THE ANTECEDENTS OF RESILIENCE AMONG STREET CHILDREN

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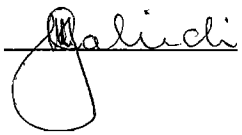
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DECLARATION

I wish to declare that this study, **The antecedents of resilience among street children**, is my own work, that all sources used were acknowledged by means of complete references, and that this thesis was not previously submitted by me at another university.

Signed



Date

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TO WHOM IT MAY CONCERN

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SUMMARY

The chief focus of this study was on unearthing the antecedents of resilience in children on the street and street children in institutional care. This study was motivated by the desire to understand what made some street children function resiliently in spite of the individual, familial, environmental and wider community risk process that threaten resilience. I was alerted to the participants' resilience by the unexpected positive findings after they completed the Child and Youth Resilience Measure (CYRM).

Twenty street children volunteered to take part in this study. Of the 20 participants who took part in this study, 14 were children on the street who still had contact with families and six resided at a shelter with no regular contact with their families. This was a mixed methods exploratory study in which I employed the Child and Youth resilience Measure (CYRM) to collect quantitative data from all the participants, and qualitative data via individual interviews and a focus group interview. I used the interviews to provide a deeper understanding of the antecedents of resilience identified in the CYRM.

My findings from this study documented individual and environmental resilience processes that enabled the participants to function resiliently despite the harshness of streetism. Many of the resilience-promoting resources unearthed have not been linked to street children and previous studies on resilient street children have not noted all inter- and intrapersonal resources identified by the street children in my study. These resources included individual resources such as role models, assertiveness, regulating themselves socially, coping mechanisms, community-based resources such as access to education as well as cultural resources which include cultural groundedness and religion. These findings show that some street children are resilient and that they develop coping mechanisms reminiscent of hidden resilience that enable them to cope with streetism. The findings of this study have implications for practice especially asset-focused approaches to supporting street children.

Keywords: resilience, risk processes, protective resources, hidden resilience, streetism

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CHAPTER 1



ORIENTATION TO THE STUDY

1. 1 INTRODUCTION

Chapter One serves as an orientation to this study and provides a detailed history of the study as it was originally planned and pursued. Chapter One also details the change of course and the reasons thereof. The layout of this chapter can be diagrammatically represented as follows:

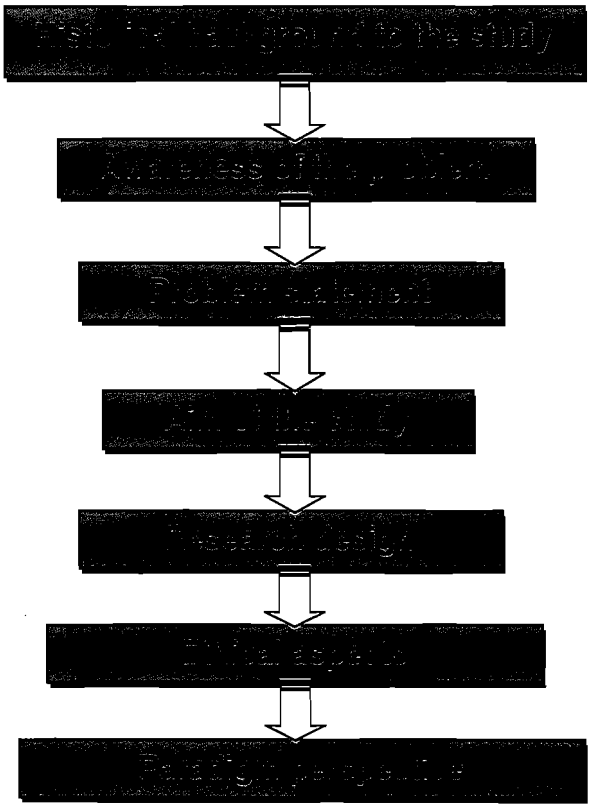


Figure 1: Layout of Chapter One

1.2 HISTORICAL BACKGROUND OF THIS STUDY

The following section provides a brief history of this study by detailing how I became aware of the street child problem, the original problem statement, aim, literature studied as well as the research design.

1.2.1 Awareness of the street child problem

Why?

" On the street I saw a small girl,
Cold and shivering in a thin dress,
With little hope of a decent meal.
I became angry and said to God:
Why did you permit this?



Why don't you do something about it?
For a while God said nothing.
That night he replied, quite suddenly:
I certainly did something about it,
I made you."
(Anonymous: submitted by Mary Rose McGeady-Covenant House)
Picture from: Children First (2005)

In my personal and professional experience, street children are part of South African life; one that has always concerned me. In watching these children I was aware of their vulnerability and what I believed, lack of resilience. According to Ungar (2006:55), the term resilience can best be defined and understood as an individual's capacity to navigate to health resources and a condition of the individual's family, community and culture to provide these resources in culturally meaningful ways. Children need to have individual and environmental resilience-enhancing resources which serve as the fuel and signposts enabling them to navigate the complex maze life is. Specifically, children need individual as well as environmental resilience resources to be able to cope with the difficult circumstances they face and function resiliently.

Resilience in children depends not only on what is built inside them but also on what is built around them (Ungar, 2005a:429). Therefore, resilience denotes a combination of inner strengths and external resources making it a two-way interaction between the individual resources and environmental coping resources negotiated in culturally meaningful ways (Schoon, 2006:16; Tusaie & Dyer, 2004:3; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong & Gilgun, 2007:288).

While the resilience concept includes the presence of serious threats or risks to child development (Armstrong, Birnie-Lefcovitch & Ungar, 2005:272; Brendtro & Longhurst, 2005:53) it is the presence of coping resources such as parental social support that can buffer the potentially harmful effects of the threats to resilient functioning faced by children. Parental social support has, however, proven to be difficult to acquire for street children whose resilience levels are severely compromised by lack of parental social support (Armstrong *et al.*, 2005:272) which only stable families can provide. Besides lack of social support (Armstrong *et al.*, 2005:272), street children are made vulnerable by factors such as abuse, poverty, dysfunctional families (Conticini & Hulme, 2007:201; Veeran, 2004:359) and lack of access to community resources.

Generally, streetism in developed and developing countries is fuelled by abandonment, displacement, separation from parents or caretakers, armed conflicts, natural disasters, pandemics, poverty, family disintegration, neglect, and various forms of exploitation or abuse (Cheunwattana & Meksawat, 2002:88; Conticini & Hulme, 2007:201; Le Roux, 1996; Orme & Seipel, 2007:489; Schimmel, 2006:211; West, 2003:12). The children so abandoned and displaced drop out of school and find their way to the streets where they live for lengthy periods of time without parental love, care and supervision. The children who live on the streets of towns and cities are labelled street children.

There are on-going debates regarding the suitability of the term, street child and how the concept can be operationally defined. Several definitions of the street child concept have, however, been attempted and although they are worded differently by different researchers, they generally contain three main elements, namely:

- street children live or spend a significant amount of time on the streets (Altanis & Goddard, 2004:299; de Moura, 2005:194);

- the street is the children's source of livelihood (Altanis & Goddard, 2004:299; Le Roux, 2001:105-106; Orme & Seipel, 2007:489); and

- street children are inadequately cared for, protected, or supervised by responsible adults (Altanis & Goddard, 2004:300; Conticini & Hulme, 2007:206; Orme & Seipel, 2007:498, Pare, 2004:241).

Street children can therefore be regarded as part of the at-risk population of youth since they are vulnerable to intricate and harmful situations that potentially compromise resilience (Serrokh, 2006:2). Street children in particular are exposed to risks to resilience which generally include drug abuse, child labour, prostitution, HIV and AIDS, harassment, teenage pregnancy, discrimination,

violence, child trafficking, health problems and arrest due to stealing (Altanis & Goddard, 2004:300; Ayuku, Devries, Mengech & Kaplan, 2004:25; Richter & Swart-Kruger, 1993:31).

The largely rural and poor Eastern Free State where I was born and raised is also characterised by social problems such as urbanisation, poverty, unemployment, child-headed households and HIV and AIDS (Le Roux, 2001:95). Many parents migrate to the more industrialised parts of not only the Free State Province but to also other parts of the country in search of employment and a better life. Behind they leave their children in the care of their often unemployed wives, poor relatives or older siblings. Such children grow up without strong social support structures, and are thus rendered vulnerable.

I noticed that gripped by destitution and distress, some of the children from poor families in the Free State dropped out of school and like others elsewhere, found their way to the streets where they depended on begging and the mercy of pedestrians and drivers for food, money and clothing (Altanis & Goddard, 2004:300; Ayuku *et al.*, 2004:25; Schimmel, 2006:214). In the Eastern Free State, street children also frequent rubbish dumps where they search for edibles.

I came face-to-face with the plight of poor children when I taught at a high school for six years and later when I worked at a child guidance clinic as a member of the multidisciplinary team for seven years. I served in the interdepartmental, inter-sectoral clinical committee whose aim was to alleviate the plight of street children. My role in the committee was to expedite the re-integration of street children in institutional care in schools.

I also conducted psychological assessment on these children to determine their learning needs as well as the levels of support they needed. The street children were then stimulated in those areas in which they experienced backlogs to help them to do well in school. It was this kind of involvement in the clinical committee

which further exposed me to the plight of street children, for whom there seemed to be no adequate programs to foster resilience.

I became aware of the absence of resilience programs in schools and in the district. This was associated with these children not being able to function resiliently and resorting to street life in numbers. Essentially, I became aware of two problems namely, the street child problem and lack of resilience programs for vulnerable children and street children in the Eastern Free State.

I also noticed that, instead of diminishing, streetism was in fact increasing at an alarming rate in the eastern Free State. If children are to be and remain part and parcel of their communities they need to be assisted to be resilient by ensuring that protective resilience resources are available to them at home and school where they spent most of their childhood lives.

The original aim of my study was therefore to identify vulnerable street children and work with them, using an interactive intervention program. Prior to and following the intervention I intended to measure the resilience levels of the participants and hoped to show that my intervention had encouraged more resilient functioning among them.

The problem in my thinking became apparent when I reviewed the pre-test results and noted that the participants showed levels of resilience comparable to those documented among resilient youth from fourteen communities on five continents (IRP, 2006, Ungar, 2008a:227). The fact that the street children that I was interacting with did not appear to be vulnerable, brought me up short. I double checked current literature and again noted that most literature describes street children as youth who are at risk, vulnerable, susceptible to life's backhand and in need of protection (Altanis & Goddard, 2004:300; Le Roux, 2001:95, Richter & Swart-Kruger, 1993:31; Seth, Kotwal, & Ganguly, 2005:1671; Veeran, 2004:361). More specifically, some of the South African literature that I could find

on street children did not describe them as resilient but vulnerable (Kruger & Richter, 2003; Schimmel, 2006:221; van Rooyen & Hartell, 2002:191; Vogel, 2001:230). In the one South African study that did talk about resilience among street children, there was emphasis on the protective resources such as tenacity, purpose in life and interpersonal relationships (Madu, Meyer & Mako, 2005:204) and the "hardcore" street children were found to be tenacious with low levels of purpose in life and interpersonal relationships.

What I was reading was at odds with what I was experiencing first-hand when interacting with street children and therefore I decided to change the focus of my study: rather than focus on an intervention program I wanted to understand what contributed to or encouraged resilient functioning among the street children whom I had met, tested and interviewed.

An exploratory study was the most obvious choice to unearth the individual and environmental resilience resources that had strengthened the participants in spite of the risks they had been exposed to. The following sections will point the course of the exploratory study aimed at bringing to light the resilience resources at the disposal of street children. The question the study sought to answer was the following:

What are the antecedents of resilience among South African street children?

1.3 PROBLEM STATEMENT

This exploratory study was an attempt to satisfy my curiosity and to delineate and understand the processes or protective mechanisms that serve to mitigate risks or shield street children against the harmful outcomes of severe adversity, resulting in resilient functioning.

Most definitions of resilience emphasise that resilience is a dynamic process, rather than a fixed constitutional attribute as previously thought (Luthar, Cicchetti & Becker, 2000:543; Rutter, 1999:135; Tusaie & Dyer, 2004:3). Resilience can also be seen as an outcome of the navigation process towards resilience-promoting resources (Schoon, 2006:16; Tusaie & Dyer, 2004:3; Ungar, *et al.*, 2007:288).

People display resilient adaptation if they become stronger by learning new skills, developing creative ways of coping and by meeting and overcoming life's challenges (Brendtro & Longhurst, 2005:55). It is emphasized that resilience refers to successful adaptation in spite of risk and adversity and helps us sustain lives of health and hope in the aftermath of the adversity we encounter from time to time (Johnson & Wiechelt, 2004:659; Masten, 2001:227; Masten & Obradovic, 2008). Seen from this viewpoint, resilience seems to require exposure to significant risks, the ability to overcoming such risks or adversity and the attainment of success beyond expectations (Masten, 2001:227; Masten & Obradovic, 2008).

In children, resiliency can be built through the effective nurturance of inner strengths in them by holistically supporting the environments consisting of the home, school and wider societal structures which capitalise on the children's existing strengths (Brendtro & Longhurst, 2005:52; Gilligan, 2004:94; Johnson-Garner & Meyers, 2003:256). This is practically impossible to achieve with street children for whom the streets present a new set of risk factors which add to what the street children have already experienced.

Depending on the risks to which children are exposed, the contexts in which the risks occurred, the duration of time the child has coped and the level of support at the child's disposal, researchers have either been optimistic or pessimistic about the children's future growth and development (Ungar, 2004b:45). Researchers have tended to be pessimistic about the future growth and development of street

children due to the risks they have been exposed to, the duration of exposure to such risks and non-availability; in most cases of external supports to mitigate those risks.

On the contrary, some street children have tended to demonstrate resilient behaviour (Madu *et al.*, 2005:203) in spite of the well-documented assortment of risks to which they are frequently exposed. What remains a mystery is just how these children manage to cope with the stresses and threats associated with street life and continue on the developmental path seeming unscathed.

Various researchers have attempted to answer this question basing their arguments on research evidence. Conticini and Hulme (2007:204) for instance, alert us to the fact that street life helps street children develop resilience and earlier research discovered that street children had better mental health than their at-risk counterparts still with their families.

This view is further supported by the study that was conducted by Monteiro and Dollinger (1998) which according to Conticini and Hulme (2007:204) demonstrated that street living develops characteristics such as initiative and a positive identity in some street children. According to Panter-Brick (2002:162) street children are classified as children at-risk, yet street children show remarkable resilience in coping with difficult circumstances. However, none of the earlier studies focused on the protective resources within both the street child and his ecology. Furthermore, none of the studies which suggest that street children can be resilient have focused on South African street children. Therefore, the central problem of this exploratory study is the following:

What are the antecedents of resilience among South African street children?

The study attempted to answer the following research questions:

- What is resilience?
- What does streetism entail?
- What is the nature of the risk factors that threaten resilience in street children?
- Which intrinsic and extrinsic processes encourage resilience in street children in spite of the risks to which they are exposed?

1.3.1 Aim of the Exploratory Study

The aim of the exploratory study was to unearth and understand the antecedents of resilience among South African street children.

To achieve the above aim, this study attempted to achieve the following sub-aims:

- to conduct a literature study that would
    - define resilience;
    - define streetism;
    - highlight the nature of the risk factors that threaten resilience in street children; and
- to conduct an explanatory mixed methods, exploratory empirical study aimed at delineating the intrinsic and extrinsic resources implicated in enabling street children to function resiliently in spite of significant exposure to risks.

1.4. RESEARCH DESIGN

The study had two phases namely, a literature study as Phase One, and an empirical study as Phase Two.

1.4.1 Phase One: Literature study

Literature study constituted the first phase of the two-phase empirical investigation on which the study was based to provide a context for and position this study within the field (Terre Blanche, Durrheim & Painter, 2007:19) of positive psychology.

