

## Resilience of sub-Saharan children and adolescents: A scoping review

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**Abstract**

*Background.* The population of Sub-Saharan children and adolescents is substantial and growing. Even though most of this population is vulnerable, there is no comprehensive understanding of the social-ecological factors that could be leveraged by mental health practitioners to support their resilience.

*Objective.* The present study undertakes a narrative scoping review of empirical research (quantitative, qualitative and mixed) on the resilience of children and adolescents living in sub-Saharan Africa to determine what enables their resilience and what – if anything – can be distilled about quintessentially African pathways of child and adolescent resilience.

*Design.* Online databases were used to identify full-text, peer-reviewed papers published 2000-2018, from which we selected 59 publications detailing the resilience of children and/or adolescents living in 18 sub-Saharan countries.

*Results.* The resilience of sub-Saharan children and adolescents is a complex, social-ecological process supported by relational, personal, structural, cultural and/or spiritual resilience-enablers, as well as disregard for cultural values or practices that could constrain resilience.

*Conclusions.* The results support two insights that have implications for how mental health practitioners facilitate the resilience of sub-Saharan children and adolescents: (i) relational and personal supports matter more-or-less equally; and (ii) the capacity for positive adjustment is complexly interwoven with African ways-of-being and -doing.

*Keywords:* African cultural values or practices; child and adolescent resilience; narrative scoping review; sense of community; social and physical ecology; sub-Saharan Africa

For almost five decades now, child and adolescent resilience has remained a popular research focus (Masten, 2019). There are multiple syntheses of this extensive body of work (e.g., Fogarty et al., 2019; Gartland et al., 2019; Masten, 2014a; Werner, 2013). Most syntheses accentuate the positive adjustment of vulnerable children and adolescents from more developed contexts such as North America, Europe, or Australia, but omit/inrequently mention the resilience of children and adolescents from sub-Saharan Africa (SSA). Exceptions to this tendency can be found in resilience reviews that focus on armed conflict in low-and-middle-income countries (e.g., Tol, Song, & Jordans, 2013) or HIV&AIDS (e.g., Betancourt, Meyers-Ohki, Charrow, & Hansen, 2013; Skovdal, 2012). However, none of the resilience reviews that include sub-Saharan studies focused exclusively on the factors that promote resilience in children and adolescents in SSA or explicated these factors in the context of African cultural values or practices. Stated differently, although there is consensus that resilience is influenced by sociocultural determinants (Ungar, 2011; Masten, 2014a, b; Panter-Brick et al., 2018), there is no systematic review of the studies documenting sub-Saharan child and adolescent resilience. As a result, mental health practitioners, school staff and other child-focused workers lack comprehensive, evidence-informed insights into how sub-Saharan young people's resilience might best be enabled and sustained in culturally relevant ways.

Two realities compel greater attention to the resilience of sub-Saharan children and adolescents. First, SSA is home to 496 million of the world's population of children and adolescents; by 2026 SSA is expected to be home to more children and adolescents than any other region globally and by 2050 one in every three children is predicted to live in SSA (UNICEF, 2015). Second, this vast population's physical and mental health is challenged by chronic and/or traumatic stressors. These include armed conflict and other forms of violence, communicable disease (e.g., Ebola, HIV), non-communicable disease (e.g., malaria),

intergenerational structural disadvantage, natural disasters, and the losses associated with all of the aforementioned (Berger et al., 2018; Omigbodun, Kusi-Mensah, Bella-Awusah, & Ani, 2017; Ssewanyana, Mwangala, van Baar, Newton, & Abubakar, 2018; UNICEF, 2015). Like poor physical health, impaired mental health is associated with deleterious public health and workforce impacts that are likely to undermine the fiscal benefits associated with a growing African youth population (Bloom, Canning, & Sevilla, 2003; Chisholm et al., 2016; O'Malley, Wardlaw, You, Hug, & Anthony, 2014).

To manage such negative impacts, O'Malley and colleagues (2014) have advised that investment in the children and adolescents of SSA is imperative. Whilst such investment should include scaling up of mental health services (Chisholm et al., 2016) and the redress of structural inequalities (Hart et al., 2016), it should also advance attention to the resilience of sub-Saharan children and adolescents (Atilola, 2014; Skovdal, 2012), and promote concomitant resilience-enabling policies and/or practices (Berger et al., 2018). In response, the current article reports a scoping review that was conducted to systematically document empirical reports of the resilience of children and adolescents living in SSA. A related purpose was to consider what understanding – if any – the review results could provide about quintessentially African pathways of child/adolescent resilience and their potential to advance mental health. In doing so, the review aimed to illuminate if/how the resilience of sub-Saharan young people reflects an African understanding of 'what really matters in terms of wellness, relationships, and shared understandings about the world' (Panter-Brick et al., 2018, p. 1804).

Two questions flowed from the above and directed the scoping review. First: What resilience-enablers are reported by children and adolescents living in SSA? Second, what understanding – if any – can be distilled about quintessentially African pathways of child and adolescent resilience from the answers to the first question?

### **A social ecological understanding of child/adolescent resilience**

For the purposes of this article resilience is understood from a systems or social ecological perspective, as theorised by Masten (2001, 2014a, b), Rutter (2012), and Ungar (2011). From a social ecological perspective, child/adolescent resilience is understood as a complex, multilevel process that supports positive outcomes (e.g., mental health) despite present and/or past adversity. This process is variably enabled by interacting systems (e.g., the adolescent and the family system) via access to miscellaneous protective resources or supports. For instance, the resilience of 593 adolescents from six different locations in New Zealand was ascribed to negotiation for/appropriation of resources that were personal (e.g., adolescent agency), relational (e.g., supportive adults), and structural (e.g., services such as residential substance abuse treatment program) (Munford & Sanders, 2015). Similarly, Panter-Brick and colleagues (2018) reported that the resilience of adolescent Syrian refugees drew on resources that were personal (e.g., ambition and educational aspiration), relational (e.g., positive adolescent-family and adolescent-community connections), and cultural (e.g., the inviolable role of family in adolescent access to any resource).

Recurring research reports of child/adolescent resilience processes drawing on both personal and ecological (i.e., relational, structural, cultural) resources have supported the discrediting of resilience accounts that explain positive adjustment as a trait-like construct or as essentially individual-centred (Masten, 2014b). Instead of accounting for how children or adolescents are ‘resilient’, attention has shifted to the role of ecological resources in child/adolescent resilience. To this end, Ungar (2012, p. 15) advocated that resilience is “as, or more, dependent on the capacity of the individual’s physical and social ecology to potentiate positive development under stress than the capacity of individuals to exercise personal agency during their recovery from risk exposure”.

In line with the emphasis on social ecological support of resilience, Panter-Brick (2015, p. 242) is unequivocal that how adolescents and their social ecologies negotiate for and navigate resilience is ‘driven by culturally specific, diverse, and often-changing goals.’ Linked to this, she has cautioned that child/adolescent inability to achieve culturally salient goals is likely to prompt a sense of failure that constrains resilience. Similarly, Masten’s various commentaries on resilience research (e.g., Masten, 2014b, 2018) repeatedly underscore the importance of understanding how resilience-enabling resources are culturally situated (i.e., reflect the values and practices of a given social ecology).

Van Breda and Theron (2018) followed a social ecological approach in their review of the 2009-2017 studies of the resilience of children and adolescents living in one sub-Saharan country, namely South Africa (SA). Their synthesis of 61 eligible studies provided evidence that the capacity of children and adolescents living in SA to adjust successfully to various significant stressors is rooted in multiple personal and systemic resilience-enablers (i.e., in a social ecology). In particular, the synthesis pointed to the dominance of resilience-enabling relational resources, with affective support recurring most often across the reviewed studies. It is, however, unclear whether/how the resilience of children and adolescents living elsewhere in SSA is similar to what Van Breda and Theron (2018) documented.

### **Sub-Saharan Africa and associated cultural values and practices**

Given the importance of shared ways-of-being and -doing (i.e., culture) to resilience, it is important to contextualise the scoping review that this article reports. Africa comprises 54 countries. Of these, 48 constitute SSA (World Bank, 2018). Although English is the/an official language of the majority of sub-Saharan countries (Plonski, Teferra, & Brady, 2013), Africans typically also speak the language/s of their ethnic group, tribe, and/or region. In addition to language diversity, sub-Saharan Africans embrace diverse religions (mostly

Christianity or Islam) and/or indigenous spiritual beliefs (Arrey, Bilsen, Lacor, & Deschepper, 2016). Further, there have been reports of sub-Saharan communities subscribing to unique beliefs and customs, including birthing practices, the use of traditional medicines, or food prohibitions (Lang-Baldé & Amerson, 2018). The aforementioned imply that SSA is characterised by cultural diversity. Even so, various African scholars (e.g., Bujo, 2009; Eze, 2014; Muthukrishna & Sam, 2011; Nsamenang, 2006) have contended that key cultural conventions recur across SSA and that this supports a notion of quintessentially African ways-of-being and -doing. In particular, quintessentially African ways-of-being and -doing are thought to find expression in respectful and reciprocal relatedness and spirituality (Mpofu, 2011).

