

CHAPTER 5

RESEARCH OUTCOMES

5.1 INTRODUCTION

At this point of the research process we get things together after patiently and curiously waiting for the plot to develop (Müller 2003:14). Here, at the climax of the research process, things are different both for the researcher and the co-researchers.

In this chapter which draws towards the end of the study, I wish to report the research outcomes. At this stage the research process brings us to the fourth phase of the research metaphor as it moves this research journey towards closure.

5.2 THE PROCESS OF ARRIVING AT THE OUTCOMES

A number of various events and activities were involved in developing and arriving at the research outcomes. This includes the telling of stories by the children and the retelling by the researcher in the story development process. Through our mutual interaction, new stories developed in the restorying process. In this process, we have learnt different things from one another, and gained a deeper understanding of the experiences of the co-researchers.

The reflections with colleagues in the Practical Theology PhD group happened in class discussions, internet communication and through informal interactions.

Reflections with scholars from other disciplines of social work and psychology were done through the internet. Some of the feedbacks and reflections are included in the addendums (Appendix 5).

In formulating and critically reflecting on some of the research outcomes, I also utilized my literature study. Some of the following discourses emanate from the children's stories and experiences, while others were identified with the help of the interdisciplinary team.

5.2.1 Narratives of good care

It was pleasing and encouraging to listen to stories of loving and unconditional care given to the OVC by their grandparents. In spite of their age and poverty, grandparents preferred to live with their grandchildren, suffer together and share whatever they have rather than abandon them.

When they (parents) died we were staying with our grandparents (maternal) at that time they were not working because they were old. They didn't pay for the house and we had to move at night. She (land lady) chased us at night –
Brenader Sasha

In some of the instances, it was heartbreaking to hear how elderly and jobless grandparents have to constantly beg for necessities of life and sometimes live on the streets with their grandchildren.

First I stayed with my maternal grandmother, but life wasn't really good. Sometimes we didn't eat anything – *Babra*

We didn't have food to eat or water to drink, even salt we didn't have. My grandfather had to go to the market and beg for food. By that time we were not even staying in the house, just outside.

Then my grandfather built a plastic house, when it rained we got wet and everything got wet. Then we were just shifting from place to place – *Brenader Sasha*

5.2.2 Stories of other care

Listening to the children's experiences of discrimination, stigmatization, emotional and physical abuse by stepparents, uncles and aunts shocked me.

At first I used to stay with mum's brothers, my uncles. One day my uncles found out that I was sick with the same disease (HIV+) from mum and dad. That is when they started giving me food on my own plate, my own cloths, my own everything – *Katty Perry*

I was staying with my stepmother, my stepsister and stepbrothers. So when I wanted to bath they were saying 'go back to your mother, go to your mother's death' - *Babra*

We had to fetch water daily and fill a drum each one of us. They were even sending us to sell things for them at the market. Their children were not working and were just told to go to school. They were even beating us - *Brenader Sasha*

This kind of mistreatment goes contrary to the common belief that extended families provide the best care for the marginalized children in comparison to any other type of care. In its support of the extended family care, the Joint USAID/UNICEF/SIDA project (1999:17) argues that:

No other arrangement or structure that government, NGOs, churches or donor agencies have devised has come anywhere near to managing the OVC problem in the way that the extended family has succeeded in doing.

Even though forces such as urbanization, migration, poverty and the HIV/AIDS epidemic itself threatened the cohesion of the extended family, the family remains for all practical purposes the fundamental front line of response to the OVC crisis.

While the state of affairs may have changed since this study was undertaken, this indiscriminate ‘taken for granted’ belief of best care practices by relatives needs to be reviewed. This apparent false belief calls for deconstruction.

5.2.3 Silent narratives

When children are stuck in an uncaring environment with relatives, they have no way out and don’t know where to escape to.

After my uncles found out I got the same disease (HIV+) from my mum and dad,...I saw that they never used to treat me very well. One day I asked why they are giving me my own food? They told me they were scared that if I will be sharing my things with their children, they’ll also get the virus from me.

So I never felt nice then I went to my mum’s sister. I explained everything to her then she went to talk to them. After that I went to live with her. But again since I was taking medicine, I am like... ah her husband lost his job. Then I had to shift again and go back to my mum’s uncles again. Okay my uncles were nice but my aunts they used to mistreat me – *Katty Perry*

In other instances when the children tried to voice their predicament, they were not believed or taken seriously. For instance, when one co-researcher reported an attempted rape case by an extended family member, other

relatives hushed up the story and even expressed doubts regarding the trustworthiness of the child's story.