Various sources of information which include books, articles as well as the internet had been consulted and a brief overview of the themes that had emerged from the literature studied is given in Table 1.1 below:

THEME	SOURCES
Resilience is conceptualised as a navigation process towards residence resources	■ Ungar, 2008a ■ Ungar, 2006 ■ Ungar, 2007
Risk processes make adaptive coping less likely	■ Armstrong *et al.*, 2005 ■ Brendtro & Longhurst, 2005 ■ Boyden & Mann, 2005 ■ Evans, 2005 ■ Johnson & Wiechelt, 2004 ■ Luthar, 1991 ■ Masten & Obradovic, 2008 ■ Rutter, 1999 ■ Speakman, 2005 ■ Tusaie & Dyer, 2004 ■ Ungar, 2004b
Protective mechanisms (individual, familial, environmental and wider community) interact with risks and enhance coping	■ Armstrong *et al.*, 2005 ■ Bellin & Kovacs, 2006 ■ Bogar & Hulse-Killacky, 2006 ■ Dass-Brailsford, 2005 ■ Der Kinderen & Greef, 2003 ■ Donald, Lazarus & Lolwana, 2006 ■ Dutton & Zisook, 2005 ■ Ebersohn, 2007 ■ Ebersohn & Elloff, 2004 ■ Gilligan, 2004 ■ Greef & Aspeling, 2007 ■ Johnson & Lazarus, 2008 ■ Johnson & Wiechelt, 2004 ■ Judge, 2005 ■ Killian, 2004 ■ Kritzas, & Grobler, 2005 ■ Luthar & Zelazo, 2003

	■ Lynch, 2003 ■ Masten & Powell, 2003 ■ McAdam-Crisp, Aptekar & Kironyo, 2005 ■ Newman, 2002 ■ Oliver, 2007 ■ Ong & Bergeman, 2004 ■ Rutter, 1999 ■ Ryan & Hoover, 2005 ■ Schoon, 2006 ■ Te Vaarwerk, 2009 ■ Theron, 2007 ■ Ungar, 2004a ■ Ungar 2007 ■ Ungar 2008a ■ Ungar 2006
At risk youth (including street children) demonstrate hidden resilience via unconventional means	■ Bottrell, 2007 ■ Conticini and Hulme, 2007 ■ Donald *et al.*, 2006 ■ Kombarakaran, 2004 ■ Madu, Meyer and Mako, 2005 ■ Monteiro and Dollinger, 1998 ■ Panter-Brick, 2002 ■ Ungar, 2004b ■ Ungar, 2007
It is not easy to formulate one consensual definition of the street child concept	■ Altanis & Goddard, 2004 ■ Guernina, 2004 ■ Panter-Brick, 2002 ■ Schurink, 1994 ■ West, 2003
The term, street child, refers to children and youths who spend a great deal of time on the streets without parental supervision and care	■ Consortium for Street Children, 2003 ■ Evans, 2004 ■ Epstein, 1996 ■ Panter-Brick, 2002 ■ Human right watch, 2003
The street child phenomenon is a global, escalating societal problem with a long history	■ Altanis & Goddard, 2004 ■ Barrette, 1995 ■ Casa Alianza, 2000 ■ Guernina, 2004 ■ Schurink, 1994 ■ Savenstedt & Häggstrom, 2005 ■ Van Niekerk, Coetzee, Monyeki & Pienaar, 2007
There are millions of street children who work in metropolitan cities around the world	■ Altanis & Goddard, 2004 ■ Serrokh, 2006 ■ Casa Alianza, 2000 ■ Serrokh, 2006 ■ Schurink, 1994
Street children are exposed to intricate and harmful situations	■ Cockburn, 2004 ■ Serrokh, 2006 ■ Vogel, 2001

Street children share common characteristics such as homelessness, lack of parental care, partial abandonment, can be street urchins, working children, are ostracised, neglected, typically male and usually receive poor treatment from authorities	■ Ammerman & Hersen, 1999 ■ Anon. 2005 ■ Bourdillon, 2001 ■ Brink, 2001 ■ Cicchetti & Carlson, 1993 ■ Evans, 2004 ■ Panter-Brick, 2002 ■ Tower, 1996
The street child phenomenon has global and local trends	■ Ali & De Muynck , 2005 ■ Altanis & Goddard, 2004 ■ Anon. 2005 ■ Awad, 2002 ■ Ayuku *et al.*, 2004 ■ Bourdillon, 2001 ■ Casa Alianza, 2000 ■ Cheunwattana & Meksawat, 2002 ■ Cockburn, 2004 ■ Conticini & Hulme, 2007 ■ de Jager, 2008 ■ De Moura, 2005 ■ Donald *et al.*, 2006 ■ Donald & Swart-Kruger, 1994 ■ Evans, 2004 ■ Frykberg, 2007 ■ Gough & Franch, 2005 ■ Grover, 2002 ■ Guernina, 2004 ■ Human right watch, 2003 ■ Human & Thomas, 2008 ■ Johnston, 2007 ■ Kakamwa, 2008 ■ Kerfoot, Koshyl, Roganov, Mikhailichenko, Gorbova & Pottage, 2007 ■ Kruger & Richter, 2003 ■ Kombarakaran, 2004 ■ Le Roux, 1996 ■ Madu, Meyer & Mako, 2005 ■ Mathiti, 2006 ■ Mitchell, Nyakake & Oling, 2007 ■ Mutetsi, 2008 ■ Onyango, 2007 ■ Orme & Seipel, 2007 ■ Pare, 2004 ■ Plummer, Kudrati & Yousif, 2007 ■ Porteus, Clacherty, Mdiya, Pelo, Matsai, Qwabe & Donald, 2000 ■ Samara, 2005 ■ Savenstedt & Häggstrom, 2005 ■ Schimmel, 2006 ■ Schurink, 2004 ■ Seth, Kotwal & Ganguly, 2005

	■ Speak, 2005 ■ Terrio, 2004 ■ Trent, 2005 ■ Van Eeden, 2006 ■ Vogel, 2001 ■ West, 2003 ■ Wood, 2004 ■ Wright, Wittig & Kamynsky, 1993 ■ Zaccaro, 2007
Personal and environmental factors or a combination of the two promote the street child phenomenon	■ Ammerman & Hersen, 1999 ■ Altanis & Goddard, 2004 ■ Anon. 2005 ■ Cockburn, 1991 ■ Donald, Lazarus & Lolwana, 2006 ■ Evans, 2004 ■ Le Roux, 1996 ■ Panther-Brick, 2002 ■ Porteus, Clacherty, Mdiya, Pelo, Matsai, Qwabe & Donald, 2000
Street children can be characterised in accordance to their emotional, behaviour, social, educational and health profile.	■ Ammerman & Hersen, 1999 ■ Anon. 2005 ■ Bourdillon, 2001 ■ Brink, 2001 ■ Cummings & Davies, 1994 ■ Epstein, 1996 ■ Human right watch, 2003 ■ Kaplan, Saddock & Grebb, 1994 ■ Panter-Brick, 2002 ■ Swart-Kruger, 1994
Street children are perceived to be victims, villains, dependents or deviants and intervention strategies are developed with this perception in mind.	■ Epstein, 1996 ■ Swart-Kruger, 1994 ■ Tolfree, 2003

Table 1.1: Reviewed Literature

The literature reviewed allowed me to develop a deeper understanding of the phenomenon of resilience and of streetism. This understanding shaped the questions I used in the interviews and also provided a conceptual framework (discussed in detail in Chapters Two and Three) for meaningful interpretation of the quantitative and qualitative data.

1.4.2 Phase Two: Empirical Study

This study adopted an exploratory research design aimed at delineating the individual and contextual antecedents of resilience in street children. According to Babbie and Mouton (2007:79) exploratory research is conducted on a particular topic to provide a basic familiarity with that topic especially a topic of relative newness. Exploratory research is a preliminary investigation into relatively unknown areas of research to generate speculative insights, new questions and hypotheses (Terre Blanche *et al.*, 2007:44). As noted in the introduction to this chapter, the idea that street children might be resilient is not robustly developed.

Furthermore; according to Babbie and Mouton (2007:80) exploratory research is conducted to:

- satisfy the researcher's curiosity and desire to better understand phenomena;
- to test the feasibility of undertaking a more extensive study;
- to develop and refine methods to be used in a subsequent study;
- to explicate the central concepts or constructs of a study;
- to determine priorities for research; and
- to develop new hypotheses about an existing phenomena.

This study was motivated by my curiosity and desire to better understand resilience demonstrated by street children, to explicate resilience processes in street children and to further develop the hypothesis that street children can be resilient.

Therefore, by focusing on underlying strengths, this exploratory study sought to challenge the commonly held view that; given the risks that street children are exposed to on a daily basis; they are not resilient. This study sought to unearth these hidden personal and contextual factors and processes that strengthen street children, enabling them to cope with the challenges and demands associated with streetism.

1.4.2.1 Research methods

In order to explore the phenomenon of resilience among street children I used a mixed methods approach to data collection. I chose the explanatory mixed methods design (Ivankova, Creswell & Plano Clark, 2007:264-265) as the best approach to understand the factors that promote resilience as a phenomenon in street children. When I reviewed the findings of the CYRM I noted that the participants were reporting resilience and I wanted to understand more deeply what contributed to their resilience. For this reason I returned to the participants and interviewed some of them individually. I also looked for a second group of participants and interviewed them as a group. Qualitative and quantitative data about resilience factors in two groups of street children were collected to arrive at well-validated conclusions. Ungar and Liebenberg (2005:214) recommend a mixed method approach to the study of resilience because the combination of qualitative and quantitative methods is most likely to generate workable and authentic results or data in the end. Furthermore, it is assumed that mixing quantitative and qualitative findings can remove any bias inherent in a particular source of data, in the investigator and in the method used (De Vos, 2007a:361). In this study, I used the explanatory mixed methods design to collect data within an overall exploratory research design.

The explanatory mixed methods design is summarised in Figure 1.1 as follows:

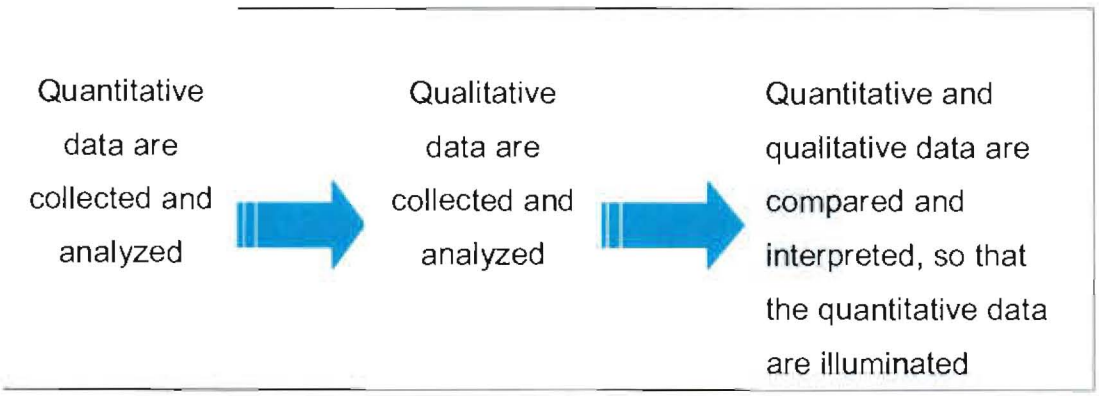


Figure 1.2: Explanatory Mixed Methods Design (Ivankova *et al.*, 2007:264)

Mixed methods are used to offset the inherent limitations of any one data collection technique (Banister, Burman, Parker, Taylor & Tindall, 2001:147; Gray, 2004:344). Therefore; methodological triangulation (Terre Blanche *et al.*, 2007: 380) was chosen for this study to engender confidence in the conclusions arrived at.

The CYRM attached as Appendix G was used to collect quantitative data while semi-structured, individual and focus interviews were used to collect qualitative data. The data analysis methods were also mixed, meaning that quantitative data were analysed statistically while the qualitative data were analysed thematically. I used the research findings from both sets of data to explain the resilience phenomenon in the street children who participated in the study.

1.4.2.2 Data Collection

Since the research approach for this study was an explanatory mixed methods research approach (Ivankova *et al.*, 2007:264), the data for this study were collected by means of the quantitative and qualitative data collection techniques. I used a close-ended survey, the Child and Youth Resilience Measure (CYRM), and followed this up with semi-structured individual and focus group interviews as data collection techniques to understand the antecedents of resilience noted in the CYRM more deeply. The interviews were guided by an interview protocol (cf. Addendum H), but I did add probing questions. I also returned on a number of occasions to clarify interview data and to ask participants to explain emerging themes in more detail.

The above data collection techniques and instrument will be discussed in detail in Chapter Four.

1.4.2.3 Participants

One of the main aims of scientific research is to be able to generalise from the examples taken from the target population (Coolican, 2005:31). A population is

defined as the total number of possible units or elements under study (Gray, 2004:82). According to Coolican (2005:31) a population consists of all the existing members of a group, who may or may not be people, the researcher is interested in studying.

Since it is not possible to study the entire population of existing elements or group, a sample is chosen. According to Cohen, Manion and Morrison (2002:92) a sample is a smaller group or subset of the total population that is under study. The sample is representative of the total population in such a way that the knowledge gained is representative of the total population.

The population targeted for this study was all street children in South Africa but given the bigness of the street child population and logistical constraints, the study was limited to the street child population in the Eastern Free State and in the Vaal Triangle. According to Leedy and Ormrod (2005:207) the basic rule in the process of sampling is the larger the sample the better however, this rule is less practical to a researcher who has practical decisions to be made about the research situation.

The participants who took part in this study were chosen because they were easily and conveniently available at a drop-in centre and at the shelter with which I was familiar. Therefore the sampling procedures used in this study were non-probability convenience and purposive sampling since the participants were available, willing to participate in the study and were typical of the targeted street child population (Strydom, 2007b:202; Maree & Pietersen, 2007a:177; Mcburney & White, 2004:248; Terre Blanche *et al.*, 2007:139).

Although I sampled for similarities (Gilgun, 2005), (i.e only those participants who had the street life experience) I was mindful of the fact that there were individual differences within the sample due to personal and contextual factors which cause children to go to the streets.

The participants in this study were children on the street as well as street children in institutional care. Children on the street are street children who work and beg on the streets but maintain links with their families or might even return home in the evening, while street children in institutional care are those who have been institutionalised due to homelessness with a potential risk of returning to street life and homelessness (Cheunwatana & Meksawat, 2002:89; West, 2003:10).

The children on the street numbered 14 while street children in institutional care numbered six. The total number of participants in the exploratory study was therefore 20. Fourteen of these participants completed the CYRM and participated in in-depth interviews. The remaining six participants completed the CYRM and participated in the focus group interview. Permission was sought from the gatekeepers (elaborated on in Chapter Four), namely, the care-providers at the drop-in centre, shelter and from the participants themselves, to engage them in this study.

1.4.2.4 Data analysis

- **Quantitative data analysis**

Quantitative data collected through the CYRM were interpreted using descriptive statistical analysis in terms of the Individual, Relationship, Community and Cultural resilience resources that encouraged participant resilience. The analysis was done by an independent statistician employed at the North-West University, Vaal Triangle Campus using the SPSS 16 program. The data were presented graphically.

- **Qualitative data analysis**

The data collected through individual and focus group interviews were thematically analysed using content analysis. The data were first open coded and then similar codes were grouped into themes and discussed (De Vos, 2007b:338;

Gilgun, 2007). The emerging themes were discussed with an independent coder and consensus reached.

1.4.3 Reliability and validity in Quantitative Research

The reliability and validity of the quantitative resilience measure, namely the CYRM was established following extensive international research (it was piloted globally with 1451 youth from fourteen sites in eleven countries, namely Canada, US, Colombia, China, India, Russia, Palestine, Israel, Tanzania, the Gambia and South Africa to ensure that the CYRM was culturally and contextually relevant). The result was that the 58-items which initially formed part of the CYRM established good reliability with Cronbach's alpha scores for chosen subsets. The Cronbach's alpha scores were as follows: individual (.84), relational (.66), community (.79) and culture (.71) (Ungar, 2008a:223).

1.4.4 Trustworthiness in Qualitative research

According to Babbie and Mouton (2007:276) the trustworthiness of qualitative research is similar to the validity and reliability of quantitative research. Based on the work of Lincoln and Guba (1985), trustworthiness is found in the constructs of credibility, transferability, confirmability and dependability (Babbie & Mouton, 2007:276-278). The constructs of trustworthiness and how I employed them in my study are outlined in Chapter Four (cf. 4.4.5).

1.5 ETHICAL ASPECTS

According to Stydom (2007a:56), unique ethical problems emerge in research work since data in social sciences is collected from human beings. Leedy and Ormrod (2005:101) recommend that whenever humans are used as subjects in a study, ethical implications must be closely looked at. Research ethics must therefore be observed in all research undertakings, more especially when the participants are potentially more vulnerable (like in the case of street children).

Ethical aspects fall into the following categories:

- Protection from harm;
- Informed consent;
- Right to privacy;
- Honesty with professional colleagues;
- Internal review boards; and
- Professional code of ethics.

Each one of the above categories and how I observed them in my study will be discussed in detail in Chapter Four (cf. 4.5).