Conventionally, young Africans are socialized to accept and enact social, or connected, ways-of-being and -doing that prioritise interdependence (Nsamenang, 2006; Ramphele, 2012). Eze (2014, p. 237) referred to this as a ‘relational model of identity’. As related beings, Africans contribute to the collective, but also gain from the collective, and so the normative expectation is one of respectful and reciprocal relatedness.

This respectful and reciprocal relatedness is associated with patterns of flexible kinship that are broadly inclusive (Block, 2016; Motsamai, 2017). One such pattern is what Mkhize (2006, p. 187) called a ‘family community’. It comprises relatives in the immediate and extended family, including those who have ‘passed on’, to use an African euphemism for death. Stated differently, living relatives and ancestors are integral members of African relational networks (Block, 2016, 2018). In addition, as interconnected beings, sub-Saharan young people are taught to consider peers and community members as family (Phasha, 2010). Related to this, Africans typically use kinship terminology (e.g., mother, father, sister, brother) when they address peers or community members. Accordingly, anyone within a

given social ecology could be relied on to facilitate access to basic resources and provide comfort or protection (Ebersöhn et al., 2018).

The strong sense of community that distinguishes African culture is, however, not limited to fellow human beings. Traditional African religions teach that social, natural, and supernatural worlds are interconnected (Brittian, Lewis, & Norris, 2013). Linked to this, Africans are also customarily socialised to nurture strong connections to the natural and spiritual world (Behrens, 2010; Bujo, 2009). Their sense of oneness with all other life-forms encourages harmony and generosity, but also a sense of custodianship toward the natural world.

Still, the traditional valuing of community (in all forms) has not spared SSA from tribalism and/or religious division, and associated recurring bloodshed (Aihiokhai, 2017). For example, genocide, armed conflict, and/or violence have decimated the lives of many in Angola, Ethiopia, Mozambique, Sierra Leone, Rwanda, Uganda, Zimbabwe (Jordans, Tol, Komproe, & De Jong 2009). In addition, there are concerns that younger generations of Africans are distancing themselves from interdependent values and traditional religious teachings (Brittian et al., 2013; Ramphele, 2012). Moreover, various harmful practices continue to be implemented in SSA (e.g., female genital mutilation, fetish shrines, and adolescent circumcision) because they are often considered cultural heritage (Foley, 2018). In short, although African ways-of-being and -doing intend hospitable mutuality, this should not encourage idealistic assumptions that they are pervasively resilience-enabling. Accordingly, it is important for mental health practitioners to understand what enables the resilience of sub-Saharan young people and to also consider in what ways, if any, the pathways of sub-Saharan child and adolescent resilience could be understood as quintessentially African (i.e., grounded in respectful and reciprocal relatedness and spirituality; Mpofu, 2011). This prompted the scoping review that is described next.

## METHOD

We (i.e., two reviewers) conducted a scoping review, as originally delineated by Arksey and O'Malley (2005) and then others (e.g., Colquhoun et al., 2014; Peters et al., 2015; Tricco et al., 2016). More specifically, we conducted a narrative scoping review. An advantage of narrative scoping reviews is their interpretation, via “narrative juxtaposition” (Kastner et al., 2012), of quantitative and qualitative evidence in order to provide a detailed account of the phenomenon in question (Glover et al., 2018).

### Eligibility criteria

To be included in the review, papers needed to report the resilience of children or adolescents living in any sub-Saharan country, except SA (given the 2018 Van Breda & Theron review of the SA studies). Because of the volume of resilience research (Masten, 2018, 2019), we limited eligibility to full-text, peer-reviewed journal papers that reported empirical studies (quantitative, qualitative and mixed-method studies). As shown in Figure 1, we excluded papers if child\*/adolescen\* was absent in the title, abstract, keywords or descriptors, or if the study was not about the resilience of children/adolescents living in SSA. Further, like Van Breda and Theron (2018), we excluded papers that reported intervention studies, the validation of resilience scales, secondary analyses of data that did not provide new insight, or that made tangential reference to the resilience of children/adolescents. Given the critiques of person-centred or non-social-ecological explanations of resilience (Masten, 2014a, b; Rutter, 2012; Ungar, 2011), we excluded studies that did not conceptualise resilience as a social-ecological construct. Because earlier resilience studies tended to use person-focused resilience theories (Masten, 2014b), we also excluded papers published before the year 2000.

Although most of the exclusion criteria were relatively uncomplicated to apply, three required reviewer consensus discussions. First, following Sawyer et al. (2018), we defined



adolescence as 10 to 24 years. Whereas this exclusion criterion seemed straightforward, it was necessary to negotiate how best to facilitate its application in studies that included adult participants (i.e., participants who were 25 or older). Ultimately, we retained the publication so long as adult participants offered retrospective explanations of risk and resilience during their childhood/adolescence (e.g., Harnish & Montgomery 2017), or their perspectives were invited along with those of children and adolescents (e.g., Betancourt et al., 2011), or the average participant age was younger than 25 (e.g., Harper et al., 2015). Second, to operationalise the exclusion criterion relating to a social-ecological conceptualisation of resilience, we assessed how resilience was measured. If researchers used resilience instruments that emphasise personality traits or personal strengths (e.g., Connor Davidson Resilience Scale), we interpreted the study's approach as person-centred /trait-focused and excluded it. Third, to determine whether publications were indeed resilience-focused, we scrutinised the in-text reference/s to resilience. We agreed that resilience was tangential if the full-text included/defined resilience in the introduction or literature review but did not link the method and/or results to this inclusion. Alternatively, we judged resilience to be tangential if it was only mentioned in the discussion or recommendations, and then in passing.

To reach the aforementioned decisions we discussed the instances where we reached different conclusions about a paper's exclusion. As advised by Colquhoun et al. (2014) we held the first of these discussions early on (i.e., when the first 10% of articles had been reviewed). We used conclusions from this discussion (e.g., the procedure to assess studies including adult participants reported above) to shape subsequent eligibility assessments. Consequently, when we held follow-up discussions (i.e., once we had reviewed 50% and 100% of the full-texts) there were minimal differences that required consensus discussions.

### **Information sources and search**

To identify potentially relevant papers, the following bibliographic databases were searched via the Ebscohost platform: Academic Search Complete; CINAHL; Family & Society Studies Worldwide; Humanities Source; MEDLINE; PyscARTICLES; PsycINFO; Social Work Abstracts. Like Van Breda and Theron (2018), we chose these databases as they cover a range of disciplines that are typically relevant to the study of human resilience.

To identify additional relevant studies, we perused the reference lists of key publications that synthesise resilience theories and studies (e.g., Masten, 2014a) and previous resilience reviews that included, but were not limited to, African studies (e.g., Authors, blinded, 2017, 2018; Skovdal, 2012; Tol et al., 2013). We excluded papers that did not fit our eligibility criteria, even if previous syntheses had reported them (e.g., Boothby, Crawford, & Halperin, 2006).

Because of prior experience in conducting resilience-focused reviews (Authors, blinded, 2010, 2017, 2018), we did not ask a librarian to draft the search strategy. To advance rigor the search strategy was, however, piloted by an experienced post-graduate research assistant (Name blinded; August 2018). It was then replicated separately by each reviewer (September and October 2018). Essentially, we searched titles and/or abstracts for resilien\* and sub-Saharan countries (except SA) listed by the World Bank (2018). The final search strategy used for the Ebscohost-facilitated search on 30 October 2018 was as follows:

Resilien\* AND (Angola\* [OR] Benin [OR] Botswana [OR] Burkina Faso [OR] Burundi [OR] Cabo Verde [OR] Cameroon [OR] Central African Republic\* [OR] Chad [OR] Comor\* [OR] Congo\* [OR] Cote D'ivoire [OR] Equatorial Guinea [OR] Eritrea\* [OR] Eswatini [OR] Ethiopia\* [OR] Gabon\* [OR] Gambia\* [OR] Ghana\* [OR] Guinea [OR] Guinea-Bissau [OR] Kenya\* [OR] Lesotho [OR] Liberia\* [OR] Madagasca\* [OR] Malawi\* [OR] Mali [OR] Mauri\* [OR] Mozambi\*[OR] Namibia\* [OR] Niger\* [OR] Rwanda\* [OR] Sao Tome and Principe [OR] Senegal\* [OR] Seychelles [OR] Sierra Leone [OR] Somalia\* [OR] South

Sudan [OR] Sudan\* [OR] Swazi\* [OR] Tanzania\* [OR] Togo [OR] Uganda\* [OR] Zambia\* [OR] Zimbabwe\*).

