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Social connectedness and resilience among emerging adults challenged by urban disadvantage and COVID-19

by

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MAGISTER EDUCATIONIS

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DECLARATION

I, Estee van Niekerk (Student number: 13074581), declare that the mini-dissertation titled *Social connectedness and resilience among emerging adults challenged by urban disadvantage and COVID-19,* which I hereby submit for the degree, Magister Educationis in 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.

....
Miss E. van Niekerk

11 August 2023

ETHICAL CLEARANCE CERTIFICATE

FACULTY OF EDUCATION
Ethics Committee

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER: **UP17/05/01 THERON 22-01**
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CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

Mr Simon Jiane
Prof Linda Theron

This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:
- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

ETHICS STATEMENT

The author, whose name appears on the title page of this mini-dissertation, 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 my parents, Gerhard and Lise van Niekerk, who have always encouraged me to live with purpose, pursue my dreams and who always enable my resilience.

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In achieving this milestone in my life, I would like to express my sincere gratitude to the following people:

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ABSTRACT

This study is a sub-study of an existing study titled, 'The multisystemic sources of human resilience to COVID-19-related stress: Learning from emerging adults in India and South Africa (RYSE-SAIn)' (Ethics clearance: UP17/05/01 THERON). RYSE-SAIn aims to investigate resources associated with emerging adult resilience to COVID-19-related stress in disadvantaged communities. The purpose of my study of limited scope was to describe the relational resources that emerging adults have identified as resilience-enabling. In my study, which was framed by the Social Ecology Theory of Resilience, resilience, specifically in the face of significant adversity, is defined as the capacity to adapt successfully. To fulfil the aforementioned purpose, I conducted a qualitative study using a phenomenological research design. The draw-and-write method was used to generate data from 293 participants, aged 18-29 years, who were living in urban disadvantaged areas in Gauteng, South Africa. I analysed the data through inductive thematic analysis. Three themes were identified: 'Social Connectedness Offers Emotional Comfort', including the sub-themes: Stirring Courage and Creating a Sense of Connectedness; 'Social Connectedness Provides Resources and Practical Assistance'; and 'Social Connectedness Facilitates Access to Enabling Information'. The themes indicate that emotional support was central to enabling the resilience of emerging adults. Family was voiced repeatedly as central in resilience-enabling relationships. These findings enhance knowledge of relational resilience and provide insight into which relational supports emerging adults identify as most meaningful. Educational psychologists wanting to promote the resilience-enabling processes of emerging adults should recognise the extent to which emotional support contributes to emerging adult resilience.

Key terms: COVID-19, emerging adulthood, relational resilience enablers, social connectedness, urban disadvantage

LANGUAGE EDITING CERTIFICATE

Exclamation Translations

To whom it may concern

The mini-dissertation entitled, "Social connectedness and resilience among emerging adults challenged by urban disadvantage and COVID-19" has been edited and proofread as of 11 August 2023.

As a language practitioner, I have a basic degree in languages, an honours degree in French, and a master's degree in assessment and quality assurance. I have been editing, proofreading, carrying out reference control, and technically formatting documents for the past 13 years.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
COGTA	Cooperative Governance and Traditional Affairs
COVID-19	Corona Virus Disease (SARS-CoV-2 Virus)
HIV	Human Immunodeficiency Virus
NIDS-CRAM	The National Income Dynamics Study – Coronavirus Rapid Mobile Survey
OECD	The Organization for Economic Cooperation and Development
PPFPs	Promotive and Protective Factors and Processes
RAs	Research Assistants
RYSE-SAIn	Resilient Youth in Stressed Environments – South Africa and India
SETR	Social Ecology Theory of Resilience
SMS	Short Message Service
STIs	Sexually Transmitted Infections
WHO	World Health Organisation

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CHAPTER 1: GENERAL ORIENTATION

1.1 INTRODUCTION AND RATIONALE OF THE STUDY

My master's study forms part of a broader research project, namely, 'The multisystemic sources of human resilience to COVID-19-related stress: Learning from emerging adults in India and South Africa' (RYSE-SAIn). The broader study aims to identify which factors are linked to resilience in the face of stress related to the Coronavirus Disease (COVID-19). It further focuses on the protective value of a range of resources (Theron et al., 2021b). My study was concerned with describing the types of social support that emerging adults report as resilience-enabling, as well as the types of relationships that they identify as providing this support. Although my study is of limited scope, I hope to contribute knowledge to the aforementioned broader study by considering the specific aspects of social connectedness that enable resilience, as well as the protective value of support from social connections.

Since the outbreak of COVID-19, daily life for many has changed significantly (Wegner et al., 2022). The stressors related to the COVID-19 pandemic are widely acknowledged, with restrictions having had a global stress effect on individuals and societies. In South Africa, both positive and negative relational impacts have been noteworthy (Mashaphu et al., 2021). Relational and social impacts are even more poignant for emerging adults, whose developmental milestones entail decisions relating to their careers, romantic relationships, education, and identity formation (Wood et al., 2018).

Emerging adults are a specific demographic of young people who are in a transitional and unstable life phase, originally theorised as individuals between the ages of 18 and 29 years (Arnett, 2015c; Nice & Joseph, 2023). Relationships, especially those with parents and peers, change during an individual's years as an emerging adult (Arnett, 2014). Wood et al. (2018) indicate a need for further research on how relationships that provide social support to emerging adults affect their resilience. The concept of social support, first proposed by Caplan (1974), has been widely used to refer to the process in which interpersonal interactions act as a buffer against adversity (Cohen & McKay, 2020; Harandi et al., 2017). There is some

resilience literature regarding relationships as resilience enablers for emerging adults (Burt & Paysnick, 2012; Theron, 2020b). However, there is little research on how social support systems foster the resilience of emerging adults, specifically during COVID-19.

Resilience refers to the capacity to adjust well in the face of significant stress (Masten, 2014). Resilience is a complex and context-specific process (Ungar & Theron, 2020; Van Rensburg et al., 2018). Relational resources and social support are pivotal to resilience (Varga & Zaff, 2018). Social support plays an important role in resilience, however, there is a lack of research focused on the social connections that fostered social support among emerging adults during the COVID-19 period (Marchini et al., 2021). It is thus vital to understand how social connectedness and related social support enabled the resilience of emerging adults during COVID-19. Research regarding which types of social support, and which relationships provide social support that enables resilience is lacking, especially with regard to emerging adults (Cinner & Barnes, 2019; Li et al., 2021; Theron et al., 2021a). A study by Nitschke et al. (2021, p.560) indicates that "the higher the number of social contacts individuals maintained during the COVID-19 lockdown, the lower their levels of distress". Although it is clear that having more social connections is beneficial, it is still unclear which specific types of social support from these connections are most important for building resilience. Additionally, it is not known which relationships provide these different types of social support. This study aims to address these gaps, with a particular focus on emerging adults.

Adding to the identified gap in the literature, the majority of research on resilience has focused on North American and European settings, overlooking the perspectives of those from other countries, including those from Africa (Abukari, 2018; Theron et al., 2022b). There has been some research emerging regarding the effect of COVID-19 on the resilience of emerging adults. Nonetheless, it has yet to be determined how social connections fostered social support, thus enabling resilience in emerging adults within urban, disadvantaged communities in South Africa during COVID-19 (Gittings et al., 2021; Theron et al., 2021a, 2021c). Masten and Cicchetti (2016) note that compounded risk increases the chances of negative outcomes. As such, it is imperative to understand resilience in the context of compounded risk involving disadvantage and COVID-19. I aimed to add to the

growing body of South African resilience research by contributing emerging adults'
conceptualisations of social connections that enable social support in
disadvantaged South African contexts during COVID-19. A critical review of South
African pre-COVID-19 resilience studies indicated only eleven studies on emerging
adults, thus indicating a need for more research on this life stage (Van Breda &
Theron, 2018). Since then, only a handful of studies have examined the resilience
of emerging adults in South Africa (Bemath et al., 2020; Bond & Van Breda, 2018;
Padmanabhanunni & Pretorius, 2021a, 2021b; Theron, 2020a; Theron et al., 2021a,
2021c, 2023b; Van Breda & Hlungwani, 2019).

Not only are South African emerging adults at a disadvantage due to the limited
information available on how best to support them, but their life stage also poses
risks as they experience constant and complex changes across various aspects of
their lives. This makes emerging adulthood an unstable time of uncertainty and
insecurity (Germani et al., 2020; Wood et al., 2018). The factors that enable
resilience are context and culture specific (Ungar & Theron, 2020). Therefore, I am
interested in understanding the protective value of social support in enabling
resilience for emerging adults from disadvantaged communities in South Africa in
the context of COVID-19.

In addition to the above literature gap, my study was motivated by several personal
factors. Firstly, upon starting my research, I was a full-time teacher, and throughout
COVID-19, I was intrigued by the Grade 4 and Grade 5 learners in my classes who
showed resilience amidst educational challenges and family loss. I worked in an
international school, and began to wonder what resilience-enabling resources were
relevant to individuals in different contexts and of different ages. Secondly, the
broader original study, of which my study forms part, included participants in
emerging adulthood. Being in this life stage myself, I understood that it has unique
risk factors (MacLeod & Brownlie, 2014; Shanahan et al., 2022). Personally, as an
emerging adult, having experienced COVID-19 isolation in terms of distance from
family, friends, and work, I have an interest in understanding the way in which
relationships can contribute to building resilience. However, my context during
COVID-19 is not one in a disadvantaged setting, and I would like to broaden my
knowledge as this will support me as an educational psychologist in South Africa,
where many people are affected by disadvantage.

1.2 PROBLEM STATEMENT

Resilience refers to the dynamic process of positive adaptation in the face of adversity (Masten, 2018; Van Meter & Cicchetti, 2020). Therefore, a thorough understanding of resilience-enabling factors can be valuable in understanding how to support those facing adversity (Denckla et al., 2020). Resources that are more or less meaningful to a particular context are typically dependent on situational and cultural contexts (Denckla et al., 2020; Eichengreen et al., 2022; Ungar, 2019; Vindevogel et al., 2015).

My study addresses the limited insight provided in resilience literature regarding which social support enables South African emerging adults' resilience in disadvantaged communities amidst COVID-19. While some research has been done on emerging adult resilience in the South African context, it is not extensive and has focused on resilience in the face of risks such physical, social and financial stressors (Hlungwani & Van Breda, 2020; Theron, 2016a, 2016b; Van Breda, 2018b; Van Breda & Dickens, 2016; Van Breda & Theron, 2018). Additionally, research focused on emerging adult resilience during COVID-19 is also scarce (Gittings et al., 2021; Padmanabhanunni & Pretorius, 2021a, 2021b).

Put differently, there is still range to describe the resilience-enabling social support that was valued by emerging adults in disadvantaged communities during COVID-19. The developmental stage of emerging adulthood is associated with heightened exposure to risks affecting psychological adjustment and identity development (Arnett, 2014, 2015a; Germani et al., 2020; Wood et al., 2018). As a result, emerging adults may become increasingly vulnerable to challenges in their context. This is especially the case when the context poses risks due to neighbourhood disadvantage or within the context of COVID-19. This substantiates the need to champion their resilience. It is important to address this gap in the literature as insight into this topic could enable educational psychologists to better understand the resilience processes of emerging adults. This would allow them to also offer more meaningful interventions and support.

In conducting this research, I aimed to positively contribute to the knowledge of those working with and supporting South African emerging adults. This study of

limited scope, as part of a larger project, was directed by the purpose of the study and the questions which follow.

1.3 PURPOSE OF THE STUDY

The purpose of my study was to describe how social connectedness and the related social support received enabled the resilience of emerging adults (18-29 years old) in disadvantaged urban areas during the COVID-19 pandemic. This was done by identifying which forms of social support enabled the participating emerging adults' resilience, and which relationships in their lives provided that social support. I utilised House's (1981) seminal attributes of social support to describe the nature (i.e. emotional, instrumental, or informational) of supportive connections that enabled resilience.

1.4 RESEARCH QUESTIONS

The primary research question for this study was as follows:

> How did social connectedness and related social support enable the resilience of emerging adults in disadvantaged urban areas in South Africa during the COVID-19 pandemic?

1.4.1 Sub-questions

In addition, to answer the primary question, two secondary research questions were posed.

1.4.1.1 Sub-question 1

Which relationships (e.g., with family, peers, intimate partners etc.) do emerging adults report as resilience-enabling?

1.4.1.2 Sub-question 2

Which forms of social support (emotional, instrumental, or informational) do emerging adults associate with the relationships that they believe promote their resilience?

1.5 THEORETICAL FRAMEWORK

This study relied on Ungar's (2011) Socio-Ecological Theory of Resilience (SETR). SETR builds on the seminal work of Bronfenbrenner's (1992) Ecological Systems Theory, and shifts the focus away from the individual's psychological strengths. While it acknowledges the role of individual strengths, it emphasises the role of other contextual resources (such as relationships) in fostering resilience (Ungar et al., 2013).

A brief explanation of SETR would be incomplete without reference to its principles of decentrality, complexity, atypicality, and cultural relativity (Ungar, 2011). Firstly, decentrality considers individuals along with their contextual systems. The individual is therefore not central, but instead, the resilience process requires input from the individual as well as the system (Ungar, 2011). Secondly, complexity refers to the importance of not explaining resilience as unidimensional given that resilience is variable and complex (Ungar, 2011). As part of this complexity, studies have shown that resilience should be viewed as dynamic over time (Werner & Smith, 2001), as responsive to culture (Nadat & Jacobs, 2021; Ungar et al., 2013), and as dependent on the risks faced (Masten, 2021). Thirdly, atypicality emphasises practising caution in assumptions of resilience-enabling factors, especially within various African cultures where Western ideas do not always apply (Ungar, 2011). Multiple studies have shown that individuals may engage in long-term negative behaviours, which enable short-term resilience (Chandler et al., 2015; Malindi, 2014; Van Breda, 2018a; Vorster, 2018). For example, some young people in South African townships join gangs (negative behaviour) for protection and support (which provides resilience) (Maringira & Gibson, 2019). Lastly, cultural relativity holds that individuals will use what they have been socialised to value in order to enable their resilience. Ungar (2011, p. 8) notes that the "processes of positive growth under stress are both culturally and temporally embedded". This concept is exemplified in the concept of flocking, in which African communities work together to achieve positive outcomes (Ebersöhn, 2019).

My motivation for choosing SETR includes the fact that it is the chosen framework of the broader study of which my study forms part. Furthermore, SETR is widely endorsed. Many resilience studies, also within South Africa and Sub-Saharan Africa,

have proven that SETR is a useful framework for studying young African people's resilience (Ebersöhn et al., 2020; Theron & Van Breda, 2021; Van Rensburg et al., 2018; Vostanis et al., 2020).

1.6 CONCEPT CLARIFICATION

1.6.1 Resilience

Resilience is a dynamic process that enables positive adaptation in the face of adversity (Cicchetti & Rogosch, 2012). I used a systemic approach in defining resilience in my study as resilience is also affected by the context and culture within which an individual functions (Ungar & Theron, 2020; Wright & Masten, 2015). In this study, resilience was defined in alignment with the broader research project, as "the capacity of a dynamic system to adapt successfully through multisystem processes to challenges that threaten the function, survival, or development of the system" (Masten et al., 2021, p. 524). In translating this definition for the context of my study, resilience refers to the capacity of emerging adults to adjust well to the adversities of a disadvantaged community, as well as COVID-19-related stressors. In this case, this was manifested as emerging adults specifically showing functional outcomes such as engagement in education or training, employment or actively seeking employment, or contributing meaningfully to a household.

1.6.2 Emerging adults

According to the Children's Act of 2005, the age of majority in South Africa is 18 years (Republic of South Africa, 2005). However, adulthood is not considered only being of legal age, but is rather a developmental phase into which one must transition before settling into the stable roles of long-term relationships and occupations associated with adulthood (Arnett, 2014). These developmental milestones are not once-off occurrences and, as such, take time. For the purpose of this study, emerging adults were considered as individuals from the ages of 18 to 29 years.

1.6.3 Social connectedness and the related social support

Social connectedness is closely related to social support, which is defined by Li et al. (2021, p. 2) as the "support accessible to an individual through social ties to other

individuals, groups, and the larger community". This includes, but is not limited to relationships with family, friends, partners, colleagues, communities, or institutions. The concept of connectedness in this study refers specifically to an individual's experience of relationships within their social support system. For my study, I focused on the relationships reported by the participating emerging adults as being socially supportive. Furthermore, the study did not consider quantity or frequency of contact, but rather focused on the function that the supportive social connections fulfilled. Therefore, in this research, social connectedness was defined as the relationships that emerging adults reported as being supportive of their resilience, as well as the forms of social support that these connections enabled.

I chose to use House's (1981) seminal attributes of social support as a guide to the types of social support available, namely, emotional, instrumental, or informational. Emotional support refers to support that enables feelings of comfort, love, or care (Southwick et al., 2016; Van Breda, 2018a). Instrumental support is practical support through the provision of resources, finances, or practical assistance in daily responsibilities (De Gouveia & Ebersöhn, 2019). Lastly, there is the attribute of informational support, which comprises the exchange of information, feedback or advice (Goliath & Pretorius, 2016; O'Connell et al., 2019).

1.7 ASSUMPTIONS

Throughout this study, I made several assumptions. Firstly, I assumed that all people are in some way socially connected, and that social connections have both positive and negative effects on wellbeing and resilience. Furthermore, I assumed that resilience is enabled through social connectedness and the associated social support. I based this assumption on numerous past studies that indicate social support as a key contributing factor in resilience (Afifi et al., 2016; House et al., 1988; Lee & Goldstein, 2016; Li et al., 2021; Masten et al., 2021; Mosavel et al., 2015; Van Breda, 2018a).

I assumed that the level of social connectedness that emerging adults maintained during COVID-19 would positively impact their resilience, as having more connections could potentiate more social support. In addition, I expected that the particular social connections found to be most beneficial would be representative of

the cultures, beliefs, and valued social structures of the individual. I based this assumption on research which highlighted that culture, beliefs, and values influence perceived social support (Bagci, 2016; Höltge et al., 2021; Theron et al., 2021c).

Research within the South African context has shown that despite changing family structures, family is still regularly reported as an important social support (Hall & Mokomane, 2018; Makiwane et al., 2017; Vermeulen & Greeff, 2015). As such, I expected to find similar results, especially as South African studies indicate that the COVID-19 pandemic limited access to other support such as peers, community, or individuals in communities of faith-based support (Okumu et al., 2021; Semo & Frissa, 2020).

1.8 METHODOLOGY

The methodology for this study is detailed in Chapter 3. A summary of the methodology applied in this study is presented below.

1.8.1 Epistemological paradigm

I chose to use the paradigm of interpretivism in this study. Interpretivism emphasises individual meaning making from experience, and therefore acknowledges that the understanding of a phenomenon may subjectively vary (Jansen, 2016; Maree, 2016). I further discuss the reasons for choosing interpretivism as a paradigm in this study, along with the advantages and disadvantages thereof in Chapter 3 (see Section 3.4.1).

1.8.2 Methodological paradigm

The methodological paradigm of this study was qualitative in nature. This type of research uses natural (i.e. non-experimental) settings in which the lived experiences of people are gathered and used to make meaning of, and describe phenomena. In Chapter 3 (see Section 3.4.2) I discuss my reasons for choosing this paradigm, as well as the advantages and disadvantages thereof.

1.8.3 Research design

I chose to use a phenomenological research design. In a phenomenological approach, the researcher draws out commonalities from the various perceptions of individuals with lived experiences of a particular phenomenon (Heotis, 2020). I report on the reasons for choosing this design, as well as its advantages and disadvantages, in Chapter 3 (see Section 3.5.1).

1.8.4 Participants

A purposeful recruitment procedure facilitated by gatekeepers, as well as linear snowball sampling were used to recruit a homogenous selection of participants who met the requirements of the study. Two hundred and ninety-four participants generated drawings of their understanding of what promotes their own resilience. In Chapter 3 (see Section 3.5.3), I provide the sampling criteria used, as well as the advantages and disadvantages of this approach. Furthermore, I have also tabulated the participants' details in Chapter 3 (see Table 3.1, Section 3.5.3).

1.8.5 Data generation

To generate the data, arts-based approaches were used. Specifically, my study used the draw-and-write technique to generate and document data. The participants were asked to draw what helped them to be OK when faced with stress related to COVID-19 and disadvantaged neighbourhoods. They were then required to write an explanation of their drawing, yielding a visual and textual data set (Hartel, 2020; Mitchell et al., 2011). I discuss the selection of this data generation method, as well as the advantages and disadvantages of this approach, in Chapter 3 (see Section 3.5.4).

1.8.6 Data analysis and interpretation

In my study, I conducted a primary data analysis using reflexive thematic analysis. This is an inductive method of detecting patterns or themes within the data to gain insight into the participants' understanding of the phenomenon. In my study, this related to how social connectedness and the associated forms of social support enabled the resilience of emerging adults in disadvantaged urban areas in South Africa during the COVID-19 pandemic (Braun & Clarke, 2020, 2021). In Chapter 3

(see Section 3.5.5), I discuss my reasons for choosing reflexive thematic analysis, as well as the advantages and disadvantages of this analytic approach.

1.9 QUALITY CRITERIA

Lincoln and Guba's (1985) seminal work indicated that to ensure trustworthiness in qualitative research, the following criteria must be adhered to: credibility, dependability, transferability, confirmability, and authenticity. In Chapter 3 (see Section 3.6), I detail how I adhered to these criteria.

1.10 ETHICAL CONSIDERATIONS

As already indicated, my study forms part of a broader study, which received ethical clearance from the Faculty of Health Sciences Research Ethics Committee, as well as the Faculty of Education Ethics Committee, University of Pretoria (UP17/05/01). I received aligned ethical clearance for this sub-study. A copy of the ethics clearance certificate for this study can be found in Annexure E. Throughout the research, I was careful to work ethically, as explained in Chapter 3 (see Section 3.7).

1.11 CONCLUSION

In this chapter, I introduced my study, which examines social connectedness as a source of social support (i.e. as a resilience enabler) among emerging adults in disadvantaged urban areas in South Africa during the COVID-19 pandemic. There is a paucity of research on how emerging adults in South Africa account for social connectedness that enables social support and associated social support. This was investigated with a specific focus on emerging adults in disadvantaged neighbourhoods amidst the challenges posed by COVID-19. This chapter has discussed how this gap was addressed.

In the following chapter, I will expand on the literature regarding the risks faced by the participants, as well as resilience enablers, specifically focusing on relational enablers and related social supports that affect emerging adults in South Africa. In Chapter 3, the specifics of the methodology adopted in this study are further detailed. I then go on to present and discuss my findings in Chapter 4. Finally, I

summarise the study, reflect on its limitations, and make related recommendations for future studies and for educational psychologists in Chapter 5.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The study of resilience has become increasingly relevant to better understand how to support vulnerable individuals and communities (Masten et al., 2021). Resilience is defined differently by various scholars, however, most definitions identify the elements of adversity or risk factors alongside mediating, protective or resilience factors that support successful outcomes (Masten et al., 2021; Stainton et al., 2019; Van Breda, 2018a). Risk factors refer to adversity in various forms, such as trauma, and psychosocial or biological threats (Theron et al., 2013).

Consequently, this chapter is divided into two sections that explore risk and resilience factors, respectively, as relevant to my study. Firstly, I examine the risks posed to emerging adults during this developmental period of their lives. Secondly, I consider the challenges that arise due to contexts such as living in disadvantaged urban communities. Then, I examine the risk factors posed due to the presence of COVID-19 and the subsequent lockdowns in South Africa.

Resilience is complex, thus I briefly summarise the various systems of resilience-enabling factors. Given the focus of my study, I then consider the resilience literature pertaining to relational resilience enablers and the associated social support. I specifically expand on the aspects of social connectedness that act as resilience-enabling social support for emerging adults. I also explore the literature considering the types of social support and the types of relationships enabling resilience for emerging adults.