1.6 PARADIGM PERSPECTIVE

Scientists work within certain epistemological paradigms. A paradigm is a model or a set of accepted beliefs, assumptions, concepts and propositions (Wiersma, 2000:12). My study used multiple paradigms namely, the positivist as well as the interpretivist post-positivist paradigms, as I collected and interpreted both quantitative and qualitative data.

1.6.1 The Positivist Paradigm

The quantitative study was framed in part, against the positivist paradigm which is based on finding the truth and providing it through empirical means (Henning, van Rensburg & Smit, 2005:17). Positivism underlies quantitative methods of research (de Vos, 2007:358) which in this case was conducted by means of the CYRM. The purpose of science, seen from the positivist perspective is about what we can observe and measure, and knowledge of anything beyond that is impossible (Henning *et al.,* 2005:17). Positivists are concerned with measuring precisely.

In this study I measured resilience in street children on the streets and street children in institutional care but I was more interested in what the CYRM could

tell me about the antecedents of resilience in street children rather than the facts as delivered by the statistical interpretation of the CYRM. In other words, although the CYRM provided numerical measurements of resilience, I added interviews to understand more deeply what the antecedents of resilience in the participants were.

1.6.2 The Interpretivist Post-positivist Paradigm

The qualitative study was premised against the interpretivist post-positivist paradigm perspective which assumes that access to reality is only possible through language, consciousness and shared meanings (Nieuwenhuis, 2007a:58). Looked at through the interpretivist lenses, phenomena are understood via the meanings which people assign to them. In other words, unlike with factual numerical data, interpretivists focus on perceptions and individual understanding. In order to deeply understand the antecedents of resilience that the quantitative data were suggesting, I needed to understand the street children's understanding or interpretation of their resilience. Interpretivism is based on the following assumptions:

- **Human life can only be understood from within**

Interpretivism focuses on people's subjective experiences, on how people construct the social world by sharing meanings, and how they interact with or relate to one another (Nieuwenhuis, 2007a:59; Babbie & Mouton, 2007:28). This leads to the reflection of the same everyday constructs people use to interpret their experiences.

Adding to the above, the interpretivist researcher analyses texts to look for the way people make meaning in their lives, not just that they make meaning and what meaning they make (Henning *et al.*, 2005:20; Terre Blanche *et al.*, 2007:8).

In this study, I focused on the subjective experiences of the street children, how they construct their social worlds via shared meanings and how they attempt to

interact with one another. In their narrations of their worlds, I listened carefully for stories about personal and ecological protective resources that fuelled resilience.

- **Social life is a distinctly human product**

According to the interpretivist perspective reality is not objectively determined, but it is socially constructed (Nieuwenhuis, 2007a:59; Terre Blanche *et al.*, 2007:9). Placing people in their social contexts enhances the opportunities for the researcher to understand the perceptions of their own activities (Nieuwenhuis, 2007a:59).

Therefore the uniqueness of each particular situation is important in understanding and interpreting the meanings constructed. Moreover, phenomena are understood through the mental processes of interpretation which are influenced by and interact with the social context (Henning *et al.*, 2005:20).

The street, shelter or drop-in centre represents a new social context for street children and it is in these contexts where they socially construct reality. The street children's perceptions and experiences have to be understood against the said social contexts. How these contexts contribute to resilient functioning was the object of the exploratory study.

- **The human mind is the purposive source or origin of meaning**

It is important to explore the richness, depth and complexity of phenomena to develop an understanding of the various meanings people impart to phenomena and their social context (Nieuwenhuis, 2007a:59; Terre Blanche *et al.*, 2007:8; Babbie & Mouton, 2007:28). To this Henning *et al.* (2005:20) add that knowledge is not only constructed by observable phenomena but also by the descriptions of people's intentions, beliefs, values and reasons, meaning-making and self-understanding.

Individual and focus group interviews were opportune for the participants to provide me with rich descriptions of their beliefs and meaning making and in the process I was exposed to the way in which they made meaning of their home, street and institutional existence and how this contributed to their resilience.

- **Human behaviour is affected by knowledge of the social world**

There are multiple realities to phenomena and realities can differ across time and place (Nieuwenhuis, 2007a:60). According to Henning *et al.* (2005:20) the researcher has to constantly look at different places and at different things in order to understand phenomena.

The mixed methods approach afforded me the opportunity to gather data in different forms, one enriching the other. I was also exposed to the multiplicity of realities inherent in streetism.

- **The social world does not exist independently of human knowledge**

The researcher's knowledge and understanding of phenomena influence the types of questions they ask and the way they conduct research (Nieuwenhuis, 2007:60). Knowledge and understanding are limited to the things we know, our unique experiences and the meanings we imparted. Furthermore, the interpretivist researcher is constantly looking for the frames that shape meaning and is sensitive to the role of the context in this regard (Henning *et al.*, 2005:20). Therefore the knowledge generated by this study, expressed in language, is considered to be influenced by the world-view held by the social group that constructed it (de Vos, Schulze & Patel, 2007:8). My knowledge and assumptions also influence the knowledge generated because they shape how I interpret data.

To ensure that **assumptions** do not interfere with how data are interpreted, it is important to note them up front (Merriam, 2008). In line with more recent thinking about resilience which suggests that resilience relies on the individual's capacity to navigate to health resources and on the individual's family, community and

culture to provide these resources in culturally meaningful ways (Ungar, 2008b:22-23), it has become even more important that research targets the individual and contextual factors that might be promoting resilience in street children in spite of the known risks they encounter on a daily basis. This is in line with positive psychology which focuses not on pathology but on the underlying strengths that promote positive growth in individuals in spite of adverse circumstances (Duckworth, Steen & Seligman, 2005:630; Seligman, Rashid & Parks, 2006:777). I subscribe to the basic beliefs of positive psychology and this study is influenced by positive psychology which is the scientific study of positive experiences, individual traits and institutions that facilitate positive developmental outcomes (Duckworth *et al.*, 2005:629). Positive psychology adopts the build-what's strong approach instead of the fix-what's wrong approach which has dominated the practice of psychology for many decades (Duckworth *et al.*, 2005:631). In other words, my assumptions were framed by my belief that we need to focus on the positive. It was therefore easy for me to alter the course of my study to unearth the antecedents of resilience among street children.

My knowledge of barriers and factors that may impede positive development in children, my understanding of street life and its hazards had influenced me into hypothesising that street children were vulnerable and possibly less resilient. However, my knowledge and understanding were further expanded when this hypothesis was negated by data collected in the initial study. Given my belief in focusing on the positive, I gladly changed direction. This led me to explore resilience among street children. However, in this exploration I had to be aware of commonly held assumptions that could affect what data I collected and emphasized in my interpretation.

Following my analysis of the CYRM, my assumptions included:

- that there are unexpectedly protective processes available to street children that enable them to function resiliently; and

- that street children demonstrate hidden resilience in spite of the many risks they have been exposed to; therefore they alone could construct their reality in their own contexts.

These assumptions meant that I listened more carefully for stories of resilience-promoting resources and looked diligently for signs of hidden resilience. This did not make me deaf to stories of risk and of behaviour that would be considered socially inappropriate.

1.7 KEY CONCEPTS

The key concepts that I used in this study are clarified as follows:

- **Streetism:**

Streetism denotes street life or ways of life associated with living in the streets (Ennew, 2003; Youth Alive, 2007). Streetism entails begging, shining shoes, washing car windshields, scavenging, rubbish picking or selling sweets and cigarettes to the public (Panter-Brick, 2002:151; Terrio, 2004:15; West 2003:2; Youth Zone, 2005).

- **Street child:**

A street child is a homeless or neglected child who lives largely on the streets (Altanis & Goddard 2004:300; Panter-Brick, 2002:148). Some of the street children might not necessarily be homeless or without families since they occasionally return home (Kerfoot *et al.,* 2007:29; West, 2003:2). The term, street child refers to street children who reside in safe houses or alternative accommodation provided by the state, non-governmental or faith based organisations (Ayuku *et al.,* 2004:25; Panter-Brick 2002:149) and those who go to rubbish dumps to search for food (Panter-Brick, 2002;149; Terrio, 2004:15; van Rooyen & Hartell, 2002:191; West 2003:10; Youth Zone, 2005).

- **Resilience:**

Resilience is the capacity of an individual to overcome difficult and challenging life circumstances and associated risk factors by taking the imitative to successfully navigate towards and negotiate for protective resources which the environment must provide in culturally meaningful ways (Brendtro & Longhurst, 2005:52; Brooks, 2006:69; Donald, Lazarus & Lolwana, 2006:172; Gilligan, 2004:94; Ungar, 2008b:22-23). The ecology must have the capacity to make resilience-enhancing resources available (Ungar, 2008b:22-23). Poor developmental outcomes result if the negotiation and navigation process is unsuccessful or the ecology is not capable of providing resilience resources.

- **Risk processes:**

Risk processes are aspects of either the individual or environment which are associated with problem outcomes in individuals and impede normal development (Brendtro & Longhurst, 2005:52; Evans, 2005:115; Johnson & Wiechelt, 2004:660). These personal and environmental factors act as barriers to health and well-being (Ungar, 2004b:38).

- **Protective resources:**

Individual and environmental support or strengthen a person's response to stress and adversity and lead to successful adjustment are called protective resources (Armstrong, *et al.*, 2005:270-271; Boyden & Mann, 2005:6; Donald *et al.*, 2006:172; Judge, 2005:150; Ungar, 2004b:39). Therefore, individual protective resources are inner strengths in the emotional, cognitive, physical or moral spheres that promote adaptive coping while environmental protective processes are the aspects in the environment or context.

1.8 CONCLUSION

This chapter presented a detailed account of how the exploratory study unfolded. It dealt with the history of this study, awareness of the problem, problem

statement, aim, research design, ethical aspects and paradigm perspective. In the following chapter, Chapter Two, I will focus on the phenomenon of resilience as it is described in literature.

CHAPTER 2

THE PHENOMENON OF RESILIENCE

2.1 INTRODUCTION

Chapter 2 will explore the resilience phenomenon in more detail. As will be noted in Figure 2.1 below, this discussion will include the definition of resilience, a brief history of resilience research, the process of resilience and the notion of hidden resilience.

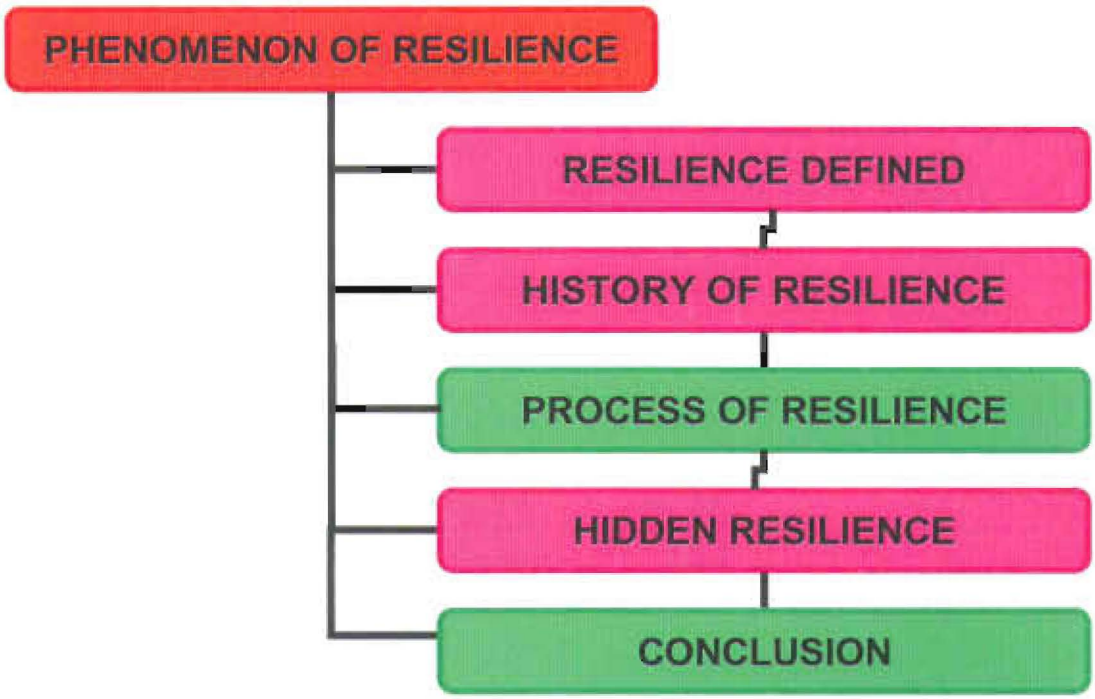


Figure 2.1: Overview of Chapter Two

2.2 RESILIENCE DEFINED

Resilience is a subjective and context specific construct that is not easy to define (Dass-Brailsford, 2005:575). In essence, resilience is regarded as positive

outcomes despite the experience of adversity, continued positive or effective functioning in adverse circumstances, and/or recovery after a significant trauma (Masten, 2001:228; Masten & Obradovic, 2008). In other words, resilience refers to the phenomenon of someone doing well in contexts where the circumstances confronting this person would typically predict maladaptive outcomes.

The resilience phenomenon is therefore inferred or assumed to be present if an individual has overcome adversity or is 'doing okay' and when there is currently or has been a significant risk or adversity (Masten & Obradovic, 2008; Rutter, 1999:119-120; Ungar, 2004b:39). In other words, individuals are not considered resilient if there has never been any exposure to a significant risk or threat which threatened to derail their development. Only when such threat is present, and overcome, does the notion of resilience come into play (Masten, 2001:228; Rutter, 1999:119-120).

The quest to fully understand the resilience phenomenon has rendered the resilience concept the subject of vigorous research over the years. Masten (2001:227) argues convincingly that resilience is a common phenomenon among individuals that results from the effective operation of basic human adaptational systems. Masten (2001:227) argues further that if those human adaptational systems are protected and in good working order, development can be robust even in the face of severe adversity.

However, if these adaptational systems are impaired, there is a risk for developmental problems (Masten, 2001:227). Because basic human adaptational systems (like the warm interrelationships referred to in the Shaw quote at the outset of this chapter) can be found in most communities, researchers argue that all individuals with access to supportive resources have the potential for resilience.

Resilience involves those processes that bring together different coping mechanisms that operate before, during and after the adverse encounter (Rutter, 1999:135). However, resilience does not only result from an abundance of protective resources or lack of risk factors (Speakman, 2005:41). Ungar (2004b:39) suggests that resilience is considered present in the presence of risk. However, according to Oliver (2007:25), there is no common definition of how much risk must be endured before a child is referred to as resilient or not resilient.

According to Ungar (2006:53), the ability or capacity that enables an individual to overcome adversity and cope adaptively goes by numerous names which range from resilience, hardiness and coping to beating the odds. According to Ungar (2006:53), Masten (2001) called the resilience phenomenon *"the magic of lives lived well."*

Literature shows that the terms resilience, risk and protective processes have evolved in meaning over the years. However, the literature on resilience reflects little consensus about its definition or about what precisely equals risk or protective processes. Furthermore, there are clear variations in how resilience was operationalised and measured (Luthar *et al.*, 2000:544). A closer look at the evolving conceptualisations of resilience merits attention (albeit briefly as the progression of resilience research will be discussed more fully in 2.3).

Initially, resilience was seen as a natural trait of all human beings and the human brain was believed to be specifically wired to cope with problems (Brendtro & Longhurst, 2005:52). In this regard, researchers tended to use resilience interchangeably either as a trait or a process (Luthar *et al.*, 2000:545). However, further research demonstrated that resilience did not constitute a fixed attribute or trait of the individual because if circumstances changed, the risk (and often resilience) also changed (Rutter, 1999:135).

Later, resilience was seen as the individual's capability to bounce back from adversity or the capacity to recover from, adapt and remain strong within the context of risk and significant adversity (Boyden & Mann, 2005:6; Brendtro *et al.,* 2005:130; Killian, 2004:42; Luthar, *et al.,* 2000:543), with the emphasis largely being on how an individual managed to be resilient. In other words, conceptualisations of resilience were largely individualistic and motivated by the quest to isolate what led to psychopathology for treatment (e.g. psychotherapeutic interventions) to commence (Ungar, 2005b:91).

Thereafter, resilience was seen as both a dynamic process which encompassed positive adaptation within the context of significant adversity (Brooks, 2006:71; Luthar *et al.*, 2000:543; Rutter, 1999:135) and a product of the person-environment interactions (Schoon, 2006:16; Tusaie & Dyer, 2004:3; Ungar *et al.,* 2007:288).