In total, the search yielded 1335 potential sources of evidence (see Figure 1). We exported a detailed view of each record into RefWorks (i.e., a form of web-based software that supports bibliography and database management). We used this software to identify duplicates (n = 342; see Figure 1). Before deleting the duplicates, we verified that the record was in fact a duplicate. The removal of the duplicates resulted in 993 records for screening.

[INSERT FIGURE 1 ABOUT HERE]

### **Selection of sources of evidence**

Like Van Breda and Theron (2018), we did not include child/adolescent search terms during our database search for fear of excluding pertinent publications. Accordingly, the next step was to identify which of the imported records represented studies of child and/or adolescent resilience. To this end, we used the advanced search function of RefWorks and the terms child\* or adolescen\* to filter out all records where the title, abstract, keywords and/or descriptors excluded child\*/ adolescen\* (n = 801). This reduced the number of potential sources of evidence to 192 (see Figure 1).

We applied the eligibility criteria to the remaining 192 studies. Of these, 47 did not document the resilience of children/adolescents living in SSA; 35 reported an intervention; 23 made tangential reference to child/adolescent resilience; 7 were commentaries or reviews; 4 reported validation studies; 4 did not follow a social-ecological approach to resilience; and 4 re-used previously reported data. We resolved any differences of opinion via consensus discussions.

Even though English is the/an official language of most sub-Saharan African countries (Plonski et al., 2013), we did not delimit the original search to publications in

English because of how language delimitations might have excluded potentially valuable studies published in other popular sub-Saharan languages. There was only one instance where a full-text that needed to be assessed for eligibility was not in English (i.e., Gutiérrez & Romero, 2014). Because the title and abstract included an English translation, we could deduce that the article was inclined towards a person-focused conceptualisation of resilience. We therefore decided to exclude the study rather than incurring the financial costs and time delay that professional translation would warrant. Application of the eligibility criteria and the removal of the non-English text resulted in the inclusion of 59 papers (see Figure 1).

### **Data charting process**

To chart the data, we used a Microsoft Word document to guide the review of the included studies. The document was structured as a table with columns dedicated to specific methodological aspects (i.e., country/countries in which the study was conducted; size and description of sample [including, where possible, age of participants]; broad research design) and resilience aspects (i.e., the risk/s that participants were challenged by and what enabled resilience to the aforementioned risks). Because the form was almost identical to the one we had used successfully in previous resilience-focused reviews (Authors blinded, 2010; 2017; 2018), it was not necessary to “calibrate” it as recommended by Tricco et al. (2016, p. 471).

Using the above-mentioned form, we abstracted data on the country-specific research sites, the study design (i.e., quantitative, qualitative, or mixed), and the number and age range of study participants. Further, we abstracted information on the risk/s challenging the study participants. We also extracted reported resilience-enabling factors and/or processes.

### **Collating, summarising and reporting the results**

Systematic narrative reviews typically use thematic analysis to examine and interpret the charted data (Glover et al., 2018; Kastner et al., 2012). Given the pre-existing review of the

resilience of children and/or adolescents living in SA (as synthesized by Van Breda and Theron, 2018), we worked deductively. To this end, we used the four resilience-enablers (i.e., personal, relational, structural, and spiritual and cultural) and associated resources/processes (see Table 2) reported by Van Breda and Theron (2018) as an *a priori* thematic coding framework with which to deductively analyse the resilience content of the charted data. As is typical in *a priori* analyses (see Creswell, 2014), we also developed inductive thematic codes to analyse any resilience-enablers or associated resources that did not fit the *a priori* codes. Like Van Breda and Theron (2018), we conducted frequency counts of all resilience-enablers and associated resources and extrapolated the thematic patterns that emerged from the deductive (i.e., *a priori*) and inductive coding. Simultaneously, we were attentive to instances when resilience-enablers and/or associated resources reflected traditional African values and/or practices.

## RESULTS

### Overview of the included studies

The characteristics of the included studies are summarised in Table 1. They comprise the county/countries in which the empirical work was conducted, the research design, sample, and the adversity/adversities that challenged the sample.

[INSERT TABLE 1 ABOUT HERE]

**Geographical range.** Attention to the geographical location of the studies reported in the 59 included publications suggests an attenuated geographical range. They took place in only 18 of the 48 countries listed by the World Bank as comprising sub-Saharan Africa (i.e., in roughly a third of the listed sub-Saharan countries, excluding SA). More than half of the studies occurred in East Africa. Among these, Uganda recurred most frequently (16 articles), followed by Kenya (7 articles), Tanzania (6 articles), and Rwanda (5 articles).

**Research designs and samples.** Table 1 suggests two dominant methodological patterns in studies of sub-Saharan child/adolescent resilience. First, the majority (i.e., 40 of the 59 included studies) implemented a qualitative research design. Of these, 4 were retrospective (i.e., participants –mostly adult – were asked to reflect on the risks and resilience-enablers during their childhood and/or adolescence). The remaining 19 studies included 11 quantitative and 8 mixed methods research designs. Two of the mixed methods studies and a single quantitative study were explicitly described as longitudinal. Second, following the current argument that adolescence spans the ages of 10 to 24 (Sawyer et al., 2018), it appears that the studies were biased toward adolescent samples. Most (i.e., 40) of the 59 included studies focused exclusively on the resilience of adolescents. The adolescent-specific samples ranged in size (from 5 to 1,722) and generally included both adolescent boys and girls. None of the 59 included studies (that specified participants' age) focused exclusively on the resilience of children younger than 10.

**Contexts of adversity.** Multiple (and often co-occurring) risks, all of which have the potential to challenge mental health, framed the included studies. Chief amongst these risks was being infected or affected by HIV and/or the potential to be infected by HIV (e.g., via risky sexual practices) (27 articles). Being affected typically included bereavement, changes in living arrangements, psychosocial and/or socioeconomic disadvantage, and education-related setbacks. Poverty (and associated challenges such as deprivation, marginalisation, and/or exploitation; 22 articles) and loss (especially the loss of a parent/s and/or caregivers; 17 articles) were also frequently reported. Armed conflict (and related hazards such as forced recruitment of child soldiers, exposure to communicable disease, and/or genocide; 15 articles) was a prominent risk, principally across studies that took place in Uganda and Rwanda. There was some mention of the risk of adolescent pregnancy (7 articles), of abuse

and neglect (6 articles), and of streetism (3 articles). Ebola and famine were each reported by a single study only.

### **Resilience-enabler patterns**

Table 2 (which is modelled on Van Breda and Theron, 2018) summarises the resilience-enablers that were reported by children and adolescents living in SSA. In summary, Table 2 suggests a preponderance of resilience-enablers at certain ecological levels over others. This preponderance informs the three patterns detailed next.

[INSERT TABLE 2 ABOUT HERE]

### ***Personal and/or relational resilience-enablers trump structural or spiritual and cultural ones***

Most of the 59 studies (i.e., 48) associated relational resilience-enablers with the resilience of vulnerable sub-Saharan children and adolescents. A similarly high number (i.e., 44) associated personal resilience-enablers with the resilience of sub-Saharan children and/or adolescents. A high number of all the aforementioned studies (i.e., 36) reported both personal and relational resources.

The studies that reported relational resilience-enablers, frequently implied that relationships were close and/or warmly interdependent (e.g., Berckmoes et al., 2017; Betancourt et al., 2011; Camfield, 2012; Daniel et al., 2007; Fjermestad et al., 2008; Fournier et al., 2014), and/or characterised by material and/or instrumental generosity (Boothby et al., 2017; Fjermestad et al., 2008; Gyan, 2017; Vindevogel et al., 2015). This fits with traditional African ways-of-being and -doing. Similarly, some of the studies that reported personal resilience-enablers suggested that these were socio-culturally aligned. For instance, Camfield (2012, p. 404) concluded that when Ethiopian adolescents acted in support of others or showed generosity, they were evidencing ‘locally valued social competencies’. Adegoke and

Steyn (2017, p. 8) reported that the coping skills employed by the Nigerian girls in their study 'reflected Yoruba cultural beliefs which place high value on education, hard work, marriage'.