Due to the impact of contextual (i.e. situational and cultural) factors on an individual, it is vital to consider cultural and situational factors (Theron & Ungar, 2023). The relevance of culture to resilience is noted repeatedly in the literature. Culturally marginalised indigenous and minority groups are often affected by culturally neutral mental health interventions (Kirmayer et al., 2011; Ungar & Theron, 2020). Additionally, available resources and risk factors are also shaped by a given culture and situation (Mosavel et al., 2015; Ungar & Theron, 2020). For example, female-headed households are widespread in Africa; given this situation, it is not surprising

that women are prominent in young African people's accounts of their resilience (Theron & Ungar, 2023). Likewise, culturally sensitive studies show that interdependence is important to the resilience of African emerging adults (Ebersöhn, 2019; Theron et al., 2021a). Alternatively, individualism is valued by White adolescents in more Western contexts, such as Canada (Höltge et al., 2021; Theron et al., 2022c). As resilience is culturally and contextually bound, I focused on African resilience studies as my research was conducted in South Africa.

2.2 RISK FACTORS

The research repeatedly suggests that risk is complex. Moreover, exposure to multiple interconnected, compounded, interacting, or cascading risks may produce a greater threat to the individual or community (Pescaroli & Alexander, 2018; Theron et al., 2013). Worldwide, risk exposure related to the economy and education, crime and violence, disease, food shortages, and interpersonal relationships continues to grow. South African emerging adults are similarly exposed to these risks (Van Breda & Theron, 2018). As already indicated, this study used data from a group of emerging adolescents living in disadvantaged urban communities during the COVID-19 pandemic. I thus discuss the risks associated with the COVID-19 pandemic, disadvantaged urban communities, and the risks arising from the emerging adult developmental phase.

2.2.1 Risks associated with the emerging adult developmental phase

Emerging adulthood is the transition from adolescence to adulthood (Arnett, 2000). Arnett (2007, p. 69) identifies five distinctive features of emerging adulthood, namely, "the age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities". These characteristics flow from specific developmental tasks (Arnett et al., 2014). These include the completion of education or training, finding a job, establishing financial independence, and committing to a long-term partner (Arnett et al., 2014; Nowakowska, 2020). The achievement of these tasks may result in a sense of happiness and success in future developmental tasks, whereas failure to achieve developmental tasks poses the risk of psychological distress (Arnett et al., 2014; Mayseless & Keren, 2014).

Identity exploration occurs as emerging adults engage in a time of experimentation, and search for meaning in their education, work, relationships, and worldviews (Arnett, 2015b; Syed, 2016). Emerging adults begin to establish their identity and are faced with various changes in self and attitude (Syed, 2016). Emerging adulthood is the most likely time for engaging in high-risk behaviour, which can give way to addictions such as substance abuse and unprotected sex. This is because it is a period of learning and experimentation during which risky behaviour may be tolerated (Arnett, 2007, 2015b; Sussman & Arnett, 2014).

Instability is characteristic of emerging adulthood as changes in residence, career, and relationships take place. During the emerging adulthood developmental phase, there is a shift in social roles and behavioural expectations as emerging adults gain independence from their parents or guardians (Sussman & Arnett, 2014). The ambivalence that arises from a lack of roles and responsibilities while trying to establish identity may lead to mental health problems (Arnett, 2015b). Furthermore, emerging adulthood is a life phase associated with increased onset of mental illness, although acts of aggression and delinquency have been shown to decline during these years (Burt & Paysnick, 2012). Additionally, emerging adults may feel a sense of instability as they face the challenge of compromising their hopes and dreams while becoming more aware of reality (Arnett, 2007). For example, a study by Theron et al. (2021a) in a disadvantaged community in South Africa repeatedly noted emerging adult participants' frustration with life challenges disrupting their hopes and dreams.

Emerging adulthood is also considered a time of self-focus as individuals become increasingly independent and responsible for themselves, yet remain relatively free from obligations such as maintaining a family, caring for children, managing a household, or progressing in a career (Arnett, 2014; Mehta et al., 2020). Emerging adults go through a process of individualisation, increasing in agency and relying less on institutional and family support (Arnett, 2007; Nice & Joseph, 2023; Wood et al., 2018). Some emerging adults reported perceived causes of depression as separation from someone close or feelings of incompetence and loneliness. These are considered to be risk factors of individuation as young people begin to separate from their families or childhood caregivers for employment or education purposes (Christiansen et al., 2021).

Emerging adults are no longer adolescents, but do not yet carry the responsibilities of adults. This causes a feeling of being 'in-between' during the emerging adulthood life stage. This in-between feeling may pose a risk of anxiety to emerging adults as it raises a sense of uncertainty and an experience of discord. On the one hand, emerging adults face the societal expectations of moving toward adulthood and the related responsibilities; on the other hand, they are drawn to the sense of exploration and freedom from adolescence (Baggio et al., 2016; Bergman et al., 2016).

Lastly, the characteristic of a sense of possibility is fundamental to emerging adulthood (Barlett et al., 2020). Arnett and Mitra (2020) suggest that emerging adulthood is an optimistic period in which there are multiple options available regarding mates, careers, social causes, and commitments. Research in Western countries observes emerging adulthood as an enjoyable and positive life stage. However, there is evidence to show that this differs across contexts, and is influenced by the risks to successful development at this life stage, such as resource constraints (Arnett, 2007). Moreover, some emerging adults may thrive on freedom, while others may feel lost, and experience mental health problems in addition to finding the process of entering the labour market stressful and frustrating (Arnett, 2015b; Rogers & Maytan, 2019).

2.2.2 Risks in disadvantaged urban communities

This section considers the risks associated with living in disadvantaged urban communities. Sub-Saharan disadvantaged urban areas are characterised by a lack of basic services associated with poverty, unemployment or low income, environmental degradation, health threats, and inadequate provision and functioning of social welfare (Chirisa et al., 2020; Mberu et al., 2017; Zerbo et al., 2020). Additionally, this correlates closely to areas with limited access to clean water, sanitation or electricity, informal housing, high prevalence of low education among women, higher mortality rates, and poor air quality, among other factors (Chirisa et al., 2020; Menashe-Oren & Stecklov, 2018; Mosavel et al., 2015; Norris et al., 2022). Furthermore, disadvantaged urban communities may face violence and crime; drug or alcohol abuse; overcrowding which affects privacy; and a lack of infrastructure (Mitlin & Satterthwaite, 2013; Zerbo et al., 2020). These affect not only the day-to-day contexts of the individuals who live within these communities, but

reduce resources and increase possible risk factors, which affects resilience. Moreover, individuals in disadvantaged contexts are often exposed to malnutrition and are vulnerable to non-communicable diseases or infectious diseases such as the Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and tuberculosis. This results in an immunocompromised population that is also at greater risk of contracting the COVID-19 virus.

South Africa is a country which, partly due to its history, encompasses many disadvantaged communities characterised by much inequality and structural disadvantage (Ziervogel et al., 2017). In 2022, South African youth (aged 15-24) had the highest rate of unemployment in the world at 63.9% (Statistics South Africa, 2022). De Lannoy et al. (2018) have identified the exclusion and poverty of young people as being related to extended periods of unemployment. Furthermore, location, which is influenced by low income, is evidently a factor in youth unemployment as unemployed young people are more likely to live in disadvantaged areas (De Lannoy et al., 2020). Disadvantaged urban areas, such as informal settlements in South Africa, are marked by inadequate infrastructure that poses a risk to the physical safety of young people (Danti, 2018; Weimann & Oni, 2019). Not only is physical safety compromised, but mental health implications are also magnified in vulnerable contexts. Mental health, unemployment, and substance abuse rates are also higher in disadvantaged urban areas, posing a risk to the mental health and wellbeing of emerging adults in these contexts (Mbandlwa & Dorasamy, 2020; Nhedzi et al., 2022).

2.2.3 Risks of COVID-19

The SARS-CoV-2 virus, otherwise known as COVID-19 originated in Wuhan, China and quickly spread across the world. It was declared a worldwide pandemic by the World Health Organisation on 11 March 2020 (World Health Organization [WHO], 2020). South Africa subsequently announced a national state of disaster on 26 March 2020, and the South African government followed the lead of other nations and responded by implementing strict lockdown regulations (Glowacz & Schmits, 2020). The government restricted possible exposure through school closure, the regulation of goods sold and essential services, and the implementation of

measures such as social distancing, handwashing, and mask-wearing to prevent the spread of the virus (Government of South Africa, 2022).

While emerging adults were originally not considered to be most at risk of contracting the virus, research has exposed the extent of the secondary effects of COVID-19 on this population (Organization for Economic Cooperation and Development [OECD], 2020; Shanahan et al., 2022; Van den Berg et al., 2021). Secondary effects refer to the indirect or unintentional consequences of the pandemic. Next, I discuss the research on the secondary impacts of COVID-19 on economies and education, social interactions and relationships, mental health, and the manner in which these risks impact emerging adults in disadvantaged communities.

2.2.3.1 Economic and educational impact of COVID-19

Across Africa, COVID-19 responses, including lockdowns, were implemented to curb the spread of the virus. This resulted in economic stressors, which include loss of employment and reduced income. This led to exacerbated poverty, hunger, a lack of necessities, food insecurity, and limited access to key services and support (Divala et al., 2020; Gittings et al., 2021; Haag et al., 2022; Senghore et al., 2020; Theron et al., 2021a). It is notable that multiple studies report these consequences to be more pronounced for children, adolescents, and emerging adults, especially in low and middle-income countries such as South Africa (Cluver et al., 2020; Gittings et al., 2021; Govender et al., 2020; Haag et al., 2022; Menendez et al., 2020; OECD, 2020; Sam, 2020).

Younger people have less income available, and are more likely to be unemployed and affected by the collapsing labour market (Blundell et al., 2020). Additionally, factors such as gender, race, disability, and socioeconomic disadvantage can exacerbate the vulnerability of young people. This caused the effects of COVID-19 to be more pronounced among those living in contexts of risk or constraint in South Africa (Gittings et al., 2021; OECD, 2020).

Furthermore, COVID-19 has had a profound impact as the closure of schools and universities changed access to, as well as the manner of learning. One year of lost education is equated to the loss of 7-10% of lifetime income (OECD, 2020).

Consequently, the loss of learning time has significant long-term economic and social implications. Furthermore, those without the resources to partake in alternative or online learning are further disadvantaged (OECD, 2020). COVID-19 thus jeopardised emerging adults' ability to complete their education and effectively achieve functional independence by establishing a career. It also placed them on a volatile path in finding and maintaining quality careers, which may affect the likelihood of engaging in temporary or part-time work (OECD, 2020; Theron et al., 2021a).

2.2.3.2 The social and relational impact of COVID-19

The COVID-19 pandemic fundamentally reshaped relational life (Merolla et al., 2021). Social distancing, as implemented by the South African government, required keeping a physical distance of at least one meter from all people, and avoiding gatherings or crowds (Republic of South Africa, 2020b). The restriction on contact, and the need for isolation changed the psychosocial environments of most countries (Fegert et al., 2020). These changes probably included aggravated and magnified interpersonal and relational tensions, as well as heightened domestic and state violence (Gittings et al., 2021; Haag et al., 2022; Jones & Theiss, 2021). For example, Gittings et al. (2021) noted that the lockdowns in South Africa brought with them an increased police and military presence. Police and military responses ranged from peaceful acts to control, to human rights abuses which were violent in nature and heightened fear and vulnerability within South African society.

Fegert et al. (2020) postulated that amidst COVID-19 regulations, many experienced the loss of external support from other family members and social support systems. Isolating and social distancing reduced contact with others. The restrictions on movement made it difficult to interact with peers, especially for those who did not have the resources required to move to online forms of communication. This would have provided social resources in order to access support (Pretorius & Padmanabhanunni, 2021).

Another secondary impact of the pandemic was fear of infection. Germani et al. (2020) were able to identify a lack of certainty, a lack of stability, and fear as common emotions during COVID-19. Societies that hold collectivist values, such as

Italy and South Africa, displayed a strong sense of responsibility towards others and their community. Therefore, these communities reported an increased sense of fear and vulnerability to contracting infectious diseases, with the fear of contagion often leading to adaptive behaviours (Germani et al., 2020; Lardone et al., 2020; Theron et al., 2021a).

2.2.3.3 The mental health impact of COVID-19

Studies documenting various forms of distress during the pandemic align with research on previous epidemics in reporting significant declines in mental and psychological health worldwide (Shanahan et al., 2022). As in other parts of the world, the COVID-19 pandemic significantly affected young people in sub-Saharan Africa, with disruptions having lifelong implications and leading to poorer mental health and wellbeing (Gittings et al., 2021; Glowacz & Schmits, 2020; Haag et al., 2022; Liu et al., 2020; Zhang et al., 2022). As noted above, studies have observed elements of the COVID-19 pandemic such as uncertainty, social isolation, instability, loss of control, health concerns, life disruptions, hopelessness, and fear (Shanahan et al., 2022; Theron et al., 2021a). These factors typically cause stress and emotional unrest, and thereby relate to mental health concerns, including the internalisation of symptoms through anxiety and depression (Iob et al., 2020; Reger et al., 2020; Shanahan et al., 2022; Theron et al., 2021a). This is concerning as "loneliness is regarded as the signature mental health consequence of COVID-19" (Padmanabhanunni & Pretorius, 2021b, p. 1). Loneliness is associated with an increased risk of both mental and physical illness (Bu et al., 2020). Another consequence emerging from social distancing is the increased risk of suicide (Bu et al., 2020; Reger et al., 2020).

Lastly, a discussion of the mental health impact of COVID-19 would be incomplete without considering the impact of confinement on people's psychological state, specifically relating to loneliness and depression. Throughout the pandemic, high levels of loneliness and low distress tolerance were found to be closely associated with symptoms of depression, anxiety, and post-traumatic stress disorder reported by young adults (Liu et al., 2020; Spaull et al., 2021b). Isolation and reduced social contact, despite the availability of digital technology for social connection, are reported to increase alcohol use, anxiety, and depression among young people (Iob

et al., 2020). South African studies indicate that young adults displayed high levels of depression and anxiety, with low life satisfaction during the first lockdown period from 1 March to 30 May 2021 (Government of South Africa, 2023; Haag et al., 2022; Mudiriza & De Lannoy, 2020; Padmanabhanunni & Pretorius, 2021b). Furthermore, multiple studies by Padmanabhanunni and Pretorius (2021a, 2021b), and Pretorius and Padmanabhanunni (2021) on emerging adults in South Africa during the pandemic indicate that the magnitude of loneliness observed was detrimental to mental health. Reflecting studies in other parts of the world, there were also strong correlations between loneliness and the increased risk of depression, suicide, substance abuse, and hopelessness for South African emerging adults (Padmanabhanunni & Pretorius, 2021a, 2021b; Pretorius & Padmanabhanunni, 2021). Posel et al. (2021) report on the Wave 5 South African data from The National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM). Their research indicates that depressive symptoms were statistically higher in individuals with income concerns relating to the pandemic. Nguse and Wassenaar (2021) argue that there is an immense need to address mental health concerns in South Africa, post-COVID-19.

2.2.4 Conclusion: A reflection on the intersectionality of risks

My review of the relevant literature reflects the risks faced by emerging adults, people living in disadvantaged urban communities, and people exposed to the challenges of COVID-19. While I reviewed these risks one by one, they are inextricably interlinked, each one affecting the other. Next, I briefly explore the manner in which these risk factors could interact.

It is vital to consider that the risks posed by the COVID-19 pandemic are complex, and the consequences are far-reaching, with many interacting factors. Among these factors, pre-pandemic stressors and inequalities became the foundation upon which complex and interacting consequences of the pandemic were built (Blundell et al., 2020; OECD, 2020). As a result, the COVID-19 pandemic affected disadvantaged urban communities disproportionately, impacting the already vulnerable (Chirisa et al., 2020; Schotte & Zizzamia, 2023). Acuto et al. (2020) identify poor and disadvantaged communities as having been especially affected by economic constraints. Urban areas in Africa have more poor than rich people living in densely

populated residential areas or informal settlements (Chirisa et al., 2020). Although these areas may provide an environment that allows for social connections, they became crisis areas during the lockdown period. In South Africa, townships were especially negatively affected by the social and economic implications of the COVID-19 pandemic (Turok & Visagie, 2021). The impact of COVID-19 has been confirmed by several other South African studies, indicating that poverty-stricken urban areas experienced greater risks to resilience as the lockdowns affected their income (Chirisa et al., 2020; Durizzo et al., 2021; Theron et al., 2021a). In other words, the risks of living in a disadvantaged community and the risks associated with COVID-19 intersected.

In many ways, these intersecting risks played into the risks associated with the developmental stage of emerging adulthood. The content I discuss next is relevant to how COVID-19 curtailed various aspects. Firstly, I look at how education and training opportunities for emerging adults were curtailed, specifically how this was disproportionate in disadvantaged contexts. Secondly, I explain the effect of COVID-19 on opportunities for emerging adults to find employment and how this curtailment was exaggerated in disadvantaged contexts.

High levels of daily stressors in a post-apartheid context of disadvantage increase the likelihood of negative outcomes for South African emerging adults (Mosavel et al., 2015). While urban settings typically allow for more access to resources, and educational and economic opportunities (Menashe-Oren & Stecklov, 2018), COVID-19 limited this access. The contextual reality of urban living brings with it factors that further disadvantage, of which income poverty is just one part (Allard & Small, 2013). Consequently, the COVID-19 impact of reduced access to education and work opportunities posed a risk to emerging adults. Wood et al. (2018) explain that shifts in education, and difficulty accessing labour inhibit individuals' trajectories towards adult independence. Losses related to education and income, as well as mental health challenges may be exacerbated in poorer communities, among emerging adults, women, ethnic minorities, and those living alone (Blundell et al., 2020; Bu et al., 2020). This was certainly the case in South Africa, with COVID-19 affecting changes in education, employment, poverty, and physical and mental wellbeing (Spaull et al., 2021a, 2021b; Turok & Visagie, 2021). There are interacting realities of loss of learning and increased dropout rates, rising youth unemployment, and

higher rates of household and child hunger post COVID-19 in South Africa (Spaull et al., 2021b).

Many emerging adults had to isolate in disadvantaged urban areas during lockdowns. Social connections with family and friends were reportedly maintained by many South Africans as the lack of space in densely populated areas, along with lacking infrastructure, affected people's ability to adhere to lockdown regulations amid complex living situations (Gittings et al., 2021). For the Sub-Saharan African urban poor, social distancing strategies and compliance with COVID-19 regulations may not have been possible or effective due to the challenges of high density, overcrowding, and poor service, particularly in informal settlements (Chirisa et al., 2020; Sam, 2020). For example, a study by Theron et al. (2022a, p. 6) has found that South African emerging adults experienced challenges in complying with COVID-19 regulations due to contextual constraints, as well as experiencing conflict between mitigation strategies and "typical ways-of-being and-doing at the level of the individual and the community". Put differently, the contextual realities of urban disadvantage, with amplified risk during COVID-19, therefore intersected with the need for connection that emerging adults have, increasing the risks faced.

Any pandemic that poses a risk to physical health but lacks clear information regarding the symptoms, contamination risk or potential personal, economic, or societal effects may have a profound emotional impact (Glowacz & Schmits, 2020). This is due to the uncertainty and associated feelings of insecurity, ambiguity, and a loss of control that accompany pandemics (Germani et al., 2020; Gittings et al., 2021). Uncertainty may decrease young people's sense of autonomy. Autonomy is crucial during emerging adulthood when young people experience normative transitions (Arnett, 2000). During COVID-19, developmental transitions were compounded by stressors (including the uncertainty just mentioned) and life disruptions (Shanahan et al., 2022).

The interaction of the factors discussed in this section places emerging adults at risk. While I focused on the risks, I do not mean to say that there were no resilience factors related to urban living and the emerging adulthood life phase during COVID-19. In the next section of this chapter, I elaborate on these resilience resources (with emphasis on the associated social support).

2.3 RESILIENCE FACTORS

Resilience is a complex process supported by resilience-enabling factors, otherwise referred to as Promotive and Protective Factors and Processes (PPFPs) (Ungar & Theron, 2020; Van Rensburg et al., 2018). PPFPs are utilised in the resilience process to enable positive outcomes despite exposure to risk and adversity (Ungar, 2019). While resilience research initially focused on personal PPFPs, viewing resilience as primarily supported by intrinsic personal strengths (Masten et al., 2021), a shift has occurred. Now, resilience researchers typically prefer a multi-faceted understanding of resilience that requires both intrinsic and extrinsic PPFPs (Afifi et al., 2016; Masten, 2021).

This multi-faceted understanding of resilience considers the various intrinsic and extrinsic PPFPs that interact within a given context to enable positive outcomes (Masten et al., 2021; Theron, 2020b; Wills & Hofmeyr, 2019). Achieving positive outcomes with long-term effects often requires mobilising multiple PPFPs. This is done using a socio-ecological approach (Liu et al., 2017; Masten, 2021; Mesman et al., 2021; Ungar, 2019; Ungar & Jefferies, 2021; Ungar & Theron, 2020). Various attempts have been made to categorise PPFPs in resilience research (Ungar, 2019). Resources are categorised for several reasons, such as helping to identify specific factors that can be targeted in interventions which aim to promote resilience (Cicchetti & Blender, 2006; Ungar & Theron, 2020). The different categories of PPFPs assist professionals to design interventions that build upon foundational strengths and resources while addressing specific needs (Cicchetti & Blender, 2006; Hamby et al., 2020). Another reason for categorising resilience resources is to gain a better understanding of the complex interaction between different factors. An example of this is evidenced in a study by Chimbindi et al. (2020) on the DREAMS Partnership, which used a direct, target-focused approach to enable the resilience of adolescents with HIV in a rural community in northern KwaZulu-Natal, South Africa. Their findings indicate that the use of multiple interventions, based on a variety of PPFPs in different categories, was most effective when addressing targeted concerns and building upon existing infrastructure and skills (Chimbindi et al., 2020).

Similar to international resilience literature, recent African studies on resilience detail the various categories of resilience. Although termed a little differently across studies, these categories reflect personal, relational, structural, and cultural/spiritual PPFPs (Bhana et al., 2016; Ebersöhn et al., 2017; Singh & Naicker, 2019; Theron, 2020b; Van Rensburg et al., 2018). Relational PPFPs, on which I will focus in this second half of Chapter 2, are thus part of a broader network of PPFPs. For example, Frimpong-Manso (2020) studied the resilience of emerging adults leaving care in Ghana. The author identified relationships with staff and peers as significant relational PPFPs to adjusting successfully post-care. However, personal PPFPs, such as behavioural regulation and the skill of forming positive relationships, were also found to be important (Frimpong-Manso, 2020). In other words, even though my study focuses on relational PPFPs, I am aware that relational PPFPs alone cannot account for young people's resilience.

While resilience is contextual, research has identified multiple PPFPs that are universally accepted (e.g., supportive family), but can have differential (i.e. a more pronounced) impact depending on which resources are considered most meaningful in a specific culture and context (Masten et al., 2021; Ungar, 2019; Ungar & Theron, 2020). Put differently, the most effective type of PPFPs may differ from context to context, as people may be significantly more appreciative of one type of PPFP in one context and not in another. For example, faith-based resources such as spirituality and religion are more readily reported as resilience-enabling in locations such as South Africa than in individualised, western communities such as Canada (Kaye-Kauderer et al., 2021; Theron et al., 2022c). Universally reported PPFPs and those identified as specifically relating to emerging adults are summarised below in Table 2.1. As my study focuses on emerging adult relational resilience, for the remainder of this chapter, I place emphasis on emerging adults. I explore the research on social connectedness and social support in more depth. I prioritise African studies, as this reflects the context of my research.

