FG1).

In order to deal with such challenges, the lack of money is utilised as a strategy that the participants use to teach their adolescents important life skills and the value of money.

“She has to know that you, you earn maybe R2000, so over this R2000, we have the basics. Food, maybe paying school fees ... the most important things first.” (FG1)

“But also teach them that you save, and you buy. There’s no manna that comes from heaven, like those sugar daddies promise you, but to take initiative, to uh, gain something that you want or what you like.” (FG2)

“to tell my children, know how to buy yourself whatever expensive things that they need.” (FG1)

Through this, the risk provides an opportunity for adolescents to develop initiative and ambition that will allow them to support themselves in the future.

“tell him, well, you’ll buy your own shoes when you get a job”. (FG2)

Consequently, a lack of money, a low socioeconomic status and being exposed to risks do not always infer a negative outcome, as alluded to in literature. Instead, a lack of money can be a protective factor that fosters resilience, as this can make an adolescent hardier and capable of dealing with disappointments and challenges. Furthermore, the participants believe that being exposed to risks protects their adolescent children from engaging in risky behaviours.

The researcher noted the following reflection regarding Theme 3, Category 3.1.2

Today made me realise the importance of not assuming anything as true unless you have discussed the assumption with whom the assumption is about. As I come from a different background from the participants, I held the assumption that growing up in a township anywhere in South Africa almost predisposed one to hardship and negative outcomes. From the focus groups, I have seen how this is untrue, and narrow minded. I am inspired by the participants’ ability to make meaning and ascribe positivity to even the most challenging circumstances. (Krok, 2020).

4.10 Discussion of findings for theme 3

Exploring this theme has uncovered the centrality of meaning-making in the process of resilience. The participants' responses indicate that coming from a low socioeconomic status and living within an environment characterised by structural disparities, hardship and limited access to resources do not have to lead to negative outcomes. Instead, such adversity and experiencing hardship can foster resilience as it prepares the individuals growing up in such environments to know how to handle adversity, and develop the intrapersonal traits that they can draw upon when navigating through challenging times. According to the participants, this is advantageous for their adolescents compared to adolescents who grow up in low risk environments and with higher socioeconomic status. As such, adolescents are not exposed to situations that necessitate ambition, determination and even grit. This theme thus challenges the assumption and research that links adversity with negative outcomes.

4.11 Conclusion

In this chapter, my study's results, situated within the framework of resilience literature, were presented. Through this, I intended to illustrate the strategies that the participants use—both within the interpersonal relationship with their adolescent child/children and within their environment. The caregivers believe these strategies are fostering resilience within their adolescent children.

5 CHAPTER FIVE- SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introduction

This chapter will offer an overview of the preceding chapters, revisit the theoretical assumptions, and provide the conclusions reached. After that, I will argue the possible contributions the study has made to the available research and literature. Finally, I will complete Chapter 5 by discussing the study's limitations and recommendations for future studies, training, and practice.

5.2 Overview of the Preceding Chapters

Chapter 1

In Chapter 1, I presented an introduction and rationale for this study. I explained that the study's purpose was to investigate how South African caregivers from a low socioeconomic status can support the resilience of the adolescents in their care. The theoretical basis of this study was also discussed briefly. Throughout Chapter 1, I aimed to create a broad yet comprehensive understanding of the reason for undertaking this study and contextualise it whilst explaining how it was approached.

Chapter 2

In Chapter 2, I reviewed the literature relating to my research topic. The most important aspects included reviewing the context of the research study, the role of caregivers, adolescence as a developmental stage. It was also important to understand resilience from the socioecological context as a fluid and dynamic process rather than an intrapersonal trait. Factors threatening individuals and that are known to promote or foster resilience and caregiving within a South African context were also discussed.

Chapter 3

Chapter 3 offered a detailed discussion and explanation of why I selected the research methodology and design that I used for this study. Furthermore, I described the study in terms of data collection, analysis and interpretation methods and provided details on selecting the research site and research participants. I discussed the quality criteria and ethical considerations I drew on during this study.

Chapter 4

I presented the results and discussed my findings. I stated how I arrived at my themes and sub-themes. In addition, I undertook an interpretation and synthesis of the data

by integrating the findings with information from relevant literature that I reviewed.

5.3 Revisiting the Theoretical Framework and its assumptions

The social-ecological theoretical framework of resilience will be revisited to locate the research findings within the framework. The following figure represents the contribution of this research to the theoretical framework.

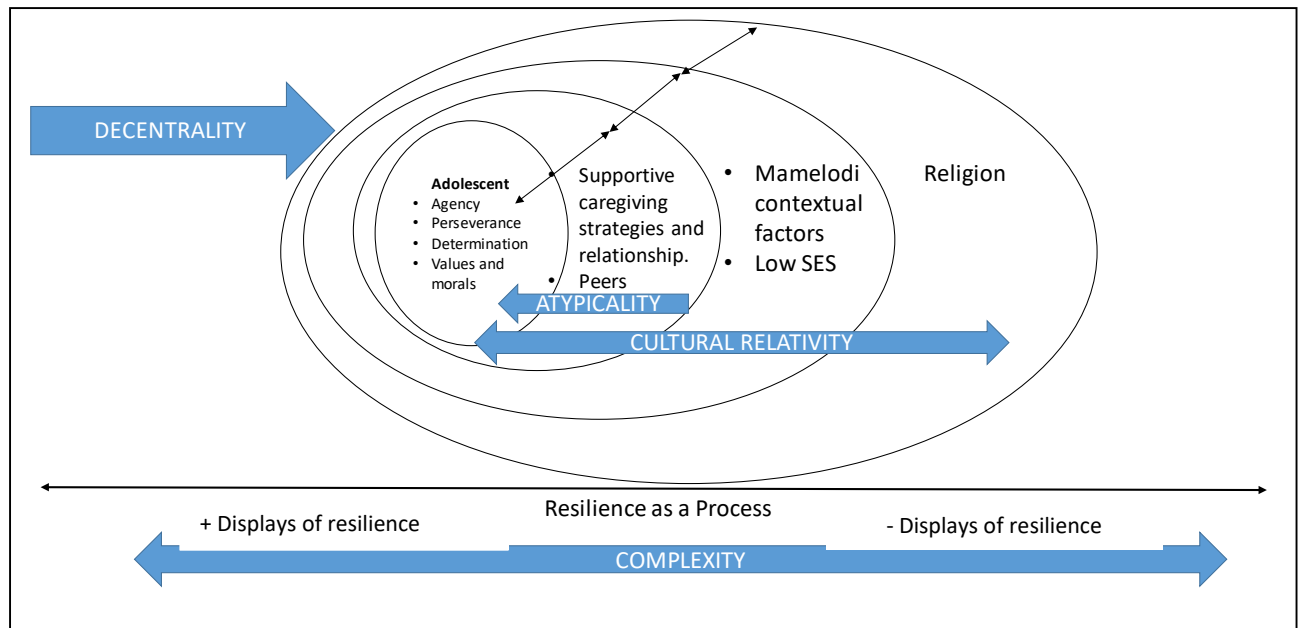


Figure 5.1: Contributions of the research findings to the theoretical framework

The figure above represents how the caregivers perceive their environment to foster resilience within the adolescents according to the principles of Ungar's (2011) social-ecological model.