Notably, agency and affective support were the most frequently reported personal and relational resilience-enabling resources. Of interest, however, was Seymour's (2012) explicit acknowledgment that agency can be an 'ambiguous' (p. 373) resilience resource when it includes actions that have the potential to harm the child or adolescent in question. For instance, some of the Congolese participants in Seymour's (2012) study engaged in transactional sex or joined armed groups as ways of managing the hardships that confronted them. Similar examples of such ambiguous agency can be found in the studies by Camfield (2012) and Lee (2012). Both studies reported children and adolescents taking action to support their families that were personally costly (e.g., being supportive of family resulted in absence from school or school attrition).

Structural and/or cultural and/or spiritual resilience-enablers seemed less salient than personal or relational ones (see Table 2). With regard to structural enablers, no sub-Saharan study explicitly attributed child and adolescent resilience to the school system. This was surprising given increasing understanding that schools are important potential sites for mental health support, also in SSA (Berger et al., 2018). Possible reasons for the lack of reference to resilience-enabling school systems could be the poor quality of many SSA schools and/or schools being contexts where vulnerable children could be maltreated, maligned and marginalised. For instance, Camfield (2012) reported that some of her Ethiopian participants were disillusioned with the low quality schools they had access to. Various others (e.g., Baxen & Haipinge, 2015; Fournier et al., 2014; Motsa & Morojele, 2017; Sharkey, 2008) detailed the emotional and/or physical abuse that some teachers and/or some peers inflicted on participants in their respective studies. Further, SSA is home to 33 million out-of-school



children and adolescents (UNICEF, 2015). For them, education systems would probably not be an accessible protective resource.

***Affective support is a preponderant resilience-enabling process***

Affective support – a form of relational support that facilitates psychological benefits – was the most frequently reported resilience-enabling resource across the studies of resilience among children and adolescents living in SSA. It was reported by two thirds (i.e., 40) of the 59 included studies. A range of people was associated with affective support, including relatives and caregivers, peers and romantic partners, community members (e.g., neighbours, elders, and pastors), service providers (e.g., NGO staff and volunteers), and professionals (mostly teachers or social workers). Importantly, there were occasional reports of the aforementioned people sometimes withholding support or discriminating against children and adolescents who were vulnerable (e.g., Baxen & Haiping, 2015; Motsa & Morojele, 2017). These latter reports caution against assumptions that the abovementioned people are universally or continuously supportive.

Affective support was not limited to relationships with people. For instance, some of the Kenyan adolescents who were engaged in a goat donation programme that enabled them to own a goat reported emotional benefits (such as a sense of comfort and self-worth) from interacting with and caring for their goat (Winsor & Skovdal, 2011). Affective support was also not limited to experiences in the present. Three studies (i.e., Kaplan, 2013; Levey et al., 2016; Lothe & Heggen, 2003) explicitly reported the resilience-enabling power of adolescents' memories of loving parents and/or caring others.

Scrutiny of the articles that did not include affective support provided risk-related clues as to the reason for this omission. Five focused on resilience to risky sexual behaviour (e.g., behaviour resulting in unplanned pregnancy or HIV). These studies emphasized the

value of pragmatic support (e.g., relationships that supported access to information on how to avoid adolescent pregnancy/HIV) because such support prompted health-promoting behaviour. A further 10 articles explicitly reported the disruption of key human relationships (e.g., parent-child relationships). This disruption related to illness, death, forced abduction, displacement, and/or experiences of violence (Akello et al., 2010; Boothby et al., 2017; Daniel, 2005; Gunnestad & Thwala, 2011; Harnisch & Montgomery 2017; Haroz et al., 2013; Motsa & Morojele, 2017; Payne, 2012; Seymour, 2012; Salifu Yendork & Somhlaba, 2017). It is plausible that the loss of key human relationships could translate into loss of affective support. It is also plausible that the emotional numbness that so typically accompanies loss of a loved one could prompt indifference to affective support. Plausible as the aforementioned hypotheses may be, they are nevertheless at odds with other SSA studies in which children and adolescents reported experiences of emotionally beneficial support despite having experienced disrupted human relationships (e.g., Betancourt et al., 2011; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Evans, 2012; Fjermestad et al., 2008; Hunter, 2001; Kaplan, 2013; Levey et al., 2016).

### ***Disregarding harmful culture – a less-travelled pathway of resilience***

Table 2 also shows a resilience pathway that was reported by only two studies, namely a disregard for culturally valued practices that have the potential to do physical or psychological harm. Daniel et al. (2007) associated the resilience of Ugandan orphans with parental/caregiver capacity to communicate with their children about their HIV/AIDS status and prepare their children for associated consequences, including being orphaned. In doing so these parents/caregivers ‘breached cultural silence’ (p. 116) in that they disregarded cultural norms of not discussing either sex or death with children. Similarly, Stark et al. (2016) reported that when Ugandan parents disregarded a traditional solution to rape (i.e., the

expectation that the rapist marry the girl as form of restitution to the girl's family), it conveyed solidarity with the girl that was resilience-enabling.

Two other studies interrogated obedience to cultural norms or practices that have the potential to do harm, but stopped short of reporting disregard for harmful culture as resilience-enabling. Akello et al. (2010) reported that Ugandan children who had long-term exposure to war and related atrocities were expected to be silent about their ensuing distress. Given Ugandan valuing of the capacity to suffer in silence, children mimicked others' capacity to be stoical. Although Akello et al. questioned the value of this 'mimetic resilience' (p. 217), particularly in the light of Ugandan children's elevated levels of somatic complaints, their Ugandan child participants endorsed it. Similarly, Camfield (2012) queried children's enactment of Ethiopian socio-cultural norms of obedience and supportiveness as these sometimes translated into children's best interests being neglected. As with the participants in the study by Akello et al. (2010), Camfield's participants did not question the importance of observing socio-cultural expectations.

The suggestion that a disregard for cultural norms or practices has the potential to enable children's resilience was at odds with the findings of the 11 remaining articles that associated the resilience of sub-Saharan children and adolescents with African cultural values and/or traditional practices. This might relate to the fact that these studies typically reported enabling cultural norms or practices, such as healthy respect for children's agency and capacity to contribute to family and community (e.g., Skovdal & Andreouli, 2011), respectful interdependence (e.g., Betancourt et al., 2011; Vindevogel et al., 2015), or rites that facilitated restoration and reintegration into community (e.g., Gustavsson et al., 2017).

## DISCUSSION

The two questions that underpinned this scoping review directed attention to what enables the resilience of children and adolescents living in SSA and consideration of whether/how these pathways of resilience are quintessentially African. In summary, our review of 59 articles that documented empirical studies of the resilience of sub-Saharan children and/or adolescents reinforces understandings of resilience as a complex, social-ecological process that is supported by relational, personal, structural, cultural and/or spiritual resilience-enablers. It further suggests that there are strong commonalities between the resilience of children and adolescents living in SA (as systematically reviewed by Van Breda & Theron, 2018) and those living elsewhere in SSA. For instance, the current review and that of Van Breda and Theron reported that affective support, facilitated by a range of people, was a prominent resilience-enabler. Similarly, both reviews reported that personal and/or relational resilience-enablers were preponderant, with relatively fewer structural and spiritual/cultural resilience-enablers identified.

However, such similarities should not eclipse the fact there are also differences in the reported results. For example, the review by Van Breda and Theron (2018) was silent about the protective value of attachments to animals or memories of affective support. It was similarly silent about the worth of disregarding culturally valued practices that have the potential to do physical or psychological harm. In turn, unlike the results of the SA review, not a single sub-Saharan study attributed child and adolescent resilience to structural resources associated with school systems. Such differences caution against discounting how contextual or other realities could shape the resilience processes of young people who live on the same continent and are, ostensibly, similarly socialised to respect their African ancestry (Mpofu, 2011). Notwithstanding this important caveat, two insights can be deduced from the current scoping review about the resilience of children and adolescents living in SSA.