Table 2.1

Summary of personal, relational, structural, and cultural/spiritual resilience enablers

Personal / individual resilience enablers	
Internal resilience-enabling factors within the individual, such as: - cognitive ability. For example, intelligence, critical thinking, decision making, mental toughness or problem solving. - genetic and physiological characteristics. For example, physical competencies and health behaviours, epigenetics, demographics, or biological profiles. - behavioural, social, and other skills. For example, communication, self-regulation, self-control, self-reliance, planning, emotional reactivity, adaptability, flexibility, humour, autonomy, or mastery. - dispositional qualities. For example, optimism, hope, altruism, conscientiousness, empathy, tenacity, agency, hardiness, self-efficacy, self-esteem, creativity, grit, resourcefulness - psychological resources. For example, help-seeking, psychological toughness, active coping, adaptive meaning making, motivation, internal locus of control, value for and commitment to education, spirituality, morality, meaning/purpose in life, powerful identity, or past experiences.	(Bond & Van Breda, 2018; Christodoulou et al., 2019; Dias & Cadime, 2017; Duby et al., 2022; Ebersöhn, 2017; Eichengreen et al., 2022; Fullerton et al., 2021; Goliath & Pretorius, 2016; Hage & Pillay, 2017; Hartling, 2008; Hlungwani & Van Breda, 2020; Liu et al., 2017; Mampane, 2014; Masten, 2011, 2018, 2021; Masten & Wright, 2010; Masten et al., 2021; Mesman et al., 2021; Matlali, 2018; Sanders et al., 2017; Singh & Naicker, 2019; Theron, 2020a; Ungar, 2019; Ungar & Jefferies, 2021; Ungar & Theron, 2020; Van Breda, 2015, 2018b, 2022; Zulu, 2019, 2022; Zulu & Monro, 2017).

Relational / social resilience enablers	
Diverse relational supports such as: healthy attachment, supportive mentors and peers, emotional security, a sense of belonging, and social connectedness through interpersonal relationships with family, friends, elders, social groups, and other supports.	(Bailey et al., 2017; Crowley et al., 2022; Dickens & Van Breda, 2020; Hlungwani & Van Breda, 2020; Liu et al., 2017; Masten, 2014, 2018; Masten et al., 2021; Mesman et al., 2021; Rutter, 2013; Ungar, 2012b; Ungar & Jefferies, 2021; Van Breda, 2015, 2018a, 2018b, 2022; Zulu, 2019; Zulu & Monro, 2017).
Institutional / structural resilience enablers	
External resilience-enabling factors within the built milieu and in the natural environment, such as: - protective institutions or buildings including homes, libraries, physical and psychological health care, faith-based organisations, safe schools, recreation centres, green spaces/ parks, sporting activities or extra-mural activities. - access to community facilities and services, governmental supports or grants, community initiatives, nutritious food and educational/ training or employment opportunities. - geography, community safety, and financial wellbeing.	(Bond & Van Breda, 2018; Collishaw et al., 2016; DaViera et al., 2020; Ebersöhn, 2012, 2017; Ebersöhn et al., 2017; Ebersöhn & Bouwer, 2013; Hills et al., 2016; Hlungwani & Van Breda, 2020; Isaacs & Savahl, 2014; Li et al., 2021; Malindi, 2014; Malindi & Machenjedze, 2012; Mampane, 2014; Mampane & Bouwer, 2011; Masten, 2014; Mesman et al., 2021; Rutter, 2013; Sanders et al., 2017; Scorgie et al., 2017; Smit et al., 2015; Theron et al., 2021a, 2021c ,2022a; Theron & Van Breda, 2021; Theron & Van Rensburg, 2018; Ungar, 2012b; Ungar et al., 2019; Ungar & Jefferies, 2021; Ungar & Theron, 2019, 2020; Van Breda, 2015, 2018a, 2018b, 2022; Van Rensburg et al., 2018; Wright et al., 2013; Zimmerman et al., 2013; Zulu & Munro, 2017).
Spiritual and cultural / ecological resilience enablers	
Beliefs that encourage hope and provide strength, such as: spiritual beliefs and practices, cultural values and practices, traditions, celebrations, or gender norms.	(Bond & Van Breda, 2018; Brittian et al., 2013; Crowley et al., 2022; Ebersöhn et al., 2017; Hills et al., 2016; Makhnach, 2016; Malindi, 2014; Masten, 2021; Mesman et al., 2021; Theron et al., 2013; Ungar & Theron, 2020).

2.3.1 Understanding social connectedness and related social support

2.3.1.1 The resilience-enabling nature of social connectedness

Relational resources (e.g. being connected to family and friends) are an important source of social support. These resources are fundamental to human resilience as relationships are associated with increased physical and mental health, behaviour, and wellbeing, aiding in reducing stress, thereby enabling resilience, and are associated with decreased morbidity and mortality (Capanna et al., 2013; House et al., 1988; Nitschke et al., 2021; Okabe-Miyamoto et al., 2021; Varga & Zaff, 2018). Interpersonal experiences influence the development of brain structure in children, and continue to affect brain function into emerging adulthood and beyond (Lamblin et al., 2017; Whittle et al., 2016). According to Wickramaratne et al. (2022), research has established that social connectedness is a powerful determinant of wellbeing and mental health, confirming the views of multiple other studies (Ebersöhn et al., 2020; Masten et al., 2021; Mesman et al., 2021; Nitschke et al., 2021). Similarly, a review of South African studies of child and youth resilience showed that relational resources are the most often reported resilience resources (Van Breda & Theron, 2018). However, research is less clear on what affects the quality or resilience-enabling function of resilience-enabling relationships. Hartling (2008) postulated that resilience-enabling social support requires an authentic sense of connectedness, which is characterised by both mutual empathy and mutual empowerment. Nitschke et al. (2021) discussed the effect of social network size on resilience, highlighting the value of quality relationships for individuals with fewer social connections. Li et al. (2017) view the resilience-enabling nature of social connections through the various types of support that they provide, which was also done in my study.

2.3.2 Types of support

Relational support can be provided in multiple ways and by different actors in an individual's life. It is valuable to consider the type of social support through consideration of the role that the relationship fulfils (Varga & Zaff, 2018). Consequently, different members in an individual's social support network may serve different social support functions at different times (Harasemiw et al., 2018).

As mentioned in Chapter 1, House's seminal work (1981; House et al.,1988) identifies different types of social support, namely, emotional, instrumental, and informational support. These have been further described and studied by several scholars (e.g. Cohen & McKay, 2020; Lloyd-Jones, 2021; Southwick et al., 2016) and are outlined below.

2.3.2.1 Emotional support

Affective or emotional support is support that fosters feelings of comfort, love, respect, care, and motivation (Southwick et al., 2016; Van Breda, 2018a). A critical review of South African child and youth resilience studies by Van Breda and Theron (2018) has identified affective support as the most reported relational support. When Theron (2020b) replicated this review and extended it to sub-Saharan African studies of child and youth resilience, she again found emotional support to be the most reported resilience-enabling resource. African studies on resilience note that emotional support is most often associated with role players such as family members, caregivers, peers, community members, or strangers (Theron, 2020b; Van Breda, 2015; Van Breda & Theron, 2018).

Multiple studies have shown that emotional support and fostering a sense of belonging are positively associated with meaning in life (Stavrova & Luhmann, 2016). There are other benefits too, which also apply to emerging adults. For example, the value of emotional support is demonstrated in a study by Visser and Law-van Wyk (2021) conducted with 5074 university students in South Africa. Forty percent of their participants indicated that they sought emotional support as a coping strategy amidst challenges such as the COVID-19 lockdown. Similarly, a South African study of 74 emerging adults leaving care, aged 19-23, found that a sense of belonging or feeling loved, especially by parents, family and friends, was foundational to enabling their resilience (Van Breda, 2014). Another example of emotional support is found in Zulu and Munro's (2017) study of five Black female students affected by paternal absence. They found that a mother's emotional support, through providing encouragement and a sense of strength, was valuable to these participants.

2.3.2.2 Instrumental support

The second type of social support is instrumental support. De Gouveia and Ebersöhn (2019) explained instrumental support as the ability to offer or receive practical support. This could be through the provision of resources or finances, or through practical assistance that aids day-to-day responsibilities. A study was conducted on the role of social support and depression among 1 238 pregnant women in peri-urban South Africa. It was found that instrumental social support (e.g. finances, such as cash loans or practical help such as labour in kind) supported these women to withstand the adverse effects of undernourishment, thereby enabling their resilience (Tsai et al., 2016). Similarly, a study on the coping strategies of 500 undergraduate medical students in South Africa was carried out. The researchers found that instrumental support (i.e. practical help) was a key factor often identified by young people as resilience-enabling (Van der Merwe et al., 2020). Latham et al. (2023) did a systematic review of 26 studies with 18-25-year-olds who were victimised as children. The authors noted several studies highlighting the resilience-enabling value of instrumental support, such as the provision of foster care, housing or work, and parental and familial provision. A review by Fouché et al. (2020) also indicates the resilience-enabling nature of governmental support in the form of housing, food security, and grants during COVID-19. In a study by Theron et al. (2021c) in a South African township, the 24 African emerging adult participants referred to government support in the form of food parcels or grants. However, they were not necessarily able to access these supports. Instrumental support is consequently resilience-enabling, not purely by being provided, but rather by being readily accessible in such a manner that those requiring support can easily and equitably access it.

2.3.2.3 Informational support

Informational support is defined as the exchange of knowledge or the giving of feedback or advice (Goliath & Pretorius, 2016; O'Connell et al., 2019). A study focused on adolescents and young adults aged 16-25 living with HIV found informational support to be a well-represented type of exchanged support (Gaysynsky et al., 2015). This study considered a variety of informational support strategies, including the giving of advice, referring to other information sources, as

well as teaching and situation appraisal via technology and virtual platforms. These informational support strategies aided young people's resilience by providing reliable information about their illness or medication. Likewise, Nkosi and Rosenblatt (2019) highlight the use of informational support in the People Living With HIV/AIDS (PLWHA) support groups for individuals with HIV and AIDS in South Africa. Informational support was provided by assisting individuals with treatment literacy, translating medical terminology, and providing advice on dealing with stigma and shame (Nkosi & Rosenblatt, 2019). Similarly, emerging adult resilience was enabled through informational support provided by public health campaigns during COVID-19 (Theron et al., 2021a). For example, a study by Gittings et al. (2021) reported on 12 South African emerging adults aged 18-25. These young people experienced South Africa's public health campaigns positively and adjusted their behaviours to protect themselves against COVID-19.

2.3.3 Types of relationships

Emerging adult social support can be derived from various social domains, actors, or social network members. These can range from close familial relationships (for example with parents, in-laws, spouses, children, or other family members) to wider relationships with others in the community such as friends, classmates, colleagues, community members, or religious and non-religious group members (Nitschke et al., 2021). Next, I report on the resilience research related to specific types of relationships that emerging adults engaged in during the pandemic. I specifically address the relational resources identified within family (e.g. Botha & Van den Berg, 2016; Hadebe & Ramukumba, 2020; Kim et al., 2019), friendships (e.g. Atujuna et al., 2021; Goliath & Pretorius, 2016; Malindi, 2014), and other community members, including non-family members, neighbours or religious leaders, and role models (e.g. Kelly & Ward, 2020; Madhavan & Crowell, 2014; Singh & Naicker, 2019).

2.3.3.1 Resilience-supporting relationships with family

Family plays a prominent role in social support that enables emerging adults' resilience (Burt & Paysnick, 2012; Fingerman & Yahirun, 2016; Hinton & Meyer, 2014; Luecken & Gress, 2010). Connectedness to family is closely associated with the development of healthy social relationships and self-esteem, the formation of an

independent sense of identity, as well as personal resilience-enabling factors (Hartling, 2008; Lamblin et al., 2017). In South African resilience research, family refers to more than the traditional nuclear family consisting of parents and siblings. More typically, family includes extended family such as grandparents, uncles, and aunts (Hall & Richter, 2018; O'Laughlin, 2020).

While emerging adults may experience a shift in increasing autonomy, affecting their relationships within families and social groups, family remains an important social support system (Madewell & Ponce-Garcia, 2016; Repo et al., 2022). Developmentally, emerging adults may have less contact with their families; however, the contact may often be of higher quality with an increase in open communication or affection (Taylor et al., 2014). This contact typically facilitates emotional and informational support (Wood et al., 2018). For example, a study by Gama and Theron (2023) reported on how family support facilitated the resilience of 30 Swazi emerging adults aged 18 to 24 in stressed industrialised environments. Their families did this by providing safety, financial support, and emotional support.

It is clear from various studies on resilience that in the South African context, support from mothers or from strong, caring women within the community are considered to be prominent forms of resilience-enabling family or family-like relationships (Theron & Ungar, 2019; Ungar et al., 2021; Ungar & Theron, 2020; Zulu, 2019, 2022; Zulu & Munro, 2017). This centrality may be due to contextual realities and cultural norms as Sub-Saharan Africa has a high number of households led by women, and younger African generations are traditionally cared for by women (Beegle et al., 2016; Milazzo & Van de Walle, 2017; Rogan, 2016). For example, a study by Zulu (2019) on five South African emerging adults aged 19-24 who were without fathers indicated that mothers were considered a source of strength and modelled resilience for these emerging adults. Grandmothers, in particular, are important role players in young people's lives. Grandparents in South Africa form a part of multigenerational households as important caregivers, both whether the parents are present or not. Grandparents provide resilience-enabling practical and motivational support (Cantillon et al., 2021; Hatch & Posel, 2018). Similarly, Levetan and Wild (2016) reveal that adolescents with maternal grandmother involvement are more likely to display pro-social behaviours. Grandmothers are similarly prominent in studies on

the resilience of emerging adults living in a resource-constrained community in Mpumalanga (Theron et al., 2021c).

During the COVID-19 pandemic, family support remained a prominent relational resource reported in international and South African studies (Li et al., 2021; Liu et al., 2020; Theron et al., 2021c). A study during the early pandemic (April - May 2020) of 898 young adults aged 18-30 in the United States indicated that family support was specifically supportive of emerging adults' mental health (Liu et al., 2020). Similarly, Theron et al. (2021c) carried out a study during COVID-19 with 24 emerging adults from resource-constrained neighbourhoods in South Africa. The participants in their study reported that family could be relied upon to enable their resilience by sharing material resources and providing emotional support.

2.3.3.2 Resilience-supporting relationships with friends

A peer group consists of friends or individuals with similar characteristics and often similar ages (Spadafora et al., 2019). An individual's peer group can have an influence on how the individual navigates challenges either towards positive outcomes through adaptive behaviours, or negatively through maladaptive behaviours (Masten et al., 2021; Schwartz, 2016). Due to their developmental phase, emerging adults may consider the influence of peers as important, and are more likely to engage in behaviours to fit in with their friends (Schwartz, 2016; Taylor et al., 2014). Several African studies highlight the manner in which peer relationships can provide protective factors for emerging adults through the sharing of basic resources, as well as providing advice and emotional support (Gama & Theron, 2023; Hills et al., 2016; Theron et al., 2021a, 2021c; Van Breda & Hlungwani, 2019).

Still, not all peer support is necessarily positive and pro-social. In accordance with SETR (Ungar, 2011), atypical pathways of resilience may be evident in maladaptive peer relations that enable resilience. Vorster (2018) commented on religion, resilience, and gangster identity in the Cape Flats, exemplifying maladaptive peer relations as gangs are joined in search of companionship and a sense of self. Similarly, a critical review of Resilience Theory by Van Breda (2018a) noted that South African youth may report maladaptive behaviours, including drug use or gang

membership, as resilience-enabling as it provides a sense of belonging and meaning. This is supported by a South African study of 700 undergraduate female students in Limpopo, which found that negative peer influence is strongly associated with high-risk behaviours such as substance abuse. It was reported that participation in these behaviours provides emerging adults with emotional support and peer acceptance (Govender et al., 2017).

Contrary to the studies above, peer support can also be a protective factor that encourages adaptive behaviours. Furthermore, Atujuna et al. (2021) provided evidence of the effectiveness of peer support-based interventions for young people aged 15-20 from low socioeconomic backgrounds, and who are living with HIV. Research on emerging adults similarly indicates that friends are a key resilience-enabling support. For example, Dickens and Van Breda (2022) are conducting an ongoing longitudinal study on care-leaving youth in South Africa. They have found that friends who are experienced as pro-social, caring, and supportive reflected highly positive outcomes. Furthermore, in their research, Gama and Theron (2023) also reported that repeatedly, friends are a enabling connection, contributing to safety and making life easier by offering emotional and practical support.

Peer support remained a valuable resource for emerging adults amidst the COVID-19 pandemic. It was found that peer support is a resilience-enabling resource that can aid in mitigating the effects of psychological distress (Marchini et al., 2021). Furthermore, Bain et al. (2023) found that friendships were meaningful to 140 undergraduate students at the University of Witwatersrand, of whom the majority were emerging adults. While these friendships were meaningful, the reduced contact with peers amidst COVID-19 negatively impacted emerging adults' emotional wellbeing (Bain et al., 2023).

2.3.3.3 Resilience-supporting relationships with intimate partners

As emerging adults move towards establishing long-term relationships, normative and notable developmental tasks include the formation of romantic relationships. This includes engaging in sexual behaviours as intimate relationships begin to play an increasingly important role in the lives of emerging adults (Arnett, 2000; Van de Bongardt et al., 2015). Within resource-constrained contexts in Africa, these

relationships sometimes include sex work or transactional sexual relationships with someone who is older and able to provide material or financial support such as relationships with a blesser, a sugar daddy, or a sugar mommy (Gama & Theron, 2023; Ranganathan et al., 2017; Sprague et al., 2023; Van der Heijden & Swartz, 2014). While these relationships place emerging adults at various risks, they also provide certain benefits. The risks of transactional sexual relationships include contracting or spreading Sexually Transmitted Infections (STIs) or HIV, pregnancy, partner violence, and consequently a lack of safety, reputational loss, and diminished self-concept (LoVette et al., 2022; Sprague et al., 2023; Van der Heijden & Swartz, 2014; Wamoyi et al., 2016). On the positive side, transactional sexual relationships can provide emerging adults with social capital, and can assist in managing significant financial stress and peer pressure (Gama & Theron, 2023). Agency can be leveraged in the choice of partner, which benefits young people by assisting them in their endeavours to acquire social status and social acceptance, provide materially and for basic needs, improve their self-esteem, or gain sexual companionship (Ranganathan et al., 2017; Sprague et al., 2023; Van der Heijden & Swartz, 2014).

2.3.3.4 Resilience-supporting relationships with other community members

Many studies indicate that social connectedness and the related social support from an adult that plays a meaningful role in the life of an adolescent reduces the negative outcomes of risk exposure (Masten, 2018; Nitschke et al., 2021). Resilience research indicates that while relationships with adults or community members are important to adolescents, this continues through to emerging adulthood (Dvorsky et al., 2021; Feder et al., 2019; Zimmerman et al., 2013). These community members could include non-family members such as neighbours or religious leaders. For example, several youths in a South African township reported receiving emotional and instrumental support from members of their faith-based communities, including pastors (Theron et al., 2021c).

Contextually, in a South African setting, a sense of community is culturally valued (Ogude, 2019). While diversity permeates South African culture, the concept of Ubuntu, and its associated values, place an emphasis on relational dependence as opposed to Western ideas of individuality (Van Breda, 2019a). Put differently,

traditional African culture values social connectedness and social support within the community. Ebersöhn et al. (2020) find that individuals who are socially well-connected have more access to social resources, and benefit from sociocultural beliefs that enable resilience processes. For example, De Gouveia and Ebersöhn (2019) conducted a three-year study with indigenous VhaVhenda and AmaSwati South Africans, of which 53 were elders and 82 were young people. Their findings indicated that eudaimonic wellbeing can be enabled by positive social connectedness, meaning that social interactions enable resilience processes (De Gouveia & Ebersöhn, 2019). This study indicated that social connectedness and social support within the community provided a sense of purpose and cultural identity, enabled the reflection of environmental mastery, and, irrespective of worldviews, brought happiness (De Gouveia & Ebersöhn, 2019).

A study in Africa on young people who are homeless found that a sense of community is fostered by relationships that promote beliefs and cultural values (Oppong Asante, 2019). These relationships within the community promote beliefs and values through the provision of practical assistance and advice by community members such as neighbours. This was also reported in a study of 430 Africans in South Africa, Swaziland, Lesotho, and Namibia which included emerging adults (Ebersöhn et al., 2018). Similarly, in a study of Black youth aged 14-22 in rural South Africa, 75% of the participants listed community members as role models (Madhavan & Crowell, 2014). Furthermore, a study was conducted on the factors that supported 12 young men to disengage from the gangs they were affiliated with in South Africa. The participants identified faith-based organisations and community support as pivotal. This support not only enabled resilience against gang membership, but also against substance use (Kelly & Ward, 2020).

Resilience from social support is not only attributed to individuals, but can also be found in communities, institutions, and societies experiencing large-scale threats or trauma, such as the COVID-19 pandemic (Dreyer, 2015; Hartling, 2008). This is evidenced in a study of 174 adults, including young adults, in the USA and Australia. It was found that social connectedness and the associated social support buffered against COVID-19-related fear, and reduced depression and anxiety, thereby fostering psychological wellbeing (Humphrey et al., 2022). South African studies during the COVID-19 pandemic similarly reflect that community members enabled

the resilience of emerging adults during this period. Wilson Fadiji et al. (2023) reported that promoting the health and wellbeing of others in the community assisted the emerging adults in their study to feel more empowered amidst the context of COVID-19. Similarly, in the context of structural disadvantage in South Africa, community was repeatedly reported as both an influencing factor in COVID-19 public health compliance, as well as a protective resource during the pandemic (Theron et al., 2022a).

2.3.4 Conclusion to resilience

Resilience research in South Africa, and the world, emphasises that relational resources, such as social support, are fundamental to emerging adults' resilience, especially in high-risk contexts (Burt & Paysnick, 2012; Van Breda & Theron, 2018). I synthesised (mostly) African studies of resilience to demonstrate the types of social support that matter for emerging adult resilience, and the key social network members providing this support. This shows that there are a plethora of studies emphasising the value of relationships as resilience-enabling (Capanna et al., 2013; Ebersöhn et al., 2020; House et al., 1988; Mesman et al., 2021; Nitschke et al., 2021; Okabe-Miyamoto et al., 2021; Varga & Zaff, 2018; Van Breda & Theron, 2018; Wickramaratne et al., 2022). There is furthermore some evidence to support the value of social support in the eyes of emerging adults (Dickens & Van Breda, 2020, 2022; Gama & Theron, 2023; Gittings et al., 2021; Marchini et al., 2021; Masten et al., 2021; Theron et al.,2021c). However, the gap I identified is that these studies are mostly not specific to emerging adults facing the compounded risk of living in disadvantaged neighbourhoods amidst the challenges of COVID-19. Furthermore, there is a paucity of research that connects the types of social support that matter for emerging adult resilience to particular role players (e.g. family, peers, others). This is crucial in light of the fact that the social support that fosters resilience can shift as young people enter early adulthood (Li et al., 2021). However, it should be noted that no assumption can be made that the themes regarding the types of support and types of relationships reviewed in this chapter will apply in the context of emerging adults in disadvantaged urban areas in South Africa amidst COVID-19.

2.4 CONCLUSION

Throughout this chapter, I detailed the trends in resilience literature pertaining to the presence of risk from the detrimental cumulative effects of COVID-19, living in a disadvantaged urban area, and the emerging adulthood developmental phase. Moreover, I reported on multiple PPFPs that enable resilience, with a specific focus on the value of social connectedness and the associated social support for emerging adults. I have reviewed the literature regarding the various types of social support that this connectedness facilitates, and the key relationships associated with this. This research makes evident the relative lack of literature pertaining to social support enabling the resilience of emerging adults who live in disadvantaged neighbourhoods amidst COVID-19 in the South African context.

In the following chapter, I report on the methodology used to study emerging adult relational resilience, and the associated social support present during COVID-19.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

In this chapter, I detail the methodology employed in this study, as well as my reasoning for it. While the methodology was summarised in Chapter 1, I go into more detail in this chapter. I discuss the paradigmatic perspective and the methodology chosen, including their advantages and limitations; thereafter I discuss the implementation of quality criteria. Lastly, I also discuss the ethical considerations applied in this study.

3.2 SITUATING THIS STUDY OF LIMITED SCOPE WITHIN THE BROADER STUDY

Due to the widespread impact of COVID-19, and my intention to do research within this context, I decided to collaborate within a larger project. I deemed it safer to be involved in the broader study, and it enabled me to reduce the time and expenses often involved in research (Christensen et al., 2015; Woodall et al., 2021). I worked within a broader study, which outlined the general purpose within which this study is placed. The broader study, RYSE-SAIn (Theron et al., 2021b), is a project in India and South Africa which examines resources (personal, social, structural, and ecological) relating to emerging adult resilience to stress from COVID-19. The RYSE-SAIn study focused on gathering data from emerging adults aged 18 to 29, from disadvantaged communities. My role was to make meaning of the data generated by research assistants (RAs), who all had a psychology or social work qualification at masters level and were trained by the research team, as I was trained. The dataset shared with me had not yet been analyzed. Hence, as explained more fully in the remainder of this section and chapter, I was free to select my research questions, framework, and analytical approach. My choice aligned to the most appropriate analysis to answer my research questions. The research team in the larger study employed a one-phase mixed methods convergent parallel design to acquire both quantitative and qualitative data. I did not use the quantitative data in my study as I selected a different methodological paradigm (See Section 3.4.2). The research team worked with me to help me understand the context of the

greater study and were available to answer my many questions about the participants.