The study was situated within the social-ecological model of resilience. The social-ecological model proposed by Ungar (2011) argues that resilience can be culturally negotiated and determined. Thus, this study emphasised the caregivers' perceptions of the roles that their social and physical environments play in the expression of resilience for the adolescents in their care. From an ecological systems perspective, adolescent resilience is a process that adolescents and their ecologies co-facilitate. Therefore, the caregivers' strategies can be seen to draw on both the relationship they have with their adolescent and their ecological resources (Theron, 2018).

This study supports the *decentrality* principle. It can be seen that the caregivers' strategies provide an environment that is conducive to resilience by providing the

adolescents with several protective factors that they can draw upon in the process of being resilient, as well as means to navigate through potential risks in their environment successfully. These strategies create opportunities for the adolescents to act in a responsible and self-disciplined way, which fosters the traits mentioned above and a sense of agency, determination and perseverance (Pretorius & Theron, 2019).

The study showed that adolescents are exposed to a multitude of risk factors. They often do give in to peer pressure and are negatively affected by their environment and the turbulent nature of adolescence. In such instances, an adolescent may be understood not to display resilience. However, in many other instances, the participants explained that the adolescents are able to display resilience and positive developmental outcomes by taking their education seriously, having positive values and morals, displaying ambition towards their future aspirations and goals, and being able to differentiate between right and wrong. Through this, it can be seen that resilience in adolescence can be expressed on a spectrum and is not a fixed trait either possessed or not. The caregivers indicated this by discussing how they consider the adolescents to be resilient, despite the times when the adolescents give in to their environment's risk factors. This finding corresponds with the theoretical principle of complexity. This highlights the understanding of resilience as a dynamic process on a spectrum rather than a fixed trait.

The findings from this study indicate that caregivers perceive having expectations of their adolescents, such as completing household chores and academic achievement, as a strategy that can foster resilience. It teaches adolescents responsibility and equips them with the skills required for them to be resilient and succeed. This contradicts Pretorius and Theron's (2019) study. Their study's findings indicated that parental expectations—particularly those of helping with household chores and succeeding academically—were considered discouraging, as the adolescents perceived them to be burdensome.

Therefore, there seems to be a discrepancy between what caregivers and adolescents consider to be resilience enabling. It may be possible that when the responsibility is shared, and modelled for the adolescents as discussed in Chapter 4's theme of *Resilience promoting factors within the caregiver-adolescent relationship*, the

burdensome nature may be decreased. Based on this, it seems that it would be important for the participants to draw on their open communication channel and modelling behaviour to find an equilibrium between their adolescents' expectations and what their adolescent children can expect of them. This balance may mitigate any negative feelings that the adolescents may hold towards having their own responsibilities.

This is indicative of *atypicality*, as in the context of the study, parental expectations were seen as a protective factor. Based on this, a key finding of this study is made in regards to the intention of the responsibility that caregivers place on their adolescents. This study found that it is with the intent of fostering resilience by encouraging adolescents to take on responsibility, as caregivers believe that having expectations of their adolescents is important in equipping them practically for adulthood and fostering agency. This is important as, despite the vast amount of research done on what promotes resilience in the youth and effective caregiving strategies, there appears to be a silence in the literature concerning the intention behind the strategies that are known to be effective, and why parents/families/caregivers choose to employ such strategies.

This research highlighted that whilst there is a common perception that a low-socioeconomic status and environment are associated with poor developmental outcomes, individuals who live in such an environment do not have the same perception. Instead, they find positivity in the adversity and recognise it as a protective factor that safeguards their children from the risks they could be exposed to in a more affluent environment. This finding highlights the importance of the principle of cultural relativity. Applying this principle allowed for a greater understanding of the participants' experiences and perceptions of their environment.

Relating the findings of this research study to Ungar's (2011) social-ecological model allowed for a better understanding of the study's findings as it created a framework in which the participants' perceptions could be understood theoretically. Furthermore, due to this research emphasising the strategies used by the caregivers to foster resilience, and not on the adolescents' themselves, the social-ecological framework assisted in answering the research question by coinciding with the assumptions of the

study. Therefore, the strategies identified could be understood within the cultural context in which they were utilised.

5.4 Responding to Research Questions

This section addresses the primary and secondary research questions that guided this study. The following section demonstrates the extent to which the research questions have been answered based on the findings presented in Chapter 4 and by relating these findings to the reviewed literature in Chapter 2. To understand and support the primary research question, I first answer the two secondary research questions.

5.4.1 Addressing Secondary Research Questions

The purpose of the current study was to explore the caregivers' perceptions of strategies that foster their school-going adolescent children's resilience within a low socioeconomic status. In Chapter 1, I posed the research questions to guide this inquiry. In the section that follows, I consider the secondary research questions to justify conclusions that address the primary research question.

5.4.1.1 Secondary Research Question 1

- How can caregivers from a low socioeconomic background support the resilience of the adolescents in their care?

The answer to this secondary research question is that, broadly, the caregivers utilise supportive strategies with their adolescent children to foster a positive relationship with them while leveraging the protective factors within their environment to facilitate positive developmental outcomes and resilience further. Additionally, the caregivers ascribe positive meaning to and find opportunities in their adversities and the adolescents they care for face. Through this approach, the caregivers can provide their adolescent children with a buffer against the risk factors within their environment and the challenges associated with adolescence.