**(i) *Relational and personal supports matter more-or-less equally for the resilience of children and adolescents living in SSA***

It is risky to use the frequency counts of reported resources to determine a hierarchy of resilience-enablers. For instance, the focus of an empirical study could bias which protective resources are reported (Van Breda & Theron, 2018). Further it is possible for contextual realities to shape the under-reporting of specific resilience-enablers (e.g., the silence around enabling school systems could be an artefact of the high number of out-of-school children and adolescents in SSA). Nevertheless, it is noteworthy that the number of resilience-enabling resources/processes at the relational level was high and roughly equivalent to the personal level, with relatively fewer structural and spiritual/cultural resilience-enablers identified.

Acknowledging that relational and personal supports matter almost equally for the resilience of sub-Saharan young people fits with Ungar's (2012) argument that an individual's capacity to develop positively under stress draws on protective resources within the individual *and* their ecology. Put differently, mental health practitioner attempts to facilitate and sustain the resilience of young people from SSA should embrace both the personal and the ecological (particularly relational ones). To this end, resilience-enabling interventions should not accentuate relational resources over personal ones, or vice versa. Avoiding prioritisation of one over the other could be tricky given prior recognition to the pivotally protective value of relationships (e.g., Luthar, 2006; Masten, 2014a) and the move away from over-focusing on the protective value of personal strengths (Masten, 2014b; Ungar, 2011). Still, given the bi-directional nature of social ecologies (Bronfenbrenner, 1979), and the traditional African valuing of reciprocal relatedness (Mpofu, 2011), mental health practitioners might rather want to support sub-Saharan young people – and their social systems – to appreciate their reciprocity and learn ways of advancing resilience-enabling

exchanges. This fits well with Van Breda and Theron's (2018) flagging of the need to develop understandings of how resilience resources interface.

Simultaneously, mental health practitioners should note that relational resources and personal strengths were not universally reported in the sub-Saharan studies of child and adolescent resilience. For instance, some sub-Saharan young people who had faced risks that disrupted or terminated their relationships were inclined to report personal strengths rather than relational supports (e.g., Harnisch & Montgomery 2017; Haroz et al., 2013; Motsa & Morojele, 2017). Likewise, there was some concern that the individual capacity for agency was not consistently protective (Camfield, 2012; Lee, 2012; Seymour, 2012). Thus, although personal and relational resources appeared to be of almost equal importance (broadly speaking) to the resilience of sub-Saharan young people, mental health practitioners are cautioned against assumptions that these resources are ubiquitously protective in SSA.

Further, in instances where young people confirm the importance of relational supports, mental health practitioners are advised not to predict the form of such relational supports. Like Van Breda and Theron (2018), the current review reported a variety of human connections. For instance, experiences of affective support were facilitated by a 'family-community' (Mkhize, 2006, p. 187) that was inclusive of various members of a young person's family (immediate and extended, living and deceased) and/or neighbourhood. This variety resonates with traditional African appreciation for flexible or inclusive kinship (Block, 2016; Motsamai, 2017). There were also accounts of attachments to animals and the natural environment thereby reflecting traditional African beliefs about the oneness of all life-forms (Brittian et al., 2013). Accordingly, mental health practitioners should not only work toward the development/maintenance of resilient family systems (Kuo et al., 2019) or school-based psychosocial supports (Berger et al., 2018), but target whichever protective relationship is relevant to the sub-Saharan youth they serve at a given point in time.

Finally, the preponderance of relational and personal supports compared with structural and spiritual/cultural ones should not direct attention away from the resilience-enabling potential of supports that are structural, spiritual or cultural. As argued by resilience researchers with a strong social justice agenda (e.g., Hart et al., 2016), attention to the value of structural resources is likely to nudge mental health practitioners to advocate for the redress of material, socio-political and socio-cultural inequalities that typically obstruct access to structural resources. While attention to spiritual/cultural resources is also crucial to practitioners' meaningful facilitation of resilience, there are accounts of spiritual/cultural resources constraining child/adolescent resilience (Panter-Brick, 2015). The current review noted similar tensions. As explained next, this complexity cautions practitioners against blind endorsement of cultural scripts in their work with sub-Saharan young people.

***(ii) The resilience of children and adolescents living in SSA is complexly interwoven with African ways-of-being and -doing***

Even though this scoping review identified relatively fewer spiritual/cultural resilience-enablers than relational and personal ones, African values and practices were implicit in many of the identified relational and personal resilience-enablers. For instance, the fact that the resilience of sub-Saharan young people was prominently intertwined with experiences of affective support could be read as testimony to the African valuing of a sense of community and hospitable and enabling togetherness. Likewise, the identified spiritual/cultural resilience-enablers were generally linked to values and/or practices that sustained or restored a sense of community (e.g., Betancourt et al., 2011; Gustavsson et al., 2017; Vindevogel et al., 2015), or that celebrated and/or advanced the capacity of young people to be contributing members of their community (e.g., Adegoke & Steyn, 2017; Skovdal & Andreouli, 2011). In some instances, community cohesion was facilitated by shared spiritual practices (e.g., solving crises by uniting in prayer; Gunnestad & Thwala, 2011) or faith-based institutions'

facilitation of experiences of belonging and care (e.g., Lee, 2012). In contrast, disregard for interdependent ways-of-being and -doing heightened the vulnerability of children and adolescents (e.g., when family, institutions or community acted in their own best interests or in ways that maligned or hurt children and adolescents; Baxen & Haipinge, 2015; Evans, 2005, 2015; Fournier et al., 2014; Motsa & Morojele, 2017; Seymour, 2012; Sharkey, 2008). Significantly, the two studies that encouraged a disregard for cultural values or practices (i.e., Daniel et al., 2007; Stark et al., 2016) did so in the interests of sustaining enabling interrelatedness and affective support. For Daniel et al. (2007) parental disclosure about their HIV/AIDS status preserved parent-child connections before and after death and smoothed how their children managed HIV-related stigma and negotiated a continued place in the community. Likewise, Stark et al. (2016) found that parents' flexibility with regard to sociocultural expectations that their daughters marry their rapists communicated a sense of parent-child solidarity.

In short, it could be valuable for mental health practitioners who work with young people in/from SSA to embrace the African valuing of enabling interconnectedness. This could entail mental health practitioners prioritising social constructivist approaches that support the development of conversational and collaborative practitioner-client partnerships rather than a more formal, clinical relationship (Jithoo & Bakker, 2011). It could also entail practitioners supporting African communities to form collective, protective liaisons with their children and adolescents (Vindevoegel et al., 2015), and vice-versa (Theron, 2018). In addition, practitioners may want to pay attention to young people's "idioms of resilience" (Kim et al., 2019, p. 5). These idioms, or recurrent linguistic or behavioural expressions of positive adaptation, provide clues to locally salient resilience-enablers that can be leveraged to promote mental health in socio-culturally relevant ways. Such clues may show cultural



supports that transcend classical understandings of African ways-of-being and -doing (i.e., respectful and reciprocal relatedness and spirituality; Mpofu, 2011).

However, mental health practitioners should be aware that what is valued by a culture-sharing group can inhibit child/adolescent resilience when contextual realities thwart realisation of what is valued or when realisation is psychologically costly to the children or adolescents in question (Panter-Brick, 2015). For this reason it is important to caution that African valuing of community is not without potential cost to sub-Saharan young people. For instance, the ‘mimetic resilience’ (Akello et al., 2010, p. 217) that was expected from Ugandan children meant that the collective did not have to confront (let alone assuage) children’s distress. Likewise, Ethiopian admiration for children’s prioritisation of family or community interests implied that it was acceptable to side-line children’s best interests for the sake of the collective (Camfield, 2012). In instances where cultural values or practices have the potential to be harmful to children and adolescents, mental health practitioners should first ascertain what assumptions might be biasing their concerns of potential harm. It would be helpful for them to interrogate these assumptions in collaboration with sub-Saharan professionals and lay-persons. If this process does not resolve the concerns then practitioners should challenge the values or practices, but with great sensitivity (Daniel et al., 2007). For instance, practitioners could collaborate with families and communities to raise awareness of the intersection between cultural values/practices and mental health and collaboratively explore alternatives that are protective to children and adolescents and acceptable to families and communities. In doing so, it will be important for mental health practitioners to explore acceptable ways of moderating the constraints that context and culture can impose on the capacity of families and communities – also sub-Saharan ones – to choose different ways-of-being or -becoming (Trout, Wexler, & Moses, 2018).