Since the research context was already predetermined by the broader study, I did not select the context. Nonetheless, as mentioned, I had the freedom to select my study's focus and I opted to structure it in a way that aligned with the main objectives of the broader study (i.e. I was interested in how a specific set of resources enabled resilience). I selected the paradigmatic perspective (see Section 3.4), familiarised myself with qualitative research, and decided to use a phenomenological research design (see Section 3.5.1). I learnt what it means to generate data using a draw-and-write approach (see Section 3.5.4), and I chose a specific data analysis approach, namely, reflexive thematic analysis (see Section 3.5.5). In addition, I respected the importance of trustworthiness and ethics, and took steps to implement these in my research (see Sections 3.6 and 3.7). Throughout the process, I collaborated with three master's students from the research team. Multiple meetings with the research team took place at the university to ensure consistency between my themes and their understanding of the data. These meetings provided valuable feedback that also strengthened my understanding of the data. Altogether, my involvement in the conceptualisation and implementation of my study is sufficient to confirm that I am familiar with the research methodology, and that I was able to employ it successfully.

3.3 PURPOSE OF THE STUDY

The purpose of this study was to describe the social connections and related social support that a sample of emerging adults (18 to 29 year-olds) reported as enabling their resilience. I further looked at the resilience-enabling value of those connections during the COVID-19 pandemic. I specifically considered the types of relationships (e.g. parents or peers) reported by these emerging adults, as well as the forms of social support that these supportive relationships facilitated. I described the forms of social support provided by the reported social connections using House's (1981) seminal work. House (1981) details forms of social support as emotionally, instrumentally, or informationally supportive connections. I was curious as to which forms of support would be more, or less, popular and included this in the description that I developed. Understanding the forms of support that are most meaningful to

emerging adult resilience, within specific contexts, could assist in planning appropriate support and interventions for those populations.

My study was therefore descriptive in nature. A descriptive study requires the identification of characteristics of a phenomenon and the degree to which they are present (Christensen et al., 2015). The advantage of a descriptive study is that it allows for the in-depth description of and insight into a phenomenon. The phenomenon under study in this research was how social connectedness and related social support enable the resilience of emerging adults in disadvantaged urban areas in South Africa amidst COVID-19 (Colorafi & Evans, 2016; Kim et al., 2017). A descriptive study also requires the study of a phenomenon in a naturalistic setting (Gravetter & Forzano, 2018). Additionally, a descriptive focus aligned well with this phenomenological research design as it allowed for thick descriptions of the lived experiences of the participants, strengthening the meaningfulness of this research (Colorafi & Evans, 2016; Willis et al., 2016). A limitation of descriptive studies is that they do not indicate causality. However, due to the qualitative nature of this research, I did not intend to measure causality as I was more interested in describing the phenomenon under study (Kim et al., 2017).

3.4 PARADIGMATIC PERSPECTIVE

3.4.1 Epistemological paradigm

I chose to use the interpretivist paradigm, which views knowledge as formed from the meanings that individuals assign to their subjective experiences (Creswell, 2014; Jansen, 2016; Maree, 2016; Van der Walt, 2020). Interpretivism parallels hermeneutics and phenomenology in that social context and conventions are important aspects of the interpretation of subjective reality (Jansen, 2016). Put differently, interpretivism views reality as socially constructed and culturally sensitive. Consequently, this fit this study as it respected the principles of complexity and cultural sensitivity found in SETR (Ungar, 2011). An interpretivist approach also fits the resilience literature, which calls for studies that are context-specific (McCubbin & Moniz, 2015; Panter-Brick, 2015; Turok, 2014). Interpretivism was also applicable in this study as the participants interpreted their understanding of what enabled their resilience in the explanations of their drawings. I then further

interpreted their interpretations and drawings. Furthermore, upon presenting my study at the Psychological Society of South African (PsySSA) conference in 2022, the audience also interpreted, and confirmed, my meaning-making.

Interpretivism has many other advantages in this study as it allows for rich exploration, and yields in-depth, contextually sensitive descriptions (Maree, 2016). Interpretivism was germane to my study as I was interested in how social connectedness impacts emerging adults' understanding of what enables their resilience. Emerging adults have knowledge of their experiences of social connectedness, which forms data that, when interpreted, provides a holistic, subjective interpretation of social connectedness as a resilience enabler within their context (Rehman & Alharthi, 2016). The epistemology of interpretivism was valuable to this study as emerging adults were invited to share their understanding of what supports their resilience. The interpretivist paradigm is both useful and relevant as it examines the subjective interpretations of participants' perceptions of their experience. This was seen as the starting point in understanding the phenomenon of social connectedness as a resilience enabler for emerging adults from disadvantaged urban areas amidst COVID-19 (Nieuwenhuis, 2016). As I was not part of the data generation process, it was valuable for me to utilise the participants' own explanations to inform my interpretation of the data. The explanation accompanying the drawings added the participants' own interpretations to the drawings, which I could then analyse together to gain a more holistic understanding of the phenomenon in my study.

The disadvantages of interpretivism include its limitations in generalisability as subjective experience is specific to the social context in which it is formed (Junjie & Yingxin, 2022). I do not believe that this was a limitation in my study as I chose SETR (Ungar, 2011) as the theoretical framework of this study. SETR acknowledges that resilience is context-sensitive, and specifically seeks an in-depth understanding of participants' lived experiences of resources in a particular context. Similarly, another limitation of interpretivism is that it views the researcher as subjectively immersed in the research and consequently, interpretations may be influenced by the positionality of the researcher (Maree, 2016; Van der Walt, 2020). However, Braun and Clarke (2021) advocate for embracing researcher subjectivity and reflexivity, considering the researcher's positionality in research. I did this in

writing (see Section 1.7) and in repeated interactions with the research team of RYSE-SAIn.

3.4.2 Methodological paradigm

This study followed a qualitative research approach in order to describe the individual experiences of emerging adults concerning how relational support aids their resilience. Qualitative research is an interpretative approach (Christensen et al., 2015; Creswell, 2014) that uses natural (i.e. non-experimental) settings in which the lived experiences of people are gathered and used to make meaning and describe phenomena; in this study, the phenomenon of social connectedness in fostering resilience (Allan, 2020). Qualitative research seeks contextual understanding in which meaning is extracted from the data while the researcher remains attentive to the whole process. Specifically, the researcher respects the participants as experts with an understanding of the research phenomenon in a given context (Nieuwenhuis, 2020). In qualitative research, the researcher brings their positionality into the research, shaping the research process through their own assumptions, expectations, choices, and actions (Braun & Clarke, 2021).

A qualitative approach was valuable to this study as it enabled the collection of personal insights from a range of individuals, allowing for a more holistic understanding of the phenomenon (Daher et al., 2017). Furthermore, Cohen et al. (2018) note the alignment of qualitative research with the interpretivist paradigm.

Mohajan (2018) notes the advantage of qualitative research as its ability to generate in-depth, detailed insights with rich descriptions of social phenomena. These detailed insights, then reflect the cultural values, beliefs, or assumptions of individuals participating in the study. This was advantageous in my study as I considered the resilience of emerging adults in South Africa. This is a group that requires further research, and qualitative research can aid in providing in-depth insight into how social connectedness enables the resilience of this demographic (Van Breda & Theron, 2018). However, the limitations of qualitative research include researcher subjectivity and possible researcher bias as interpretations of the data may differ (Christensen et al., 2015). However, Braun and Clarke (2021) call for a different view of subjectivity, considering it as valuable to qualitative work. They

further emphasise that for reflexivity in the research, the researcher must acknowledge their own positionality and how this affects the research process.

To overcome these challenges, and to embrace researcher subjectivity, I have declared my assumptions (see Section 1.7) and worked reflexively throughout my research (Braun & Clarke, 2021). In addition, and as explained when detailing the methodology, the participants were invited to co-analyse the data. I actively worked to embrace subjectivity by raising awareness of my positionality and thereby guarding against research bias. As such, I had regular peer debriefings, meaning that I engaged in regular discussions with peers (other students) and the broader research team about the meaning I made regarding the collected dataset. Lastly, qualitative data can also be time-consuming (Rutberg & Bouikidis, 2018). The research team therefore engaged in collaborative data collection between researchers in the broader project.

3.5 METHODOLOGY

3.5.1 Research design

My study used a phenomenological research design. A phenomenological study seeks to gain insight into individuals' lived perspectives, interpretations, and understanding of a specific phenomenon (e.g. experience, situation, or concept) (Leedy & Ormrod, 2020). In a phenomenological approach, the researcher uses the perceptions that individuals with lived experiences hold in their understanding of a particular phenomenon, and subsequently draws out commonalities (Creswell & Poth, 2018; Heotis, 2020). Specifically, a hermeneutic phenomenological design was used in this study as it is a descriptive and interpretive approach to examining people's understanding of a phenomenon (Van Manen, 2016). I chose this design as I was interested in understanding the phenomenon of resilience during COVID-19, particularly interpreting how social connectedness and associated social support enable the resilience of emerging adults in disadvantaged communities. It was suitable to this study as it allows for the presupposition that social connectedness supports resilience in various ways. The participants' lived experiences of these connections therefore informed the data (Lwanga-Ntale & Owino, 2020; Nitschke et al., 2021; Slavich et al., 2021). In addition, there is value in exploring the personal

experiences of emerging adults' understanding of this topic as their voices regarding resilience have been limited (Theron et al., 2021a; Van Breda & Theron, 2018). Phenomenology has been critiqued as it intrudes into the personal worlds of individuals, and concerns over bias and misinterpretation are noted (Van Manen, 2016; Wilson, 2015). I have, however, guarded against these limitations by checking that clear consent procedures were used by the Research Assistants (RAs). I ensured the stating of researcher assumptions, peer debriefing during data analysis, and the upholding of ethical procedures and principles (Creswell & Poth, 2018).

3.5.2 Context of the study

All of the participants in this study resided in disadvantaged urban areas in the province of Gauteng, South Africa. Due to the COVID-19 lockdowns restricting in-person access to the participants, the research team used online platforms to collect data from the participants. Gauteng is the smallest, yet most populated province in South Africa, with a population of just over fifteen million people. It is also home to more than 26% of the South African population (Galal, 2022b; Tibane, 2021).

Gauteng also has a large population of young people, with 16.8% of the population being between the ages of 20-29 (Galal, 2022a). There is particular concern regarding the wellbeing of this population, especially relating to a sense of hopelessness and dissatisfaction concerning employment, education, interpersonal violence, and access to basic services (Steyne-Kotze et al., 2019). This is particularly noteworthy as this study focused on emerging adults living in disadvantaged urban areas. While poverty and inequality in Gauteng are not extraordinary when compared to other provinces, it is the relative differences within the province that have caused it to be a place of much activism regarding poverty and inequality (Everatt, 2014). Furthermore, inequality and poverty are also inextricably linked to urban disadvantage (Hall & Mokomane, 2018). Of the total participants recruited and living in areas of neighbourhood disadvantage in Gauteng, 55.98% lived in Soweto (38.08%), Tembisa (9.21%), Ga-Rankuwa (3.32%), Vanderbijlpark, and townships like Boipatong, Bophelong, Sebokeng, Sharpeville (3.07%), and Meadowlands (2.30%). Other participants came from other areas such as Alexandra, Diepkloof, and White City. Figure 3.1 indicates the income difference and inequality within the province by illustrating gated communities,

informal housing, and government housing projects within Gauteng. The inequality in areas such as Soweto and Tembisa, where the participants in this study lived, is underscored.

Figure 3.1

Map indicating three residential types in Gauteng (Hamann et al., 2020)
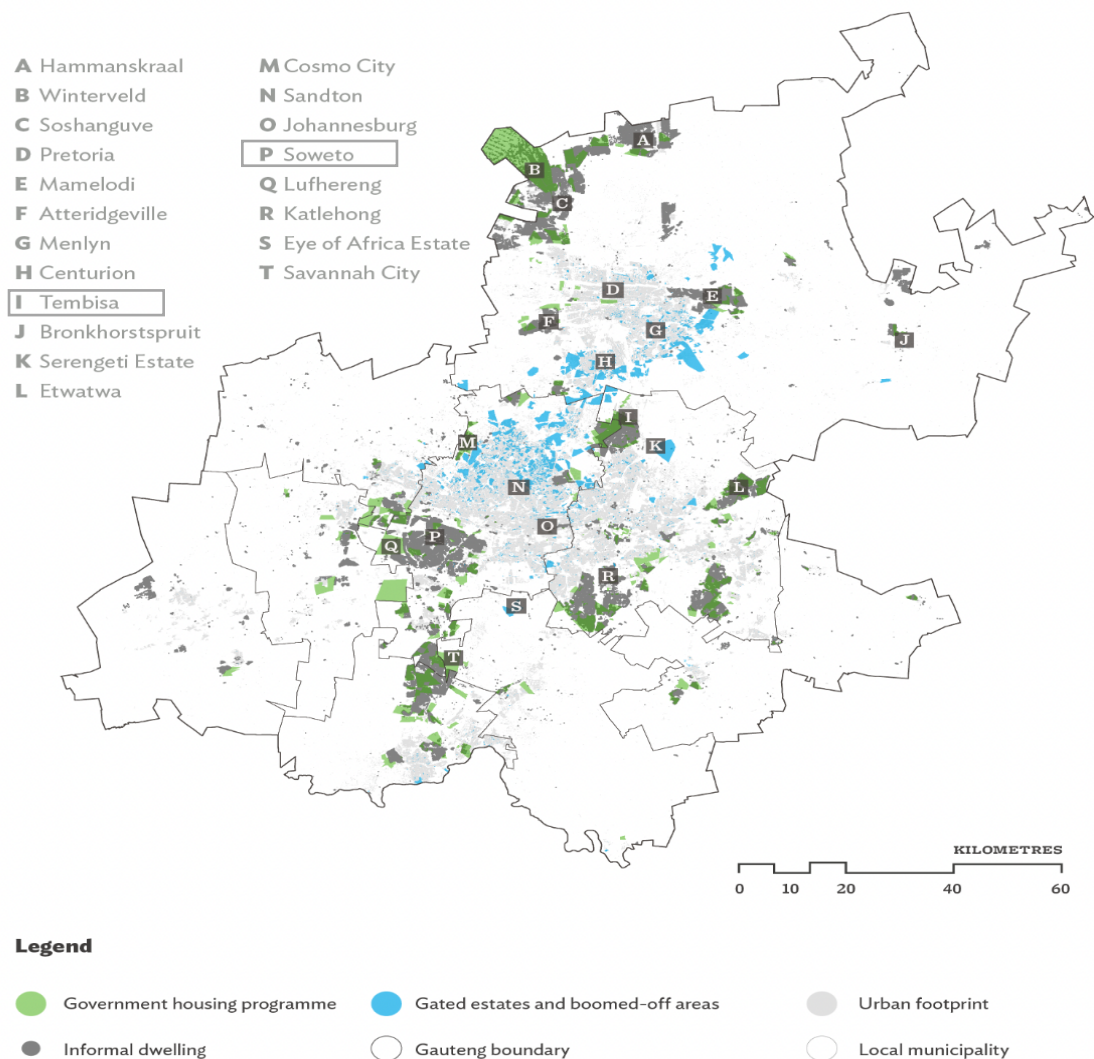
The Gauteng province is the biggest contributor to the national GDP, with Johannesburg alone being responsible for over 14% of the national GDP (Republic of South Africa, 2020a; Statistics South Africa, 2018). Gauteng is home to many disadvantaged urban areas as the urbanisation and class divisions within Gauteng continue according to what used to be apartheid townships, segregated based on race. Post-apartheid resource-constrained communities are still racially segregated, while new informal settlements have developed and spread since apartheid

(Everatt, 2014). Areas of urban disadvantage are characterised by over-population (Chirisa et al., 2020; Tacoli et al., 2015). Figure 3.2 indicates the most densely populated areas in Gauteng, along with the percentage of recruited participants in this study in these densely populated areas.

Figure 3.2

Map indicating the most densely populated areas of Gauteng (Parker & Hamann, 2020)
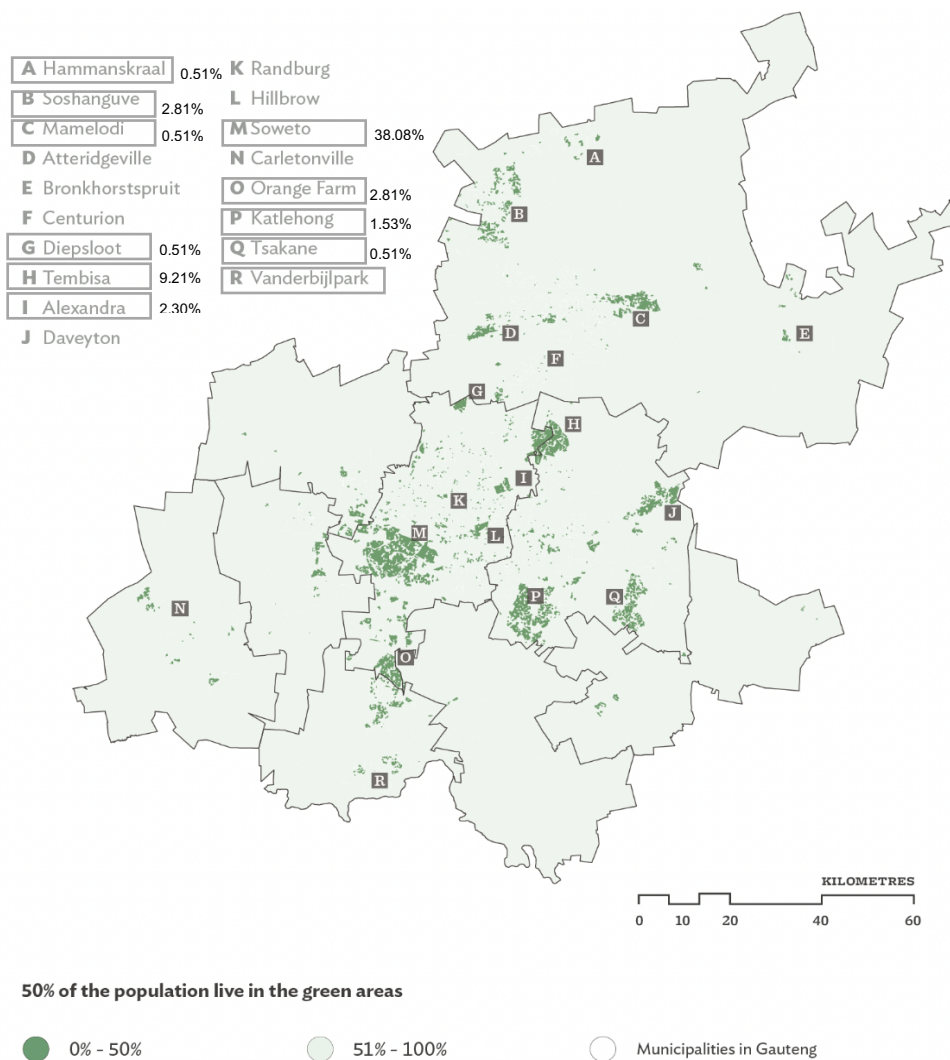
3.5.3 Participants

The research team used purposive sampling and snowball sampling to recruit a fairly homogenous selection of participants that met the requirements of the study. To meet the criteria for inclusion in the study, the participants needed to be: between the ages of 18 and 29; literate in English; residing in a disadvantaged community in

Gauteng (i.e. an area of high density, poor infrastructure, low socioeconomic status); have personal experience of COVID-19 related stress; and believe that they are doing 'OK' despite their experiences of COVID-19 (e.g. be actively seeking employment/employed, engaged in further education/training, or contributing meaningfully to a household). The participants self-reported that they were coping well despite the stressors of COVID-19 and neighbourhood disadvantage. Participants' self-reporting of positive outcomes has been captured in previous resilience studies (Bhana et al., 2016; Theron, 2016b; Theron et al., 2022d).

The research team recruited emerging adults via social media, strategically placed recruitment flyers (See Annexure F), and through gatekeepers with existing relationships in the community (e.g. personnel at youth-focused, non-government organisations). The gatekeepers identified participants who were eligible for inclusion and who were willing to take part in the study. Individuals who self-identified with the criteria sent a text message to the phone number allocated for this study. Prospective participants were contacted telephonically by RAs using a scripted brief to ensure consistency (See Annexure I). They were then sent an invitation letter with an information sheet (See Annexure G), and asked to complete a consent form (See Annexure H). As the data were collected virtually, both written and verbal consent was accepted. If a participant was unable to complete a written consent form, the trained RAs read the consent form to them, and audio recorded their response. Snowball sampling was also followed with participants being invited to further recruit peers who met the requirements of the study (Parker et al., 2019).

A total of 293 participants gave consent to participate, of which 201 were female, 91 were male, and 1 indicated other. As part of their participation, they produced drawings of their understanding of what promoted their own resilience. While a homogenous sample was sought with regard to age range and disadvantaged urban communities, the participants were demographically different and did not all share the same race. There were 287 Black, 2 White, and 4 Coloured participants consenting to take part in the research (see Table 3.1). Their ages ranged from 18 to 29, with a mean age of 24. Of the 293 participants, 113 were engaged in some form of education, 90 participants were employed, and 89 participants indicated that they were not involved in education, employment, or training.

Purposeful sampling via gatekeepers is a helpful procedure in that it enables easy access to individuals in the specific contexts required (Singh & Wassenaar, 2016). Snowball sampling is both cost and time effective and was an especially useful selection method during the COVID-19 pandemic when restrictions limited access to participants (Kennedy-Shaffer et al., 2021). However, snowball sampling can be a challenge if participants do not cooperate, and the sample group may not be particularly diverse (Bhardwaj, 2019). Furthermore, gatekeeper-facilitated recruitment may pose challenges in producing a skewed sample or gatekeeper bias (Singh & Wassenaar, 2016). To overcome the abovementioned challenges, the participants were recruited in various ways (i.e. via social media, flyers, and gatekeepers), as opposed to relying on only one method.

Table 3.1

Participant demographics

Demographic	Sub-groups	Number of participants	Percentage
Self-identified gender	Female	201	68.60
	Male	91	31.10
	Other	1	0.30
Self-identified race	Black	287	97.95
	White	2	0.68
	Coloured	4	1.37
Education n=113	Completing school.	41	36.28
	Completing a skills development course.	31	27.44
	Tertiary student.	41	36.28
Employed n=90	Temporary/seasonal labour.	13	14.44
	Part-time employed.	33	36.67
	Full-time employed.	29	32.22
	Self-employed.	14	15.56
	Internship.	1	1.11

Demographic	Sub-groups	Number of participants	Percentage
Not in Education, Employment, or Training n=89	Unemployed, looking for employment.	80	89.89
	Unemployed, not looking for employment.	7	7.00
	Unemployed, looking to study.	2	2.00
	Undisclosed.	1	1.11

3.5.4 Data generation

In this section I detail the data generation and documentation process used in my study. The data were collected by a team of researchers comprising my supervisor and trained RAs, with most of the data collection taking place from June to December 2021. The draw-and-write technique was used to generate and document data as the participants were asked to draw the phenomenon (i.e. what supports their resilience) and then write an explanation of their drawing, yielding a visual and textual data set (Hartel, 2020; Mitchell et al., 2011). The draw-and-write method has been used widely in South Africa with both children and young people (e.g. Machenjedze et al., 2019; Malindi, 2014; Theron, 2016b). The participants were not required to use any specific drawing tools but were encouraged to use any paper and drawing medium they had available. They were assured by the RAs that the content was more valuable than the quality of the drawing (Mitchell et al., 2011).