The caregivers all appeared to agree that having an *open communication channel* (*Sub-theme 1.1*), characteristic of honesty and trust, was an essential aspect of raising adolescents to be resilient. Openness has been referred to in the literature regarding the Big Five personality traits (Ungar, 2005), while communication is known as a crucial process of family resilience through Walsh's (2012) work. Similar to these research findings, Walsh (2003) asserted that an open communication channel,

characterised by empathy, mutual trust and tolerance, is a resilience promoting factor within a family relationship. Based on this study, there is evidence that positive parental or caregiver interaction can enhance protective characteristics, as suggested by Ungar et al. (2012). In the participants' responses an honest and open communication channel is perceived as a protective factor, as the caregivers all considered communication and being honest with their adolescents as essential. By embracing this approach, their adolescent children will reciprocate by being honest and open with them about the ongoing events, uncertainties, and challenges they may encounter. This appears to be because an open and honest communication dynamic between the caregiver and adolescent creates the necessary space for the adolescent children. They will then feel that they can open up to their caregivers about the challenges they are experiencing and come to them for help and advice rather than turning towards counterproductive coping behaviours.

Interestingly, it was found that the caregivers model this type of communication with their adolescent children by being open and honest with them about their own lives. The caregivers indicated that it is essential to make time to speak to one's children and that if a caregiver wants their child to be honest with them, the caregiver needs to be equally as open and honest with the child about their own life. Therefore, another strategy that the caregivers use is modelling appropriate behaviour as described in the theme: *Caregiver as a role-mode (Sub-theme 1.2)*.

It appears that the caregivers act as a role model in an attempt to instil values in the adolescents. The main purpose of instilling these values is for the adolescents to distinguish right from wrong. Furthermore, the caregivers indicated that remaining actively involved in their adolescent children's lives by monitoring who they are friends with, and remaining aware of their whereabouts, is another important strategy in ensuring that their adolescents can show resilience in the face of the many negative influences that they are likely to encounter. This concurs with the existing literature, which describes supportive parenting to decrease adolescents' likelihood of engaging in high-risk behaviours and fostering resilience (Swanson et al., 2011; Ungar, 2016).

Displays of affection towards the adolescent (Sub-theme 1.3) explains the nature of the caregiver-adolescent relationship. This research found that developing resilience and being "hardy", requires softness and affection. It appears that telling the

adolescents that they are loved and showing it through support and encouragement is essential in the relationship between the caregiver and their adolescent child/children. This finding is in alignment with the available literature on caregiving practices fostering resilience which highlights the association between positive caregiving practices and resilience in children and adolescents (Li et al., 2020; Masten & Monn, 2015).

Taking an authoritative approach to parenting is therefore beneficial as aversive disciplinary strategies, such as physical/corporal punishment, shouting at, or shaming both children and adolescents, have been found to be non-effective in both short and long-term developmental outcomes (Masten & Monn, 2015; Sege et al., 2018; Ungar, 2016).

5.4.1.2 Secondary research question 2

- How do caregivers foster resilience within the adolescents they care for within a low socio-economic, challenging environment?

There appears to be a strong emphasis in the available literature that suggests that individuals who grow up in high-risk environments and with low socioeconomic status, are at a greater risk of unfavourable outcomes due to the psycho-social impacts of the burdens imposed upon them (Botha et al., 2018; Mampane, 2012). In addition to this, favourable outcomes have been associated with a higher socioeconomic status (Dale et al., 2014). Consequently, a low socioeconomic status can be understood to be a risk factor, yet caregivers appear to not be deterred nor discouraged by this type of risk. Instead, they use the risk to instil hope, motivation and perseverance within the adolescents.

The data from this research suggests that the caregivers believe that growing up in an environment characterised by low socioeconomic status and risks, such as Mamelodi, may foster resilience and positive outcomes. This finding relates to the available literature on resilience in regards to a positive outlook and meaning-making (Masten & Monn, 2015; Theron & Theron, 2014a; Walsh, 2012, 2020)

It appears that the socioeconomic status of the caregivers, and the low socioeconomic status of the Mamelodi township in which they reside, do not seem to be a factor that the caregivers perceive to impair their ability to support the resilience of the adolescents in their care. In contrast, the participants indicated that they feel that

coming from a lower socioeconomic status is beneficial and protects their adolescents from risk factors due to the limited access to resources. Owing to this, it seems that the caregivers perceive their low socio-economic status to be a factor that supports resilience. Moreover, the caregivers ascribe positivity to the adversity and make meaning out of it by framing it as an opportunity for their adolescent children to break the cycle of poverty by using it as motivation to succeed.

This aligns with the literature which indicated that individuals who grow up within a low socioeconomic context adjust to the circumstances and can navigate through them successfully (Chen et al., 2011). Consequently, an adverse context, such as Mamelodi, does not infer negative developmental outcomes. Therefore, an association between higher socioeconomic status and positive outcomes may not necessarily be assumed (Bradley & Corwyn, 2002; Dale et al., 2014)

To buffer against the risks that a low-socioeconomic environment can pose to adolescents, the caregivers draw on the strategies of tough love and an authoritative parenting style. This strategy seems to be understood by the caregivers as a way to maintain a supportive and loving relationship with the adolescents whilst still being able to set limits by drawing on their open and honest communication pattern. Through this approach, the caregivers can create awareness within their adolescents of the dangers that their environment can pose and protect them from engaging in such risks before they become involved in them. In addition to this, religion is used as a protective factor within an adverse context. Therefore, religion is used as a pillar on which the caregivers can rely to foster the development of values and morals further. Therefore, religion can serve to safeguard the adolescents from risk factors characteristic of a low-socioeconomic environment.

This study also indicated that a low-socioeconomic status is used as a precursor to foster aspiration and goal-setting within the adolescents. This occurs due to the adolescents' desire to possess different material items, which their caregivers cannot afford it for them. This is framed as motivation for the adolescents to work hard at school and receive an education that will allow them to get a job that will allow them to buy what they desire. To support their adolescents' acquisition of a quality education, the caregivers seem to monitor their school performance and support their adolescent children's school careers.

5.4.2 Primary Research Question

- What strategies do caregivers from a low socioeconomic background use to support the resilience of adolescents in their care?