### **Limitations**

This scoping review has several limitations. First, we did not register a protocol (as recommended by Tricco et al., 2016), but the detailed description of the scoping process, including the final search strategy, should mitigate this oversight. Second, as in other scoping reviews (e.g., Pham et al., 2014), logistical constraints precluded consultation with relevant stakeholders (such as resilience-focused practitioners from sub-Saharan Africa). Given the volume of resilience studies (Masten, 2018), and the potential dynamism of cultural values and practices over time (Panter-Brick, 2015), it is probable that this current review will eventually need to be updated. That update should ideally be prefaced by consultation with relevant stakeholders. Third, even though the search strategy included all sub-Saharan countries (other than SA), the eligible papers reported studies from only 18 of the 48 countries that comprise SSA. East Africa was most represented. It is possible that this relates to the delimitation of the search to full-text, peer-reviewed articles. Although the popularity of resilience research (Masten, 2019) necessitated this delimitation, grey literature might have been inclusive of more sub-Saharan countries. Fourth, the search probably only yielded one non-English publication because English search terms were used. It is, therefore, likely that we missed insights published in other languages used in SSA. Despite these limitations, this is the first scoping review dedicated exclusively to sub-Saharan child and adolescent resilience. As a result, mental health practitioners, school staff and other child-focused workers have access to a comprehensive account of sub-Saharan young people's resilience that should support stakeholder efforts to enable and sustain these young people's adaptive capacity in culturally relevant ways.

## **Conclusion**

Many sub-Saharan young people adjust successfully to communicable disease, armed conflict, structural disadvantage, and other pernicious risks that threaten their mental health. Essentially their capacity for resilience is rooted in a protective dyad that comprises an

enabling social ecology and personal strength. Understanding that both dyadic elements (i.e., the ecology and the young person) feature strongly in empirical accounts of sub-Saharan child/adolescent resilience and that both need to be enabled and/or sustained in contextually relevant ways, is crucial to practitioner efforts to bolster the resilience of this growing population. To that end, practitioners would be wise to respect the traditional African commitment to reciprocal relatedness (Mpofu, 2011), as well as challenge sub-Saharan realities and African values or practices that jeopardise healthy human solidarity and/or the physical and mental health of SSA's children and adolescents.

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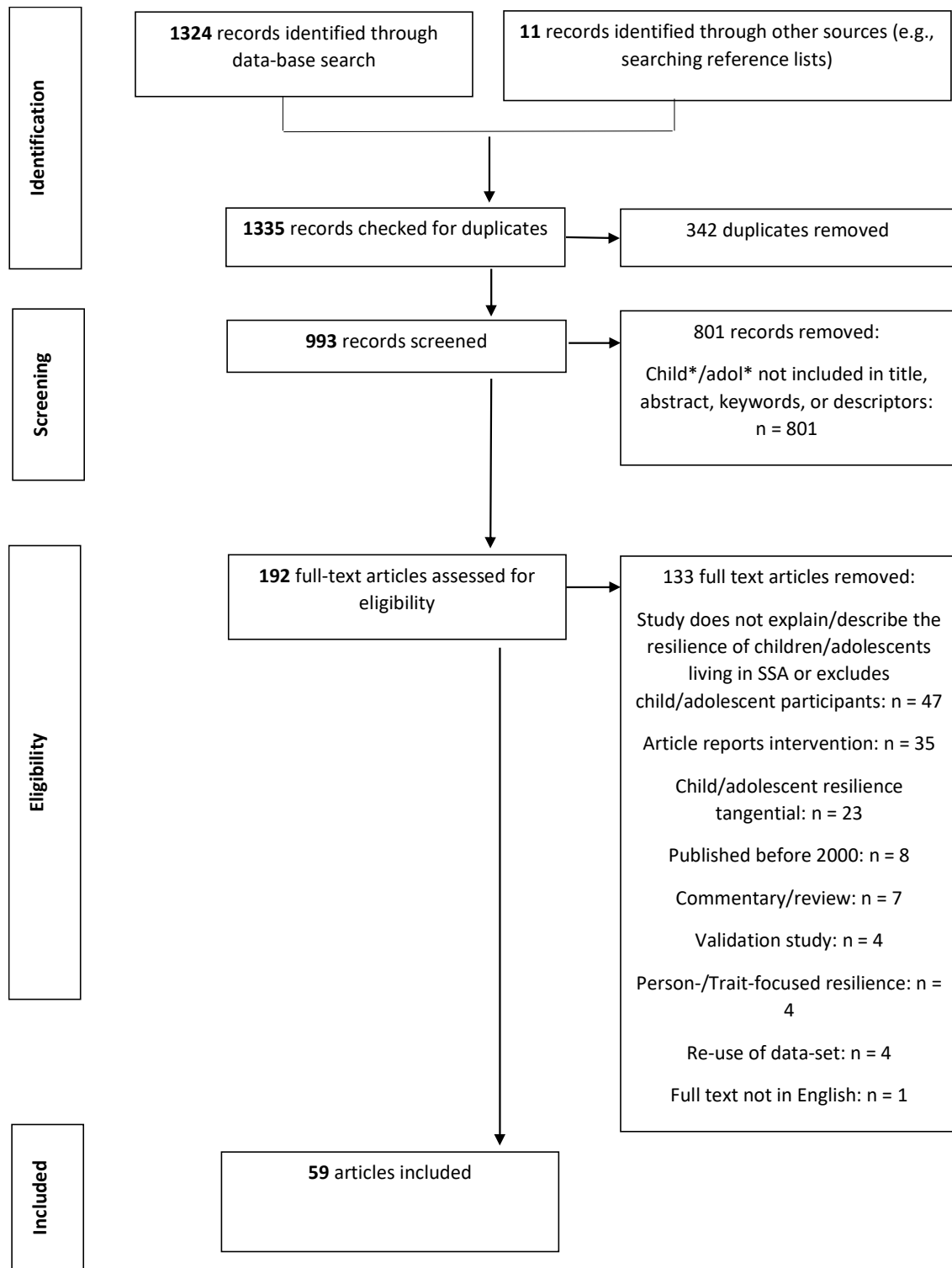


Figure 1. PRISMA flowchart of study selection process

Table 1:

*Summary of the included studies*

Study	Country	Sample	Research Design	Adversity framing study
Adegoke & Steyn, 2017	Nigeria	5 girls, aged 14-20	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges
Ahorlu et al., 2015	Ghana	820 girls, aged 15-19 years	Quantitative	Adolescent pregnancy
Akello et al., 2010	Uganda	165 children and adolescents, aged 9-16 years, and 70 adults	Mixed	Armed conflict; poverty and associated challenges
Barrington et al., 2017	Malawi	11 adolescents, aged 15-18, and 11 adults aged 35-60	Qualitative	Poverty and associated challenges
Baxen & Haipinge, 2015	Namibia	8 adolescents, aged 16-22	Qualitative	HIV-/AIDS-related risks
Berckmoes et al., 2017	Burundi	74 vulnerable households: the household-head, primary caregiver, and 1 child (aged 8-18) per household	Qualitative	Chronic community conflict and violence
Betancourt et al., 2011	Rwanda	124 adults and adolescents, aged 10-17	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; armed conflict
Betancourt et al., 2013	Sierra Leone	529 adolescents, aged 10-17	Mixed methods	Armed conflict
Betts et al., 2003	Zimbabwe	730 adolescents, aged 12-19	Quantitative	HIV-/AIDS-related risks
Boothby et al., 2017	Uganda	60 children aged 8-12 and 60 caregivers aged 18 and above	Qualitative	Armed conflict
Camfield, 2012	Ethiopia	395 adolescents, aged 11-12 [Time 1] and 4 adolescents, aged 13-15 [Times 2 & 3]	Mixed methods [Longitudinal]	Poverty and associated challenges; loss
Dakin et al., 2014	Kenya	20 adolescents, aged 12-19	Qualitative	Poverty and associated challenges
Daniel, 2005	Botswana	181 children and adolescents, aged 4-20	Qualitative	Loss
Daniel et al., 2007	Uganda	<u>Sample A</u> : 11 adolescents, aged 12 to 17 and 4 adults <u>Sample B</u> : 9 adolescents, aged 11-18 and 10 adults	Qualitative	HIV-/AIDS-related risks; loss
Dimbuene & Defo, 2011	West Cameroon	1025 adolescents, aged 12-24	Quantitative	HIV-/AIDS-related risks; risky sexual behaviour
Dushimirimana et al., 2014	Rwanda	20 participants, aged 22 to 36; they were mostly younger than 10 during the 1994 Rwandan genocide	Qualitative [retrospective]	Armed conflict; loss