A criticism of the use of art-based methods to collect data is that the data analysis may be biased through the researcher's interpretations thereof (Lyon, 2020). As such, the participants were also asked to include an explanation of their drawings, which can aid trustworthiness by reducing bias during the analysis. The participants were asked to 'make a drawing explaining what helps young people to be OK when faced with COVID-19 related stress,' and to 'write a couple of sentences explaining what your drawing says about what helps young people to be OK when faced with COVID-19 related stress'. Angell et al. (2015, p. 25) refer to the use of a written explanation to give meaning to a drawing as a process in which researchers can "marry up" visual and textual data to reduce bias in interpretation. I appreciated the

written explanations because they assisted me to understand the participants' drawings better and to manage my assumptions about what the participants visually expressed in their drawings. Furthermore, as I did not speak to the participants myself, the combination of written explanations and drawings was helpful during the interpretation phase of analysis.

Due to the social and travel restrictions during COVID-19, the data collection process was virtual. The participants were asked to send a scan or a photograph of their drawing and were provided with 50MB of data in order to do so. The participants shared these documents with the research team via email, Short Message Service (SMS) or WhatsApp. There was a disadvantage to this method as there was the possibility that some of the explanations would be too brief and there would then be no opportunity to talk to the participants to gain more information. However, this was not a limitation in this study as the explanations were mostly clear and yielded in-depth responses.

The use of the draw-and-write method had distinct advantages because it provided the participants with an opportunity to reflect on what enables their resilience, and to provide a clear explanation. This produced deeper, more unconventional data not based on words alone. Furthermore, it was inexpensive and removed the focus from verbal explanations, making it holistic and accessible, thereby enabling individuals from disadvantaged communities to partake with ease (Bedi et al., 2020).

3.5.5 Data analysis

I conducted a primary data analysis as the data co-generated by the research team had not yet been analysed at the time that the data were shared with me. For the purpose of this study, I used a reflexive thematic analysis, which is an inductive method of detecting patterns or themes within data (Braun & Clarke, 2020). The entire data set was considered, and I extracted the drawings and explanations that included content on social connectedness (n=103). I analysed the drawings and explanations to gain insight into the participants' understanding of the phenomenon under study, which concerned how social connections support the resilience of emerging adults living in disadvantaged contexts during COVID-19.

Kiger and Varpio (2020) note that the flexibility provided by thematic analysis is its primary advantage in that it is useful with a range of data types, theoretical frameworks, and ontologies. In this study, reflexive thematic analysis complemented the use of interpretivism. However, thematic analysis has been critiqued as potentially being inconsistent or improperly applied (Nowell et al., 2017). These pitfalls were avoided by clearly highlighting the underlying assumptions of the analysis, ensuring alignment with the epistemological and theoretical frameworks. This also guaranteed a full understanding of, and careful adherence to the six steps in the framework (Braun & Clarke, 2006, 2021). Furthermore, peer auditing was conducted by presenting my emerging findings to the research team. Using their feedback allowed me to advance the consistency and trustworthiness of this study (Creswell & Poth, 2018).

In this study, I worked reflexively while using Braun and Clarke's six-step framework for inductive thematic analysis (Braun & Clarke, 2006, 2021). The six steps and my cautious, thoughtful implementation thereof are presented in Table 3.3 below. While this table suggests a step-like process, it was actually not sequential. I went back and forth between the steps as I reflected on the meaning and the codes I was cautiously assigning. In explaining reflexive thematic analysis, Braun and Clarke (2021) emphasise the importance of an iterative, cautious approach.

Table 3.2

The six steps of inductive thematic analysis applied in this study

Steps	Implementation
Step 1: Familiarisation with the data	• Firstly, I immersed myself within the data set and familiarised myself with the data by repeated active reading through the narrative data and viewing the drawings to gain a rich understanding of the data set (Braun & Clarke, 2021).
	• I was careful to consider each part of the data set, the visual data and written explanations, with equal importance and value, to minimise ambiguity and gain a clearer perspective on each participant's meaning (Angell et al., 2015; Javadi & Zarea, 2016).
	• To ensure a thorough grasp of the meaning as expressed by the emerging adult participants, I had to read and reread the written explanations while taking into consideration the drawings,

Steps	Implementation
	multiple times. Given that I was not involved in the initial data generation process, this engagement with the data was crucial.
	• I made sure to consider how the information might be able to address my research questions and I made notes of my initial observations as they related to each data item and the whole dataset (Braun & Clarke, 2021).
Step 2: Generating initial codes	• After immersing myself in the data, I began to inductively generate initial codes by identifying segments of the visual and narrative data which answered my research question (Braun & Clarke, 2021), i.e., 'How does social connectedness and related social support enable the resilience of emerging adults in urban disadvantaged areas in South Africa, amidst COVID-19?'
	• Open coding is the process of expressing data as concepts by assigning paraphrased words or phrases to relevant data on how the data is answering the research questions (Williams & Moser, 2019). I created open codes for all the data which answered my research question by paraphrasing the data in a code. To do this, I imported the data into the Atlas.ti version 22.1.0 (2022) software and highlighted relevant phrases or images, inserting codes to complete this process (see Annexure A).
	• I worked systematically through the data set and coded data which referred to social connectedness. I coded the relationships the emerging adults reported as resilience-enabling, as well as how they found the connection to be supportive, aiming to capture single meanings and concepts (Braun & Clarke, 2021).
	• I only coded the participant-generated documents that spoke to direct relationships with human beings, excluding data relating to resilience enablers that are not relational. I repeatedly considered the data in an iterative process, to ensure rich coding and consolidation of codes (Nowell et al., 2017).
	• I met twice with members of the research team, as well as once with my supervisor and both examined and approved these initial open codes.
Step 3: Searching for themes	• The third step entailed searching the open codes for themes that answer the research question and grouping them by assigning a thematic or axial code (Braun & Clarke, 2021). I searched my codes for potential patterned meaning to compile themes ensuring that the thematic code names reflected the similarities across the open codes (Braun & Clarke, 2021).

Steps	Implementation
	• I started to do this in Atlas.ti, using the open codes I had already recorded but found it challenging and opted to do this manually, on paper by highlighting and grouping codes (see Annexure B) following Braun and Clarke (2021) and Braun et al., (2022) who suggest that using traditional paper-based or visual techniques may be helpful in searching for themes. • During this process, I also developed inclusion and exclusion criteria to ensure consistency within each theme (See Annexure C).
Step 4: Reviewing the themes	• Next, I refined the themes by re-reading and reorganising the coded data to ensure that the manner I grouped thematic codes was meaningful, answered my research questions and was representative of the data set (Braun & Clarke, 2021; Maguire & Delahunt, 2017). I ensured that each theme had adequate data supporting its prominence. • In this process, I reviewed the themes with my supervisor and three members of the research team. Upon reviewing the themes with the research team and discussing the appropriateness of the thematic codes as well as which of these codes needed to be combined, we realised that I still had too many overlapping themes and that I needed to define my themes with more clarity to include the relevant data. For example, I initially presented the provision of resources and the provision of practical assistance as separate sub-themes under instrumental support. However, after reviewing the theme with the research team, we noticed that my definition of instrumental support included both elements and that the data often referred to both together and therefore I chose to combine these as one theme. • This collaboration and reviewing of themes enabled me to construct my themes with precision and ensured that they accurately reflect the data set. It also aided me in examining the themes as they relate to existing knowledge in the field and the context of my research (Braun & Clarke, 2021).
Step 5: Defining and naming themes	• This step involved the final refining of themes and the formation of a definition to describe each theme and its importance to the research questions, in a manner which clarifies exactly what the theme is about and which data it encapsulates (Kiger & Varpio,

Steps	Implementation
	2020; Maguire & Delahunt, 2017). During this step, I had to revisit steps 1 through 4 to assist me in generating a definition.
	• I presented my emerging themes along with the evidence to my supervisor and a fellow master's student on the research team and identified overlaps in my themes. For example, I presented three themes: Stirring Courage, Inspiring Motivation, and Inspiration to Continue. When considering the definition of the sub-theme Stirring Courage and that of Inspiring Motivation and Inspiration to Continue, I realised that although I initially coded these separately, they were all relating to providing emotional support that enabled emerging adults to continue amidst hardships and I chose to combine the themes into one encompassing sub-theme.
	• The themes I identified reflect the meaning I made from the data. In order to provide insight into my interpretation of the data I clearly outlined the inclusion and exclusion criteria (see Annexure C). I had to reflect on the wording of themes and decide on a concise and informative theme name (Braun & Clarke, 2021).
	• I also used a visual diagram indicating the manner in which my themes relate to the research question (see Figure 4.1 in Chapter 4).
Step 6: Producing the report	• The final step is reporting the themes in a logical manner, with rich examples from the original data, indicating how my research questions were answered (Braun & Clarke, 2021; Kiger & Varpio, 2020).
	• I compiled this coherent report (see Chapter 4), describing how emerging adults reported on social connectedness enabling their resilience and providing the corroborating evidence.

3.6 QUALITY CRITERIA

Qualitative studies require proof of trustworthiness in terms of the accuracy of the findings, and the extent to which consistency can be established to ensure the quality control and rigour of a study (Creswell, 2014). Lincoln and Guba (1985, 1994) put forward the five quality criteria of credibility, dependability, confirmability, transferability, and authenticity, which I discuss in detail below.

3.6.1 Credibility

Congruency between findings and reality is established through credibility, which ensures that the findings accurately reflect the subject matter of the study (Johnson et al., 2020; Nieuwenhuis, 2016). Similar to how internal validity is utilised in quantitative studies, credibility is used in qualitative inquiry (Daniel, 2019). I incorporated various credibility-building techniques suggested by Lincoln and Guba (1994) in my study. The research team generated the data using formalised, empirically sound qualitative methods, whereafter I analysed the data using credible methods (Nieuwenhuis, 2016). In Section 3.5.4, I provided details regarding the data generation, and in Section 3.5.5, I expanded on the data analysis processes.

Peer debriefing aids in increasing reflexivity in practice, and provides multiple viewpoints for the researcher to consider (Braun & Clarke, 2021; Morse, 2015). I had productive peer debriefing sessions with members of the research team where my findings were discussed and reaffirmed, as well as challenged and refined. A peer on the research team and I individually generated the initial codes for our themes, and then held sessions where we sat and reviewed our findings together. Additionally, we also had debriefing meetings with our supervisor. These meetings took place on the following dates: 11 and 30 August 2022; 2,15, 20, 22 and 26 September 2022; and 4 and 11 October 2022. Lastly, Nieuwenhuis (2016) notes that a thick description of the phenomenon under study further enhances credibility, I followed these guidelines by clearly explaining the phenomenon.

3.6.2 Transferability

Transferability is the extent to which other researchers can use research by transferring the findings of a study to other contexts (Megheirkouni & Moir, 2023). Therefore, to establish the usefulness of the research across settings, the researcher should enable readers to decide if the findings are applicable to other situations by providing in-depth, contextual information (Johnson et al., 2020). As a result, I have given detailed descriptions of the emerging adults who participated in this study by including their demographic information (see Section 3.5.3). I also provided context-related information about the disadvantaged urban areas in Gauteng (see Section 3.5.2). I did this to make sure that other researchers could

extrapolate the findings from this study and determine whether the results are applicable or transferrable to their contexts (Daniel, 2019).

3.6.3 Dependability

Dependability requires the reporting of research methodologies in a way that allows the study to be replicated, and the use of suitable research practices to be ensured (Johnson et al., 2020; Nieuwenhuis, 2016). I also used an audit trail comprising examples of how I analysed the data (See Annexures A and B). Using this audit trail, others can determine whether my findings are reliable by following the decisions I made. I also provided a thorough explanation of the procedures and methods used in the data analysis (see Section 3.5.5). To maintain the dependability of the study, I have recorded all of the supporting information related to decisions that were made regarding inclusion and exclusion criteria, which contributed to my findings (see Annexure C).

3.6.4 Confirmability

Objectivity within a study is referred to as confirmability. It establishes the extent to which findings are factually neutral, based on reflective data gathered, or whether the interpretations were influenced by researcher bias (Johnson et al., 2020; Megheirkouni & Moir, 2023). To demonstrate that the findings of this study are grounded in evidence, I have included quotations from the participants and examples of the drawings they produced in Chapter 4. I explained how I identified the themes in the data, and I made sure that the themes were representative of more than one data source. I also practised reflexivity by being critically self-reflexive regarding my own perspectives and biases, and my role as student and researcher (see Section 5.3) (Megheirkouni & Moir, 2023). Additionally, Nieuwenhuis (2016) states that admitting assumptions can increase confirmability. Consequently, I outlined my assumptions (see Section 1.7), and the advantages and disadvantages of my methodology (see Section 3.5). Moreover, I sought feedback from my supervisor and the research team members on the themes I identified to further manage researcher bias and enhance confirmability. I considered their different interpretations and reviewed my themes, taking into account their suggestions.

3.6.5 Authenticity

The extent to which realities are fairly represented in findings is referred to as authenticity (Amin et al., 2020; Rivaz et al., 2019). To ensure authenticity in this study and to guard against undue researcher bias (bearing in mind that the researcher's experience can actually contribute to the analysis) (Braun & Clarke, 2021), I examined the drawings and the participants' written explanations together. I used the written data to enhance my understanding of the visual data. Angell et al. (2015) highlight the importance of using both written and visual data to minimise ambiguity, and to ensure that all data is used and valued equally. Using the draw-and-write methodology, each participant expressed their unique viewpoint and understanding of what promotes resilience (see Section 3.5.4). I worked authentically to illustrate these unique perspectives by reporting on them with drawn examples and descriptive quotes from the data. In doing so, I used diverse examples from the data, being careful not to draw on the same participants, ensuring a fair representation by reporting different voices.

3.7 ETHICAL CONSIDERATIONS

The broader study received ethical clearance from the Faculty of Health Sciences Research Ethics Committee and Faculty of Education Ethics Committee, University of Pretoria (UP17/05/01) (see Annexure D). I obtained aligned ethical clearance to work with the existing data in an ethically responsible manner from the University of Pretoria's Ethics Committee (see Annexure E).

In accordance with typical ethical procedures, voluntary and informed written consent was obtained from participants before they could participate (Christensen et al., 2015) (see Annexure H). The participants agreed to have their drawings and explanations published publicly without their names attached, and were assured that their identities would not be made known to anyone outside of the research team to maintain privacy through confidentiality and anonymity (Leedy & Ormrod, 2020). The protection of data is another imperative aspect that must be considered. Efforts to keep data protected and confidential must be made, and I thus ensured that the data were stored on a password protected device (Cohen et al., 2018).

The ethical implications of this study are closely associated with the sensitivity linked to stressful COVID-19-related experiences, as well as the way in which I handled the collected data. Fraenkel et al. (2018) note that it is essential that respect, dignity, and the welfare of the participants are considered throughout the research process. This was done in this study through the trained RAs treating the participants fairly and equitably. They made the participants aware that should any aspect of the data collection affect them negatively, they would be provided with access to free mental health services. They were further informed that they were free to withdraw from the study at any point without any consequences (Creswell & Poth, 2018). During the analysis, I worked ethically with the data by having peer discussions on the meanings I drew from the data. I ensured a comprehensive discussion of my findings, presenting various perspectives. Lastly, I made sure that I did not stereotype the participants or harm them through the manner in which I wrote up my findings (Creswell & Poth, 2018).

3.8 CONCLUSION

In this chapter, I outlined the methodology used in my study, as well as how I maintained the trustworthiness of this study through applying quality criteria. Lastly, I discussed the ethical considerations of my study. In the next chapter, I present the findings and themes that I identified.

CHAPTER 4: RESEARCH FINDINGS

4.1 INTRODUCTION

I identified three themes in response to the research question directing this study: *How did social connectedness and related social support enable the resilience of emerging adults in disadvantaged urban areas in South Africa during the COVID-19 pandemic?* These themes, namely, 'Social Connectedness Offers Emotional Comfort', 'Social Connectedness Provides Resources and Practical Assistance', and 'Social Connectedness Facilitates Access to Enabling Information' are summarised in Figure 4.1. This includes relationships identified by these emerging adults as providing support that enables resilience.

Figure 4.1

Visual summary of the findings
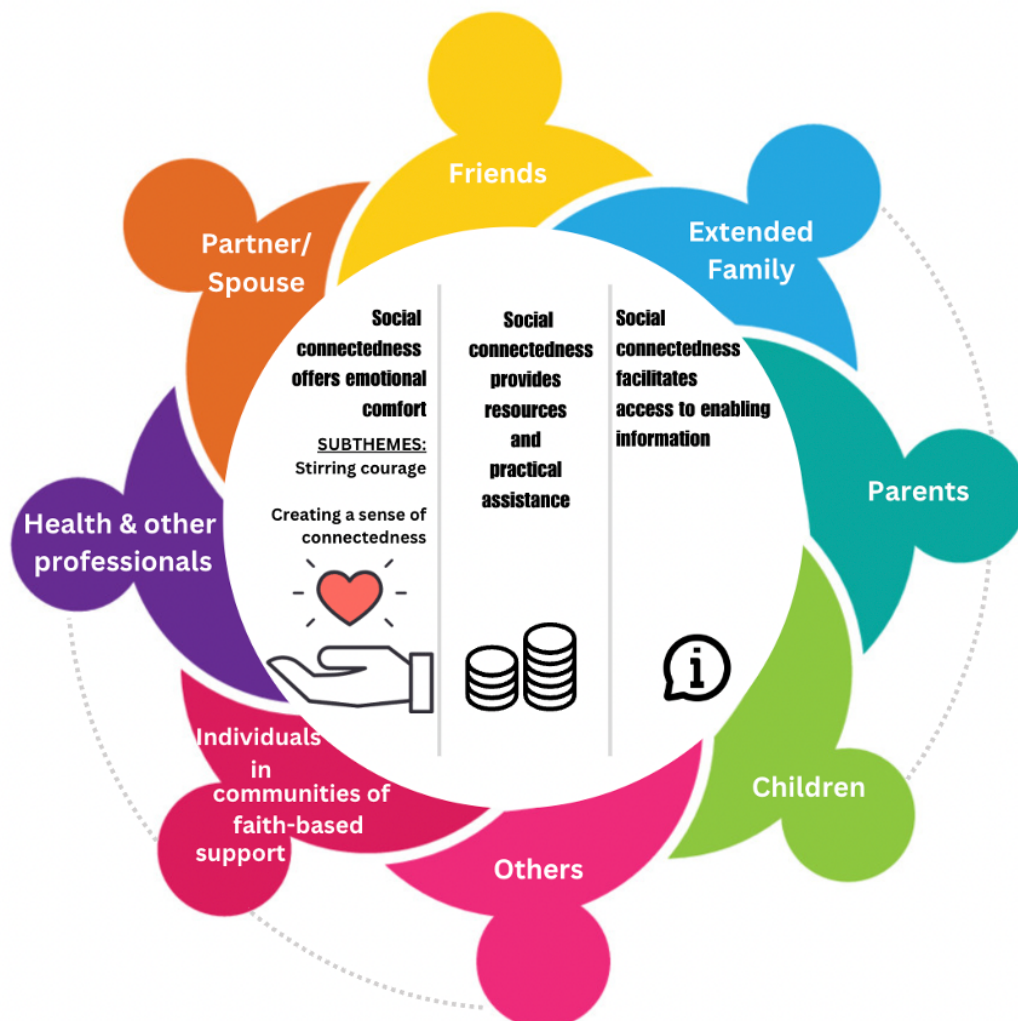
In the visual summary, I illustrate the relationships identified as providing resilience-enabling support along with the identified themes and sub-themes with regard to the various types of social support. The three images in the middle depict the three identified themes, which are indicated by size according to theoretical density, i.e. which types of social support were most reported. The first theme that I identified, 'Social Connectedness Offers Emotional Comfort', is represented by the hand holding the heart. I identified two sub-themes of 'Social Connectedness Offers Emotional Comfort', namely, Stirring Courage and Creating a Sense of Connectedness. These themes were most regularly reported as indicated by the larger size of the icon. The second theme, 'Social Connectedness Provides Resources and Practical Assistance', is represented by the coins. The third theme, 'Social Connectedness Facilitates Access to Enabling Information', is illustrated by the information speech bubble and was the least reported, as indicated by the smaller icon size.

I found various relationships that the participating emerging adults identified as resilience-enabling. Family, where family refers to networks of people with ties of kinship, marriage, or adoption, was often reported (Laing, 2018). I decided to not only consider the family as a whole unit but to further identify the specific relationships within families and consequently separated data noting family members into different categories. These categories were: children, parents, and extended family, where extended family refers to both extended family beyond the nuclear family as well as to generalisations of familial support (Burgess, 2018). The participating emerging adults also mentioned partners or spouses.

Lastly, these emerging adults mentioned relationships in the form of health professionals, individuals in communities of faith-based support, or other support, such as individuals working for the government or food schemes. I further identified friends as key actors across all themes. Friends are defined as people with whom a close bond is formed in a non-sexual manner and who are not blood relatives (Kitts & Leal, 2021).

Some documents (i.e., the drawings and explanations that the participants generated) spoke to more than one theme or relationship. I will discuss each theme

individually below while using the relevant literature on emerging adult resilience to make meaning of the results that emerged in each theme.

4.2 THEME 1: SOCIAL CONNECTEDNESS OFFERS EMOTIONAL COMFORT

The theme 'Social Connectedness Offers Emotional Comfort' refers to any attempts to provide support or aid to distressed individuals. This specifically implies improving their emotional state in a manner that enables resilience and allows them to face their challenges and hardships with courage (Weber et al., 2004). The majority of participants (more than two-thirds of the participant-generated documents that included social connectedness) made reference to this theme.

4.2.1 Sub-theme: Stirring courage

This sub-theme refers to the emotional comfort provided by stirring courage in others. This is done through providing support or encouragement, as well as fostering positive emotion. This sub-theme, therefore, included all data that described relationships that facilitated encouragement, motivation, hope, a sense of relief, or grit as a resilience enabler. The participants typically noted that they felt strengthened and able to keep going as a result of this support. Eighty-five of the 103 participant-generated documents that included social connectedness contained evidence of this theme, and it was consequently the most reported theme. I identified a range of diverse actors, including friends and others such as loved ones, individuals in communities of faith-based support, health professionals, and institutional support. However, the emerging adults predominantly mentioned family, including extended family and children, but notably parents. Within the references made to parents, mothers were mentioned specifically and often. For example, Participant 80, a 23-year-old young woman, explained the important role that her mother played in providing the courage she needed to face challenges. In her drawing (Figure 4.2), she illustrated the vulnerability and closeness of the relationship between a mother and child and the love that this provided. She stated, "*Whenever it gets hard, my mom is always by my side to comfort me… because of my mom I am overcoming things that I once thought I could not overcome… There is nothing more powerful than the love of a mother.*"

Figure 4.2

Participant 080's drawing depicting the love of a mother

Similarly, Participant 043, a 19-year-old man, echoed this sentiment about parents being a source of emotional comfort. He wrote, "*What helps me to do well in life when it gets tough is the comfort I get from my parents. My parents are the source of my strength and courage*". His drawing in Figure 4.3 illustrated the connection and closeness between them.