Maintaining an open communication channel

The participants emphasised the importance of talking to the adolescents and creating an open and safe communication channel. Through this, the adolescents feel comfortable discussing sensitive topics and the challenges that they may be experiencing with their caregivers. It appears that the communication between the caregiver and adolescent is an important factor that the adolescent can use when navigating through an adverse situation and therefore act resiliently. This theme relates to Walsh's Family Resilience Framework regarding two of the key processes of family resilience, namely, communication and open emotional expression (Walsh, 2003). In addition to this, it seems that communication is essential in creating a strong relationship between the caregiver and adolescent. This seems to be formed by the caregivers sharing personal and sometimes uncomfortable information with their adolescent children. They express their mistakes and wrongdoings in an attempt to prevent the adolescents from making the same mistakes. The caregivers use this type of communication channel to raise their adolescent children's awareness about issues such as unprotected sex, sexually transmitted diseases, drugs and other risk factors to which adolescents are vulnerable. Due to the open and tolerant communication pattern, the caregivers can discuss such risks making the adolescent children aware of the harsh realities associated with them. This knowledge appears to prepare the adolescents to deal with such risks, acting as a protective factor to foster resilience against the dangers that their environment and adolescence pose. The communication creates awareness rather than intriguing them and leading to experimenting

Parental Involvement in the adolescents' lives

Findings from this research show that caregivers maintain an active role in adolescents' lives. The caregivers appear to be involved in the adolescents' social lives by monitoring their adolescent children's friends. This involvement seems to be used as a means to regulate the influences that the adolescents experience. Additionally, the caregivers are involved in the adolescents' school lives regarding checking their homework, academic performance and maintaining a relationship with their teachers. Such strategies can be understood to be protective factors against the

possible obstacles that adolescents could experience. Such involvement is reassuring as prior research has indicated that parental involvement relates to the well-being of children (Cunha et al., 2015; Parchment et al., 2016; Pengpid & Peltzer, 2018; Ungar, 2004b). Unfortunately, it has also been shown that parental involvement is often uncommon in developing country contexts such as South Africa and its townships (Bireda & Pillay, 2017).

The data provided here indicates that parental involvement within poorer socio-economic contexts is essential and effectively mitigates risk factors and enables resilience, particularly through the open communication channel between the caregiver-adolescent dyad and the positive caregiving styles aspects of the relationship. Therefore, parental involvement appears to be an essential strategy that can be a reliable protective factor for adolescents.

Instilling a strong set of morals and values through role modelling behaviour as well as drawing on protective factors within the environment.

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Instilling a strong set of morals and values through role modelling behaviour and drawing on protective factors within the environment.

Another strategy that this research highlighted as resilience enabling is instilling a strong set of morals and values within the adolescent children. The caregivers appear to do this by role modelling positive behaviour themselves and drawing on factors in their environment, such as the adolescent's education and their religion, as ways to promote values further.

The caregivers continually reinforce the importance and value of education by sharing their previous school experiences with their adolescents. Through this, it appears that they aim to ensure that adolescents take their education seriously and see it as a way to accomplish their goals and aspirations. Research conducted within the South African context has shown how teachers who encourage their students facilitate future- directedness, facilitating perseverance when adversity is faced and being a source of strength for adolescents within high-risk environments (Ebersöhn, 2007; Theron & Theron, 2014a). Thus, through this research, it can also be assumed that caregivers can fulfil the same role.

Religion also serves as a framework that provides adolescents with morals and values. The caregivers appear to rely on religion as a strategy to reinforce what they teach their adolescent children and to find a sense of trust that their adolescents will act responsibly and correctly.

Through this research, it was found that the caregivers have the perception that through instilling morals and values within the adolescents, they feel that when they are not present, their adolescent children will still be able to differentiate between right and wrong. This appears to further promote the development of trust between caregivers and adolescents. Role modelling and instilling values seems to be an important strategy, especially when raising adolescents, as they are easily influenced and vulnerable to a multitude of environmental factors. Research indicates that adolescence is a critical period for developing habits of value-driven behaviour that will continue throughout the lifespan (McLean, 2020). Based on this, although an adolescent may not always directly ask their caregiver what to do, they do watch to see how their caregivers behave, and then model that behaviour. Caregivers must set the correct example and not act in a manner in which they would not approve in their adolescent child. The Self-Determination Theory can be drawn on here to understand

that adolescent children internalise the values that their caregivers have modelled for them and integrate them into their own identity (Park & Peterson, 2006)

Authoritative and supportive approaches to caregiving to foster self-esteem and self-worth.

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Authoritative and supportive approaches to caregiving to foster self-esteem and self-worth.

The caregivers all agreed on the importance of showing love and affection towards the adolescents and that when discipline is necessary, it is more effective to use tough love, such as discussing the mistake or its logical consequence. This view is a more effective strategy for raising resilient adolescents than aversive disciplinary strategies, such as physical/corporal punishment, shouting at, or shaming both children and adolescents, which have been found to be ineffective in both short and long-term developmental outcomes. Research instead shows that aversive strategies lead to an increased risk of negative outcomes (Sege et al., 2018).

As part of the authoritative parenting style that appears to be used by the participants, the caregivers appear to aim for a balance between allowing the adolescents to learn and experience the natural consequences for their actions, and protecting them from serious circumstances that may threaten them (Stiepock, 2016). Protecting children from adversity would not necessarily enable them to be resilient as it would undermine their agency. Instead, it seems that the participants would prefer to let their adolescent children take the lead, experience the consequences for themselves, deal with them independently, and so develop a sense of agency.

As discussed in Chapter 2, agency is an important factor in fostering resilience (Van Breda, 2016). Through a sense of agency, adolescents can develop their self-esteem and self-worth (Naganandini, 2017). This factor was also commented on by the caregivers and perceived to be important. This is significant as research has shown that self-esteem usually decreases during adolescence (Naganandini, 2017). These findings support the literature arguments that posit that adolescents who have high self-esteem can handle their stress and frustration in more appropriate ways (Naganandini, 2017).

Therefore, the findings from this research substantiate the findings that relate to how adolescents living in hostile environments benefit from positive support to overcome hardships and enhance their resilience within their environment (Mampane, 2014; Theron, 2018). This finding is thus in line with the available literature on the positive impact of the authoritative parenting style, and therefore can be identified as a known effective strategy for the participants to use to foster the resilience of the adolescent children (Ungar, 2004b; Wright & Masten, 2005).

Positive ascriptions to and meaning-making of adversity

Constructive meaning-making refers to one's ability to find positivity in experiences of adversity and to utilise and negotiate these experiences constructively to make one "stronger" or "tougher" (Theron & Theron, 2014). The findings from this research provided evidence for this as the caregivers' responses suggested that they can make meaning out of the challenges they face due to their environment and use them to inform the strategies to raise resilient adolescents.

Although much of the available research and literature discussed in Chapter 2 pertaining to townships alludes to poor developmental outcomes when one grows up in poverty due to the increased risks, the caregivers do not appear to hold the same outlook. Instead, they see value in the adversity as they frame it for their adolescent children as motivation to take their education seriously, make good choices, and essentially be resilient for them to live better lives.