From this perspective, resilience depended on individual and group strengths and it was highly influenced by the combination of inner strengths or assets and supportive elements in the wider environment (Boyden & Mann, 2005:6). According to this perspective, resilience was seen not as a static, innate characteristic but as a process of recovery from adversity as well as an outcome of the person-context interactions.

More recently, seen from the ecological perspective, resilience in individuals was regarded as an ecological phenomenon that develops through the interactions or transactions that occur within environments and systems such as families, schools, neighbourhoods and the wider community (Brooks, 2006:70; Kritzas & Grobler, 2005:1).

According to these views, resilience was seen as a phenomenon that is responsive to the environments and contexts in which people exist. It needs an

individual to make the most of the resilience-promoting resources, but it also needs ecology to make resilience-promoting resources available.

What changed over the years of research was the understanding that there were pathways to resilience that entailed individuals navigating towards and negotiating for protective resources that would strengthen them and reciprocal protective responses from the ecologies of these individuals (Ungar, 2006:55; Ungar, 2007:288).

Currently, resilience research defines resilience as the outcome of the navigation process which encompasses the context. This includes:

- the capacity of individuals to navigate their way to the resources that sustain well-being;
- the capacity of the individual's physical and social ecologies to provide resilience resources; and lastly,
- the capacity of individuals, families and communities to negotiate culturally meaningful ways to share resources (Ungar, 2006:55; Ungar, 2007:288; Ungar 2008b:22-23).

2.2.1 How I conceptualise resilience in this study

Having considered how resilience research evolved and how resilience as a construct evolved, I see resilience as the youth-at-risk's (in this study the street child's) ability to navigate towards health-enhancing resources (implying personal agency) and the capacity of the child's family, community and culture to provide health-sustaining resources (availability of and access to), ranging from positive attachments to education, housing, health-care, meaningful participation, good governance, safety, collective identity and others (Ungar, 2006:55; Ungar, 2007:288; Ungar, 2008a:227; Ungar *et al.,* 2008:2). In other words, resilience is a process and an outcome that needs individual and ecological input.

The definition which I adopted for this study makes it crystal clear that resilience only exists to the extent that protective physical and social ecologies are within reach of the child (Ungar, 2006:55; Ungar, 2007:288; Ungar, 2008b:22-23). This definition also highlights the role of culture and that protective resources are often culturally reinforced. I find the above definition to be more relevant to this study because I am studying the antecedents of resilience in the context of streetism and associated risks.

This study is targeting street children in sheltered accommodation and children on the street as explained in Chapter One and Chapter Four. Resilience in these children will probably depend not only on their abilities to negotiate and navigate their pathways towards health-enhancing resources which are typically scarce within their ecologies, but also on their ecologies to make these health-enhancing resources available. Often at risk youth navigate towards resilience-promoting resources via unconventional means, as will be discussed in 2.5.

The above conceptualisation of resilience is illustrated in Figure 2.2 below. Figure 2.2 illustrates that resilience is a navigation process towards resilience resources motivated by an active need and/or will to cope with adversity. Success in navigating towards resilience resources coupled with a given ecology's capacity to provide resilience-promoting resources results in resource-facilitated enablement or resilient strength while failure to successfully negotiate and navigate towards resilience resources or ecology's incapacity to make resilience-promoting resources available, inevitably leads to poor developmental outcomes.

On the other hand, failure to successfully negotiate and navigate towards resilience resources or the ecology's incapacity to make resilience-promoting resources available leads to vulnerability or increased vulnerability. Often, at-risk youth navigate via unconventional means which implies hidden resilience (discussed in more detail later in this chapter under 2.4 and in Chapter 3).

The following diagram illustrates the above assertions and the way resilience is currently conceptualised:

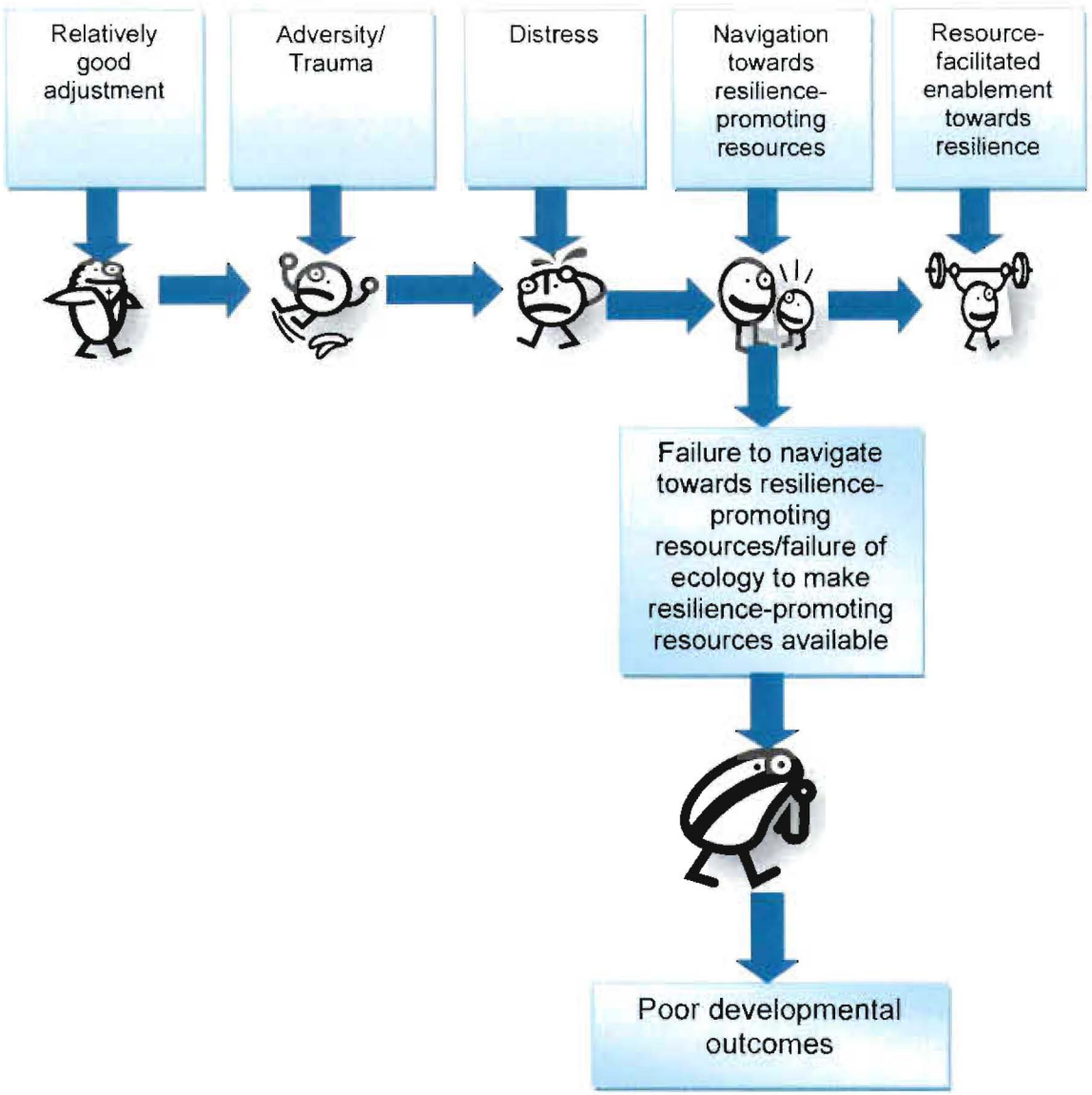


Figure 2.2: Conceptualisation of resilience

2.3 BRIEF HISTORY OF RESILIENCE RESEARCH

Resilience research commenced in the 1980's and as suggested in the previous sections, resilience research progressed from an understanding of resilience as

an individual trait to the current notion of resilience as protective, dynamic person-ecology interactions. The waves of resilience research are summarised below:

The first wave of resilience research was the trait and characteristics movement which focused on the intrinsic traits and characteristics in individuals who were regarded as invincible people because of their capacities to achieve positive developmental outcomes despite risk or adversity (Oliver, 2007:24; Ungar, 2004a:346; Ungar, 2006:53). In this regard, Ungar (2006:53) refers to Anthony and Cohler's work (1987), namely *The Invulnerable Child*, which is an example of earlier epidemiological studies which focused on resilient individuals and the capacities (typically innate) which made them appear to be invulnerable as children. This early work really believed that certain traits enabled children to be invincible little giants. Another epidemiological study which looked at the variables that enabled children to remain competent despite exposure to adverse life experiences was conducted by Luthar (1991:600) among high-risk adolescents.

These early resilience researchers, focusing on factors affecting the health and illness of populations of young children, suspected that there was something particularly special or remarkable about children who were described as invulnerable or invincible (unshakeable in a sense) because they were able to overcome adversity and achieve positive developmental outcomes (Masten, 2001:227; Masten & Obradovic, 2008).

According to Ungar (2006:53) the second wave of resilience research by researchers such as Garmezy (1983) and Rutter (1987) focused on the individual and environmental strengths or mechanisms that interrupted negative growth trajectories, mitigated risk and promoted healthy growth and development. In this regard Masten and Obradovic (2008) refer to resilience research which represented movement towards identifying the promotive or protective processes

implicated in promoting adaptive coping. In other words, researchers wanted to understand what promoted resilience so that at-risk youth could be buffered (using these resources) to be more resilient.

According to Ungar (2004a:347), the work of Hauser (1999) identified another cluster of earlier studies that followed life course developments and changes in the level of functioning through patterns of adaptation and coping. In these studies the focus was not solely on risk processes but equally on the way negative or positive life events combined with bio-psychosocial risks to produce desirable or undesirable outcomes.

In other words, studies of resilience and protective resources had shifted focus from the pathogenic perspective that focused on the risks that undermined adaptation, to the protective mechanisms that permitted the youth to survive in spite of adversity. Typically, these studies reported familial, environmental and personal protective factors that encouraged resilience. There was little focus on the process of such protection. There seemed to be little consensus around the central terms (e.g. protective resources; what constitutes vulnerability) used within the models of resilience during this period (Luthar *et al.*, 2000:546).

A ***third*** wave of research by among others Lerner and Benson (2003), working for the Search Institute, focused on positive youth development, generating lists of assets that predicted healthy outcomes in large population-wide samples (Ungar, 2006:53). Other studies pursued developmental pathways in the aftermath trauma and focused on the predisposing behaviours and attitudes that buffered such traumatic experiences. Ungar (2004a:347) indicates that these earlier studies avoided the definitional ambiguity (e.g. what constitutes vulnerability) (Luthar *et al.*, 2000:544) often associated with the resilience concept.

The ***fourth*** and most recent wave of resilience research focused on the capacity of the individual and the environment to provide resilience-promoting resources that can mitigate risk processes in culturally meaningful ways (Ungar, 2008b:22). This latest trend of resilience research represents a shift in the way resilience has been understood, from resilience as an individual trait or a phenomenon that was supported by environmental factors to resilience as a process associated with bi-directional person-ecology interactions that enable resilience regardless of risk.

In summary, these four waves of resilience research, chart progress from focussing on at-risk individuals and how they achieved better than expected health outcomes, to focusing on protective resources or mechanisms that predicted resilience and to developmental pathways after trauma, focusing on the predisposing behaviours and attitudes that buffered the traumatic experience, and lastly on whether the individual has both the capacity as well as access to resilience-promoting resources.

What has been shown is that there are individuals who achieve better than expected developmental outcomes in spite of risk or adversity and that this is not necessarily such a rare phenomenon (Masten, 2001:227). Finally, studies of resilience suggest that resilience processes are context specific, as will be further discussed in section 2.4 below.

2.4 THE PROCESS OF RESILIENCE

"*We all know... the person whose father was an alcoholic and whose mother was frequently hospitalised with a psychiatric disorder, yet who is now a happy and dedicated family man; the person who rose from the most severe deprivation and poverty to become a competent, caring medical doctor; the child who was orphaned at a young age, grew up in children's homes, became a juvenile delinquent and then settled into stable employment and is now a respected member of his community; the person who experienced major*

discrimination in his youth, was unfairly imprisoned for many years and then went on to become an icon of compassion, forgiveness and dignity. Of course, we also know people whose lives have seemed to follow a very different pattern: individuals who seem to have had every advantage that life could offer a loving family, supportive friends, a good education, enough money and so forth-yet seem unable to become well-adjusted and productive adults" (Killian, 2004: 33).

In the above excerpt, Killian (2004:33) draws a comparison between resilient individuals who manage to become well-adjusted adults despite significant exposure to risks and adversity such as parental alcoholism, parental psychiatric disorder, deprivation and poverty, being an orphan, growing up in a children's home, delinquency and unfair discrimination on the one hand and those individuals who fail to become well-adjusted adults despite having access to the protective resources such as loving families, supportive friends, a good education and money on the other.

The preceding excerpt (Killian, 2004:33) shows that the outcomes of significant exposure to early risk experiences are by no means predictable and that not all individuals who experience socio-economic and other adversities fail to achieve positive outcomes (Schoon, 2006:5). There are instances in which adversity itself has promoted resilience in individuals or groups (Speakman, 2005:40). This seems to suggest that risk processes do not accurately predict a particular negative outcome with certainty; rather risk processes expose individuals to circumstances associated with the higher incidence of negative outcomes (Tusaie & Dyer, 2004:4). This raises the question of what precisely encourages resilience.

A detailed discussion of risk and protective resources, as a possible means to understanding the process of resilience, follows. This discussion is prefaced by repeating that I view these risk and protective processes as part of a dynamic

person-ecology interaction in which the individual navigates towards and negotiates for resilience-promoting resources and in which the ecology makes such resources available.

2.4.1 Risk Processes

Generally, risk refers to the variables that interact to increase the individual's likelihood of psychopathology or susceptibility to negative developmental outcomes. When youth are resilient, the risk process is typically interrupted by individual and environmental protective resources or mechanisms available to the individual (Armstrong, *et al.,* 2005:270-271; Boyden & Mann, 2005:6; Ungar, 2004b:39). Therefore, while risk processes make negative outcomes more likely, protective mechanisms help change the trajectory and permit youth to survive despite adverse circumstances (Killian, 2004:43; Ryan & Hoover, 2005:117).

Often risk processes do not directly cause adjustment problems, but typically encourage poor adjustment in the presence of other risks. For example, there are many variables such as poverty that typically predict risk or which show a statistically significant association with psychopathology because they predispose an individual to other risks (e.g. in contexts of poverty many children experience inadequate parenting, poor access to health services, little stimulation and exposure to negative role models) (Donald *et al.*, 2006:170; Rutter, 1999:120).

Furthermore, risk typically originates from multiple stressors rather than from single individual or environmental processes (Tusaie & Dyer, 2004:4). In other words, personal and/or environmental risks may have a cumulative effect on an individual and this cumulative effect is typically associated with non-resilient outcomes (Masten, 2001:228). This suggests that risks should be understood as chains of events, or processes, rather than singular events or negative episodes (Ungar, 2004b:39).

Within such a process, Ungar (2004b:41) distinguishes between risk traits and risk factors. Risk traits are individual characteristics and conditions that predispose a child to problems during his or her development. Risks that are found within the child include personal risks such as difficult temperamental characteristics (Rutter, 1999:120).

Typically, resilient children have easy temperaments and protective innate resources such as resourcefulness, curiosity, frustration tolerance, ability to maintain relationships, self-esteem, a sense of humour, spirituality and feelings of competence (Boyden & Mann, 2005:7; Killian, 2004:52; Ungar, 2004b:39). Low levels or lack of the aforementioned equal risk traits and often render children vulnerable to adverse circumstances.

Some risks can be related to the biological make-up of a child. For example, sensory-motor deficits which affect the ability to learn and explore the environment and unusual sensitivities, low birth weight, age and poor memory are implicated in the development of poor adjustment (Boyden & Mann, 2005:6; Ungar, 2004b:39). Another innate variable that can lower resilience in a child is limited intelligence (Luthar, 1991:611; Rutter, 1999:125). It is possible that limited intelligence impacts negatively on the ability to solve problems or effectively communicate support needs, thereby hampering resilience.

Risk processes can also be external to the child. In other words, risks to resilient functioning can also be found within the family, neighbourhood and wider societal structures which include culture (Armstrong *et al.*, 2005:276; Ungar, 2004b:39). Risks that are found within the family and the environment include variables such as familial psychiatric problems, chronic and profound social stressors, low socio-economic status, low academic achievements by parents, poor family functioning or discord, parental harshness, armed conflict, forced migration, environmental degradation and exploitation (Boyden & Mann, 2005:6; Masten, 2001:228; Rutter, 1999:128; Ungar, 2004b:39). Often the aforementioned are associated with

experiences of helplessness and hopelessness. Adversity comes in many different forms and children are the most severely affected due to their lack of social power (Boyden & Mann, 2005:3).