Figure 4.3

Participant 043's drawing depicting the support from his parents

In contrast to the emphasis on parent figures, Participant 147, a 29-year-old young woman, illustrated the way in which a child can stir courage within their parents and provide motivation, grit, and joy in challenging circumstances. She described this as follows: *"My daughter is the best thing that ever happened in my life. She is the light of my life; she motivates me to keep pushing. Every time when I look at her, I see that I still have a lot to do in life. She gives me strength to carry on. I only want what's best for her and seeing her happy makes me very happy."*

Furthermore, family support enabled courageous strength within the participants. Participant 79, a 25-year-old young woman, illustrated this in her drawing in Figure 4.4, showing how she could reach out to the love of her family when she felt like life was drowning her. She explained, *"The support and love I got from my family saved me from drowning, helped me stay strong and gave me the strength to stay positive and do well in life."*

Figure 4.4

Participant 79's drawing depicting her family's support and love

Similarly, Participant 197, a 26-year-old female, also illustrated the courage she gained to continue amidst hardships through the various ways her family provided her with emotional comfort in Figure 4.5. She specified the manner in which her family's love and support provided her with peace, happiness, and courage. She explained, *"What keeps me going is my family, even when times are hard, they keep me going, they give me strength."*

Figure 4.5

Participant 197's drawing depicting how her family supported her

4.2.2 Sub-theme: Creating a sense of connectedness

This sub-theme includes any data that showed a sense of belonging or interconnectedness as a resilience-enabling factor. Typically, this connectedness offered experiences of comfort and relief. Only 16 of the 103 participant-generated documents that included social connectedness contained evidence of this theme. The majority of participant-generated documents related to this theme (12 of the 16) indicated that a sense of connectedness arose from interactions with others, including strangers, new acquaintances, or community members. These interactions were through direct contact, technology, or shared interests. For example, Participant 051, a 21-year-old young woman, illustrated how interconnectedness has supported her in Figure 4.6. She explained, *"Realising that I'm not alone in this world is one of the things that have helped me cope with my challenges."*

Figure 4.6

Participant 051's drawing depicting the sense of connectedness that supported her
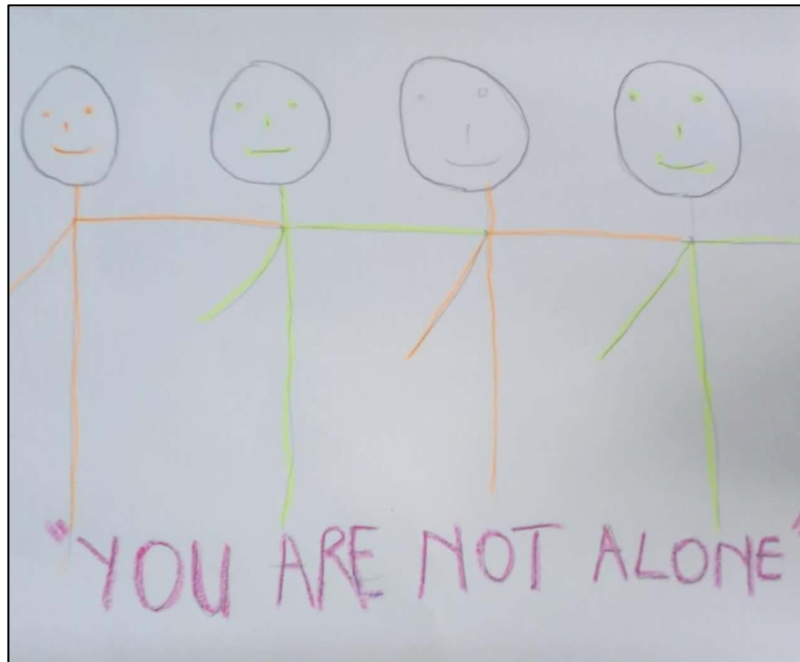
Similarly, Participant 352, a 26-year-old young man, explained that *"Being with other people and meeting new faces helps me deal with my problems."* Furthermore, Participant 380, a 24-year-old young man, described the way in which a shared interest allowed him to be part of a team. The drawing in Figure 4.7 accompanied his explanation, where he noted, "*I self-heal when I play soccer because I interact with other boys… and get relief from stress.*"

Figure 4.7

Participant 380's drawing depicting his connectedness to others through soccer
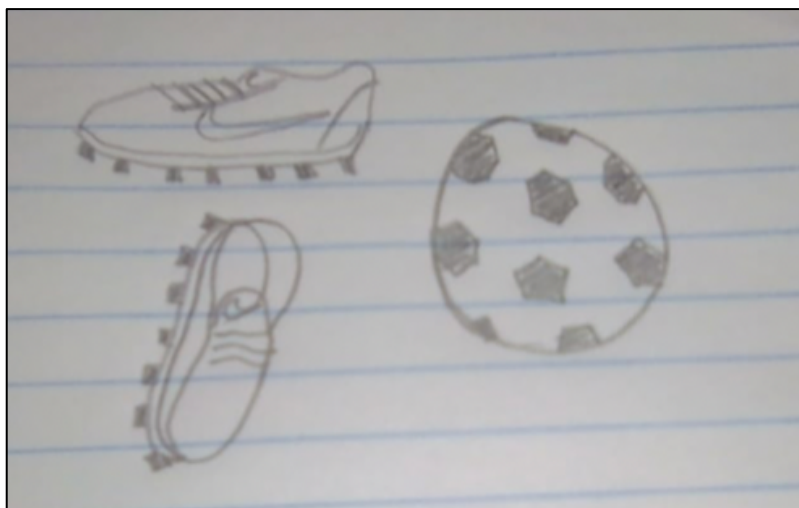
Another participant illustrated how she used technology to ensure a sense of connectedness, as depicted in Figure 4.8. Participant 090, a 21-year-old young woman, described the way in which a sense of connectedness enabled her resilience. She said, *"Being connected to other people and feeling support was one of the strongest forms of stress relief."*

Figure 4.8

Participant 090's drawing depicting the use of technology to foster a sense of connectedness
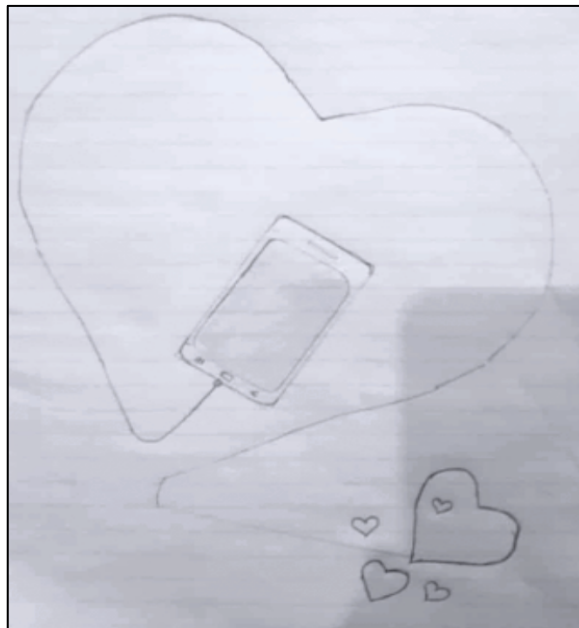
4.2.3 What the literature reports about social connectedness that offers emotional comfort

The uncertainty and insecurity of the pandemic brought with it an increased emotional response and need for emotional support (Germani et al., 2020). The findings of this study confirm the role of emotional support in pandemic-challenged times. They show that relational resources are pivotal to the resilience of young people exposed to multiple challenges, such as COVID-19-related stress and living in a disadvantaged neighbourhood. This fits the larger body of resilience literature, which is unequivocal about the importance of relational resources (Masten et al., 2021; Nitschke et al., 2021; Varga & Zaff, 2018). The participants' repeated reference to the theme of emotional support also aligns with the literature on emerging adults, and Sub-Saharan literature on emerging adults' resilience. In the

literature, emotional support is considered to be a fundamental factor in promoting emerging adults' resilience (Burt & Paysnick, 2012; Hinton & Meyer, 2014; Luecken & Gress, 2010; Masten et al., 2006; Repo et al., 2022; Theron et al., 2021a, 2021c).

In addressing the affective needs of emerging adults, friends and family may assist in modifying individuals' perspectives on adversity, as well as their subjective perceptions of surroundings amidst various challenges (De Gouveia & Ebersöhn, 2019). This emotional support provided by friends and family was evident in this study as the theme 'Stirring Courage' reported instances of support through motivation, encouraging grit, and hope. The support that the participants received prompted a change in perspective, aiding them to be courageous and persevere amid challenging circumstances.

My study's findings with regard to relationships that enable emerging adults' resilience through Stirring Courage (emotional support) indicate some differences from established Western research. Research conducted in Western contexts, concerning emerging adults, views family support as becoming less central to emerging adult resilience (Lindell & Campione-Barr, 2017; Smorti et al., 2020; Sussman & Arnett, 2014; Taylor et al., 2014). Similarly, Repo et al. (2022) also noted that emerging adults may experience a change in their autonomy and belonging to families and peer groups.

However, my study's findings differed, showing the centrality of family. These findings were better aligned with research that indicates that friends and family remain important social supports despite the changes in emerging adulthood (Angela et al., 2022; Madewell & Ponce-Garcia, 2016). Specifically, South African studies on resilience in emerging adults have reported the value of family support (Hadebe & Ramukumba, 2020; Hatch & Posel, 2018; Theron et al., 2021c; Zulu, 2019, 2022). South African resilience research indicates that family continues to play a supportive role and that, despite international research on changes in familial support for emerging adults transitioning out of families (Burt & Paysnick, 2012; Fingerman & Yahirun, 2016; Hinton & Meyer, 2014; Luecken & Gress, 2010), maintaining these family connections are resilience-enabling for South African emerging adults.

I noted that the participants singled out their mothers when reporting about emotional support. The density of data reporting support from mothers also reflects the centrality of mothers in the South African context. This may be due to a cultural appreciation for female caregivers, and the high number of households headed by women in Sub-Saharan Africa (Bryceson, 2020; Hatch & Posel, 2018; Mkhize & Msomi, 2016).

As is expected during emerging adulthood, many emerging adults begin to individuate and form peer relationships, which provide emotional support (Arnett, 2007; Sussman & Arnett, 2014). Similarly, Theron et al. (2021c) found the same to be true when they explored the resilience of a small sample (n = 16) of emerging adults living in a township in South Africa. While friends were occasionally reported in the current study, the limited references to friends do not reflect the established research, which indicates that peers are a central influence for emerging adults (Marchini et al., 2021; Schwartz, 2016; Taylor et al., 2014). In my study's findings, the underreporting of friends may be a result of the contextual reality of COVID-19 lockdowns, when many emerging adults had to move back home. This may have caused reduced autonomy or limited their regular access to their peers (Posel & Casale, 2020). A study done by Germani et al. (2020) with 1183 Italian emerging adults also found that COVID-19 lockdowns reduced peer support.

Inclusion through a sense of belonging and connectedness is valued by emerging adults (Repo et al., 2022). Therefore, this sub-theme aligned with the existing literature. However, it is interesting to note that a sense of connectedness was mostly attributed to relationships with strangers, new acquaintances, or community members. Repo et al. (2022) suggest that individuation in emerging adulthood increases time spent alone, and COVID-19 increased isolation. This could explain the sense of belonging and connectedness relating to those outside one's normal social groups. Alternatively, it might be that the participants took connectedness with their families for granted, given their experience of their families as emotionally supportive, and so were easier able to see this connection with strangers and community members. Whatever the reason, these findings suggest that emerging adults also value the connections available outside of the support of their families. This establishes a sense of connectedness while maintaining a sense of autonomy. This is echoed in a study by Padmanabhanunni and Pretorius (2021a, 2021b) who

found that connectedness mitigated emerging adults' loneliness in South Africa during COVID-19. Borowski and Stathopoulos' (2023) studied 313 American emerging young adults aged 18-34 during COVID-19, and discovered that a sense of connectedness was associated with positive mental health outcomes.

There was almost no reference to intimate partners or spouses. The lack of reference to partners or spouses as providers of emotional support might reflect the developmental phase of emerging adulthood. During this phase, romantic relationships begin to be established and therefore may not yet be well-established enough to be a source of foundational support during challenges (Burt & Paysnick, 2012; Madewell & Ponce-Garcia, 2016).

4.3 THEME 2: SOCIAL CONNECTEDNESS PROVIDES RESOURCES AND PRACTICAL ASSISTANCE

The second theme identified, 'Social Connectedness Provides Resources and Practical Assistance,' included all data that spoke to a relationship providing financial or material resources or practical assistance. Very few (i.e. only fifteen of the 103) of the participant-generated documents that included social connectedness contained evidence of this theme. These emerging adults noted that family members, specifically parents, offered material support by providing resources and practical assistance.

For example, Participant 043, a 19-year-old young man, described his father providing him with the necessary resources for school. He remarked, "*My father is unemployed, but he always tries to make sure that I have all the school stuff I need*." Similarly, Participant 386, a 27-year-old young woman, acknowledged her appreciation for the provision of food. Her drawing in Figure 4.9 shows the various meals provided. She stated, "*Knowing that there's food at home eases my worries of where the next meal will come from. This is one thing I appreciate the most in the world*."

Figure 4.9

Participant 386's drawing depicting the meals provided at home

Furthermore, Participant 002, a 23-year-old young woman, described her reliance on family members for financial support and noted this support as a factor enabling her resilience during COVID-19. Figure 4.10 portrayed her mother, uncle, and grandmother and she explained, "*I'm financially dependent on the three of them, and that has been of great help since I haven't been able to get employment since Covid hit South African shores. Though my grandmother's business closed since level 5 last year, she helps me with a bit of her social grant money.*"

Figure 4.10

Participant 002's drawing depicting the family members who provided for her financially
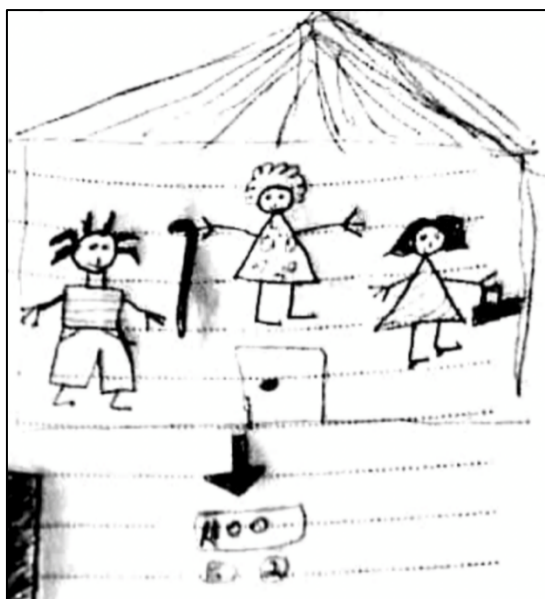
Some of the data also identified friends or health and other professionals as enabling actors. The participants' relationships with these actors supported access to a wide range of material resources, from finances and food to buying a phone or data, or providing for education through school fees or other resources. Participant 002 explained how her friend, portrayed in Figure 4.11, assisted her by providing her with the needed resources. She noted, "*She helps me as much as she can. She bought me a phone and data last year so can do my assignments and connect to online church.*"

Figure 4.11

Participant 002's drawing depicting the friend who supported her by buying her a phone and data

Several participants also reported that their resilience was enabled by having someone to care for. These participants stated that engaging in activities or jobs that enabled them to provide for their families enabled their resilience by reducing their stress. Taking care of family and having the means to do so was reported as relationally resilience-enabling. For example, Participant 218, a 28-year-old young male, explained that providing resources in the form of food for his family, through gardening, enabled his resilience. His drawing (see Figure 4.12) illustrated the food that he grows. He stated, "*It (gardening) reduces the stress… because I am able to feed my family.*"

Figure 4.12

Participant 218's drawing depicting the food that he grows to provide for his family
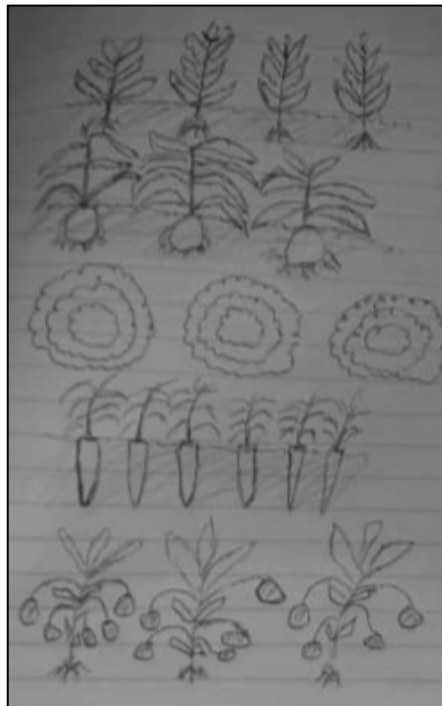
4.3.1 What the literature says about social connectedness providing resources and practical assistance

Prior to COVID-19, social connectedness providing resources and practical assistance has been identified in South African resilience literature. This was reviewed in Chapter 2 and is seen as an important resilience-enabling support (De Gouveia & Ebersöhn, 2019; Tsai et al., 2016; Van der Merwe et al., 2020). This study aligns well with previous research regarding the value of instrumental support, and what is known about practical assistance and financial support in enabling resilience. The literature reports the value of support through the provision of resources and practical assistance, specifically for emerging adults in South Africa (Fouché et al., 2020; Theron et al., 2021c; Van Breda & Dickens, 2016). However, this theme was not pervasive in the data that I analysed. In the instances where the emerging adults in this study identified social connectedness as providing resources and practical assistance, it was mostly provided by family and friends.

Family is the most prominent provider of financial support to emerging adults in Sub-Saharan Africa (Gama & Theron, 2023; Harling et al., 2018; Ward et al., 2015). This

study's findings align with the abovementioned studies in emphasising the resilience-enabling nature of familial support. This is fostered through the provision of resources and practical assistance for South African emerging adults, especially in COVID-19. During COVID-19, there was increased economic pressure from loss of employment and reduced income due to the extended lockdown periods (Divala et al., 2020; Gittings et al., 2021; Haag et al., 2022). This may explain why emerging adults were more reliant on the provision of resources and practical assistance from family. However, considering the extent to which lockdowns affected the livelihoods of South Africans, I would have expected a more saturated theme. It is possible that the material support received may not have been explicitly voiced or considered. Emerging adults are still in an in-between phase of establishing financial independence, which could explain why instrumental support may not be considered directly as a supportive factor (Arnett, 2000; Nyongesa et al., 2022). Alternatively, it is possible that the participants did not report this theme more often because their families and friends were unable to provide material support.

Several African resilience studies highlight the value of friends in providing instrumental support through sharing basic resources (Gama & Theron, 2023; Hills et al., 2016; Malindi, 2014; Malindi & Theron, 2010; Vorster, 2018). However, South African resilience studies on emerging adults during COVID-19 make scant reference to the provision of resources and practical assistance from peers (Theron et al., 2021a, b, c). Similarly, in this study, friends were underreported as relationships providing resources and practical assistance. This underreporting of friends in this theme was most likely due to the COVID-19 lockdown, which made peer contact more challenging (October et al., 2021; Wegner et al., 2022), and thereby reduced instrumental support from friends.

Sub-Saharan African research reports intimate relationships with a blesser, sugar daddy, or sugar mommy as a provider of resources and practical assistance (Gama & Theron, 2023; Ranganathan et al., 2017; Sprague et al., 2023; Van der Heijden & Swartz, 2014). However, this was not found in this study. This could be due to the methods used in this study. The draw-and-write technique, especially when conducted virtually as was done in this study, does not allow for a personal relationship in which trust can be established with the participants. Consequently, I

would not expect participants to disclose information as personal as relationships with intimate partners via this method.

Ong et al. (2014) note the reciprocal nature of relationships as resilience-enabling. The participants in my study not only reported receiving resources and practical assistance but also repeatedly reported that providing practical assistance or financial support to others such as family was resilience-enabling. Indigenous ways of doing things, and African values of interconnectedness, otherwise known as Ubuntu, also promote the concept of reciprocity as resilience-enabling (Mazzocchi, 2020). Understood in this way, in my study, young people's appreciation of opportunities to reciprocate the support they had received aligns with resilience research. This, therefore, indicates the influence of culture on resilience-enabling resources (Mosavel et al., 2015; Ungar & Theron, 2020).

In this study, only one participant reported receiving resources and practical assistance from the government. This almost silence aligns with previous resilience studies in South Africa in which scant reference was made to the provision of resources and practical assistance from the government (Theron et al., 2021a, 2021c; Van Breda & Mokoena, 2022; Van Breda & Theron, 2018). However, in studies that do report the provision of resources and practical assistance by the government, it is most often in the form of food, grants, cash transfers, or housing (Fouché et al., 2020; Theron et al., 2021a; Theron & Van Breda, 2021). Theron et al. (2021a) focused on concerns regarding the accessibility of government resources for emerging adults. Consequently, in my study, the underreporting of the provision of resources and practical assistance from the government may be due to poor service delivery and government corruption. This affects the availability of, and accessibility to institutional support by emerging adults (Sebake & Sebola, 2014; Zerbo et al., 2020). The limited reference to institutional support could also be further explained by the contextual challenges of both COVID-19 and neighbourhood disadvantage, which also limit accessibility of the available instrumental resources.

4.4 THEME 3: SOCIAL CONNECTEDNESS FACILITATES ACCESS TO ENABLING INFORMATION

Under the theme 'Social Connectedness Facilitates Access to Enabling Information', I included all data that showed practical information and skill development as a resilience enabler. This theme had the least number of participant-generated documents, with only four of the participant-generated documents that included social connectedness containing evidence of relationships that facilitate practical information and skill development as resilience enablers. The participating emerging adults identified health and other professionals, alongside community and family as providing this type of support.

For example, Participant 027, a 29-year-old young woman, reported that asking health workers about things she did not understand and gaining medical information enabled her resilience. In Figure 4.13, she visually demonstrated this in her drawing of a clinic and chemist. She explained, "*Going to the clinic for my son's immunisation checkups gives me an opportunity to ask health workers about things I don't understand regarding the Covid 19 virus. I also get informed about other prevention strategies and hygiene on how to illuminate the chances of being infected by the virus.*"

Figure 4.13
Participant 027's drawing depicting a clinic and chemist, which provided her with critical information

Similarly, another participant also reported receiving information relating to the pandemic as a form of support. Participant 101, a 24-year-old young woman,

mentioned that the information she received on how to reduce the chance of becoming infected with COVID-19 acted as a support mechanism, which enabled her resilience. She stated, "*Covid affected our lives a lot… I was told that if I steam at least once a day, chances of getting covid are less*."

Furthermore, Participant 075, a 20-year-old young man, noted that mentors and counsellors provided him with information, and aided in skill development, which enabled resilience. In his drawing in Figure 4.14, he depicted information as books forming the foundation of stairs that represent enabling resilience. He explained, "*The thing that needs to be done to teenagers is to give them mentors and counsellors to talk to them… and that will help them get physically fit and healthy. This is what helps me when life is hard*."

Figure 4.14

Participant 075's drawing depicting how the information provided by mentors and counsellors enabled resilience

4.4.1 What the literature says about social connectedness facilitating access to enabling information

In this study, the participants minimally reported 'Social Connectedness Facilitating Access to Enabling Information'. South African resilience research during COVID-

19 identified informational support provided through government campaigns, such as public health information, as a resilience enabler (Gittings et al., 2021; Padmanabhanunni & Pretorius, 2021a; Theron et al., 2021a). In my study, the majority of the scant data related to this theme indicated that the participants viewed information relating to physical and mental health as resilience-enabling. This aligns with South African studies indicating the resilience-supporting value of giving information on health (Gittings et al., 2021; Nkosi & Rosenblatt, 2019; Padmanabhanunni & Pretorius, 2021a). In addition, one participant reported the value of receiving information from clinics regarding COVID-19. This aligns with the literature regarding the resilience-enabling nature of public health campaigns during COVID-19 (Padmanabhanunni & Pretorius, 2021a; Theron et al., 2021a). This also concurs with literature reporting on the value of distributing accurate and effective information within a health context (Ataguba & Ataguba, 2020; Mheidly & Fares, 2020).

International research typically identifies social connectedness facilitating access to enabling information as support provided through peers. This is done by means of technology or online platforms of support, such as social media, as a means to provide information (Bailey et al., 2017; Gaysynsky et al., 2015; Kaplan, 2020). However, in contrast to this research, none of the participants in the current study referred to using online platforms to receive information but rather reported receiving informational support from talking to family or community members. This underreporting may be due to a lack of resources to access online support, especially within areas of neighbourhood disadvantage in South Africa (Pretorius & Padmanabhanunni, 2021). South African neighbourhood disadvantage may lead to situational dynamics such as no internet access, no money for data, or reduced access to the internet due to power outages as a result of load shedding (Gumede & Badriparsad, 2022). Therefore, this underreporting of online platforms for information could also be explained by the differential impact of situational dynamics (i.e. lack of access to resources), which affect resilience enablers in various contexts (Masten et al., 2021; Ungar, 2019; Ungar & Theron, 2020).

I found it interesting that the participants reported receiving enabling information directly as opposed to through online platforms in that COVID-19 lockdowns were a time in which there was an increase in online activity, and a decrease in social

contact (October et al., 2021; Padmanabhanunni & Pretorius, 2021a, 2021b). Furthermore, COVID-19 brought with it uncertainty and an increase in contradictory information and misinformation (Mheidly & Fares, 2020). This apparent difference in reporting information as received directly rather than through online platforms may speak to the resource-constrained context found in my study (as noted above). It could also be influenced by the amount of misinformation and uncertainty during this time, leading to a mistrust of online information (Kemei et al., 2022).