Eggum-Wilkens et al., 2017	Uganda	18 adolescents, aged 10-16	Mixed methods	Poverty and associated challenges; abuse and neglect; loss
Evans, 2005	Tanzania	88 'children' [age not specified] and 34 adults	Qualitative	HIV-/AIDS-related risks; loss; streetism
Evans, 2012	Tanzania and Uganda	<u>Phase 1</u> : 25 children and adolescents (all younger than 25 years); 20 adults <u>Phase 2</u> : 32 children and adolescents; 39 adults	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; loss
Evans 2015	Tanzania and Uganda	<u>Study A</u> : 22 adolescents, aged 11– 24 years, and 34 adults <u>Study B</u> : 14 adolescents, aged 12–23, and 15 adults	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; abuse and neglect
Fjermestad et al., 2008	Uganda	8 adolescents, aged 12 – 16, and their caregivers	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; loss
Fotso et al., 2009	Kenya	1235 children and adolescents, aged 7–14 years	Quantitative	Poverty and associated challenges; loss
Fournier et al., 2014	Uganda	13 adolescents, aged 12-18	Qualitative	HIV-/AIDS-related risks; loss
Gunnestad & Thwala, 2011	Zambia and Swaziland	<u>Study A</u> : 45 tertiary students [age undisclosed] <u>Study B</u> : 32 children and adolescents, aged 7-18	Qualitative [Study A was retrospective]	Poverty and associated challenges; loss
Gustavsson et al., 2017	Uganda	16 young women, aged 19-28	Qualitative [retrospective]	Armed conflict
Gyan, 2017	Ghana	500 girls, aged 15-19	Mixed methods	Adolescent pregnancy
Gyan et al., 2017	Ghana	419 girls, aged 15–19	Mixed methods	Adolescent pregnancy
Hall et al., 2014	Burundi	176 children and adolescents, aged 6-16	Quantitative [Longitudinal]	Armed conflict; poverty
Harms et al., 2009	Uganda	13 adolescents, aged 12 to 18	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; loss
Harnisch & Montgomery 2017	Uganda	36 adolescents and adults, aged 15-44; on average, they were 9.8 years old when forcibly recruited	Qualitative [retrospective]	Armed conflict
Haroz et al., 2013	Uganda	102 adolescents, aged 14–17	Quantitative	Armed conflict
Harper et al., 2014	Kenya	199 adolescents, aged 14-24	Qualitative	HIV-/AIDS-related risks
Harper et al., 2015	Kenya	511 adolescent boys and men, aged 18 -29; average age, 22	Quantitative	HIV-/AIDS-related risks
Henley et al., 2010	Tanzania	1098 adolescents, aged 10-24	Quantitative	Streetism, abuse and neglect
Hunter, 2001	(New England and) Ghana	20 adolescents, aged 13-18	Qualitative	Poverty and associated challenges; loss

Hutchinson, 2014	Mozambique	21 girls, aged 16-19; 8 focus groups with girls, aged 16-21 [sample size undisclosed]; 14 key informants	Qualitative	Adolescent pregnancy
Kabiru et al., 2012	Kenya	1722 adolescents, aged 12-19	Quantitative	Poverty and associated challenges
Kaplan, 2013	Rwanda	9 adolescent boys, aged 14-19, and 1 boy aged 8	Qualitative	Armed conflict; loss; streetism
Knizek et al., 2017	Uganda	21 adolescents, aged 12-17	Qualitative	HIV-/AIDS-related risks
Lee, 2012	Rwanda	25 children and adolescents, aged 9-24	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges
Levey et al., 2016	Liberia	75 adolescents, aged 13–18	Qualitative	Armed conflict; communicable disease (ebola); loss
Lothe & Heggen, 2003	Ethiopia	8 adolescents, aged 18-23	Qualitative	Famine
Macedo et al., 2018	Malawi and South Africa	<u>Time 1</u> : 989 children, aged 4–13, and primary caregivers; <u>Time 2</u> : 854 children, aged 5-15, and their primary caregivers	Mixed methods [Longitudinal]	HIV-/AIDS-related risks
Mburu et al., 2014	Zambia	111 adolescents, aged 10-19 and 59 adults	Qualitative	HIV-/AIDS-related risks
Mkhatshwa, 2017	Swaziland	10 adolescents, aged 14-22	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges
Mmari et al., 2009	Tanzania	52 adolescents, aged 14-19	Qualitative	HIV-/AIDS-related risks; adolescent pregnancy
Motsa & Morojele, 2017	Swaziland	6 adolescents, aged 11–15	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges
Namy et al., 2017	Uganda	3706 primary school children (84% aged 11 -14)	Quantitative	Abuse and neglect
Ngom et al., 2003	Nairobi	788 girls, aged 12–19	Quantitative	Adolescent pregnancy
Payne, 2012	Zambia	11 child-headed households [number/ages of children/adolescents undisclosed]	Qualitative	HIV-/AIDS-related risks
Pfeiffer et al., 2017	Tanzania	750 girls, aged 15–19 years	Qualitative	Adolescent pregnancy
Salifu Yendork & Somhlaba, 2017	Ghana	20 children and adolescents, aged 7-17	Qualitative	Loss
Seymour, 2012	Democratic Republic of Congo	Study A: 44 adolescents, aged 13-22 Study B: 200 adolescents, aged 12-24	Qualitative	Armed conflict; poverty
Sharkey, 2008	Sierra Leone	15 grade 6 girls (precise age not provided)	Qualitative	Poverty; abuse

Skovdal & Andreouli, 2011	Kenya	48 adolescents, aged 11–17, and 10 adults	Qualitative	HIV-/AIDS-related risks
Stark et al., 2016	Uganda	12 girls, aged 13-17	Qualitative	Abuse [sexual violence]
Vindevogel et al., 2015	Uganda	60 adolescents, aged 12-25 [average age: 17.1], and 57 adults	Mixed-methods	Armed conflict
Ward & Eyber, 2009	Rwanda	101 children & adolescents, aged 5-18, and 3 members of child-headed households [older than 18; exact age undisclosed]	Qualitative	HIV-/AIDS-related risks; poverty and associated challenges; armed conflict
Winsor & Skovdal, 2011	Kenya	15 adolescents aged 12–17, and guardians	Qualitative	HIV-/AIDS-related risks; loss



Table 2:

*Summary of the Resilience-Enablers reported in SSA Studies*

<b>Social ecological layer</b>	<b>Resilience-enabling resource or process</b>	<b>Detail about resource or process</b>	<b>Relevant studies</b>
<b>Personal resilience-enablers</b>  Reported in: 44 SSA studies	<b><i>Agency</i></b>  Reported in: 24 SSA studies	E.g., Taking action that potentiates / facilitates constructive outcomes or resolves problems; being tactical/goal-directed; navigating to/negotiating for/mobilising resources	Adegoke & Steyn, 2017; Ahorlu et al., 2015; Barrington et al., 2017; Betancourt et al., 2011; Camfield 2012; Daniel, 2005; Dimbuene & Defo, 2011; Evans, 2005; Evans, 2012; Evans, 2015; Hutchinson 2014; Lee, 2012; Levey et al., 2016; Mburu et al., 2014; Mkhathshwa, 2017; Motsa & Morojele, 2017; Payne, 2012; Pfeiffer et al., 2017; Seymour, 2012; Skovdal & Andreouli, 2011; Stark et al., 2016; Vindevogel et al., 2015 [making progress]; Winsor & Skovdal, 2011; Ward & Eyber, 2009
	<b><i>Adaptive meaning making</i></b>  Reported in: 19 SSA studies	E.g., resignation / acceptance; reframing challenges as opportunities; positive interpretation of present/future; hopefulness	Adegoke & Steyn, 2017; Betancourt et al., 2011; Dakin et al., 2014; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Evans, 2012; Fjermestad et al., 2008; Harms et al., 2009; Hunter, 2001; Hutchinson 2014; Kaplan, 2013; Lee, 2012; Levey et al., 2016; Lothe & Heggen, 2003; Mburu et al., 2014; Motsa & Morojele, 2017; Seymour, 2012; Sharkey, 2008; Ward & Eyber, 2009
	<b><i>Dispositional qualities</i></b>  Reported in: 17 SSA studies	E.g., altruism/self-sacrificing; cheerfulness; self-reliance; empathy; gratitude; determination; responsible; responsiveness; obedience	Adegoke & Steyn, 2017 [willingness to help others]; Betancourt et al., 2011; Betts et al., 2003; Camfield 2012; Daniel, 2005; Dushimirimana et al., 2014; Fotso et al., 2009; Hunter, 2001; Lee, 2012; Levey et al., 2016; Lothe & Heggen, 2003; Macedo et al., 2018; Motsa & Morojele, 2017; Namy et al., 2017; Sharkey, 2008; Vindevogel et al., 2015; Winsor & Skovdal, 2011
	<b><i>Self-regulation</i></b>  Reported in: 15 SSA studies	E.g., adjustment of behaviour and/or emotion; self-distraction; containing distress	Adegoke & Steyn, 2017; Akello et al., 2010; Barrington et al., 2017; Betancourt et al., 2011; Camfield 2012; Daniel, 2005; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Fjermestad et al., 2008; Harms et al., 2009; Harnisch & Montgomery, 2017; Haroz et al., 2013; Hunter, 2001; Lee, 2012; Levey et al., 2016