Research has shown that resilience and risk processes are context specific rather than universal (Ungar, 2006:58). For example, it is possible that the historic South African context of apartheid has left a legacy of risk for many South African youth that may not be matched by the historical context of youth in Canada (and vice-versa). Equally, children growing up in a loving but poor family will be impacted differently from youth growing up in a dysfunctional poor family. This suggests that not all documented risks will affect all youth or affect them in the same way (Rutter, 1996:127; Ungar, 2004b:40). An accumulation of personal and environmental risks might be overwhelming to a child whose level of development and coping skills are yet to develop optimally. No one risk has the same impact in similar situations to all and what might be conceived as a risk or protective process in one context may not necessarily be one in another setting.

In summary, risk is typically a process of multiple risks found within the child and in his ecology. The impact of this process of risk needs to be viewed within a given context and within the systems of a context (Donald *et al.,* 2006:172). As noted in Chapter One, my study focuses on resilience among street children. The specifics of the process of risk operating within the context of the street child will be discussed in Chapter Three.

2.4.2 Protective Resources

Typically, protective resources are assets, conditions or processes that mitigate risks. The aforementioned protective resources interact with risk processes in ways that may decrease the risk itself, moderate the effects of the risk factor, and augment or strengthen coping capability (Armstrong *et al.,* 2005:271; Donald *et al.,* 2006:172; Judge, 2005:150; Killian, 2004:52; Ungar; 2004a:348).

Protective processes, like risk processes, operate at different levels and through different mechanisms, including individual, family, communal, cultural and institutional levels and structures (Ebersöhn & Eloff, 2004:19; Ungar, 2004b:6). Bronfenbrenner's model of child development shows that children develop within nested systems (family, peer group, school, communities and societies) which are crucial to the resilience process (Donald *et al.*, 2006:40-43; Killian, 2004:36). This consideration should not ignore the biological systems that make up an individual. Typically, the availability and accessibility of resilience-promoting assets, conditions and/or processes influence how conducive a system is to encouraging resilience. Again, resilience resources - like risk processes - are no longer regarded as universal. Many of them are context specific (Ungar, 2006:58). Typically protective processes modify the effects of risk, rather than eliminating risk (Schoon, 2006:14). Which protective resource will be effective under which conditions, has not been conclusively explored.

No one protective process can and should be regarded as universally protective, since a protective factor for one individual in one context may be a risk process for another person in a different context (Bogar & Hulse-Killacky, 2006:319). What is adaptive in terms of child development depends very much on the setting or the context in which the young person finds himself. The protective mechanisms which are beneficial to one individual may not be equally beneficial to another and the same protective factor may not be equally effective in all situations (Bogar & Hulse-Killacky, 2006:319; Johnson & Wiechelt, 2004:660). For example, acceptance of parentified roles that include cooking and cleaning and caring for young siblings might work protectively for an adolescent Zulu girl whose parents and extended adult family have been killed by AIDS. But acceptance of parentified roles may not work protectively for an adolescent British girl if her parents are healthy and acceptance of the roles gets in the way of her socialising appropriately with her peers. It is not easy to conclusively define what might be considered protective resources for children from diverse cultures and contexts since resilience has been found to occur even in the

presence of very few protective factors (McAdam-Crisp, Aptekar & Kironyo, 2005:75).

The above assertions might seem to suggest that an individual is a passive victim of risks and a passive recipient of resilience resources. However, on the contrary, Ungar (2005c:95) notes that an individual is actively involved in seeking and taking advantage of the available resilience resources to maintain a state of resilient functioning. In other words, resilient youth posses agency and exist within ecologies that offer resources.

Research has identified three broad sets of protective resources that have the potential to halt or impede the impact of adverse circumstances when these resources are accessed and used optimally by individuals placed at risk. These groups relate to individual characteristics, the family environment and the wider social context (Ebersöhn, 2007; Newman, 2002:1; Schoon, 2006:79-81).

Although I will discuss each of these individually, it is important to remember that while risks combine or interact in complex ways that often result in poor outcomes, individual, familial and extra-familial protective resources also act in concert to facilitate resilience (Armstrong *et al.,* 2005:271; Donald *et al.,* 2006:172; Greef & Aspeling, 2007:140-141; Johnson & Wiechelt, 2004:660; Judge, 2005:150; Killian, 2004:52; Ungar; 2004a:348).

2.4.2.1 Individual Resources

The category of individual resilience resources comprises individual assets that interact with the environmental and wider social context to mitigate the impact of adverse circumstances. Research has shown that child characteristics that include easy temperament, flexibility or adaptability and a sociable personality are implicated in mitigating risks and adversity (Boyden & Mann, 2005:7; Killian, 2004:52; Morrison, Brown, Díncau, O'Farrel & Furlong, 2006:24; Newman, 2002:1; Schoon, 2006:79). It may be that these personality traits facilitate positive

social skills and stronger relationship networks that in turn reinforce the accessibility of social support when youth are placed at risk.

Having good social and communication skills with peers and adults is regarded as a protective mechanism (Newman, 2002:1; Oliver, 2007:30). Social skills are responsible for the nature and quality of social relationships which in turn are important as sources of social support. Perceived social support is an important resilience resource (IRP, 2006; Ungar, 2008a:227) and it can be related to social and communication skills. Social skills relate to the ability to regulate oneself socially which is also a powerful resilience resource (Boyden & Mann, 2005:7; IRP, 2006; Killian, 2004:52; Ungar, 2008a:227).

Gender has also been shown to be a potential resilience resource (Kritzas & Grobler, 2005:2; Lynch, 2003:271; Newman, 2002:1). Girls who took part in several studies have been found to be less affected by socio-economic hardships than boys.

Age or developmental level is also linked to resilience. Studies have suggested that girls are more resilient before adolescence and boys in adolescence (Newman, 2002:1). According to Boyden and Mann (2005:6) and Newman (2002:1) age can serve as a protective resource depending on the level of development as well as the nature of adversity. The impact of the trauma is therefore contingent upon age and competencies that the young person has attained.

A higher IQ or aptitude for a particular skill (Masten & Powell, 2003:13; Newman, 2002:1) is acknowledged as a protective resource against adversity. This view is supported by Boyden and Mann (2005:7), Killian (2004:52) and Tusaie and Dyer (2004:4) who all cite good intellectual skills as being pivotal to adaptive coping. It may be that a higher IQ facilitates opportunities for academic success along with concomitant reinforcement and positive self-esteem, or that a higher IQ encourages better problem-solving, thereby assisting youth to feel less helpless

and more in control. A high IQ is related to resourcefulness, the ability to focus and maintain attention, lateral thinking, and problem-solving skills (Boyden & Mann, 2005:7; IRP, 2006; Killian, 2004:52; Kritzas & Grobler, 2005:1; Morrison *et al.*, 2006:25; Oliver, 2007:30).

A study to isolate the antecedents of resilience in township youth in South Africa by Theron (2007:375) named tenacity as one of the personal protective resources that sustained the youth who took part in the study. Tenacity relates to the ability to persist even when life is hard and is positively linked to high self-efficacy (Ebersöhn, 2007:13).

Self-awareness, characterised by the awareness of one's strengths and limitations (IRP, 2006; Killian, 2004:52; Newman, 2002:1) is a potent protective resource. Self-awareness is related to the awareness of one's talents, and self-esteem is encouraged when these talents are valued by self and the society (Killian, 2004:52; Oliver, 2007:29).

Feelings of empathy for others (IRP, 2006; Killian, 2004:52; Newman, 2002:1; Ungar, 2008a:227), in other words, having the ability to consider situations from another's perspective has been identified as an important resilience resource. The desire to be of assistance or a sense of duty towards others relates to empathy (IRP, 2006, Ungar, 2008a:227).

Internal locus of control and a belief that one's efforts can make a difference in lessening the effects of adversity are positively linked to resilience (IRP, 2006; Newman, 2002:1; Ungar, 2008a:227). Coupled to self-efficacy (Killian, 2004:52; Schoon, 2006:79), locus of control can rekindle hope and build assertiveness (Boyden & Mann, 2005:7; Morrison *et al.*, 2006:24). Internal locus of control intercepts feelings of helplessness in difficult circumstances. A difficult situation becomes less threatening when the child feels more competent in his ability to cope.

Having a sense of humour has been found to play a role in mitigating adversity (Dutton & Zisook, 2005:885; IRP, 2006; Killian, 2004:52; Newman, 2002:1). A sense of humour can lighten the burden imposed by adversity and provide much needed relief. Humour can elevate one's mood and promote mental health in the aftermath or midst of adversity.

Attractiveness to others is listed as another resilience resource (Newman, 2002:1). A child who has a sense of being loveable and accepted (Boyden & Mann, 2005:7; Killian, 2004) develops confidence and self-esteem (Schoon, 2006:79). Self-esteem is regarded as a resource that can be useful in mitigating difficulty (Newman, 2002:1).

Experiencing adversity can be overwhelming. However, having a positive outlook on life and remaining optimistic can go a long way towards mitigating the potentially negative impact of adverse circumstances (IRP, 2006; Ong & Bergeman, 2004:225; Schoon, 2006:79; Tusaie & Dyer, 2004:4).

The ability to learn from experience and failure which is related to self-efficacy is regarded as a resilience resource (IRP, 2006; Ungar, 2008a:227). People also learn vicariously from others' experiences and failures and develop self-efficacy (Dutton & Zisook, 2005:893; IRP, 2006; Killian, 2004:52; Morrison *et al.*, 2006:24) which is a crucial buffer against adversity.

More individual resources that promote resilient functioning include assertiveness which in turn, includes the ability to stand up for oneself and ask for help, the ability to tolerate uncertainty, the ability to balance independence and dependence on others, the ability to appropriately use or abstain from substances like alcohol and drugs and having a sense of duty to others or self, depending on the culture (IRP, 2006; Ungar, 2008a:227).

2.4.2.2 Ecological Resources

Ecological resources are resilience-promoting assets and processes which are embedded in the family, the environment and culture.

- **Familial resources**

The family system, as the primary socialising agent, seems to have the greatest impact on development across all age groups (Der Kinderen & Greef, 2003:86). Parents play a crucial role in fostering family resilience. For example, parenting that meets the needs of the child coupled to the opportunity to express emotions (IRP, 2006; Ungar, 2008a:227) is an important resource for adaptive coping to develop in children. Research has shown that having warm, supportive parents can help children deal with adverse circumstances (Klillian, 2004:52; Newman, 2002:1; Ungar, 2004b:36). Family characteristics seem to be implicated in whether or not children develop resilience.

Family characteristics such as parental harmony and good, quality parenting and relationships which include cohesion, conflict management, healthy communication, warmth, structure, supervision and monitoring, high expectations and socio-economic advantages provide children with stability and a sense of security which in turn encourages resilience when circumstances are challenging (IRP, 2006; Kritzas & Grobler, 2005:2; Oliver, 2007:24; Rutter, 1999:136). Schoon (2006:145) suggests that the experience of a stable and supportive family environment can reduce the impact of socio-economic adversity on its members, meaning that a stable and well-functioning family characterised by harmony enables its members to cope with other familial risks.

Where parental disharmony prevails, meaningful connections to and bonding with at least one caring and competent adult figure (one parent or extended family member) creates a resource needed to function resiliently (Boyden & Mann,

2005:7; Killian, 2004:52; Newman, 2002:1; Oliver, 2007:29). In other words, the family (or at least one caring adult in the family) should ideally provide nurturing and inculcate culturally relevant rules to encourage resilience and fulfil the family's socialisation mandate (Armstrong *et al.*, 2005:277).

Studies have shown how socialisation in the families can mediate the effects of poverty in a home (Schoon, 2006:80). Studies have also shown that families can provide the necessary emotional support in difficult times and promote academic attainment in children (IRP, 2006; Ungar, 2008a:227), thereby limiting the impact of risk-laden circumstances. However, such a family should be stable and organised.

A child who lives in a high-risk environment but has a structured, organised family environment in which certain cultural traditions and way of life such as *"ubuntu"* (cf. 6.2.1) prevail will be protected against other extra-familial stresses. Traditions provide a sense of security (Theron, 2007:373). Furthermore, families which bolster inherent strengths and improve the functioning of the whole family unit by mobilising external family members, harnessing community resources, providing for the needs of their members, normalising adversity and presenting it as something which can be successfully dealt with, having a strong system of beliefs and a sense of spirituality can promote resilience in the young people growing up in such families (Bellin & Kovacs, 2006:210; Greef & Aspeling, 2007:39). The above antecedents are intricately linked to parenting styles which also influence mental health.

According to Kritzas and Grobler (2005:3), studies have demonstrated a relationship between various forms of mental ill-health during childhood and adolescence and the perceived parenting style. It seems as if family resilience which is influenced by the quality of parenting is crucial in the development of resilience in its members, especially children (Greef & Aspeling, 2007:39).

Having valued social roles and talents appreciated by self and others in the household, such as helping siblings or completing some household chores is regarded as a resilience resource (Killian, 2004:52; Newman, 2002:1). Valued social roles and talents promote togetherness and strengthen connectedness to one another. When the family provides opportunities for such recognition and togetherness, resilience is encouraged.

Children additionally need protective resources from outside their immediate families to manage the risks thrown at them by life. The environment provides such resources, especially in the traditional African context in the form of supportive extended family (Newman, 2002:1). When extended family members are sources of warmth, love, emotional support and guidance, resilience is encouraged. The extended family can also help to monitor or supervise children and in this way provide additional role models and support structures (Masten & Powell, 2003:13).

- **Extra-Familial Resources**

Extra-familial resources are resilience-promoting resources found outside the immediate or extended family and typically relate to community structures such as effective schools, accessible social services, public safety and close relationships with adults and peers who lead positive lives (Dass-Brailsford, 2005:581; IRP, 2006; Morrison, *et al.*, 2006:20; Ungar, 2008a:227). Membership of a community should ideally provide a child with access to further resilience resources.

Community embeddedness or social integration allows youth to feel that they belong. Healthy communities assume social roles such as rendering informal support to disadvantaged children and encourage opportunities in which youth can behave in prosocial ways (like helping a neighbour) (Newman, 2002:1; Schoon, 2006:81). In such instances, youth typically develop a sense of belonging, secure attachments and security (Das-Brailsford, 2005:587; Luthar &

Zelazo, 2003:529). The experience of support encourages youth to navigate towards adults for nurturing, guidance and support in difficult times (Boyden & Mann, 2005:7).

The environment is also a valuable source of mentors children can look up to (Boyden & Mann, 2005:7; Killian, 2004:52). Having a positive, reliable mentor provides youth with the opportunities to receive guidance and learn positive values (IRP, 2006; Ungar, 2008a:227). Having positive role models is seen as a key protective resource since they introduce a sense of meaningfulness in life and help to shape healthy goals (Boyden & Mann, 2005:7; IRP, 2006; Killian, 2004:52; Morrison, *et al.,* 2006:25; Tusaie & Dyer, 2004:4; Ungar, 2008a:227).

Peer relationships are key resilience-promoting resources especially for children (Killian, 2004:52; Lynch, 2003:272; Tusaie & Dyer, 2004:4; Ungar, 2004c:25; Ward, Martin, Theron & Distiller, 2007:183). Peer relationships provide children with a rich source of social support outside the immediate and extended family settings (Rutter, 1999:128; Schoon, 2006:81).

The community that is able to provide resources such as good schools, safety and security, recreation, libraries, social and health-care services and community projects can be described as health-enhancing (Ebersöhn & Eloff, 2004:15; Killian, 2004:52; Masten & Powell, 2003:13; Ong & Bergeman, 2004:220). Newman (2002:2) suggests that when children from poor socio-economic backgrounds with little family encouragement and who often go to school without food, receive breakfast and membership of after-school homework clubs, the impact of ecological risks are often moderated. Furthermore, pro-active schools that provide additional support like homework supervision and feeding schemes encourage learning opportunities which in themselves are health-enhancing. Schools as organisations are in a powerful position to build resilience in children in order to prevent them from dropping out of school (Dass-Brailsford, 2005:583; Johnson & Lazarus, 2008:19; Theron, 2007:372).

For children growing up in child-headed households in particular; schools can create nurturing environments and be sources of love, care and support through warm empathic teachers who can counteract the incredible risk factors in the lives of children (Dass-Brailsford, 2005:583; Johnson & Lazarus, 2008:20; Theron, 2007:372). A resilient school which can function well under stressful conditions, manned by adults who can function effectively in the midst of adversity, can play a crucial role in promoting resilience among high-risk children (Johnson & Lazarus, 2008:19; Masten & Obradovic, 2008).