4.5 CONCLUSION

This study indicates that 'Social Connectedness Offering Emotional Comfort', 'Social Connectedness Providing Resources and Practical Assistance,' and 'Social Connectedness Facilitating Access to Enabling Information' were important themes relating to resilience. This specifically mattered for the resilience of the 103 emerging adults who reported relational resources in the RYSE-SAIn study during the COVID-19 lockdown. This aligns with what is known about emerging adult resilience in South Africa (Bemath et al., 2020; Hadebe & Ramukumba, 2020; Hlungwani & Van Breda, 2020; Padmanabhanunni & Pretorius, 2021a, 2021b; Theron et al., 2021a, 2021b, 2021c), and internationally (Arnett et al., 2014; Gama & Theron, 2023; Wood et al., 2018). The findings of my study also align with those that indicate slight contextual differences from research that did not take place within the context of the pandemic. There was a specific focus on which relationships are most relied upon for certain types of support. Given the complex nature of resilience, these discrepancies within the COVID-19 context are expected (Ungar, 2012a). What supports the resilience of emerging adults in one environment or time may not support it in another or at a different developmental stage (Ungar & Theron, 2020).

Of the reported support, the theme 'Social Connectedness Offers Emotional Comfort', specifically the sub-theme of 'Stirring Courage' was the most frequently reported. The theme 'Social Connectedness Facilitating Access to Enabling Information' was reported on the least. It is possible that the mental health concerns and psychological distress accompanying the COVID-19 lockdowns could account for the emphasis on social connectedness offering emotional comfort.

In the final chapter, Chapter 5, I collate these findings and the theoretical framework that informed this research in order to provide an overall conclusion to this study of limited scope.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, I conclude my study of limited scope. I summarise the findings, and discuss them in relation to the theoretical framework. I then go on to reflect on my study as a whole, identifying the limitations thereof. Lastly, I discuss various recommendations for future research and for educational psychologists in South Africa.

5.2 RESEARCH QUESTIONS REVISITED AND FINDINGS DISCUSSED

The primary research question directing my study of limited scope was: "How did social connectedness and related social support enable the resilience of emerging adults in disadvantaged urban areas in South Africa during the COVID-19 pandemic?"

I also had two sub-questions, namely:

- Which relationships (e.g. with family, peers, intimate partners etc.) do emerging adults report as resilience-enabling?

- Which forms of social support (emotional, instrumental, or informational) do emerging adults associate with the relationships that they believe promote their resilience?

The findings of this study were based on data generated by 293 emerging adults living in disadvantaged urban areas in Gauteng during the COVID-19 pandemic in 2020. Of these, 103 generated drawings and explanations that were relevant to my interest in social connectedness and the associated social support. Using this data, which had not yet been analysed at the time of my study, I identified three themes: 'Social Connectedness Offers Emotional Comfort', 'Social Connectedness Provides Resources and Practical Assistance,' and 'Social Connectedness Facilitates Access to Enabling Information'. This study showed that a variety of social connections and forms of social support were implicit in these themes. Overall, these themes suggest that social connectedness provided the participating emerging adults with access to emotional, instrumental, and informational support. This protected them against the

compounded stress of COVID-19 and living in a disadvantaged neighbourhood. These findings reflect that emerging adult resilience requires emotional, informational, and instrumental support, with many of the participant-generated documents speaking to more than one form of social support. Thus, it is evident that emerging adult resilience is not promoted by a single form of social support, but rather by multiple forms of social support, which contribute to promoting resilience. These findings align with previous South African resilience research that reports multiple forms of social support as resilience-enabling (Hlungwani & Van Breda, 2020; Theron et al., 2021a, 2021c; Van Breda & Theron, 2018). Furthermore, these findings align with multisystemic understandings of resilience, which suggest that achieving positive outcomes requires multiple resilience-enabling resources (Liu et al., 2017; Masten, 2021; Mesman et al., 2021; Ungar, 2019; Ungar & Jefferies, 2021; Ungar & Theron, 2020).

The first sub-question considered which relationships emerging adults reported as resilience-enabling. The emerging adults in the current study reported a range of relationships that included parents, children, extended family, friends, partners/spouses, health and other professionals, supportive members of faith-based communities, as well as others, such as strangers. This concurs with South African studies on child and youth resilience (Van Breda & Theron, 2018). The findings of my study indicate that emerging adults most often reported the value of family-related social connections, with an emphasis on mothers. These findings differ from international research, which views family support as becoming less central to emerging adult resilience (Lindell & Campione-Barr, 2017; Smorti et al., 2020; Sussman & Arnett, 2014; Taylor et al., 2014). However, South African studies align in reporting the value of family as a form of social support (Hadebe & Ramukumba, 2020; Hatch & Posel, 2018; Theron et al., 2021c; Zulu, 2019, 2022). Specifically, mothers were considered to be meaningful social support sources, as identified in several other African resilience studies (Bryceson, 2020; Hatch & Posel, 2018; Mkhize & Msomi, 2016; Zulu, 2019, 2022). The least prominent relationship reported as resilience-enabling was social support from individuals in faith-based communities. However, this may be because I did not code the data related to faith-based beliefs, values, and practices, but only coded data relating to *relationships* within faith-based communities that provided social support. Spiritual resources and

faith-based support are mentioned in South African resilience research as valuable resilience-enabling resources (Fenzel & Richardson, 2022; Mhaka-Mutepfa & Maundeni, 2019; Theron, 2020b; Theron et al., 2021b). However, these resources focus on beliefs, values, and practices and not only on relationships that provide social support. Furthermore, many religious establishments were closed during the COVID-19 lockdown, which limited emerging adults' access to social support from relationships with individuals in these contexts. This could possibly explain why this form of support was underreported in this study (Amien, 2022).

The second sub-question considered which forms of social support (emotional, instrumental, or informational) (House, 1981) emerging adults associate with the relationships that they believe promote their resilience. Emotional support was evident in the theme 'Social Connectedness Offers Emotional Comfort', specifically through the sub-theme 'Stirring Courage', which was the most reported form of social support (85 out of the 103 participant-generated documents). This focus on emotional support aligns with similar findings in international studies (Burt & Paysnick, 2012; Hinton & Meyer, 2014; Luecken & Gress, 2010; Masten et al., 2006; Repo et al., 2022), and African studies (Theron et al., 2021b; Van Breda & Theron, 2018; Visser & Law-van Wyk, 2021; Zulu & Munro, 2017). While emotional support is a well-reported resilience-enabling function of relationships in the aforementioned studies, I did wonder whether its prominence in this study might have been influenced by the timing thereof, which was during the COVID-19 pandemic. The pandemic heightened the need for emotional support as it increased the sense of uncertainty and insecurity (Germani et al., 2020). The least reported form of social support was informational support. There was some limited mention of this in the theme 'Social Connectedness Facilitates Access to Enabling Information' (4 out of the 103 participant-generated documents). The findings within this theme indicate an emphasis on information on health. This aligns with South African studies that indicate the resilience-supporting value of giving information, specifically on matters of health (Gittings et al., 2021; Nkosi & Rosenblatt, 2019; Padmanabhanunni & Pretorius, 2021a). Informational support is reported by several South African resilience studies (Gaysynsky et al., 2015; Gittings et al., 2021; Nkosi & Rosenblatt, 2019; Theron et al., 2021a). However, it is not reported to the same extent in the South African and international literature as other forms of social support (e.g.

emotional support). Therefore, 'Social Connectedness Facilitating Access to Enabling Information' being the least reported in this study aligns with South African resilience literature.

In Figure 5.1 below, I illustrate my study's findings as they relate to the primary question, sub-questions, the relevant principles of SETR, and the theoretical framework used in my study. Additionally, the SETR principles, as discussed in Chapter 1 (see Section 1.5) are also illustrated below.

Figure 5.1
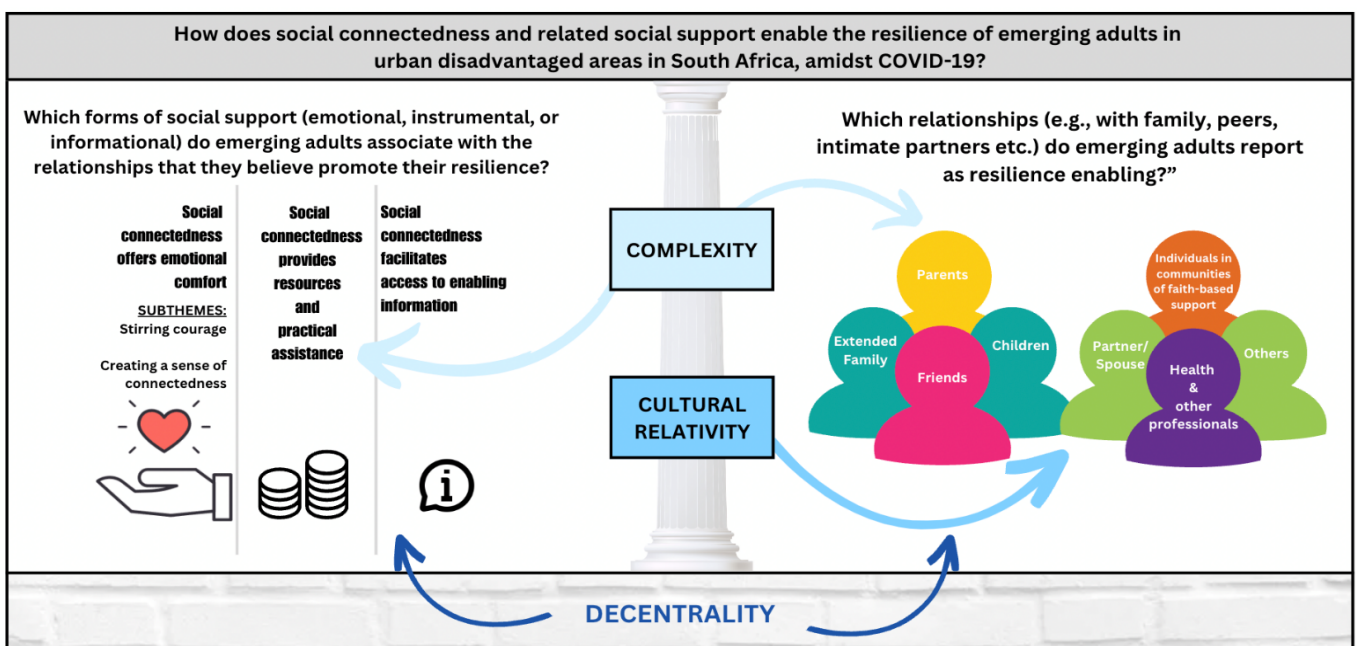
Visual representation of how the SETR principles relate to this study's findings

The principles of complexity, cultural relativity, and decentrality were all applicable when interpreting the findings theoretically through SETR (Ungar, 2011). It was also valuable to consider the principle of atypicality, although it did not explicitly present in the findings. Next, I elaborate on each of these principles and discuss them in the context of the findings.

Firstly, the principle of complexity refers to the dynamic nature and variability of resilience as it relates to the influence of various risks and cultural factors (Nadat & Jacobs, 2021; Ungar, 2011; Ungar et al., 2013). In this study's findings, this complexity was evident, with social support from family being reported more often

than social support from friends. Developmentally, it is typically expected for emerging adults to individuate and rely more heavily on peer support (Schwartz, 2016; Sussman & Arnett, 2014; Taylor et al., 2014). This complexity could relate to the context of COVID-19 in which lockdown conditions may have exposed emerging adults more to family than to their peers (Germani et al., 2020; Posel & Casale, 2020). Similarly, the findings show that there was only one mention of instrumental support from the government and of cash transfers. This complexity may be due to the fact that COVID-19 placed economic strain on individuals and institutions, resulting in decreased or loss of income, poor service delivery, and government corruption, which affects the availability and accessibility of instrumental support (Sebake & Sebola, 2014; Zerbo et al., 2020).

Secondly, the SETR principle of cultural relativity suggests that individuals will use what they have been socialised to value to enable their resilience (Ungar, 2011). In this study, culture was not explicitly mentioned, rather, the findings implicitly reflected the principle of cultural relativity. It was discovered that emerging adults find social support from social connections with family, peers, community, and even strangers as meaningful. Furthermore, the findings indicated that not only was receiving social support valued, but reciprocating social support was found to be resilience-enabling. These findings reflect the African cultural values of interconnectedness (often called Ubuntu), where relationships with those in the family, as well as the community (including strangers), are valued. Relational interdependence (including reciprocating the help received) is encouraged (Mazzocchi, 2020; Ogude, 2019).

Thirdly, this study's focus on social connectedness and the associated social support implied the principle of decentrality from the start. Decentrality considers the contextual facilitation of resilience by viewing resilience as a co-facilitated capacity in which emerging adults and their social ecologies are co-responsible for positive outcomes amidst challenges (Ungar, 2011). I set out to establish not only whether emerging adults within a disadvantaged context during COVID-19 would report relationships as resilience-enabling, but to describe how these social connections offer social support. The findings provide insights that serve as a reminder of the principle of decentrality - resilience is not only about the self.

Lastly, the principle of atypicality emphasises the need to be aware of making assumptions regarding resilience-enabling factors, especially in African contexts, where Western conceptualisations may not apply (Ungar, 2011). In the African context, atypical intimate relationships such as those with a blesser, sugar daddy, or sugar mommy have been reported as valuable to young people's financial survival (Gama & Theron, 2023; Ranganathan et al., 2017; Sprague et al., 2023; Van der Heijden & Swartz, 2014). Despite the risks associated with these relationships, they are meaningful to individuals who often lack resources (LoVette et al., 2022; Ranganathan et al., 2017; Wamoyi et al., 2016). Atypical intimate relationships with blessers, a sugar daddy, or a sugar mommy did not appear in the data in this study. I suspect this may be due to the method of data generation, which in this study was virtual and in which there was limited relationship with the participants as they were making drawings of what enabled their resilience. The method may have limited the extent of personal disclosure, which would require trust and connection.

5.3 REFLEXIVITY

Reflexivity is defined by Berger (2015) as a process of self-reflection and taking responsibility for how the researcher is situated within the research. Reflexivity requires reflection on the assumptions and choices made throughout the research process, and the implications of these for the research (Braun & Clarke, 2021). As such, reflexivity is fundamental to qualitative research (Palaganas et al., 2017). Reflexivity requires self-awareness of one's own positionality in the research, where the researcher and the phenomenon being studied are acknowledged as existing in a mutual relationship (Whitaker & Atkinson, 2019). This positionality is informed by aspects such as race, gender, language, personality characteristics, religious and political beliefs, experience, and socioeconomic status (Creswell, 2014; Palaganas et al., 2017).

Throughout the research process, I made a conscious effort to consider my own positionality as I was analysing and reporting the results of the study. I had to consider how my positionality as a 28-year-old, English-speaking, White female from an upper middle class urban area may influence my understanding of the participants' drawings and explanations of resilience. I therefore consequently was

aware of how I made meaning of the data (as explained in Chapter 3, Section 3.5.5). I had to be especially careful to consider how my race and socioeconomic status differ from the demographics of the study's participants. In order to work reflexively, I continually identified personal biases throughout the research process to minimise their impact on the research process (Christensen et al., 2015). For example, I became aware that I was assuming that family as a whole would be considered as a resilience-enabling support. However, I had to reflect on my positionality influencing my understanding of family as nuclear, compared to the contextual reality of family structures in South Africa. Upon reflection and further research of the resilience-enabling support from various role players within families, I chose to separate mentions of the family into specific relationships with parents, children and extended family, providing more nuanced insights. As discussed in Chapter 3, I held regular meetings with the research team while coding to discuss the data and ensure reflexivity in the research process (including managing my personal biases). This attitude of being open to learning, as emphasised in this study, was also beneficial to me as an educational psychologist in training. It taught me to not enter research or client relationships with preconceived ideas about their context and experiences.

The direction in which a researcher takes a study is influenced by experience, prior knowledge, and understanding of the phenomenon being investigated. My choice of research questions was influenced by my personal experience of COVID-19 and resilience, as well as by my religious beliefs. My assumption when I began this study was that people are socially connected, and that resilience is enabled by social connectedness and the associated social support. The findings of this study confirmed this assumption. Furthermore, emerging adults from disadvantaged urban contexts during COVID-19 reported family as the primary relationship providing social support. My assumptions were therefore mostly confirmed as I expected family to be a primary support, thus aligning with previous South African research (Hall & Mokomane, 2018; Makiwane et al., 2017; Vermeulen & Greeff, 2015). Similarly, the other relationships reported were representative of the cultures, beliefs, and valued social structures of the individuals in this study, which was as I expected.

Finally, being a part of an already established study provided a sense of support during this study. As a master's student, this was the first time I engaged with reflexive thematic analysis; I found the process overwhelming and unfamiliar at first. While my own inexperience with thematic analysis may have influenced the study, I was trained to code by a member of the original research team. Moreover, my supervisor and members of the research team provided feedback on my themes and findings. Consequently, I was able to draw on the expertise of others (e.g. my supervisor and members of the RYSE-SAIn research team) to guide me practically in the process, which added to the trustworthiness of the study (see Section 3.6).

5.4 LIMITATIONS OF THIS STUDY

Reflecting on this study helped me to identify specific limitations. These include the following:

- In this study, I was not able to engage in the process of data generation myself, but worked with the broader study's research team. Despite this, I had access to the data, which I then analysed and interpreted. However, a limitation of this study could be that I was unable to probe and ask follow-up questions about the participants' drawings and explanations, which could have deepened my insight (Connelly & Peltzer, 2016). Consequently, once I had assigned open codes to the data, I did not return to the participants to investigate the meaning of their drawings and explanations. Similarly, I did not further investigate the reasons why certain relationships or forms of support were reported. This prolonged engagement and persistence would have enabled more credibility in this study (Lincoln & Guba,1985).

- Another limitation was the virtual method of data generation. While collecting data via online platforms made the study possible during the COVID-19 pandemic, it did not allow for personal relationships to be formed with the participants. Methodologies using virtual data generation enable researchers to study contexts of crisis while ensuring that both participants and researchers are safeguarded (Roberts et al., 2021). Online methods of data collection may be equally reliable compared to face-to-face research. However, Jenner and Myers (2019) note that nuances related to rapport building, body language, probing for clarity, and limiting participant disclosure

are affected in online research. Consequently, in my study, the online data generation using the draw-and-write method may be a limitation as it did not create the kind of relationship where participants could disclose more personal (or atypical) information. It further prevented the observation of nuances in the participants' responses.

- Another limitation was that this study on resilience explored social connectedness and the associated social support among a specific sample of emerging adults in Gauteng only, and not within the broader context of South Africa. This could be problematic since conceptualisations of risk and resilience could vary depending on context (Mosavel et al., 2015; Ungar & Theron, 2020). South African resilience studies on emerging adults are limited, and call for more research within this developmental phase, especially during COVID-19 (Bond & Van Breda, 2018; Dickens, 2016; Padmanabhanunni & Pretorius, 2021a, 2021b; Theron, 2020b; Theron et al., 2021a, 2023a; Van Breda & Hlungwani, 2019). I could possibly have gained greater insight into how social connectedness fosters resilience had the data been generated from a larger sample of emerging adults across South Africa.

5.5 RECOMMENDATIONS

5.5.1 Recommendations relating to future research

To address the aforementioned limitations, I recommend the following:

- A follow-up study with the participants of this study to further explore the nuances in the data reported. Specific emphasis should be placed on investigating the reasons why certain relationships or forms of support were reported. An exploration of this aspect could allow participants the opportunity to clarify their answers, which would also add to the study's credibility.

- Making use of one-on-one interviews together with the draw-and-write methodology in future studies. This could aid in clarifying and exploring nuances in the research as a result of the limitations of the virtual method of data generation. Adapting the method of data collection may affect the extent to which participants disclose information. It could also add to the information

collected because it will allow for more rapport building, probing, and the observation of body language (Alshenqeeti, 2014).

- As resilience resources could vary depending on context (Mosavel et al., 2015; Theron & Ungar, 2023; Ungar & Theron, 2020), I would suggest an exploration of the social connectedness and associated social supports of a larger sample of South African emerging adults. Additional research is needed on the resilience-enabling resources of emerging adults in South Africa (Gittings et al., 2021; Theron et al., 2021a). Such a study could aid in exploring the forms of social support that bolster resilience in a greater sample of participants who fit into this demographic. This has the potential to conceptualise a more complete view of how social connectedness supports emerging adult resilience amidst COVID-19 lockdown conditions.

5.5.2 Recommendations for educational psychologists

The context of the clients with whom an educational psychologist works is a vital consideration in effectively supporting them (Cicchetti & Blender, 2006; Ungar & Theron, 2020). The findings of my study may have value for educational psychologists who work with emerging adults in contexts similar to those in which the data of my study were generated (i.e. resource-constrained contexts). This study shows that despite the challenges of resource-constrained contexts during COVID-19, relationships mattered to emerging adults. Consequently, South African educational psychologists should not expect that resource constraints necessarily deplete relational resources, as suggested by some literature (Conger et al., 2020; Conger & Conger, 2002). As such, it is my hope that the findings of this study will remind South African educational psychologists to explore the social connections that enable the social support of their clients who are emerging adults.

My study is a timely reminder to educational psychologists of the value of emotional support and family to emerging adults. While establishing independence is a core developmental task for emerging adults, the relationships with family and those who offer emotional support need to be amplified and sustained (Arnett et al., 2014; Mayseless & Keren, 2014). As such, professionals should consider the value of emotional support, and not assume that their emerging adult clients from contexts of urban disadvantage have a greater need for instrumental or informational support.

To explore resilience-enabling resources among their clients, I would also recommend the use of the draw-and-write methodology as a technique for educational psychologists. This method allows for the gathering of multi-modal data, which allows non-threatening self-reflection, as well as valuable insights into the client's perceptions and understanding (Angell et al., 2015). Furthermore, the draw-and-write method can also be used for individual or group settings (Hartel, 2020; Mitchell et al., 2011).

The most prominent theme reported by the emerging adults in this study was: 'Social Connectedness Offers Emotional Comfort'. The role of family members in providing this support was especially notable. The implication of this finding for educational psychologists serving emerging adults in disadvantaged urban communities is that they could consider providing psychoeducation to families about their role in socially supporting emerging adults who rely on them for emotional support. Furthermore, educational psychologists can promote resilience by exploring and encouraging connecting with social support mechanisms/relationships that provide emotional support.

Lastly, it is my hope that this research will contribute to interventions targeted at promoting the resilience of emerging adults living in neighbourhood disadvantage in South Africa. While the findings of this study may not be transferable to areas of privilege, they may be relevant in other contexts of urban disadvantage. Consequently, based on the age demographic and context, I would recommend that educational psychologists use these findings as an indication of how meaningful various forms of social support and different relationships are in enabling resilience in emerging adults during times of crisis such as COVID-19.

5.6 CONCLUSION

In conclusion, this study shows that social connectedness and the related social support matter to the resilience of emerging adults. This was shown in relation to disadvantaged urban communities in Gauteng during the COVID-19 lockdown in 2020. Furthermore, emotional support, especially within a family, can bolster the resilience of emerging adults. These findings act as a reminder to professionals of the value of social support in the resilience of emerging adults.

Upon reflection on the findings, I was inspired by the emerging adults in this study. They experienced the dual jeopardy of COVID-19-related challenges, as well as the challenges associated with living in urban disadvantage. Despite this, they used social connections as social support to promote their resilience. It was notable that many of the participant-generated documents spoke of reciprocity, in which giving support was noted as a resilience enabler as opposed to receiving relational support. To reflect the value of social connectedness, the associated social support, as well as reciprocal relational resilience, I have adapted the following statement by Helen Keller. It is crucial to remember that "alone [emerging adults] can do so little, together [they] can do so much" (Figure 5.2). To make sure that this reminder is accessible, I plan to lead-author an article with the study team and publish it in a journal that is widely read by African professionals.