5.5 Addressing the Assumptions of the Study

This study was based on two key assumptions. The following section serves to evaluate the extent to which these assumptions are confirmed by the study findings. The two assumptions are presented and evaluated below.

- Assumption 1: Biological or non-biological caregivers from low socioeconomic backgrounds are both capable and vital in fostering the resilience of adolescents under their care.

The findings from this study prove this assumption to be true. The caregivers that took part in the focus groups comprised of both biological and non-biological caregivers who reside within the low socioeconomic context of the Mamelodi township. Through this research, it was found that the caregivers utilise a variety of resilience enabling strategies that are known to foster resilience. Findings from this study suggest that the

caregivers serve to prepare the adolescents to deal with the adversities that they may and do face, but beyond this, they also serve as a buffer and a protective factor that the adolescents can depend upon when going through adversities. They are thus essential in fostering resilience.

- Assumption 2: It is assumed that the research will identify several effective strategies that the caregivers provide which foster the adolescent's resilience. These are likely to include at least one of the strategies as explained by (Walsh, 2015) such as; having a supportive bond, using authoritative parenting, identifying with the adolescents and advocate for them.

This assumption was also met. This can be seen in Chapter 4 and through the answer related to the primary research question above. Several effective strategies were identified in this research. Moreover, the strategies found within this research included, but were not limited to Walsh's (2015) identified strategies. Having a supportive bond and authoritative parenting were both themes found within this research and described in Chapter 4 as strategies that the caregivers deem as important in fostering resilience. The support and encouragement and affection confirm the caregivers' view that the caregivers display towards their adolescent, as described in *Authoritative and supportive approaches to caregiving to foster self-esteem and self-worth*. Additionally, the caregivers identify with the adolescents through the open communication channel that they have with them, which is used to understand what their adolescents are going through and provides a sense of trust and honesty within the caregiver-adolescent relationship as described through *Maintaining an open communication channel*.

5.6 Limitations of the Study

This study focussed on the perceptions of adolescent resilience-promoting strategies as perceived by caregivers. Owing to this, when conducting the research, only the caregivers' perceptions were considered. As a result, the voices of the adolescents have not been heard, and thus a complete understanding of what strategies are effective cannot be made.

Secondly, limitations can be noted in regards to the methodology of this study. A single case study design was used to conduct the research. Whilst this was beneficial to this research as it allowed for a focused, detailed and descriptive understanding of

the data, there were limitations. A limitation of this design is that due to the small number of participants used, this research's findings cannot be generalised to other contexts. Although the generalisability is limited, a qualitative study such as this is focused instead on providing an in-depth understanding of the phenomena at hand, and thus the single case study design remains appropriate (Creswell, 2014).

When reflecting on my role as the researcher in this study, there may be further limitations. Of particular note was the limitation due to language. The participants of this study all spoke different languages indigenous to Mamelodi, while I am only able to speak English and could not access a translator, which resulted in some of the participants translating for one another and calling on the social worker to translate. Consequently, there may have been some misunderstanding due to the language barrier and statements being lost in translation. In addition to this, coming from Johannesburg and residing within a suburban area my whole life, I realise that the data analysis may be prejudiced by my own background, context, history, and prior experiences (Creswell, 2007). To stay mindful of these biases, I reflected in a study journal and discussed my thoughts, feelings and actions with a peer. I also originally planned to do member checking to prevent my own biases, interests, and interpretations from impacting the data's themes (Carlson, 2010). Unfortunately, COVID-19 and the consequent lockdown caused a delay in the data collection process and left insufficient time to do member checking. Thus, it is essential to note that the trustworthiness of the findings of this study was not able to be validated and verified, which may have affected the rigour of the study (Doyle, 2007).

Lastly, the data was collected during focus groups rather than single interviews. This could have led to some group members being more reserved, whilst other members dominated the discussion. This may have caused some of the views and perceptions of the participants to be omitted inadvertently

5.7 Possible Contributions of the Study

This study aimed to offer in-depth understandings of the perceived resilience promoting strategies of caregivers from the context of adversity and a low socioeconomic background to enhance and support the resilience of their adolescent children.

Through conducting the study, several practical strategies were identified, and in doing so, it brought to light how caregivers understand resilience and the factors that are important in enabling it within the South African context.

The study could help address the small gap in the literature as described by van Breda (2017) on the resilience of South African youth, by providing insight into the specific strategies through which resilience is fostered within the face of adversity, and in contexts assumed to be predictive of adverse developmental outcomes.

5.8 Recommendations

This study focused on caregivers' perceptions of resilience, promoting strategies in adolescence. Through this, several opportunities and directions for further research can be identified. The following section looks at recommendations for future research, training, and practice from this departure point.

5.8.1 Recommendations for future research

Based on the findings in Chapter 4, as well as the discussions and interpretations of them, I recommend the following in regards to future research:

- Adolescent's perceptions of resilience, enabling caregiving strategies within a low socio-economic environment, should be researched further. Through this, a greater understanding can be developed that is less biased towards the caregivers to explore what the recipients of the caregiving strategies deem as resilience enabling. This may provide further insight into the most effective strategies that can be used to foster resilience.
- The role that various institutions within the environment, such as the church or school, can play to support caregivers' strategies in raising resilient adolescents should be explored. Through further research into this, a greater understanding of the role that the environment plays in fostering resilience regarding the protective resources that may be provided can be explored. This may allow for greater awareness of what should be made more accessible or taken advantage of when raising children and adolescents.
- The role that self-esteem and self-worth play in resilience should be explored. The caregivers expressed the perception that their adolescents possessing high self-esteem and sense of self-worth are important factors

in being resilient. Further research into the role of self-esteem and self-worth may, therefore, be beneficial. Furthermore, insight into how such constructs may be further fostered would help children and adolescents foster optimal emotional functioning.

5.8.2 Recommendations for training

- The findings of this study could be useful for caregivers to be trained in different communities, as they could learn practical ways in which they can foster the development of their children and adolescents' resilience. This could then serve foster the development of resilience within the South African youth and empower caregivers.
- Preventative training could be held in communities that serve to inform caregivers on what is best for their adolescents and what strategies may serve as harmful–harmful include such as aversive disciplinary techniques, remaining uninvolved in their children's lives, not role modelling correct behaviours and not discussing uncomfortable or sensitive topics with their adolescents.