Educators who have a resilience-building attitude which recognises the strengths of the learners can establish a health-promoting environment of caring relationships in schools. This is essential for resilience to develop in children (Johnson & Lazarus, 2008:19; Masten & Obradovic, 2008).

The International Resilience Project identified opportunities for age-appropriate work, avoidance of exposure to violence in the family, community and with peers, availability of housing and jobs when older, meaningful rights of passage with an appropriate amount of risk and social equity as community-based resilience processes that can promote resilience (IRP, 2006; Ungar, 2008a:227).

- **Cultural Resources**

The category of cultural resources involves assets of the wider social system (Donald *et al.,* 2006:41; Ebersöhn & Eloff, 2004:15). Culture is a rich source of protective resources when it offers assets and processes that encourage residence. Often one of the key cultural processes is the promotion of a sense of belonging.

Membership of a cultural group provides children with secure attachments and a feeling of affiliation (Gilligan, 2004:94; Killian, 2004:52; Morrison *et al.,* 2006:24). Being culturally grounded, knowing where one comes from and being part of the

cultural traditions (cf 5.6) that influence daily living (IRP, 2006; Ungar, 2008a:227) are crucial resilience resources, also because they provide youth with a sense of collective self.

The bonds and relationship patterns in a community are culturally defined phenomena which are also affected by social norms and values. Culture has mechanisms to bring its own members together and keep them so. Cultural factors can either promote or discourage resilience in children. However, a resilient culture can promote resilience in its members (Speakman, 2005:38).

In South Africa, youth are expected to be in school at least until they are 15 years old and this is a potential way of encouraging resilience. Another example relates to the cultural tradition of black families gathering together when divorce is imminent, to discuss among others, how the children and adolescents will be accommodated – there are emerging reports that black youth find this enabling because they feel that this cultural tradition ensures that children are looked after (Te Vaarwerk, 2009).

Many cultural traditions revolve around or include religious practices. Oliver (2007:29) notes that having faith or a belief in a higher power is a protective or developmental asset for children. Oliver (2007:29) refers to the study by Werner (1992) in which she noted that involvement in church activities and having a strong faith provided resilient individuals with a sense of meaning in life. Faith is a cultural inheritance and as such faith promotes culturally specific ways of dealing with adversities such as natural disasters, death or terminal illness which promote healing or adaptive coping in members of a cultural group. Some black educators, who cope resiliently, ascribe their resilience in part to their religious practices (Theron, Geyer, Strydom & Delport, 2008:80). Dass-Brailsford (2005:582) suggests that black students are enabled by cultural practices that involve ancestral worship, often because these practices help students to feel that they are not alone and that they are looked after.

Tolerance of differing ideologies and beliefs, the management of cultural dislocation and of change and changing values are further resilience processes linked to culture (IRP, 2006; Ungar, 2008a:227). Ideally, this means that a cultural group needs to foster and make the most of mechanisms that are used for self-renewal and self-preservation as this is a possible pathway to resilience that develops autonomy (Killian, 2004:52).

A study involving resilient township youth in three provinces in South Africa noted that when youth adopted the traditional cultural value of *'ubuntu'* (i.e. they understood and adhered to a culture of mutual respect), they were in a better position to negotiate for the support needed to cope with the many risks they faced (Theron, 2007:366-367). In other words, when **cultural values** are taught to youth and when youth accept the worth of such values, resilience is encouraged.

Therefore, naturally occurring relationships or connections to cultural groups or clubs, faith-based organisations, non-governmental organizations and extracurricular activities that promote cultural knowledge and activities are key resilience resources that play a role in promoting a sense of belonging, the learning of values and norms, and in enabling children to enjoy their cultural heritage (Ebersöhn & Eloff, 2004:15; Gilligan, 2004:98; Killian, 2004:52; Morrison *et al.*, 2006:24; Ong & Bergeman, 2004:233).

2.4.2.3 Synthesis

It can be concluded that all the resources noted above form part of the resilience process. A cosmetic summary of the assets and processes that make up resilience-promoting resources is presented in Table 2.1 below:

INDIVIDUAL	ECOLOGICAL	
INTERNAL ASSETS/ PROCESSES	**FAMILIAL ASSETS/ PROCESSES**	**COMMUNITY AND CULTURAL ASSETS/ PROCESSES**
• Good intellectual skills • Sense of humour • Sense of self- efficacy and self-esteem/concept • Autonomy and sense of control over one's own life • Achievement oriented • Problem-solving skills • Goals/ sense of meaning in life, • Ability to regulate themselves socially • Ability to help others, empathise with and consider situations from another's perspective • Appealing or easy temperament • Talents valued by self and society • Ability to focus and maintain attention • Ability to experience and express a wide range of emotions • Gender • Optimism • Sense of coherence • Independence • Locus of control • Hope • Resourcefulness • Health • Age • Curiosity • Flexibility and adaptability • Capacity to think laterally • Assertiveness • Being able to live with uncertainty • Appropriate use of or	• Trusting relationships • Sense of belonging • Caring, supportive parents • Parental encouragement, praise and active involvement • Secure attachments Sense of being loveable and accepted • Socially competent parents encourage social competence • Recognition of achievement /approval • Birth-spacing • Quality of parenting meets the child's needs • Meaningful family rites of passage • Family routine • Family traditions	• Connections to and bonding with caring and competent adults • Positive role models • Emotional support outside of the family • A sense of belonging • Familiarity with cultural heritage • Socio-economic advantages • Stable school support • Community resources • Access to health facilities • Cultural routines, values and rituals • Child-focused and sensitive community and country • Peer/social support • Community is tolerant of high-risk and problem behaviour • Safety and security needs are met • Youth and their family are tolerant of each others' different ideologies and beliefs (such as gender roles) • Cultural dislocation and a change (shift) in values are handled well • Self-betterment (not economic betterment, but betterment of the person and community) • Having a life philosophy • Being culturally grounded: knowing where you came from and being a part of a cultural tradition which is expressed through daily activities • Religious practices

abstinence from substances like alcohol and drugs		• Meaningful rites of passage with an appropriate amount of risk • Opportunities for mastery

Table 2.1: Common protective processes

The compartmentalization of these resources is only cosmetic and aimed at showing the origin of resilience-promoting resources. These resources combine in complex, culturally specific ways to enhance adaptive coping, as said earlier in this chapter. Since resilience is no longer seen in the narrow sense as an individual's capacity to overcome adversity but broadly as the capacity of the individual to demonstrate personal agency in using personal resources to navigate towards the environmental resilience resources in culturally meaningful ways (Ungar, 2006:55; Ungar, 2007:288; Ungar *et al,* 2008:2; Ungar, 2008b:22-23; Ungar, 2008a:225), it is necessary to emphasise that the resources summarised in Table 2.1 above need to be exploited by the individual and made available by the ecology.

Often the individual's navigation towards these resources is not just because of personal agency, but because caring others within families, schools or other relational contexts have encouraged such agency. In other words, the process or resilience is bi-directional, reciprocal and dynamic (Haggerty, Sherrod, Gamezy & Rutter, 1998:237; Johnson & Lazarus, 2008:19; Schoon. 2006:16; Ungar, 2008b:17; Yates, Egeland & Sroufe, 2003:250).

To further illustrate the above assertion, typically the youth who have strong, positive relationships with their peers, parents, and teachers, take part in a variety of activities, and keep themselves meaningfully occupied, have higher intelligence and use their language and reasoning skills, are affectionate and popular, also among adults, exercise religious faith or have religious attachments, have hope, self-efficacy, and self-worth, and make the most of

resources and those in their ecologies are more likely to overcome adversity (Johnson & Wiechelt, 2004:662). In other words, their resilience is an interactive, give-and-take process, as illustrated in Figure 2.3 below:

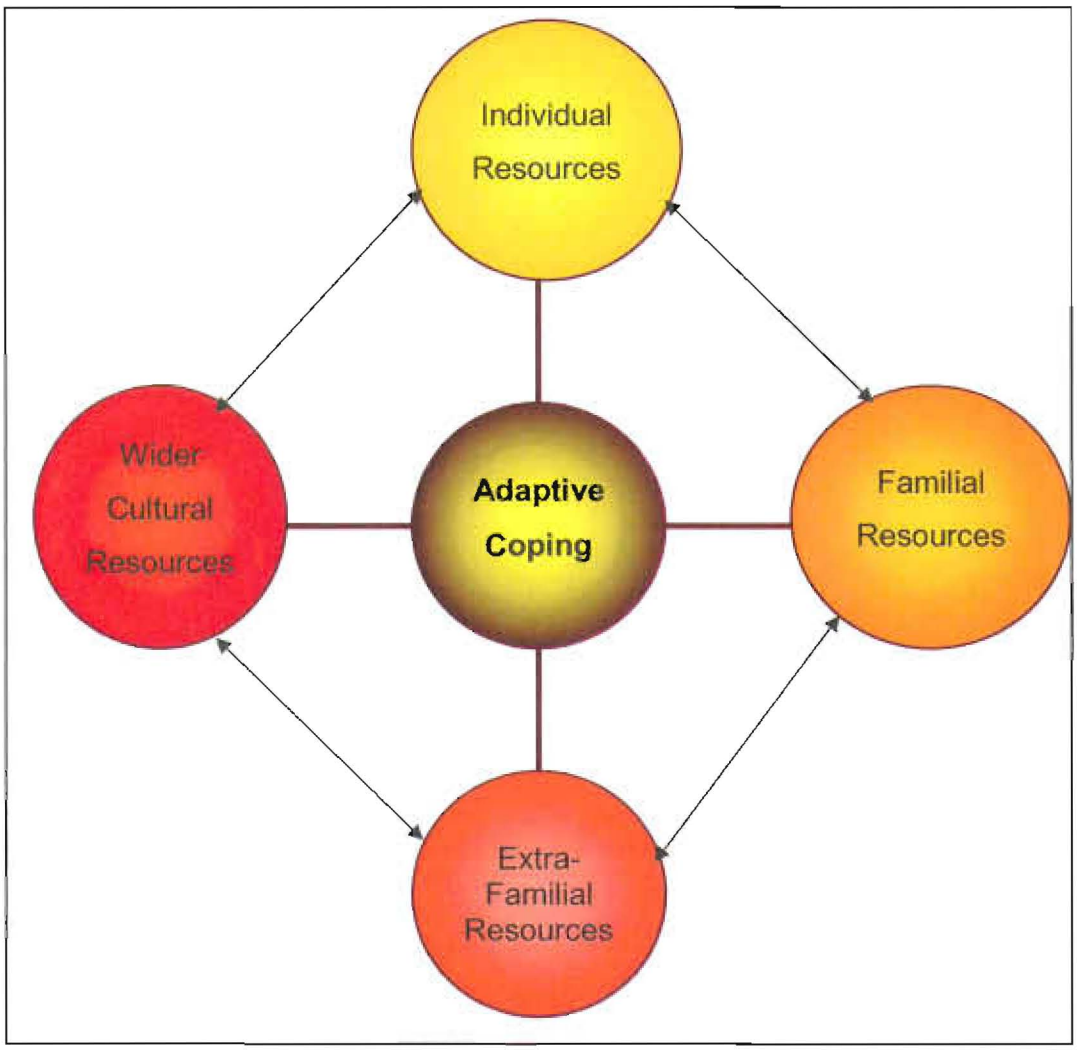


Figure 2.3: Resilience as an interactive process and outcome

2.5 HIDDEN RESILIENCE

The phenomenon of hidden resilience was coined by Ungar (2006:53, 2007, 2008) in order to explain the presence of resilience in youth who are so at-risk

and vulnerable that researchers and communities typically overlook their resilience. In such instances these youth are stereotyped as pervasively vulnerable. Typically in such instances their behaviours (which are often not prosocial behaviours) are seen as risk-reinforcing, when they are often in fact navigations towards resilient functioning. In this regard, Ungar (2006:53, 2007, 2008) noticed that the young at-risk people he worked with in his practice tended to adopt unconventional coping mechanisms to effectively cope with the stresses they experienced in their lives.

By way of illustration, Ungar (2004b:36-37) narrates the story of a girl he worked with who was described by her family as suicidal, frequently truant, sexually active, smoking, a frivolous spender and religiously defiant. Among her friends, the girl was outgoing and assertive, unlike when she was home. How she managed to cope with the challenges at her home and how she managed to negotiate a positive self-definition with her peers was remarkable. In essence, the behaviours that her family were complaining about were her pathways to resilience (Ungar, 2004b:36-37).

In a similar way, Kombarakaran (2004:869), after studying the stresses and coping strategies of street children (commonly labelled as at-risk) in Bombay, began to suggest that their risky lifestyle and socially inappropriate behaviours were actually pathways to resilience. For many at-risk youth these apparent patterns of deviance are in fact healthy adaptations that permit them to survive or cope with unhealthy circumstances (Ungar, 2004b:6). Of course, this again raises the question of who defines what constitutes protective resources, because unconventional as the above coping mechanisms appear, they often promote well-being in at-risk youth (Ungar, 2004b:4).

Instead of just accepting the normative predictions and causal claims of poor developmental outcomes on the basis of exposure to poverty, social problems and delinquency, it becomes important to examine youth's choice of behaviours

as possible navigations towards resilience (Bottrell, 2007:600). This reinforces the notion of resilience as a process and outcome which is culturally and context specific (Ungar, 2006:55). At-risk children seem to understand their situations, describe themselves and interpret their behaviour in vastly different terms compared to how society and health professionals see them (Ungar, 2007:53).

Another contentious area is self-definition. The question that could be asked is whether the youth who are perceived to be vulnerable define themselves and their pathways in the same manner as society and service providers do. Youth stereotyped as high-risk often define themselves in ways that do not reinforce the stigmatising effects of the labels forced upon them when they behave in ways that society traditionally promotes (Ungar, 2004b:15). In some cases, how young people negotiate the constraints and opportunities for self-expression requires the acceptance of cultural and/or social norms and ideals on the one hand and the rejection of these norms and ideals on the other (Bottrell, 2007:607).

Hidden resilience often involves non-typical pathways to health that bring with them a sense of meaning, purpose, opportunities for participation in social action, a sense of belonging and attachment, recreation, financial stability, personal and social power, social support, food and shelter (Ungar, 2004b:6). At-risk youth often refer to their 'problems' as pathways to resilience, hidden in alternative, marginal and often destructive behaviours (Ungar, 2004b:3). Ungar *et al.* (2008:3) summarise the notion of hidden resilience as follows:

"What looks like dysfunction to outsiders is often the child's only solution when health resources are scarce."

In other words, the behaviours and coping strategies in high-risk youth that we conceive as maladaptive (according to established norms) are often, in fact, instrumental in promoting resilient functioning in the absence of the alternatives. Resistance and other socially unacceptable behaviours displayed by young

people are often acts of resilience although these behaviours often express opposition to established rules and norms which are context specific (Bottrell, 2007:599).

Resilience occurs in unexpected places, and children and groups of people who are perceived as not resilient due to marginalisation, stigmatisation and trauma do demonstrate resilience (Speakman, 2005:40) and so it is dangerous to write off groups of youth as perennially vulnerable. Instead, to encourage (continued) resilience and to unearth hidden resilience, it is necessary to look for hidden strengths. The asset-based approach does just this when it encourages service providers to take the strengths which vulnerable youth already have (but which are perhaps hidden) into account when designing intervention programmes. Kretzman and McKnight (in Ebersöhn & Eloff, 2006:462) refer to an approach that focuses on the capacities, skills and social resources that people and their communities have in designing intervention programs. The aforementioned approach is called the asset-based approach (Ebersöhn & Eloff, 2006:462).

2.6 CONCLUSION

In Chapter Two, I explored the phenomenon of resilience, presented definitions of the resilience concept and demonstrated how this concept has evolved over the years. I traced the history of resilience research by exploring the waves of resilience research. Lastly, I discussed the process of resilience and introduced the notion of hidden resilience.

Chapter Three will explore streetism with the associated risks and link the notion of hidden resilience to it.

CHAPTER 3

THE STREET CHILD PHENOMENON

3.1 INTRODUCTION

Chapter Three provides a detailed discussion of the street child phenomenon. The street child concept is defined and the incidence of streetism is explored globally and locally. The commonly held views about street children are outlined, and the concept of hidden resilience in street children as well as its possible antecedents is enlarged on. The following diagram outlines the route which Chapter Three will take.