When I was 12 there was a funeral, my aunt's daughter passed away. My aunt, mum's sister went to the funeral. My uncle and his son remained in the house. When I was sleeping he (uncle) came and he removed his pajamas and wanted to sleep with me. It was about 2300 hours. I then screamed, opened the door immediately and ran away. I went to my grandma's house and never told her anything. Later I told my mum (aunt). Then my mum (aunt) decided to divorce her husband. But then the relatives said 'you shouldn't divorce just pretend you don't know anything here whether what the girl said is true'.

Then I went to Mrs. Malik and asked her 'could you please find me, a place where I could live happily and where I could find shelter?' I think Mrs. Malik was shocked with the question. She asked me why I was asking for shelter. Then I just kept quiet. I went again to leave with my uncle, my mum's brother –

Katty Perry

With such traumatic and abusive experiences, children need constant protection and psychosocial counselling. Under these terrible circumstances, there seems to be an urgent need for the State to fulfill its holistic responsibilities towards the OVC. After all, the government has the obligation to care and protect its children from all forms of abuse and violations of their human rights, under the universal bill of rights for all children (Joint USAID/UNICEF/SIDA 1999: 47-48).

5.2.4 Faith in God

The children's deep faith in God and His apparent intervention in their despair is clearly evident and touching from their lived experiences and stories.

I came here (Cheshire Homes Society) and started my education. That's when I thanked God. I thanked God for what He has done for the rest of my life. I will continue praying until I finish my education, until I achieve my call - *Oliver*

In sharing their experiences of God's intervention in their desperate situations the children expressed happiness and contentment because of what He has done in their lives.

I was dreaming that my (late) father brought me a lot of money and then he started poking my face. Then I said 'stop that daddy in the name of Jesus I don't want you', then my daddy disappeared...Then I saw a woman wearing white, like an angel so I asked 'who are you?' Then she said 'God sent me to help you, just continue sleeping then I slept very well that night and I was very happy because I prayed to God and the angel came.

I am happy God helped me because of suffering with my father. I have a home, my bed, my wardrobe and my cloths – *Preta*

In addition to appreciation of God's intervention in their lives, the children expressed their hope and trust in God to see them through to adulthood when they will become self reliant and also help others.

I thanked God for what he has done for the rest of my life. I will continue praying until I achieve my call...For me I don't want to be a president; I want to be a doctor. I also want to work with the project called 'Touching our lives' – those people who help the poor - *Oliver*

The church can pray to God so that God can help the orphans. I was praying and I know that God answered me and that's why I came here (Seko House) so that I can learn. When I finish my education I should help others - *Babra*

5.2.5 Children's stories of preferred care

In narrating their experiences with care and opinions of how they should be cared for, the children expressed some of their views as follows:

5.2.5.1 *Orphaned siblings should live together*

The orphaned siblings should be allowed to live together as family and not be separated and shared among extended families or care giving institutions.

The Sisters at Cheshire Homes took my young paralysed sister to Ndola (about 350km away) for specialized treatment. My sister was greatly disturbed due to the separation from me and my brother. She became very sick and died after only three days. I wish they never took her away or had allowed me to accompany my sister and help her settle down. We were informed about our sister's death after she had been buried and I don't even know where she is buried – *Maria*

We got separated when he was 5 and I was 3. I only met him last month (August, 2010). He stays with my dad's father in Kitwe (about 380 km away). I saw him on the photos of my mum and dad and our photos with my brother in my aunt's house. I used to bother my aunt day and night. But if I had not insisted, I would never have seen my brother. I think first children should live together and know both families; dad's and mum's side. Then those people like their guardians should be treating them as their own children – *Katty Perry*

5.2.5.2 *State should care for the OVC*

The State should care for the marginalized children by providing all their basic human needs. This would enable them to lead normal and healthy lives like the rest of the Zambian children and citizens.