5.8.3 Recommendations for practice

- Workshops could be held in which caregivers within different contexts share their perceptions, experiences and challenges of raising adolescents, whilst being taught effective ways to help raise them to be resilient and overcome obstacles that they may be facing.
- Educational psychologists could be taught proven effective strategies that enable resilience, and teach such strategies to parents and/or caregivers in parent psychoeducation.
- Adolescents should be provided with support, encouragement and positive regard within the caregiving environment, and also within the school context by their teachers.

5.9 Concluding Remarks

This study proved to be effective in providing insight into the different strategies that caregivers from a low socioeconomic context use to foster the development of resilience within the adolescents in their care. This found that despite the adversities faced due to their low socioeconomic status and context, positive developmental outcomes are not only possible but are probable. This can be seen as many of the

proven effective strategies identified within the literature as resilience enabling, were identified within this research, such as the authoritative approach, support and encouragement and identifying with the adolescents (Masten, 2004; Theron, 2018; Ungar et al., 2013; Walsh, 2015). In addition to these strategies, further strategies such as the importance of communication, parental involvement, role modelling appropriate behaviour and the importance of instilling strong morals, values, self-esteem and self-worth in the adolescents were highlighted as important strategies.

Furthermore, Ungar's (2011) social-ecological theoretical approach, that was used to conceptualise the findings, allowed for the importance of the environment in raising resilient adolescents to be identified. Owing to this theoretical approach, this study provided insight into the importance of the educational system on resilience, the role of religion in developing a moral consciousness as well as how constructive meaning making of even the most adverse circumstances can allow risk factors to be transformed into protective factors instead (Walsh, 2012a).

Through this research, I gained a greater understanding and respect for the essential role that caregivers play in the developmental outcomes of adolescents, and as to how despite the circumstances one grows up in, caregivers equipped with the correct outlook and capabilities can act as a buffer against many risk factors.

This study has allowed for the insight of knowing that it is not a perfect environment or perfect circumstances that make an individual resilient. Rather, it is through adversity, and how an individual can navigate through it—not alone, but with the support of others, that enable them to be resilient and more capable than they were before. One should thus embrace the challenges of life and trust that they will only make one stronger.

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<https://doi.org/10.17795/intjsh-27326>.

6 List of Appendices

Appendix A: Sample of informed consent form


Appendix B: Focus Group Questions

Appendix C: Sample of Focus Group Transcription

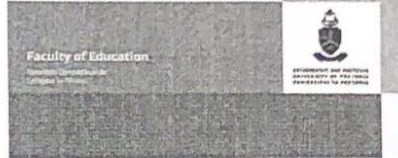
Appendix D: Snippets of the Inductive Thematic Analysis- generation of themes

Appendix E: Extracts from my Reflective and Observations Diary

6.1 Appendix A- Sample of Informed Consent Form



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA



Informed Consent Form

Dear Participant,

Thank you for your willingness to participate in this research study. The study is titled **“Caregivers perceptions of adolescent resilience-promoting strategies”** and is being conducted under the supervision of Professor Ruth Mampane.

The purpose of this study is to find out / understand how caregivers (like yourselves) are able to support their teenage children to be tough / strong / recover quickly from difficulties/ challenges (resilience). This study can also make us understand other ways that caregivers help their teenage children to be tough / strong / recover from difficult situations.

Your participation in this research involves taking part in focus group interviews / group discussion / group talk which will be conducted at the Sinqobile Matimba drop in centre, for a period of approximately 45 minutes to 1 hour with 5 to 6 individuals. Because of COVID-19, to make sure that you are safe, masks, hand sanitiser and social distancing measures will be followed at all times. After the group discussion, I will go and study what you told me, write it down and comeback for follow-up interviews. With follow-up interviews, I will ask you if you agree with the summaries I wrote from our discussions and where I do not understand, I will ask you to explain. Again, you can also make me change when you think I didn't understand you better.

With your permission, all the interviews will be tape-recorded. I will record so that I can spend more time listening to you and not writing word for word as you speak. Recording will help me to get true records of the discussions. I also promise that what we discuss during the interviews will not be discussed with other people who are not in the interviews. In my writing, I will also not use your names to protect you. But, since we will be many, it is the responsibility of all of us to make sure that we keep what we discuss in the group interviews secret (confidential) and not go tell others who are not part of the interviews. This means that your name will not be used in any reports that I will be writing nor will data/information obtained for this study be

made available to outsiders without you allowing for it to be with written consent. Results from this research will be used for academic purposes only.

To the best of my knowledge, there are no actual or potential risks – be they physical, psychological, legal, social or otherwise – that might result from your participation in this research project.

Your participation in this study is voluntary, and you have the right to withdraw/leave from the project at any time without consequences to you.

Your signature below indicates that you have been fully informed of the nature of this research, what your participation involves, that you are at least 18 years of age, of sound mind, and agree voluntarily to participate in this study as indicated above.

.....
Participant (Full Names) [REDACTED]
Signature Date 07/09/2020 [Signature]
Researcher (Full Names) Andrea Krok
Signature [Signature]
Date 07/09/2020

Please do contact my supervisor or me at any time if you would like clarification or feedback.

	Supervisor	Researcher
Name:	Professor Ruth Mampane	Ms Andrea Krok
Contact Number:	+27 12 420 2339	+27718721454
Email address:	Ruth.mampane@up.ac.za	19123257@tuks.co.za

Yours sincerely,
.....
Andrea Krok
MEd Educational Psychology Student
University of Pretoria
Faculty of Education
Groenkloof Campus
Pretoria

6.2 Appendix B- Focus Group Questions

Data Collection-Monday 7 September

Primary Research Questions

- What strategies do caregivers from a low socio-economic background use to support the resilience of adolescents that they care for?

• Secondary Research Questions

- 1) How can caregivers from a low socioeconomic background support the resilience of the adolescents they care for?
- 2) What aspects of the relationship are important in fostering resilience?

Process

- A. Welcome and Introduction (Rapport)
- B. Explanation of what we will be doing- the purpose, 45 minutes- 1 hour
- C. Ethics-confidentiality, anonymity, withdraw, no risks, tape recording
- D. Informed consent forms
- E. Focus group discussion
- F. Conclusion and lunch

Focus Group Questions

- 1) Tell me about your experience in taking care of / raising teenagers
 - What is it like for you to be raising a teenager now?
 - How many teenagers are you looking after?
 - Are they male/ female?
- 2) In your opinion/ view / experience / what do parents (caregivers) need to be able to raise teenagers well?
- 3) What does it take for a teenager to turn out well?
- 4) What does it take to raise a tough teenager. What advice can you give a parent so that they can be able to raise good teenagers?
 - What can go wrong? (what can stop the child from being good) (when they are not tough)
- 5) Sometimes parents / caregivers get it right, they do a good job in raising teenagers. In your view, what make them succeed?
 - How do you know that a parent and caregiver is doing a good job in raising a teenager?
What do they do? How do they do it?
 - How do you know a teenager has been raised well? How does he/she look like?
- 6) Why do you think teenagers who are raised well became good / tough / strong?
 - What do you think every parent needs to be able to raise good/ strong / tough/ teenagers?