Social ecological layer	Resilience-enabling resource or process	Detail about resource or process	Relevant studies
	<b><i>Commitment to education &amp; having educational aspirations</i></b>  Reported in: 13 SSA studies	E.g., valuing education; aspiring toward a tertiary qualification; believing that education supports upward trajectories; regular school attendance; returning to school following disruptive event (e.g., pregnancy)	Adegoke & Steyn, 2017; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Evans, 2005; Fjermestad et al., 2008; Fournier et al., 2014; Harms et al., 2009; Henley et al., 2010; Hutchinson 2014; Kaplan, 2013; Mmari et al., 2009; Motsa & Morojele, 2017; Sharkey, 2008
	<b><i>High self-esteem</i></b>  Reported in: 9 SSA studies	E.g., sense of powerful identity; self-liking; pride	Betancourt et al., 2011; Dakin et al., 2014; Daniel, 2005; Harper et al., 2015; Levey et al., 2016; Mburu et al., 2014; Payne, 2012; Skovdal & Andreouli, 2011; Winsor & Skovdal, 2011
	<b><i>Physical characteristics</i></b>  Reported in: 5 SSA studies	E.g., good health; male/female sex; age	Dimbuene & Defo, 2011; Fotso et al., 2009; Harper et al., 2014; Henley et al., 2010; Vindevogel et al., 2015
<b>Relational resilience-enablers</b>  Reported in: 48 SSA studies	<b><i>Affective support</i></b>  Reported in: 40 SSA studies	E.g., experiences of acceptance, belonging, solidarity, being listened to, being valued, being cared about; sense of trust/reciprocity	Adegoke & Steyn, 2017; Baxen & Haiping, 2015; Berckmoes et al., 2017; Betancourt et al., 2011; Betancourt et al., 2013; Betts et al., 2003; Camfield, 2012; Daniel et al., 2007; Dimbuene & Defo, 2011; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Evans, 2005; Evans, 2012; Evans, 2015; Fjermestad et al., 2008; Fournier et al., 2014; Gyan, 2017; Gustavsson et al., 2017; Hall et al., 2014; Harms et al., 2009; Harper et al., 2015; Henley et al., 2010; Hunter, 2001; Hutchinson 2014; Kaplan, 2013; Knizek et al., 2017; Lee, 2012; Levey et al., 2016; Lothe & Heggen, 2003; Macedo et al., 2018; Mburu et al., 2014; Mkhathshwa, 2017; Namy et al., 2017; Pfeiffer et al., 2017; Sharkey, 2008; Skovdal & Andreouli, 2011; Stark et al., 2016; Vindevogel et al., 2015; Ward & Eyber, 2009; Winsor & Skovdal, 2011
	Opportunities for growth and development Reported in: 20 SSA studies	E.g., behavioural and emotional regulation; support with problem solving; communication of high expectations; learning; acquisition of values;	Ahorlu et al., 2015; Berckmoes et al., 2017; Betancourt et al., 2011; Boothby et al., 2017; Camfield, 2012; Dakin et al., 2014; Daniel et al., 2007; Eggum-Wilkens et al., 2017; Evans, 2012; Fournier et al., 2014; Gyan et al., 2017; Harms et al.,

Social ecological layer	Resilience-enabling resource or process	Detail about resource or process	Relevant studies
		identity development; transmission of cultural heritage; role modelling	2009; Harper et al., 2014; Kabiru et al., 2012; Lee, 2012; Mburu et al., 2014; Ngom et al., 2003; Pfeiffer et al., 2017; Ward & Eyber, 2009; Winsor & Skovdal, 2011
	Instrumental support Reported in: 18 SSA studies	E.g., provision of food and shelter; inheritance of property; protection from harm; help with chores	Adegoke & Steyn, 2017; Betancourt et al., 2011; Boothby et al., 2017; Camfield, 2012; Eggum-Wilkens et al., 2017; Evans, 2005; Evans, 2012; Evans, 2015; Gyan, 2017; Henley et al., 2010; Hutchinson, 2014; Kaplan, 2013; Lee, 2012; Levey et al., 2016; Mkhathswa, 2017; Seymour, 2012; Skovdal & Andreouli, 2011; Winsor & Skovdal, 2011
<b>Structural resilience-enablers</b>  Reported in: 28 SSA studies	<b><i>Community facilities and services</i></b>  Reported in: 18 SSA studies	E.g., social service organisations; access to health/therapeutic services and/or education opportunities; enabling NGOs and/or societies; opportunities for recreation or extramurals	Adegoke & Steyn, 2017; Betts et al., 2003; Dakin et al., 2014; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Evans, 2012; Evans, 2015; Fjermestad et al., 2008; Fournier et al., 2014; Gunnestad & Thwala 2011; Harms et al., 2009; Henley et al., 2010; Hutchinson, 2014 [LIMITED ACCESS]; Lee, 2012; Levey et al., 2016; Lothe & Heggen, 2003 [relief camp, orphanage]; Mburu et al., 2014; Stark et al., 2016
	<b><i>Financial wellbeing</i></b>  Reported in: 15 SSA studies	E.g., access to microloans and other poverty alleviation strategies; adolescent employment; food security	Ahorlu et al., 2015; Barrington et al., 2017; Dushimirimana et al., 2014; Evans, 2012; Evans 2015; Fjermestad et al., 2008; Fotso et al., 2009; Fournier et al., 2014; Harms et al., 2009; Macedo et al., 2018; Mkhathswa, 2017; Pfeiffer et al., 2017; Vindevogel et al., 2015; Ward & Eyber, 2009; Winsor & Skovdal, 2011
	<b><i>Community safety</i></b>  Reported in: 3 SSA studies	E.g., community regulations / practices to ensure safety; safe spaces; provision of safe shelter	Betancourt et al., 2011; Dushimirimana et al., 2014; Harms et al., 2009
	<b><i>The school system</i></b> Reported in: 0 SSA studies	E.g., schools that: are well-functioning; offer quality education; teach life-skills; respect children's rights.	
<b>Spiritual and cultural resilience-enablers</b>	<b><i>Spiritual beliefs / practices</i></b>	E.g., spiritual beliefs bring comfort; spiritual beliefs	Adegoke & Steyn, 2017; Akello et al., 2010; Betancourt et al., 2011; Dakin et al.,

Social ecological layer	Resilience-enabling resource or process	Detail about resource or process	Relevant studies
Reported in: 25 SSA studies	Reported in: 17 SSA studies	support positive meaning-making; spiritual beliefs promise protection; spiritual beliefs offer guidance; spiritual beliefs promote connectedness	2014; Dushimirimana et al., 2014; Eggum-Wilkens et al., 2017; Gunnestad & Thwala, 2011; Gustavsson et al., 2017; Harper et al., 2014; Hunter, 2001; Lee, 2012; Levey et al., 2016; Lothe & Heggen, 2003; Motsa & Morojele, 2017; Seymour, 2012; Vindevogel et al., 2015; Salifu Yendork & Somhlaba, 2017
	<b>Cultural values</b> Reported in: 10 SSA studies	E.g., values governing culturally appropriate behaviour (e.g., interdependence, duty to collective); gender norms	Adegoke & Steyn, 2017; Ahorlu et al., 2015; Akello et al., 2010; Betancourt et al., 2011; Camfield, 2012; Dakin et al., 2014; Pfeiffer et al., 2017; Mkhathshwa, 2017; Skovdal & Andreouli, 2011; Vindevogel et al., 2015
	<b>Cultural practices</b> Reported in: 3 SSA studies	E.g., rites of passage; reception rites; traditional village justice systems	Daniel, 2005; Dushimirimana et al., 2014; Gustavsson et al., 2017
	<b>Disregard for culture</b> Reported in: 2 SSA studies	E.g., disregard for norms of silence or traditional solutions to rape	Daniel et al., 2007; Stark et al., 2016