They should look for a place for those children to stay because those children are helpless they need help. So the government should help them through many means: providing food, cloths, and sanitation for them – *Horace*

The government should help orphans through providing education - *Albert*
Because some families don't have so much money to take their children plus some orphans to school, the government should help them in education and different other things. If that child has no place to go to, the government should help her with shelter and health care – *Katty Perry*

5.2.6 Institutional care

A good percentage of the contents of the children's stories in this research concerns the care provided by the participating NGOs. As the co-researchers' stories testify, these care giving institutions seem to provide reasonably good care to the few OVC they are able to accommodate.

Here (Cheshire Homes Society) life is just good because the Sisters are giving us everything that we want. They are just like our parents. They are our parents in short – *Albert*

I am happy because God helped me because of suffering with my father. I have a home, my bed, my wardrobe, my cloths. It is a very beautiful house. And God gave us aunt Malik to take us shopping for cloths, and shoes, after that we go to Green Valley to swim -- *Preta*

Life is good here (Cheshire Homes Society) because people are taking care of us. I didn't come here when I was old just like this. I came here when I was a little boy so I grew up here – *Horace*

In spite of the NGOs efforts, there remains a great need for more such care giving institutions to reach out with holistic care to other marginalized children

living in urban Zambia. The outcomes of this study shall be taken back to these institutions, the Church and the State for their review and consideration in developmental and OVC care policies.

5.3 A FRESH UNDERSTANDING OF THE OVC CRISIS

The information arising from this study concerning care for the OVC brings new understanding concerning the magnitude of the OVC crisis. It also calls for urgent and drastic measures to save a generation of children who find themselves in the wilderness without nurture, care, mentorship, and direction for their lives.

5.3.1 Reactivation of the African care system

There is a need to encourage and reactivate the African traditional care system which is slowly dying. A variety of reasons for this scenario include: HIV and AIDS, the magnitude of the OVC crisis, urbanization, socio-economic factors and Western individualism 'each person for herself or himself and God for us all'. This philosophy is diametrically opposed to the African traditional culture of community life and mutual care.

The African care philosophy lays emphasis on meeting each other's basic needs in the community. This was elaborately described in Chapter three, (section 3). "For Africans, life is totality; culture is holistic" (Mbiti 1994:36) and is communally lived. Furthermore, "In the traditional extended family, children were the responsibility of the whole community (Shorter & Onyanacha 1999:27). In addition, "Our children are the most important heritage for the continuity of our families, societies and nations" (1999:34).

We, therefore, can't afford to fold our arms as we stand by and watch our marginalized children suffer and perish.

This care system is strongly embedded in the Africans and has tended to happen naturally or automatically as the needs arise, especially immediately after the death of parents. Though the care provided may not always be perfect, nevertheless, it should be encouraged and supported, as it ensures that the OVC live together within their extended families.

5.3.2 Children's views to be taken seriously

In the African traditional culture, children's views on many issues and especially in decision making processes are usually neither sort nor taken seriously. "In many African societies there is no tradition of talking to children as equals and on an intimate basis..."(UNAIDS 2000:33). In this connection, Van Niekerk 2006:14) adds "Young people are most often marginalized because of their age. They are often not taken seriously because they are perceived as not having anything to say that would convince anyone of anything." My own experience as a black African, born and bred in a Kenyan rural village can attest to the above assertions which I personally experienced. An African child is greatly loved and cherished but must keep quiet or stay away while parents or adults discuss important matters pertaining to different life issues which may include the children.

However, in this era of the OVC phenomenon, all the concerned parties must rethink about children's views on matters concerning them. This implies that parents, extended families, guardians, the State, Church and the NGOs need to create space to involve the children and their views in matters concerning

them. After all most of the children's views are based on their lived experiences and, therefore, should be taken seriously.

5.3.3 The pastoral care challenge

The OVC phenomenon has brought new pastoral care challenges to the fore. Pienaar (2003:209) quoting Clebsch and Jaekle (1983:6) states that:

Most current writers about pastoral care would tacitly agree...that pastoral care is limited to responding to the 'spiritual' troubles or 'ultimate concerns' of individuals...Thus, most pastoral care texts do not include discussions of care in relation to, for instance, board meetings or the survival of threatened communities (SteinhoffSmit 1992:8).

While the marginalized children's needs include response to their 'spiritual' or 'ultimate concerns', their overall dire situation calls for more. Louw (2008:14) argues that "... the challenge in pastoral care is to identify with suffering and become involved with human suffering". In this understanding, the challenge today for pastoral care is to bring hope, care and attempt to give meaning to the life of the suffering orphans and vulnerable children in the world.