7) Sometimes even when a parent / caregiver is trying to be good at raising teenagers, they can experience some challenges. In your opinion –

- What kind of challenges do you think parents / caregivers can face when raising teenagers?
- How can they overcome those challenges?
- In their schools, neighbourhoods, friends, access to resources etc.

7) What can go wrong / what is one thing that parents must not do when raising teenagers?

- What should parents avoid?
- What should parents focus on?
- What do you think can make every teenager turn to be a bad child?
- What do you think can make every teenager to be a good child?
- What is the difference / similarities between teenagers from rich families and those from poor families?
- What is the differences / similarities between parents and caregivers from rich families and those from poor families?

6.3 Appendix C-Sample of Focus Group Transcription

Focus Group One

AK: Like why do think, why do you think communicating with your child and being open with your child and making sure you spend enough time with them. Why do you think those things are important?

P: It's important because he's not going to know something outside. Everything is going, if he's going to hear something, he's going to hear from me.

AK: Okay, I understand. So it's coming from you so you're teaching them early?

P: I have time to communicate.

AK: Okay, so it's like you prepare them for the outside world?

P: And also groom them to have a good self-esteem. Most of the people, especially who are women they have a low self-esteem. They can't express themselves what they want and what they don't want.

P: Yes.

AK: Okay, so making sure that they don't look outside for self-esteem but they know it comes from you or it comes from

P: And to know your self-worth.

AK: Okay. Self-worth is also important. Why do you think having self-esteem and self-worth is important for the children?

P: Because they can do everything that you want, with a bonus, and also being strong enough- and be positive about what he/she is doing.

AK: Okay, so having like a hope and a dream and being positive and believing that they can do whatever they want to do.

AK: Okay. So at school, do you think school's important to make sure your child's good.

P: Yes, its important.

AK: And do you feel that sometimes you're worried you feel worried ever when you send your child to school, not because of the school, like because of the friends at school?

P: Friends at school. I think it's also, it's the same thing applies as you think at home, when your child goes out, sometimes at the school as well, remember at those schools, those friends are playing with at school are the very same friends they are playing with them at home. So whenever your child is in class, and as long as you the mother, with the teacher, you have good communication, I believe your child at school will turn out to be well.

P: I believe that there is no such thing as a bad school. I think at the end of the day, it all depends on your child and how you teach your child how to do things. But the minute you teach them, there is a the class, with the teacher. He's going to turn out well. Whenever he starts to go out of the class, with the very same people. Same applies when he's with you at home, he's a good boy.

Focus Group Two

AK- okay. Um so, you talking about, how in life nothing comes for free, and teaching them that, and like, if they want something, they have to work for it, or save for it. And it's not that they can't have nice things, its more just that they must save for it and work for it, and that it just doesn't come from heaven. Okay, so is that something the rest of you find with your children?

P: most important thing is to talk. To tell your child that we are equal...so he or she must know that; in my family, you've got to maybe, tell the child how you earn, how much you earn.

AK-okay

P: she has to know that you- you earn maybe R2000, so over this R2000, we have the basics. Food, maybe paying school fees...the most important things first, before the...

AK- unnecessary things?

P: ya, unnecessary things, or fancy things. And not to compare, to avoid peer pressure-ya. If I can buy you these toughies, or a school bag without a label, just make sure that you accept that thing, you don't have to compare that thing. Others are having Nikes are having this labels, so just appreciate what you have.

AK- yes, that's so important. To not compare, and to be like, open with them that's this is how much money we have, and maybe your friends have triple as much, you can't compare.

P: accept the way you are.

6.4 Appendix D- Snippets of the Inductive Thematic Analysis- generation of themes

- B: Yes, I think that parents should not behave like... with their kids. They should give their children the chance to **talk with them, to confide, to confide with** them.
- A: Okay
- B: **Always you'll know what your kid is up to.**
- A: Alright. That's similar to what everybody says. Everybody says how it's **important to not just shout and...**
- B: **be harsh**
- A: exactly, it's about communication and being honest and open with them and if you're honest and open then you'll always know what your kid is up to and what your kids are doing. Um, what else would you say is important to focus on? You've mentioned loving them, telling them that you love them, knowing who their friends are. Okay, anything else?
- B: You must make the time, you must make the time **to talk** to and stay with the children.
- A: Okay.
- B: **Just talk to the children.** At the end of the day you can know your children.
- A: Okay, so make time to talk with them and understand what is going on and do you feel like when you talk to them about that they open up more with you?
- B: Yes.
- A: Okay, more than being secretive?
- B: Mm.
- A: Okay. Um, anything else you can think of? So like if I came to your home one day, what would I see you doing with your kids to make sure that they turn out well? What do you, like the question is why do you, why do you think teenagers who are raised well become good and tough and strong and can resist all the bad things? Why do you think they turn out well if they've been raised well?
- B: I think that if you give yourself a **chance to talk to your children**, you'll always know them. At this stage, you have to understand what they are going through.
- A: Okay
- B: If you understand they will always **confide in you and tell you what's happening.**
- A: Okay, so they'll come for advice.

P: and also, we also teach them to love themselves. You know, if they have self-love they'll know what self-respect is. And there's no one to tell them lies. Like, I love you more than yourself. If you love yourself, you can take care of yourself.

Participants all agree.

P: So no sugar daddy or whoever can say I can make you better, you see?

AK- yes.

P: and also, the other thing that's my strategy that I'm using... to tell my children, know how to buy yourself whatever expensive things that they need.

AK- okay.

P: but also teach them that you save, and you buy. There's no manna that comes from heaven, like those sugar daddies promise you, but to take initiative, to uh, gain something that you want or what you like.

AK- okay. Um so, you talking about, how in life nothing comes for free, and teaching them that, and like, if they want something, they have to work for it, or save for it. And it's not that they can't have nice things, its more just that they must save for it and work for it, and that it just doesn't come from heaven. Okay, so is that something the rest of you find with your children?

P: most important thing is to talk. To tell your child that we are equal...so he or she must know that; in my family, you've got to maybe, tell the child how you earn, how much you earn,

AK-okay

P: she has to know that you- you earn maybe R2000, so over this R2000, we have the basics. Food, maybe paying school fees...the most important things first, before the...