Figure 5.2

Helen Keller's statement

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ANNEXURES

ANNEXURE A: AUDIT TRAIL OF OPEN CODING

Question guiding coding: How does social connectedness and related social support enable the resilience of emerging adults in disadvantaged urban areas in South Africa, amidst COVID-19?

Sub-questions:

- Which relationships (e.g., with family, peers, intimate partners etc.) do emerging adults report as resilience-enabling?

- Which forms of social support (emotional, instrumental, or informational) do emerging adults associate with the relationships that they believe promote their resilience?

Sample of open coding on Atlas.ti for Participant 027

Visual data

> "- Going to the clinic for my son's immunization check ups gives me an opportunity to ask health workers about things I don't understand regarding the covid19 virus
> - I also get informed about other prevent strategies and hygiene on how to illuminate the chances of being infected by the virus
> - I go to the chemist monthly for medicine like eucalyptus oil, vicks vapour rub, panado, calpol, zinplex and other flue related medications (my 1st aid covid19 kit makes me feel some kind of prepared incase I or some1 in my family experience the symptoms)
> - Once a month we go buy take aways and enjoy the food at home as a family this day we kind of bond more than other days because will be sitting together and sharing the food having good conversations the mood is just awesome
> - Twice a week I take a walk to the sports field just to keep fit and healthy with my mask in and seeing other people with their masks on as well makes me feel proud of my community for taking a stand and take the covid19 virus seriously unlike when the pandemic started
> - I also go pass the community hall incase there is plugged information on the wall posters and that helps getting updates of what's happening around me
> - Watching kids play outside with big smiles on their faces laughing giggling running around with no worries for me is a golden moment…"

ATLAS.ti Report

Masters Open coding (RYSE-SAIn) - Quotations(selection)

Report created by Estee van Niekerk on 20 Jul 2023

⊚ 19:10 166.424 × 95.696 in PTA027_D&W_F_29

Codes:
   ○ Health workers provide insight into things she does not understand

Content:

"-Going to the clinic for my son's immunization check ups gives me an opportunity to ask health workers about things I don't understand regarding the covid19 virus
-I also get informed about other prevent strategies and hygiene on how to illuminate the chances of being infected by the virus"

19:11 119.883 × 65.03 in PTA027_D&W_F_29

Codes:
- Chemist provides medication which helps her feel prepared

Content:
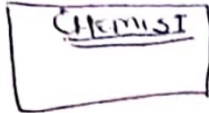
"- I go to the chemist monthly for medicine like eucalyptus oil, vicks vapour rub, panado, calpol, zinplex and other flue related medications (my 1st aid covid19 kit makes me feel some kind of prepared incase I or some1 in my family experience the symptoms)"

19:12 154.83 × 251.775 in PTA027_D&W_F_29

Codes:
- Family time helps them bond while sharing food and conversation

Content:

"Once a month we go buy take aways and enjoy the food at home as a family this day we kind of bond more than other days because will be sitting together and sharing the food having good conversations the mood is just awesome"

19:13 148.911 × 70.684 in PTA027_D&W_F_29

Codes:
- Seeing community wearing masks makes her proud

Content:
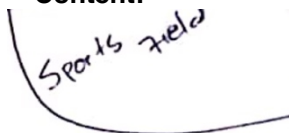
"- Twice a week I take a walk to the sports field just to keep fit and healthy with my mask in and seeing other people with their masks on as well makes me feel proud of my community for taking a stand and take the covid19 virus seriously unlike when the pandemic started"

⊙ 19:14 115.48 × 67.112 in PTA027_D&W_F_29

Codes:
- Information from the community hall provides updates on what is happening

Content:

"- I also go pass the community hall incase there is plugged information on the wall posters and that helps getting updates of what's happening around me"

⊙ 19:15 233.794 × 163.625 in PTA027_D&W_F_29

Codes:
- She enjoys watching children play, smile and laugh

Content:

"- Watching kids play outside with big smiles on their faces laughing giggling running around with no worries for me is a golden moment"

ANNEXURE B: AUDIT TRAIL OF THEMATIC CODING

As explained in Chapter 3 (see Section 3.5.5), I did the thematic (axial) coding manually. To that end, I downloaded open codes from Atlas.ti as a word document and highlighted similar codes to form groups from which I identified themes. An example of this manual thematic coding is illustrated in Table 6.1 and Table 6.2 below.

Table 6.1

Thematic coding key

Thematic Codes:	
Social Connectedness Offers Emotional Comfort - Stirring Courage	
Social Connectedness Offers Emotional Comfort - Creating a Sense of Connectedness	
Social Connectedness Provides Resources and Practical Assistance	
Social Connectedness Facilitates Access to Enabling Information	

Table 6.2

Sample of manual axial coding by highlighting open codes

Examples of highlighted open codes:
○ Family and friends provided information to help her
○ Knowing that she is not alone helps her cope
○ Love and support from family gives her hope
○ Love and support from family gives strength and helps her stay positive
○ Love from family and friends through reassurance and boosting confidence and hope helps her
○ Meeting new people while having fun helps her deal with stress
○ Mother is a support through prayer, being there for her and teaching her things
○ Mother, grandmother and uncle support her financially

ANNEXURE C: INCLUSION AND EXCLUSION CRITERIA

Table 6.3

Inclusion and exclusion criteria used for themes

Theme	Inclusion	Exclusion
Emotional support		
Stirring Courage	This theme included all data indicating attempts to provide comfort or aid distress by improving emotional state. This theme included all data that spoke to sense of encouragement, a sense of strength, motivation, hope, sense of relief or grit. This theme included all data related to advice aimed at encouraging or provoking positive emotion or hope. This theme included all data related to specific motivation, encouragement or hope from being together with others.	This theme excluded all data related to information that aids practically or develops the individual's abilities. This theme excluded all data related to financial or practical assistance. This theme excluded all data related to support received from being together or connected. Excluded all data that referred to encouragement from sources other than relationships with living human beings i.e., nature, symbols, and relationships with animals, deities or relationships with the dead i.e., ancestral relationships. This theme excluded general mentions of a church that did not explicitly mention people providing support. This theme excluded all activities which were encouraging (i.e. reading, watching TV, baking, sleep) except when the activity was done with another person.

Theme	Inclusion	Exclusion
Creating a sense of connectedness	This theme included all data related to a sense of belonging or interconnectedness within a community which provided comfort or relief or promoted positive emotion. This theme included the use of social media and technology when used to directly contact individuals who are mutual connections. Only data with reference to strangers or others were included when the participant was in direct contact with these supports. This theme included data where being with others made the participants feel positive emotion because of shared commonality (e.g., seeing other wearing masks).	This theme excluded all data related to specific motivation, encouragement or hope from being with others as this data was coded as Stirring Courage. This theme excluded the use of social media and technology when referring to general connectedness through entertainment or famous connections. This theme excluded data in which belonging to a community was conditional.
Instrumental support		
Providing resources & practical assistance	This theme included all data related to providing or receiving financial or material resources (e.g., food, money or data) or practical assistance (e.g., helping with chores or cooking). Only included data with reference to strangers or others when the participant was in direct contact with these supports.	This theme excluded all data relating to emotional support and information. All data related to hustling, and activities of emerging adults working for their own provision of material resources were excluded.

Theme	Inclusion	Exclusion
Informational support		
Giving information	This theme included all data relating to giving information or developing skills both in person and virtually. Included information received from institutions such as posters on a community wall.	This theme excluded all information in the form of advice that aided only in emotional support as this was coded as Stirring Courage. This theme excluded data which referenced false information as this information would not practically enable the resilience of emerging adults.

ANNEXURE D: AMMENDMENT FOR THE BROADER STUDY

Faculty of Education

Amendment

Ethics Committee

27 July 2021

Prof LC Theron

Dear Prof LC Theron

REFERENCE: UP 17/05/01 THERON

We received the proposed amendments to your existing project. Your amendment is thus **approved**. The decision covers the entire research process, until completion of the study report, and not only the days that data will be collected. The approval is valid for two years for a Masters and three for Doctorate.

The approval by the Ethics Committee is subject to the following conditions being met:
1. The research will be conducted as stipulated on the application form submitted to the Ethics Committee with the supporting documents.
2. Proof of how you adhered to the Department of Basic Education (DBE) policy for research must be submitted where relevant.
3. In the event that the research protocol changed for whatever reason the Ethics Committee must be notified thereof by submitting an amendment to the application (Section E), together with all the supporting documentation that will be used for data collection namely; questionnaires, interview schedules and observation schedules, for further approval before data can be collected. Non-compliance implies that the Committee's approval is null and void. The changes may include the following but are not limited to:
    • Change of investigator,
    • Research methods any other aspect therefore and,
    • Participants.

The Ethics Committee of the Faculty of Education does not accept any liability for research misconduct, of whatsoever nature, committed by the researcher(s) in the implementation of the approved protocol.
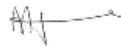
Upon completion of your research you will need to submit the following documentations to the Ethics Committee for your

Clearance Certificate:
    • Integrated Declaration Form (Form D08),
    • Initial Ethics Approval letter and,
    • Approval of Title.

Please quote the reference number UP 17/05/01 THERON in any communication with the Ethics Committee.

Best wishes

Prof Funke Omidire
Chair: Ethics Committee
Faculty of Education

ANNEXURE E: ETHICAL CLEARANCE FOR MY STUDY

FACULTY OF EDUCATION
Ethics Committee

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	CLEARANCE NUMBER: **UP17/05/01 THERON 22-01**
DEGREE AND PROJECT	MEd
	Social connectedness and resilience among
	emerging adults challenged by urban
	disadvantage and COVID-19
INVESTIGATOR	Ms. Estee van Niekerk
DEPARTMENT	Educational Psychology
APPROVAL TO COMMENCE STUDY	19 July 2022
DATE OF CLEARANCE CERTIFICATE	03 August 2023

CHAIRPERSON OF ETHICS COMMITTEE: Prof Funke Omidire

Mr Simon Jiane
Prof Linda Theron

This Ethics Clearance Certificate should be read in conjunction with the
Integrated Declaration Form (D08) which specifies details regarding:
- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

ANNEXURE F: RECRUITEMENT FLYER

The University of Pretoria is **doing research** about **resilience** (being ok when life is hard) and we need **your expertise**

Are You:

- 18-29 years old?

- Living in a disadvantaged/stressed community in Gauteng?

- Comfortable speaking/reading/writing English?

Do You:

- Have personal experience of COVID-19-related stress?

- Believe you are doing OK despite experiencing COVID-19-related stress?

If you **answered yes** to **ALL** these and would like more information about what participating in the study will entail, contact (whatsapp or please call me):

Phumzile: 079 138 8580

ANNEXURE G: INFORMATION SHEET

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education

Who can volunteer for the study?
Anyone who:

- Is 18-29-years-old;

- is OK speaking English and can read and write in English;

- lives in a disadvantaged/stressed community in Gauteng;

- has personal experience of COVID-19-related stress; and

- believes they are doing OK despite the experience of COVID-19- related stress and the challenges of living in a disadvantaged/stressed community.

What are we doing in this part of the RYSE project? Broadly, we want to learn from you (and other people from the Pretoria area) what makes it possible for young people to be OK in life when they live in disadvantaged/stressed communities that are faced with COVID-19-related stressors. To learn this from you, we would **like you to complete a list of questions (also known as a survey)** about what you believe helps young people be OK when they live in stressed environments and are faced with COVID-19-related stressors. You can do this online or telephonically. We will also ask you to **make a drawing that shows your understanding of what** helps you/young people be OK when life is hard. We will ask you to write a brief explanation to help us understand what your drawing means. We will ask you to send us a photo/scan of the drawing and explanation. We will use what we learn from you and other young people to better understand what makes it possible for young people to be mentally healthy and to feel good. We want to use this understanding to make it possible for more people who live in communities that are stressed to be healthy and feel good, and we hope to guide how mental health practitioners and service providers support young people to be healthy and feel good.

How much time will participating take? The survey should take about 60-90 minutes of your time, and the drawing will take about 30 min.

Will it cost you anything to participate? No, there are no costs to participate. We will give you 50 MB to participate in the online survey and to send a photograph or scan of your drawing, OR if this is not possible, we will phone you for the survey at a time convenient to you.

Are there risks to participating? Based on the previous RYSE work, we don't think there are risks to participating. If any of the questions make you feel sad or worried, we will direct you to free-of-charge mental health services.

What are the benefits to participating? We will use what you teach us to inform mental health practitioners on how best to support young people. We will also make copies of the findings of the study available to local mental health organisations in your community (so, your community will also benefit from what you teach us).

How to enrol in the study? Please let us know if we can send you a consent form to complete so that we can enrol you in the study? The consent form will include a detailed description of the study for your records. Contact (whatsapp/plz call me) **Phumzile: 079 138 8580** She is a RYSE research assistant and will send you the consent forms.

Faculty of Education
Fakulteit Opvoedkunde
Lefapha la Thuto

ANNEXURE H: CONSENT FORM

PARTICIPANT INVITATION AND CONSENT FORM

Survey and Draw-and-Write

(Young Adults, Gauteng**)**

We invite you to participate in a project called: *The multisystemic sources of human resilience to COVID-19-related stress: Learning from emerging adults in India and South Africa.* The short name of this project is "**Resilient Youth in Stressed Environments" or RYSE.**

Who are we? We are researchers from University of Pretoria (South Africa), the University of the Witwatersrand (South Africa), the North-West University (South Africa), the Bharathiar University (India), and Dalhousie University (Canada). Our contact details are at the end of this letter if you need them.

What are we doing in the Resilience to COVID-19-related stressors study?

Broadly, we want to learn from you (and other people from the Gauteng area) what makes it possible for young people to be OK when living in stressed environments or communities and faced with COVID-19-related stressors. To learn from you, we will ask you to complete a survey (a long list of questions), and to make a drawing to help us better understand what supports young people to be OK when life is hard.

We will use what we learn from you and other young people to better understand what makes it possible for young people to be healthy and to feel good. We want to use this understanding to make it possible for more young people living in stressed environments that are exposed to COVID-19-related stressors to be healthy and feel good, and we hope to guide how mental health practitioners and service providers support young people to be healthy and feel good.

The Research Ethics Committee of the Faculty of Health Sciences and the Research Ethics Committee of the Faculty of Education, University of Pretoria have allowed us to do this study (clearance number UP17/05/01). They know we will work carefully using South Africa's and international ethical rules (this is called the guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research

Ethics Council). The committee will maybe want to look at the forms you sign (if you say yes to being in this study) to check that we did everything in the right way.

Why are we asking you to be part of this project?

Because you:

1. are between the ages of 18 and 29-years old;

2. are OK speaking English and can read and write in English;

3. live in a disadvantaged/stressed community in Gauteng;

4. have personal experience of COVID-19-related stress;

5. believe you are doing OK despite the experience of COVID-19- related stress and the challenges of living in a disadvantaged community (e.g., you are engaged in further education/training, or employed/actively seeking employment, or contributing meaningfully to your household [e.g., child-minding.

What do you need to know?

- You can say no. If you say no, there will be no problem, you don't need to give a reason.

- Even if you say yes now, it is OK for you to change your mind later and stop taking part

- If something (like drug use) makes it hard for you to understand clearly what this project is about, we will not be able to let you take part. In that case, we would encourage you to make use of the mental health services that are freely available. SADAG is available at 011 324 4837 from Monday to Sunday 8am to 8 pm or via their 24-Hour helpline 0800 456 789. Additionally, you can contact Lifeline Pretoria at 012 804 3619 or 0861 322 322, or Lifeline Johannesburg at 011 728 1347, or Lifeline Vaal Triangle at 016 428 1740 or 016 428 5959.

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If you say yes, what will you be asked to do?

You will be asked to participate in two activities (described below).

Date & time	Place	Description
Date to be confirmed Time to be confirmed	Virtual/telephonic contact	We will ask you to answer a list of questions (called a survey) which you can do electronically via the internet on a device of your choice (such as a cell phone, tablet, laptop, or personal computer). Alternatively, a research assistant will be available to contact you and read the survey questions to you and they will record your responses on the online survey. This will take about 60-90 minutes.
Dates to be confirmed	Virtual/telephonic contact	We will ask you to make a drawing explaining what helps young people to be OK when faced with COVID-19-related stress. We will also ask you to write a couple of sentences explaining what your drawing says about what helps young people to be OK when faced with COVID-19-related stress. We will ask you to scan or take a photo of your drawing and the explanation and send it to us via email or WhatsApp. This will take about 30 minutes

What do you get out of this?

To thank you for completing the survey and making the drawing, we would like to offer you a R100 Shoprite/Checkers Money-market voucher. At the end of this study, a copy of the findings will be made available on the RYSE website (ryseproject.org). If you prefer, we can email you a copy. The findings will include guidelines about how young people can enable/sustain resilience (i.e., be OK when life is hard).

Can you get hurt by taking part?

We don't think that you can get hurt physically, but there are some other risks. We explain them below and what we will do to manage them.

3

Possible / Probable risks/discomforts	Strategies to minimise risk/discomfort
You may be asked some questions that could make you feel uncomfortable or be upsetting to you (E.g., Think about the most upsetting or frightening thing that happened to you in the past year. Where did it happen? How much did it bother you?).	If this happens you should let the researcher, or anyone of the contacts provided on this letter, know so that we can guide you to make use of the no-cost services at: **South African Depression and Anxiety Group** (SADAG), SMS: 31393 or 32312, WhatsApp Chat: 076 882 2775, or Call: 0800 21 22 23 or 0800 70 80 90 or 0800 456 789 or Suicide Helpline: 0800 567 567 OR **LifeLine Pretoria** 012 804 3619 or 0861 322 322 **LifeLine Pretoria** also provides face to face counselling (appointment only) and can be contacted at 012 804 1853 OR **LifeLine Johannesburg** 011 728 1347 or 0861 322 322 **LifeLine Alexandra** 011 443 3555 **LifeLine Soweto** 067 019 0845 or 074 129 6960 **WhatsApp counselling** 065 989 9238 OR **LifeLine Vaal Triangle** 016 428 1740 or 016 428 5959 OR **FAMSA** 012 460 0733/8 (218 Lange Street, Brooklyn Pretoria, GP 181). **FAMSA Johannesburg** 011 788 4784 (1 Cardigan Rd, Parkwood, 2195, Johannesburg, Gauteng, South Africa). **FAMSA Vaal** 016 933 8128 (52 Pres. Boshoff street, SE1, Vanderbijlpark, 1911, Gauteng, South Africa). However, because the focus of our study is on what and who contributes to young people doing well in life, even when their lives

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	are hard, we believe that it is more likely that you won't experience much discomfort. Also, please remember that you do not have to answer any questions that make you feel uncomfortable.
Working in English could be tiring or difficult.	We don't think that language will be a problem. Still, if you prefer, we can arrange for a researcher who speaks your home language to conduct the survey with you.

What will happen to what you answer during the study?

We will upload the photograph/scan of the drawing and explanation that you send to us onto a password protected computer. Your survey answers will be captured electronically (e.g., a researcher will copy your answers onto a password-protected computer and store a copy on a password-protected computer). Only researchers directly involved in the project will have access to your survey answers and drawing/explanation. These data will be kept 15 years. These data will not be linked to your name.

We will allow university students/researchers who must complete research studies about resilience, adolescents, or stressed households/communities to use your survey and drawing data for their research. In other words: we also would like to use your data, confidentially and anonymously, for further research purposes, as the data sets are the intellectual property of the University of Pretoria. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding on future research studies.

The research team will use what was learned from you (and others like you) to write/lecture/speak about what makes it harder and easier for young people to be OK when life is hard. We will also compare what you tell us with what we have learnt from young people living in other communities in South Africa or overseas (e.g., Canada and India) and use this comparison to better understand what helps young people be OK when life is hard.

Who will see the forms you sign and what happens to them?

Only the South African Principal Investigator of this study [Linda Theron] and the research assistants working with you will have access to the consent forms you have signed. These forms will be stored in an office at the University of Pretoria. They will be stored for 15 years.

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Will it cost you anything to take part in this study?

No, taking part in the study will not cost you anything. If you need data to complete the survey and draw- and-write activity, we will provide you with 50MB of data to complete these research activities.

Do you have questions to ask?

➢ If you have questions you can email Linda Theron at Linda.theron@up.ac.za or phone her at 012 420 6211. You can also contact the research assistant who works with Linda: Phumzile Kunene at 079 138 8580.

➢ You can contact the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 3563084 / 012 3563085 if you have any concerns or complaints that have not been adequately addressed by the researcher.

➢ You will receive a copy of this information and consent form for your own records.

Thank you very much for considering our invitation!

Linda, and the research team

Declaration by participant

By signing below, I .... [full name] agree to take part in a research study named: *The multisystemic sources of human resilience to COVID-19-related stress: Learning from emerging adults in India and South Africa*

I say that:

- I have read and understood this information and consent form and it is written in a language with which I am fluent enough and comfortable.

- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher (if this is a different person), and all my questions have been adequately answered.

- I understand that taking part in this study is **voluntary** (I can say no) and I have not been pressured to take part.

- I understand that what I contribute will be shared with national and international researchers involved in this project.

- I understand that what I contribute (what I answer/draw) could be reproduced publicly and/or quoted and that my full name will not be included in this.

- I agree that what I contribute can be used for further research or teaching purposes. I.e., my data can be used, confidentially and anonymously, for further research purposes, as the data sets are the intellectual property of the University of Pretoria. Further research may include secondary data analysis and using the data for teaching purposes. The confidentiality and privacy applicable to this study will be binding on future research studies.

- I understand that my identity will never be made known to people outside of the research team, though anonymity cannot be guaranteed.

- I understand that I may choose to leave the study at any time and that will not be a problem. I also understand that once researchers start to analyse the data (e.g., add what I answered to what everybody else answered to understand what most young people in my community think helps them do well in life) and/or the findings of the study are in the process of publication I cannot withdraw the information that I contributed to the study.

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- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests.

- I may be contacted to participate in later stages of the research.

Signed at (*place*) .... on (*date*) .... 202_

....

Signature of participant   **Signature of witness**

(Please mark your answer with an X)

You may contact me again	**Yes**	**No**
I would like a summary of the findings to be emailed to me	**Yes**	**No**

My contact details are:

Name & Surname: _____

Residential Address: _____

     _____

Postal Address: _____

Age today: _____

Male / Female / Other: _____

Email: _____

Phone Number: _____

Cell Phone Number: _____

Facebook or other social media details: _____

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In case the above details change, please contact the following person who knows me well and lives with me and who will help you to contact me:

Name & Surname:

_____

Phone/ Cell Phone Number /Email:

_____

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Declaration by person obtaining consent

I *(name)* ……………………………………………………. declare that:

- I explained the information in this document to ………………………………….
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not use an interpreter.

Signed at *(place)* ....…..................... on *(date)* ………….....……… 202_

....
Signature of person obtaining consent

....
Signature of witness

Declaration by researcher

I *(name)* ……………………………………………………. declare that:

I explained the information in this document to ………………………………….

I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at *(place)* ....…..................... on *(date)* ………….....……… 202_

....
Signature of researcher

....
Signature of witness

ANNEXURE I: RECRUITMENT SCRIPT

Script to be used by RA for participant recruitment

Hi there – my name is xx and I am a research assistant in the RYSE study that is being done by the University of Pretoria and other universities in SA, Canada, and India. Thank you so much for showing interest in the RYSE study. Thank you for giving the RYSE team permission to contact you. Are you OK with me telling you about what will happen in the RYSE study that we hope you will participate in? Please remember, participation is 100% voluntary.

- If no, thank participants politely for their time and wish them well.
- If yes, continue with:

We want to learn from Gauteng youth, like you, about what helps 18-29-year-olds to be OK when they live in stressed communities and need to manage stressors relating to COVID-19. We believe that better understanding how Gauteng youth, like you, do OK when life is hard will help mental health practitioners to provide better services to youth whose lives are hard and to youth who are impacted by COVID-19-related stress.

If you do agree to participate, then we will ask you to complete a survey (a list of questions) and to make a drawing that shows who/what helps you to be OK. You would do this at a time convenient for you.

If you think you would like to participate, I can WhatsApp (or similar social media platform) or email you an information sheet that will give you a little more detail. [Depending on participant's response, RA will WhatsApp/email the information sheet to them, or read the information sheet to or invite them to think about participating and should they want to, then they can send RA a please call me so that RA can confirm that they are sending them the information sheet.]