The care narratives emerging from this research bring fresh knowledge which impact on the pastoral care practices based on the social-constructionist paradigm. This new knowledge has implications in practical theology in general and pastoral care in particular, with regards to care of the OVC living in the HIV and AIDS environment in urban Zambia.

5.3.4 Narrative outcome

Although as an African my life revolves around stories, the experience of listening to the marginalized children tell their happy and sad care stories has been a special experience for me that shall have a lasting impact on my life. The trust exhibited by the children by sharing some of their innermost secrets has touched my heart. My attitude towards the orphaned and vulnerable children shall always be reverent and accompanied by compassion. Furthermore, the experience has revolutionized my general outlook on life in general which is sometimes taken for granted.

The special outcome has been to witness the silent voices of the OVC being voiced. The hitherto voiceless children were given a voice and used it effectively as they shared their experiences and stories of care and/or lack of care unhindered. In the process of freely telling and retelling their stories, the main aim of this research has been achieved.

5.3.5 Personal outcome

This research presented me with the unique opportunities to interact with children and people at different levels and circumstances. It was a first for me to interview individual children, simultaneously record the interviews and then transcribe them. The constant knocking on government doors in search of literature and sanction to carry out this research was a unique experience. As a result of the various activities, I feel this research project has brought me onto a different level of confidence and humility in my ability to carry out a narrative research.

The respect and warmth of the children, care givers and all the other people I encountered along the process has been touching and special. I met and interacted with children and people I would otherwise have never met. Furthermore, the knowledge I have accumulated concerning children orphaned by AIDS and vulnerable children living in urban Zambia concerning their care and/or lack of it has opened my eyes in various ways.

5.4 CLOSING REMARKS

In this chapter things were brought together to a climax where things are different for the researcher and the co-researchers alike. Things are now “different in some real way” (Lamott 1995:62), they are different from where we all started. The human interactions in the process of data collection, the reflections and feedbacks, the documenting of the study process all contribute to a special experience. There have been a number of climaxes throughout the study process culminating: in the final climax embodied in the research outcomes.

In the closing chapter 6, I shall critically evaluate and reflect on the research process, my personal journey and the research contribution.

CHAPTER 6

EVALUATION OF THE RESEARCH PROCESS

6.1 INTRODUCTION

As this research process draws to a close, I wish to restate that the study has been carried out from my position as a Practical Theologian. As a narrative researcher, I began by explaining my positioning within the social-constructionist or postmodernism paradigm. The research process was also explained, the methodology and the research metaphor which is based on the ABDCE model.

In the second chapter, the action and the action field of the story were described. The co-researchers were invited to introduce themselves and also to narrate their personal stories and experiences concerning care and/or lack of it. In chapter three various voices, world views and discourses were explored and brought into conversation in their relationship with the action and action field of the study. New and different stories from other children orphaned by AIDS and vulnerable children, apart from the co-researchers, were listened to. In addition, care provided by the extended family and the NGOs to the marginalized children was examined. In chapter five, everything was brought together to a climax. At this stage things were different for the co-researchers as well as the researcher from where they had started. All the activities that took place throughout the research process culminated in the research outcomes.

At the closure of this research, there is a need for me to critically reflect on the research process. This also implies evaluation of the methodology and how I applied it.

6.2 THINGS I OVERLOOKED IN THE RESEARCH PROCESS

- I extended an open invitation to all the children orphaned by AIDS and vulnerable children under the care of the 3 participating NGOs to volunteer to participate in the research, regardless of their age differences.
- In retrospect, I wish I had identified children in the age range of 14 to 18 years who are within the same educational level. This peer group would have similar awareness of their context, and have the ability to express their thoughts and feelings a bit better. I found dealing with mixed age groups challenging. The reason was that some children were too young to express themselves freely while the older children seemed overly confident.
- Ideally, I should have drawn co-researchers from one care giving NGO, and have equal numbers of females and males to ensure gender equity.
- I regret not conducting a pilot study which would have assisted me in addressing the above concerns.
- I would also have liked to spend more time with my co-researchers to get to know them and their circumstances a bit better.

6.3 CRITICAL REFLECTION ON ETHICAL MATTERS

As a first step towards identifying the research participants, I addressed the relevant ethical issues in the following manner:

- I explained the nature of my research to the potential participants as well as to their parents and guardians.