AK- unnecessary things?

P: ya, unnecessary things, or fancy things. And not to compare, to avoid peer pressure- ya. If I can buy you these toughies, or a school bag without a label, just make sure that you accept that thing, you don't have to compare that thing. Others are having Nikes are having this labels, so just appreciate what you have.

AK- yes, that's so important. To not compare, and to be like, open with them that's this is how much money we have, and maybe your friends have triple as much, you can't compare.

P: accept the way you are.

A- accept the way you are, and maybe that's what comes in with self-love, that you don't need to have fancy things to love yourself, or to be proud of yourself.

Participants agreeing

A- okay so we're talking about money and that stuff, do you think that it is a different experience raising a teenager if you have all the money in the world or do you think that parents that are rich and don't worry about money, have a different experience of raising children or raising their teenagers

affection

Data Collection - Themes

difficult to raise ~~###~~ |
 cellphone ~~||~~
 HIV/Aids ~~|||~~
 secretive |
 unsafe environment ~~|||~~
 open with parents |
 peer pressure ~~###~~ |
 discipline |
 teach them everything they need to know |
 drugs ~~||~~
 compare |
 want expensive things ~~||~~
 make a plan to provide them with what
 they want ~~||~~
 → sacrifice ~~||~~

Strategies

talk ~~############~~ know who friends are ~~|||~~
 close bond ~~###~~ understand/support ~~||~~
 honest/open ~~############~~
 discipline in a bring way (not too harsh) ~~######~~ ~~|||~~
 learn/teach from their mistakes ~~||~~
 have aspirations/education ~~######~~ ~~|||~~
 church/religion/spirituality ~~######~~ |
 affectionate ~~######~~ |
 self-esteem/self-worth - ~~######~~ |
 avoid bad influences ~~###~~ |
Socio-economic
 kids equate love with parents buying them things
 ||
 don't need things to feel loved ~~||~~
 richer kids brag |
 gives them more drive ~~|||~~

Focus Group One Themes

Communication
 Honesty
 Tough love
 ↳ teach responsibility
 ↳ self-discipline
 Education
 ↳ aspirations
 (Self-esteem & self-worth
 (Affectionable
 Belief system - religion
 Less money gives them more drive

Focus Group Two

challenging	1	strategies	1
unsafe env	1	① teach how to behave	###
drug abuse	###	positive mentality	###
sugar daddies	1	② talk/advise	###
compare	###	trust	###
peer pressure	###	self-esteem/self worth	###
rich kids get		aspirations/initiative	###
exposed to		good money skills	###
dangerous things	④	aspirations/initiative	###
not being able to		honesty	###
do lots of things		appreciate what they have	###
protects them	11	education	###
HIV/Aids		avoid bad influences (friends)	###
want expensive		know right from wrong	###
things	1	+ (support/encouragement)	###
disrespect	1	③ affection	###
		spirituality/religion	###
		respect	###
		buy them things	###
		time	11

6.5 Appendix E- Extracts from my Reflective and Observations Diary

25 June 2020

Today was quite disappointing. Myself and fellow student, who is also under the supervision of Prof Mampane organised with the centres' social worker to meet the community care workers, herself and explain what we are doing and the kinds of participants that we are looking for. We decided to go together. We met at Groenkloof Campus and just 5km away from the centre, we found ourselves in the middle of a taxi strike. This had caused the roads to be blocked off as protesters were burning tires. Despite several attempts of trying to get around it, we had to turn around and cancel our appointment. This was disappointing as we had been waiting for so long to start our data collection process due to Covid. The social worker was very understanding, and assured me that we could reschedule another meeting soon.

30 July 2020- Meeting the centres' social worker and community care workers

Today I finally got to the centre. It was an extremely pleasant experience which made me feel truly excited to begin this process- finally. Myself and 2 other students went to the centre together. I enjoyed going together as it felt like although conducting different research studies, that we were in it together and could support one another through the process.

When I introduced myself and my research to everyone in the room I felt a deep sense of pride. Reflecting on this, I realise that this was the first time that I was truly stepping into an active role of being a researcher.

Everyone at the centre were very open to helping us find our participants. I feel very grateful to be doing research in which finding our participants is more purposive and that I can rely on the social worker for help in this regard.

7 September 2020- Data Collection Day

Today I woke up feeling nervous and excited at the same time. Driving to the centre for the first time by myself was definitely a new experience. Coming from the Joburg suburbs, it is out of the norm for me to be driving into Mamelodi. Driving there made me realise how structurally diverse Gauteng is, and how easy it is to fall into our

own bubbles of reality...I saw burning fires and goats on the road, but I also saw school children walking home from school and people hanging their laundry up. I thought to myself how despite who you are and where you are, people, although different, are also in some aspects, very much the same.

I had butterflies as I started the focus groups. More so the first one than the second. Once I had finished introducing myself and getting all of the administrative work out of the way, I found that the hour flew by.

Many of the things that the caregivers said took me by surprise. Having done the literature review and UP focussing so much on resilience, I think subconsciously I felt like many of the things I would expect them to say. This was often not the case.

Love and affection is something that for some reason I did not think would come up in the discussions today. It is interesting to me that resilience relates to a sense of hardiness or toughness, and that the participants relate this with softness. Reflecting on this idea makes me think about how important it is to feel like the caregiver-child relationship- no matter the age of the child is always needed as a secure base and a source of comfort as a child grows up and has to deal with challenges. Knowing that they are loved and supported is almost like a crutch. Knowing that despite the challenges and outcomes, they are unconditionally loved.

It was really interesting though when concepts I have learnt and read about came up in the conversation. This made me see the true value of using constructivism as the epistemological approach. Being Jewish, and not religious myself however, made me become conscious of my positioning within the focus group. I realised that although I know of concepts such as 'fearing God' for instance, I did not truly understand what it means and had to now research it further.

Today made me realise the importance of not assuming anything as true unless you have discussed the assumption with whom the assumption is about. As I come from a different background from the participants, I held the assumption that growing up in a township anywhere in South Africa almost predisposed one to hardship and negative outcomes. From the focus groups, I have seen how this is untrue, and narrow minded. I am inspired by the participants' ability to make meaning and ascribe positivity to even the most challenging circumstances.

I found the caregivers to be endearing and so open to share their experiences with me. I felt like although not a mother just yet, I want to go back to the audio-recordings and transcripts to listen to these nuggets of wisdom.