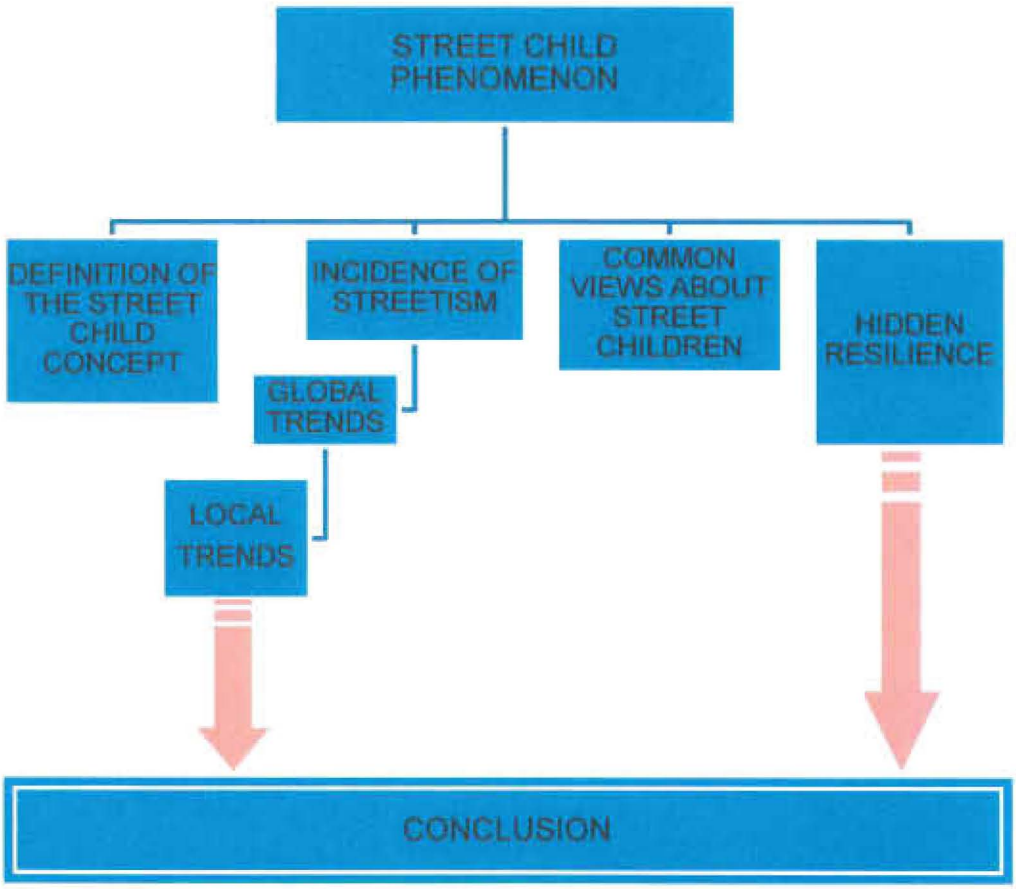


Figure 3.1: Overview of Chapter Three

3.2 A DEFINITION OF THE STREET CHILD CONCEPT

The term, street child is an elusive term (Guernina, 2004:100) that has powerful emotional overtones. Ironically, the term "street child" was widely adopted by international agencies in an attempt to avoid the negative connotations of words that were used to refer to children who were known as street urchins, *gamines*, rag-pickers, glue-sniffers, street Arabs, or vagrants (Panter-Brick 2002:150).

According to West (2003:2) the street child concept came into usage in the 1990s after it had been adopted from Europe where it was used to refer to children who frequented urban centres since the early 19th century. The street child concept, old as it is, is highly contested among researchers and policy makers (Schurink, 1994:6, West, 2003:2). To date there is no agreement on what the term means.

Broadly speaking, the street child concept is an umbrella concept which denotes various groups of children in difficult life circumstances but the operational definitions of the term vary considerably in and among different countries (Serrokh, 2006:1). Some general definitions have been attempted for the street child concept as the following examples show:

Firstly, the basic dictionary meaning of the street child concept is that a street child is a homeless or neglected child who lives chiefly on the streets (Panter-Brick, 2002:148). This means that street children typically use the streets as principal places for some of their main daily activities which commonly include working, eating and sleeping (Altanis & Goddard 2004:300; Ayuku *et al.*, 2004:25; Schurink, 1994:5). This definition is more applicable to street children who are classified as children-of-the-street. Children-of-the-street who make up a small percentage of the total number of street children, typically do not have links with their families because they have either been orphaned, abandoned or they might have run away due to the difficult home circumstances, opting to make the streets their homes (Altanis & Goddard, 2004:300; Ayuku *et al.,* 2004:25; Pare, 2004:220; Sauve, 2003).

Children-of-the-street are therefore, forced to sleep in abandoned buildings, under bridges, in shop doorways or in city parks where they are vulnerable to a number of hazards (Mitchell, Nyakake & Oling, 2006:371; West, 2003:10). Street children, particularly children-of-the-street, are often forced to be involved in drug abuse, begging, prostitution or stealing in order to meet their needs for adequate clothing, food and shelter (Altanis & Goddard, 2003:300; Ayuku *et al.*, 2004:25; Schurink, 994:5). The basic needs of these street children are clearly met through unconventional means.

Secondly, the street child concept refers to a huge percentage of street children who might not necessarily be homeless or without families since some of them maintain ties with their families (Kerfoot *et al.*, 2007:29; West, 2003:2). The street children who maintain ties with their families are classified as children-on-the-street and they typically venture out to the streets to earn some income to augment the family income without necessarily sleeping there too (Ayuku *et al.*, 2004:25; Pare, 2004:244; Sauve, 2003).

According to Evans (2004:69), studies in Zimbabwe by Muchini and Nyandiya-Bundy (1991) and in South Africa by Donald and Swart-Kruger (1994) came to the conclusion that eighty-five percent (85%) of children working on the streets in Zimbabwe and ninety percent of children working on the street in South Africa slept at home.

A study of street children by Veale, Taylor and Lineham (2000) in four towns in Ethiopia, found that fewer than twenty percent (20%) of street children there slept on the streets (Evans, 2004:70). The conclusion that can be drawn from the above is that there are many street children living and working on the streets worldwide but some of them occasionally return home to their families (Ennew, 2003; Panter-Brick, 2002:151).

Children-on-the-street involve themselves in some gainful activities which include begging, shining shoes, washing car windshields, scavenging, rubbish picking or selling sweets and cigarettes to the public (Panter-Brick, 2002:151; Terrio, 2004:15; West, 2003:2; Youth Zone, 2005). This typically results in irregular school attendance with a real danger of a permanent stay on the streets in case they drop out of school.

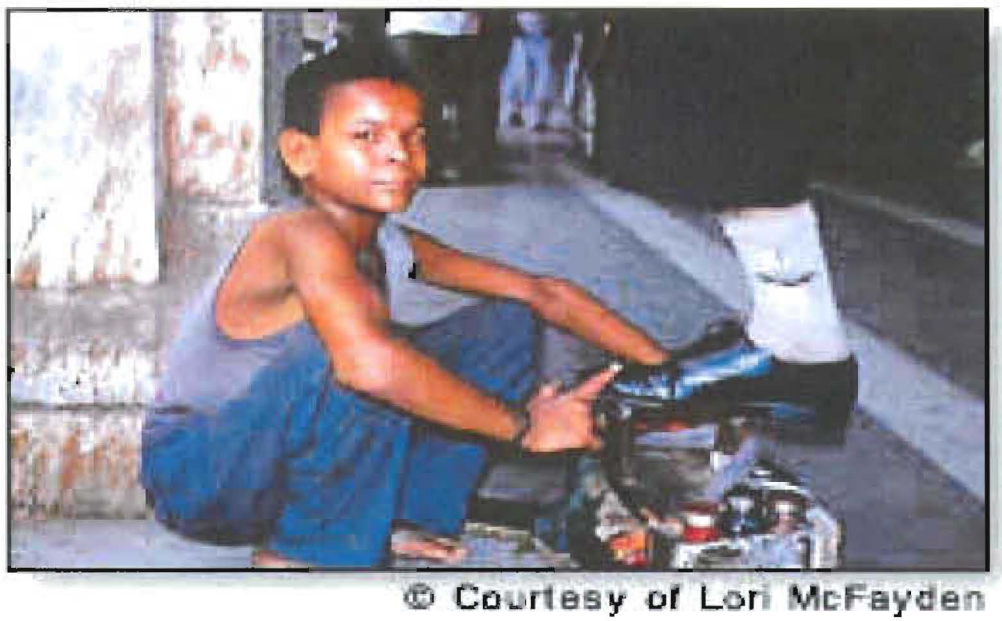


Figure 3.2: A street child shining shoes (Youth Zone, 2005)

Thirdly, the street child concept refers to street children who live in safe houses or alternative accommodation provided by the state, non-governmental or faith based organisations more permanently (Ayuku *et al.,* 2004:25; Panter-Brick, 2002:149). These children are referred to as street children in institutional or residential care and are usually former children-of-the-street who had no shelter and access to basic services (Tolfree, 2003:7).

Shelters provide street children with resilience-promoting resources such as accommodation, food, bathing facilities, health-care, life skills education and the opportunities to resume schooling. Having access to these and other community

resources was found to be resilience-promoting in earlier studies (Dass-Brailsford, 2005:586; IRP, 2006; Johnson & Lazarus, 2008:19; Theron, 2007:360). Street children in sheltered accommodation have opportunities to bond with care-givers at the shelter and this bonding is substituted for the lost ties with their families (Ayuku *et al.*, 2004:25).

Fourthly, the street child concept is also used to refer to street children who do scavenging and rubbish picking in addition to living and working on the streets (Panter-Brick, 2002:149; Terrio, 2004:15; van Rooyen & Hartell, 2002:191; West 2003:10; Youth Zone, 2005). Among those children who do scavenging and rubbish picking there are those who stay permanently outside their homes with no family ties (children-of-the-street) and those who occasionally return to their homes (children-on-the-street). This group of street children seems to be diverse too.



Figure 3.3 Children living in a garbage dump, Ecuador (Rose, 2002)

In summary the themes that are covered by the above definitions of the street child concept are ***homelessness*** (Panter-Brick, 2002:148; Rose, 2002), ***neglect*** (Panter-Brick, 2002:148; Veeran, 2004:359), ***working street children*** with family

ties in tact (Ennew, 2003; Evans, 2004:69; Kerfoot *et al.*, 2007:30; West, 2003:10) street children in ***sheltered accommodation*** (Mathiti, 2006:259; Tolfree, 2003:7) and those ***who frequent rubbish dumps*** in search of food (Rose, 2002; Terrio, 2004:23; West, 2003:10; Youth Zone, 2005).

It is clear from the above definitions that street children are a heterogeneous group of children which is characterised by much diversity in terms of what causes them to adopt street life and the categories into which they fall (Ayuku, *et al.*, 2004:25; Dybicz, 2005:763; McAdam-Crisp *et al.*, 2005:72; Panter-Brick, 2002:148-9; Pare, 2004:244; Serrokh, 2006:1). Used in this way (i.e. as a blanket term), the street-child concept makes it difficult for researchers (and even regular citizens) to understand the heterogeneity in the street children's actual circumstances (McAdam-Crisp *et al.*, 2005:72; Panter-Brick, 2002:148-9; Serrokh, 2006:1).

Furthermore the heterogeneity of the street child concept is demonstrated by the fact that the life circumstances and the daily activities of street children do not remain the same forever and some street children may be represented in different categories of street children at different times in their lives on the streets (McAdam-Crisp *et al.*, 2005:72). For example, street children might start first as children-on-the-street and end up as children of the street due to migration from their home towns. After they have been encouraged to reside at shelters they then fall into the category of street children in sheltered accommodation. Those in sheltered accommodation sometimes re-enter street life again as children ***on*** and ***of*** the street.

Additionally, the term, street child, is problematic for a number of reasons, in part because it characterises street children according to the public spaces which they use or occupy, and whether street children have or do not have links with their families or other public institutions (Panter-Brick, 2002:148-9; Serrokh, 2006:1). Streets are not the only places the street children occupy. It seems as if

the "street" in the widest sense of the word includes the "unoccupied dwellings... and the "wasteland" (Panter-Brick, 2002:149; Terrio, 2004:23; West, 2003:10; Youth Zone, 2005) where the street children spend most of their time. In view of the differing places used by street children as shelters or forms of accommodation, it is clear that the term "street" seems to have a much broader scope of application.

The street child concept is also problematic, or more precisely debatable, because it does not correspond with the ways in which many of these children relate their own experiences or the reality of the frequent movements of street children on and off the street (Panter-Brick, 2002:148-9). The experiences of street children are linked to survival strategies which may not be seen to be adaptive, although they often ensure these children's very survival (Bottrell, 2007:600; Kombarakaran; 2004:869; Ungar, 2004a:36-37).

The contestation around the street child concept is centred on derogation. The street child concept is laden with derogatory and/or pitying connotations and it mostly serves to deflect attention from the broader population of children who are also affected by poverty and social exclusion (Panter-Brick, 2002:148-9).

The street child concept and its current definition does not offer a qualitative understanding of the relationship between risk and resilience factors that operate in the lives of street children and neither does it speak to the amount of time a child typically spends on the streets and neither do they reflect on the child's source of livelihood or income (McAdam-Crisp *et al.*, 2005:72). Furthermore, the definitions neglect the developmental stages and genders of the street children concerned and the protective mechanisms that influence the continued presence of the street children on the streets and decreasing the cumulative effects of such risks (McAdam-Crisp *et al.*, 2005:72).

In spite of the differing conceptualisations and the on-going debate around which concept best defines street children it is safe to conclude that the street children form a sub-group of children who are broadly speaking, at risk and in difficult circumstances. It seems as if this debate is far from over since different scholars and policy-makers worldwide are nowhere near agreement. The street child concept will continue to be understood differently in different countries for some time. In this study, the street child concept will be used to refer to children in difficult unprotected conditions which includes those who have been completely abandoned, neglected, those working on the streets and those who are in sheltered accommodation (Altanis & Goddard, 2004:300; Ayuku *et al.*, 2004:25; Kerfoot *et al.*, 2007:30; Panter-Brick, 2002:149; Pare, 2004:220; West, 2003:10). As noted in Chapter One, the street children who formed part of this study are children on the streets and those in sheltered accommodation.

3.3 THE INCIDENCE OF STREETISM

I don't have a mother whom I know
I don't have a place
Which I can call my own,
Nobody cares for me,
Whether I live or die
A street child am I.

You say that I am dirty and not combed,
Not good to be seen,
You say that I am mean
And wild with a violent look
But I had to fight to live,

I have to be strong to be alive.

The Ghanaian Street Child, (CAS, 2003)

The poem introduced above contains themes that are typical of streetism which include neglect, isolation, homelessness, lack of parental care, abandonment, exclusion, negative attitudes and the determination to survive no matter what. The latter theme of strength is often a neglected one, as alluded to in the section of hidden resilience in Chapter Two (cf. 2.4). Street living or streetism, as depicted in the above poem, is both a universal phenomenon and an escalating societal problem (van Niekerk, Coetzee, Monyeki & Pienaar, 2007:127; Savenstedt & Häggstrom, 2005:490).

The street child phenomenon is not new (Altanis & Goddard, 2003:299; Barrette, 1995:1; Schurink, 1994:4). There is evidence of street children in the Middle Ages and during the Industrial Revolution (Barrette, 1995:1). Many European and North American writers, (e.g. Anderson, Twain, Dickens, Gorki) referred abundantly to street children (Barrette, 1995:1), thereby underscoring that the phenomenon of street living or streetism was known to them and the societies of their time.

As indicated in 3.2 above streetism represents ways of life which are associated with living on the streets (Ennew, 2003). Streetism entails living and sleeping on the streets, earning money by helping motorists at car parks, washing cars, begging for money, selling fruit and vegetables, prostitution and selling drugs, committing minor crimes such as abusing drugs, muggings and smashing-and-grabbing (Altanis & Goddard, 2003:300; Ataöv & Haider, 2006; Samara, 2005:224; Schurink, 1994:5). Clearly, streetism can be associated with a risky life style which ostensibly renders street children vulnerable to physical and psychological harm.

As will be seen in later parts of this chapter, streetism results from circumstances which force children to migrate to the streets where they struggle to meet their basic needs such as food, shelter, health and clothing and are forced to survive by their own wits (Van Rooyen & Hartell, 2002:188). Circumstances which cause

streetism are not easy to delineate since they interact in complex combinations. Notwithstanding the aforementioned risky life style, the numbers of children adopting streetism are increasing at an alarming rate. Children continue to move away from their homes worldwide from as early as four years through to teenage years (Schimmel, 2006:211). The numbers of street children are hard to determine in any one country since they tend to move frequently from one place to the other in search of food and money and to avoid harassment by the police, criminals and their peers; however, it is estimated that there are millions of street children who work in metropolitan cities around the world (Altanis & Goddard, 2003:299; Casa Alianza, 2000; Schurink, 1994:5; Serrokh, 2006:1).