- The research process, the implications of their voluntary participation, and the freedom to withdraw participation at any time with no explanation or repercussions, were explained and emphasized.
- Parental/guardian permission was secured through the signing of the '*Informed consent*' form following explanation of the contents.
- The co-researchers personal consent to participate was formalized by the signing of an individual '*Explanation form*'.
- To maintain the co-researchers privacy and confidentiality, each participant was invited to choose own pseudonym known only to the individual co-researcher.
- Audio recording was only done with the express permission of the co-researcher.
- The number of the HIV infected co-researchers wasn't established due to the confidentiality and disclosure issues surrounding the HIV and AIDS pandemic. No attempts were made to elicit the HIV status of individual children either from them or the care givers.

6.4 WHO ARE THE BENEFICIARIES OF THE RESEARCH?

The issue of who benefits from this research is vital if the study is to be considered worthwhile.

I have certainly benefited from being part of this learning process and in other various ways. In this process I have acquired more knowledge about the situation of children orphaned by AIDS and vulnerable living in urban Zambia. At the successful completion of my research, I hope to receive academic acknowledgement for my participation in the research process as well.

It is my hope that my co-researchers have also benefited and will continue to do so in future. The opportunity availed to these children to participate in this research gave them a sense of being valued as human beings whose views concerning their care matter. The future inclusion of their views in policies concerning their welfare should accrue them further benefits. The children's level of self confidence has been raised through this opportunity and personal attention accorded them as they narrated their stories and experiences.

6.5 AREAS FOR FURTHER RESEARCH

The highly acclaimed African extended family's good care of orphans and vulnerable children, is not completely evident in the co-researchers' experiences of care. It seems this old age practice of family and community care among Africans is cracking when it is needed most. In the light of these findings, further research is needed as follows:

- Research is needed to explore how the African traditional care system could be revived, encouraged and strengthened to meet the growing need of care for the OVC.
- Research should also be undertaken to examine how the Church and the State could become more actively involved in caring and alleviating the suffering of the needy children.
- More research is needed to establish the best practices of addressing the psychosocial needs of orphans and vulnerable children. These children are traumatized during illness and consequent death of their parents. While there is emphasis to feed, house, educate, and treat physical ailments, the psychosocial aspect is often regarded as a non-essential option or ignored altogether.

6.6 EVALUATION CRITERIA OF THE RESEARCH PROCESS

The qualitative research, as any other type of research, has its own evaluation criteria. Babbie (2007:313) mentions two criteria of evaluating qualitative research: *validity* and *reliability*. Validity has to do with the use of appropriate measurements for the relevant thing. In other words the measurement and the measured are compatible. Reliability and dependability are synonymous and mean that exact measurements used repeatedly to measure something should yield exactly the same results.

6.6.1 Reliability

According to (Elliot 2005:22) "... reliability is generally defined as the replicability or stability of research findings". In this narrative research, replicability of the results is difficult. The reason for this is that, although different researchers may utilize the same techniques, the research findings are bound to be different according to the particular context of the study.

6.6.2 Validity

The validity criterion is applicable in evaluating this research, and this can be ascertained through the used methods. My co-researchers narrated their individual lived experiences and stories using their own language and vocabulary which I reported verbatim. Through the social-constructionist process and reflection with all co-researchers, the meanings were mutually arrived at during feedback sessions.

6.6.3 Credibility

In evaluating this type of research credibility criterion is relevant. In their discussion on qualitative research evaluation criteria, Lincoln and Guba (1985) and Creswell (1998) suggest words such as “credibility, dependability ... and transferability ...” (Leedy & Ormrod 2005:100).

In describing the concept credibility, Rossouw (2003:178-180) states that “Credibility in qualitative research refers to the degree to which findings, and by implication the methods that are used to generate the findings, can be trusted” (Delpont & Fouche 2005:353). I used credible methods of unstructured interviews to listen to my co-researchers’ stories and experiences which can be trusted to be accurate and credible. This helped me to gain a deeper understanding of the co-researchers experiences and stories and report them accurately.

6.6.4 Transferability

Transferability in this type of narrative research, whose aim is to listen to personal stories of marginalized children and be drawn into them, is problematic (Strydom & Delpont (2005:346). Strydom & Delpont (2005:352) discuss further what they term *transferability of criteria*, and state that “The inclusion of detailed descriptions and vicarious experiences whereby the reader can draw inferences relating to his own situation adds to the quality of the report”. It is also possible to transfer basic principles of truthfulness in research and refusal to abuse or pathologize research participants (Müller 2003:7), that are applied in the narrative approach to other contexts.

6.6.5 Consistency

To maintain consistency, control is vital in the research design (Leedy & Ormrod 2005:88) In the process of ensuring reliability and validity of the research process, consistency was maintained.

6.7 NARRATIVE EVALUATION QUESTIONS

At this final stage of my research, I would like to critically reflect upon some narrative questions.

6.7.1 Was space created by the study for new stories and restorying?

The research did create adequate space for new stories to be told and be listened to. These stories were developed throughout the research process. The research itself is a story which developed as different characters got involved in the research journey. And, in this spiralling research journey, restorying also took place.

6.7.2 Did the researcher listen and report the stories truthfully?

Yes, the researcher listened and reported the stories with integrity. The listening was enhanced by the fact that the majority of the co-researchers spoke and understood English well, as I explained in chapter two. The few that opted to speak Nyanja, Bemba or a mixture of the 3 different languages (including English) commonly spoken in Zambia did so.

My aim in undertaking this research, as I have constantly restated, was to listen attentively as my co-researchers described their daily experiences about their care and/or lack of it, and be drawn into those stories. I listened to the stories several times, that is during the interviews, during the transcription process (over and over again) and in the reporting process.

6.7.3 How did the researcher involve others in the interpretation?

In the social-constructionist paradigm, we do things together. Rubin & Rubin (1995:31) state that: "...the interpretive approach recognizes that meaning emerges through interaction..." In this approach the researcher and the 'characters' are actively involved in the story development process and in the interpretation (Müller et al 2001:7). Further interpretation of the narratives was done through member checking methods and via "convergence (*triangulation*) of data" (Leedy & Ormrod 2005:136). Regular discussions held with peers and colleagues throughout the study process helped address this aspect of the research.

6.7.4 Was transformation/reframing effected by the research process?

I am sure that all the written stories, experiences and reflections together have brought about some transformation to all involved in the research process. I observed the children co-researchers' transformation from the reserved and timid children they were when we first met to bold and confident children that they became by the end of the interviews, conversations and reflections.

As the researcher who initiated and guided the research process, I have gained confidence in my ability to undertake an intensive and long research. I have been transformed in my outlook of the orphans on the streets, in care giving institutions and the vulnerable children themselves. The new revelation of the magnitude of the OVC crisis prompts me as the researcher to get more involved as part of the solution to the crisis. The transformation of the children co-researchers should doubtless mean a renewed sense of self-worth as a human being. And, also whose life story is worthy being listened to, written, and the views contained therein considered in the various decision making processes pertaining to policy and action.

6.7.5 How will the dissemination of the research be done?

The researcher shall personally present copies of the research to those involved in policies and fields related to HIV and AIDS matters, and in particular, children orphaned by AIDS and vulnerable children. These include:

- Ministry of Youth, Sport and Child Development.
- National Aids Council.
- The three participating non-governmental organizations.
- Justo Mwale Theological University College library

6.8 CLOSURE Of THE RESEACH PROCESS

As the research process draws to a close, I wish to restate that the main objective of the study was achieved. As has reiterated throughout the process, the main objective was to listen to the “silent” stories and experiences of children infected and/or affected by HIV and AIDS living in urban Zambia. The aim of listening was in order to gain a holistic and deeper understanding of the children’s stories and experiences and be drawn into them. In addition, I needed to learn what these stories tell us about the marginalized children’s care and/or lack of it.

As a Practical Theologian and a narrative researcher, I carried out this research within the social-constructionist or post-modern paradigm. To execute the research process in a systematic and truthful manner, I utilized the ABDCE methodology. The ABDCE formulation assisted me to keep track on my research journey and remain on course without getting lost in the maze.

This research experience has been an inspiring, exciting, exhausting and sometimes a challenging exercise. However, the ending is usually different from the beginning, and hopefully better than the start (Müller 2003:15). Furthermore, the study experience has helped me understand these children’s predicament better than ever before. I shall always treasure our interactions and the special moments we shared together on our research journey.