The hazards to which the street children are exposed and the ways in which they survive are regarded to be universal and remarkably similar (Cockburn, 2004:46; Le Roux, 2001:98; Vogel, 2001:203) despite the few differences here and there as will be shown in the following discussion of streetism in the different continents. The South African street child phenomenon will be discussed under local trends.

3.3.1 Global Trends of the Street Child Phenomenon

Streetism has proved to be a global problem which is experienced in developed as well as developing countries. Pursuant to the above assertion a brief survey of streetism in different countries merits attention.

3.3.1.1 Asian countries

Research shows that in Asian countries there are a sizeable number of children living on the streets. For example, according to Seth *et al.* (2005:1661) the poor economic situation in India has exposed children to hunger and child labour. There is evidence of children migrating to New Delhi from neighbouring states in a desperate search for work due to economic reasons (Speak, 2005:139). These

children are then forced to adopt streetism and they fall victim to human rights abuses by law enforcement agencies (Human Rights Watch, 2003).

There are a significant but unknown number of children who survive on the streets of Rawalpindi and Islamabad in Pakistan. A pioneering study by Ali and de De Muynck (2005:525) into the incidence of illness and health-seeking attempts points to the presence of street children in Rawalpindi and Islamabad in Pakistan. There are many children living on the streets in Bangladesh. According to Conticini and Hulme (2007:202) these street children comprise a tiny proportion of children living in poverty in Bangladesh. The Philippines is a country that is blessed with natural resources, however half of its populace is living in abject poverty and civil wars are not making life any easier for them. These and other factors have forced more than a million children to go and make a living in the streets (Anon., 2005; Casa Alianza, 2000). Cheunwattana and Meksawat (2002:88) indicate that in Thailand, poverty, broken homes and negligent parents cause children to migrate to the streets to meet their basic needs. These children also wander from place to place, struggling to survive the harsh street life.

3.3.1.2 Latin America

Latin American states are also grappling with streetism. Wright, Wittig and Kaminsky (1993:82) point out that Honduras is a poor South American country with two thirds of its population living below the Third World poverty standard. The high birth rate and the influx of people from rural areas to the cities have put more strain on the city's resources. This has also brought many children and teenagers to cities some of whom have resorted to street life and gang membership to make a living. Young street children are a familiar sight at the rubbish dump in Guatemala City (Zaccaro, 2007).

There is ample evidence that Brazil is home to many young people who are living on the streets due to poverty, urbanisation, inhuman living conditions, family

disintegration, female-headed households, drug and alcohol abuse and domestic violence (de Moura, 2005:194; Pare, 2004:242). The presence of poor young children and adolescents living on the streets caught the attention of the Brazilian societies since the nineteen century (Gough & Franch, 2005:151). These children often become victims of human rights abuses perpetrated by law enforcement agencies (Human Rights Watch, 2003).

3.3.1.3 African states

According to Orme and Seipel (2007:489) in Ghana a number of children have made the streets their homes for economic reasons, because of parental death, sexual abuse, domestic violence, neglect and divorce. Like others elsewhere, these children work as labourers, vendors, domestic workers, beg or engage in prostitution. A survey conducted in 2001 by the Department of Housing and Planning in Ghana found that the majority of homeless people are below the age of 18 and various estimates show that there are a sizeable number of children living on the streets in Ghanaian towns and cities (Speak, 2005:132-133).

According to Evans (2004:69) street children became more visible on the streets in Tanzania during the 1980's and 1990's. The street child phenomenon in Tanzania was fuelled by poverty as in other many countries. Wood (2005) points out that in Tanzania children are forced to go and make a living on the streets by broken homes, poverty at home, family conflict and parental alcoholism.

The work of GOAL Uganda, a non-profit organisation, in 2001 which involved HIV/AIDS prevention programs targeting street children in Uganda (Mitchel *et al.*, 2007:365) is evidence that Uganda is home to a number of street children. Mutetsi (2008) reported a big number of street children in Kapchorwa in Uganda who, like in other towns and cities worldwide, continually beg for survival. According to Onyango (2007) and Kakamwa (2008) several attempts are made to remove children from streets in various cities in Uganda. These attempts involve authorities as well as non-governmental organisations.

There are an increasing number of children living on the streets in Zimbabwe in recent years and the majority of these children are boys (Bourdillon, 2001; Speak, 2005:133). Homeless, "street girls" in Zimbabwe quickly get drawn into the sex industry where they are forced to earn money through sex work and they therefore spend less time on the streets.

In Egypt children are often encouraged to go and beg on the streets by their parents because of the desperate economic situation in the country, while others adopt streetism while fleeing abuse and broken homes (Frykberg, 2007; Johnston, 2007). In Egyptian law street children are seen as children who are vulnerable to delinquency (Frykberg, 2007; Human Rights Watch, 2003). Therefore, street children are routinely arrested by the police as a way of keeping them away from delinquency in Egypt.

The street child phenomenon is apparently experienced in Kenya (Ayuku, *et al.*, 2004). Street children in Kenya are targets of human rights abuses by law enforcement agencies (Human Rights Watch, 2003). Street children have become visible on the streets in ***Sudan*** due mainly to reasons such as poverty, parental death, family dysfunction, following friends, drought, displacement by civil war and the desire to do things for themselves (Awad, 2002:106; Plummer, Kudrati & Yousif, 2007:1521) and these children have been found to be abusing glue.

3.3.1.4 European countries

The street child phenomenon in Greece is influenced by refugees and asylum-seekers that enter Greece from Albania, the Balkans and Asia en route to the European Union (Altanis & Goddard, 2003:302). The majority of these children are boys and they make a living by engaging in various gainful activities which include begging, selling items or washing car windows. According to Terrio (2004:8) a number of Romanian children who migrated to Western Europe as economic migrants were tried in French courts for crimes such as simple theft.

These children had joined other Romanian children who were already living on the streets stealing and engaging in survival sexual activities for food. Ukraine has an unknown number of street children who are probably victims of political instability and the resultant family breakdown, substance abuse, poverty and crime (Kerfoot *et al.*, 2007:30). Official statistics are hard to confirm though.

3.3.1.5 Canada

Canada also has a number of children who dropped out of school for various social problems and adopted street life. According to Grover (2002) the earlier work by Covell (2001) and Tonkin (1999; 2000) indicated that these children, like their counterparts in other countries, suffer significant psychological and physical health risks.

In **summary**, the above discussion proves that the street child phenomenon is global and is precipitated by contextual processes such as poverty, civil wars, child neglect, broken families, political instability, parental substance and alcohol abuse, urbanisation, female-headed households, domestic violence, parental death, HIV/AIDS, sexual abuse, divorce, being encouraged to adopt street life by parents, drought and asylum-seeking and personal factors which include following friends and the desire to do things on their own.

These factors are cited in literature as common risks that not only make streetism more likely (Cheunwattana & Meksawat, 2002:88; Le Roux, 1996; Orme & Seipel, 2007:489; Schimmel, 2006:211; West, 2003:12) but that also threaten resilience. However, not all disadvantaged children take to the streets, and those who do are possibly those children who manage to slip though the nets of broad-based community interventions (Panther-Brick, 2002:150). Just how prepared communities are to prevent children from taking to the streets due to individual, familial, environmental causes is the big question.

A closer look at the literature into the situations in different countries shows that street children make a living on the streets by searching for food from rubbish

dumps, through child labour, domestic work, begging for money and food, prostitution, abusing glue, selling items, washing car windows and theft. Street children in these different countries are faced with further risks such human rights abuses in the hands of the police, arrest, psychological and physical risks. It can be concluded that street children are children at-risk who are exposed to risks and adversity that precipitate streetism and further risks that are characteristic of streetism. South Africa is also grappling with streetism and a closer look at the street child phenomenon in South Africa, where this study was conducted, follows.

3.3.2. Local Trends of the Street Child Phenomenon

Section 3.3.1 above shows that the street child phenomenon is a global one and South Africa is not an exception. The street child phenomenon is a growing problem in South Africa as in other countries (Vogel, 2001:203). The following metaphor presents a concerning picture of the street child situation in South Africa:

> *"...many children in South Africa do not live in a safe harbour, but find themselves in the stormy sea of street life with its strong currents, wild winds and enormous waves" (Human & Thomas, 2008:206).*

The safe harbour symbolises a loving, caring family where children should receive healthy nutrition, a good education and quality health-care; the stormy sea of street life represents the street children's experiences which include abandonment, poor health, physical neglect and sexual abuse (Human & Thomas, 2008:206). Too often, South African children and youth are overly familiar with the stormy seas.

Street children are often displaced and away from the resilience resources mentioned above (a loving, caring family where children receive healthy nutrition,

a good education and quality health-care) and are instead exposed to risks such as lack of shelter, HIV/AIDS; abandonment, poor health, physical neglect and sexual abuse that threaten adaptive coping (Cheunwattana & Meksawat, 2002:88; Kruger & Richter, 2003; Madu *et al.*, 2005:197; Mitchell *et al.*, 2007:364; Rose, 2002).

According to Van Eeden (2006) street children in South Africa are sidelined and they have become more vulnerable than other children in difficult circumstances and in need of care. Street children in South Africa have access to very few community resources if any and can do little to demand that these community resources be accessible to them.

Furthermore, compared to the other groups of South African children, the thousands of destitute street children who are visible on the streets of most towns and cities occupy a low position on the power ladder (de Jager, 2008; Mathiti, 2006:253). The street children are therefore disempowered and are not in the position to exercise their rights to basic services.

There seems to be disagreement on whether streetism is a new or old phenomenon in South Africa. It seems as if the street child phenomenon has a long history worldwide although in South Africa, a developing country, it is regarded as a relatively new phenomenon (Schurink, 1994:4). Since the earliest South African reference to street children was found in the Child Welfare Report dated 1908 (Barrette, 1995:2) it seems the street child phenomenon in South Africa may not be as new as Schurink (1994:4) suggests. Streetism seems to be an old occurrence that has continued unabated in South Africa. This argument makes sense in the light of South Africa's political history which meant that many children (especially non-white children) were disadvantaged and forced to fend for themselves. Perhaps what is new is interest in the phenomenon of street children chiefly due to the human rights culture that has engulfed the country, especially post-1994.

Street children make up a subset of the total number of children who are out of school in South Africa (Donald *et al.*, 2006:189; Porteus,Clacherty, Mdiya, Pelo, Matsai, Qwabe & Donald, 2000:8) and ended up on the streets of nearby towns and cities. As in other countries noted in 3.3.1 above, the complex, manifold combinations of personal and contextual risks force children to the streets in South Africa (Conticini & Hulme, 2007:202; Donald *et al.*, 2006:189; Le Roux, 2001:95; Schurink, 1994:5).

The individual factors which typically cause vulnerable children to drop out of school in South Africa, and which are also associated with the aetiology of streetism, are health problems, pregnancy, sight and hearing problems, cognitive problems, a desire to independently earn money and failure at school (Porteus *et al.,* 2000:10-12; Schurink, 1994:5). Coupled to contextual factors such as poverty, parental illiteracy, abuse, HIV/AIDS, dysfunctional families, individual risks make the situations of vulnerable children in South Africa untenable (Donald, *et al.,* 2006:190; Guernina, 2004:100; Le Roux, 2001:95).

South Africa is a developing country which is yet to win the war against poverty and underdevelopment (Afrobarometer, 2005). Poverty is a complex, multi-dimensional socioeconomic phenomenon which is defined as a state of multiple deprivation which manifests itself in low income levels, reduced access to basic services, assets, social networks and social capital among the poor (Development Policy Unit, 2008; UCT, 2008). Typically in South Africa the poor outnumber the wealthy. This often leaves parents in the unenviable position of not being able to care adequately for their children.

Porteus *et al.* (2000:10) coined the concept physical poverty which refers to the inability of parents or care-givers to pay the costs of schooling which often results in the need for the children to leave school in order to contribute towards the survival of the family. Furthermore, the HIV and AIDS pandemic has exacerbated this dire situation, especially in contexts where parents are ill and dying and

children are forced to become heads of homes and breadwinners (Bennell, 2005:467-469; Ebersöhn & Eloff, 2002:79). There is therefore a clear link between poverty and the street child phenomenon in South Africa.

According to Evans (2004:71) some people can remain poor most of their lives and pass on their poverty to the next generation, a phenomenon called inter-generational transmission of poverty. Transient poverty, namely, when people experience poverty for certain periods (Evans, 2004:71) also occurs in various countries. Typically impoverished parents and communities struggle to meet the basic needs of their children and to provide material resilience-promoting resources.

It is these economic difficulties which combine with or lay the ground work for personal and other contextual risks that compel children in South Africa to drop out of school in order to earn some money or to assume some of the familial and social responsibilities (Cockburn, 2004:46; Donald *et al.,* 2006:185; Mathiti, 2006:260; Schurink, 1994:5; Speak, 2005:133; Vogel; 2001:232).

According to Vogel (2001:229) streetism in South Africa is also a consequence of the disrupted traditional family structures and the diminishing roles of the father as the figure of authority and the extended family structure. It is believed that the breakdown of the traditional extended family system (Savenstedt & Häggstrom, 2005:489; Vogel, 2001:231) in Africa has made children more vulnerable to adverse circumstances as it has eroded the much needed support system for children.

The migrant labour system that characterises South Africa has contributed to the disruption of the family structure. Adult males and females are compelled to leave their rural and semi-rural places and migrate to bigger towns and cities in search of employment. In this way family units are disrupted by the migratory labour system in South Africa (Le Roux, 2001:102). Due to the disruption of the family

units African children in South Africa typically no longer enjoy the care, support and protection from the extended family and the broader community, rendering them vulnerable. Feeling alone and vulnerable, they tend to drift to the streets where they meet others like them (Donald & Swart-Kruger, 1994).

As noted above, HIV and AIDS are among the huge challenges facing the South African society (Le Roux, 2001:95) with the majority of those considered to be at risk being those who live in rural and urban informal settlements. In South Africa, the HIV and AIDS pandemic and the associated parent mortality exacerbates the street child phenomenon and contributes more "newcomer street children" (Schurink, 1994:5) by disrupting the family system and deepening poverty.

According to Dorrington, Bradshaw and Budlender (2002) South Africa has never before experienced any epidemic that equals the HIV/AIDS pandemic. The HIV and AIDS pandemic is contributing to the disruption of family life in South Africa. Le Roux (2001:95) suggests that the devastation caused by the HIV/AIDS pandemic in South Africa is contributing towards the escalation of the street child problem in major cities in South Africa. Due to the dire economic situation, children orphaned by HIV/AIDS migrate to the streets to fulfill their basic needs such as food in the midst of poverty.

The historical political system of racial segregation also contributed to the street child problem in South Africa. The street child phenomenon in South Africa may be associated with the former pre-1994 political system of racial segregation which disadvantaged the majority of the people of South Africa. The influx control legislation that characterised the political system of racial segregation in South Africa during the apartheid era inhibited the movement of people especially from poor rural areas which included the homelands (Le Roux, 2001:96). After the repeal of these repressive laws, rapid urbanisation occurred in South Africa, and many poor, unemployed people moved to nearby towns and cities in search of a better life (Cockburn, 2004:46; Le Roux, 2001:94). Many of them were without

the skills and qualifications which would render them employable in the cities, consequently they become unemployed. The legislation that sustained the aforementioned segregation exacerbated poverty and unemployment especially for the African population. Given this sad history, South Africa's street child phenomenon can be described as having a racial slant to it since the vast majority of street children seen in major cities are black and fall into the category of children on the street as in other countries (Cockburn, 2004:46; Kruger & Richter, 2003; Le Roux, 2001:106).

Although the antecedents informing the local trends of streetism were discussed individually above, the factors and processes which encourage streetism typically do not operate individually. As with risk factors which are more likely to operate as chains or risk processes (Masten, 2001:228; Tusaie & Dyer, 2004:4) the precursors of street life are often multiple and dynamic. For example, when contextual factors (such as unemployment, overcrowding, child abuse, family disintegration, alcohol abuse by parents, family violence, economic reasons) combine with personal reasons (such as health problems, pregnancy, sight and hearing problems, cognitive problems, a desire to independently earn money and failure at school) (Porteus *et al.*, 2000:10; Schurink, 1994:5) these factors interact to act as a stronger pull factor that initiates and encourages migration to the streets of major towns and cities in South Africa (Schurink, 1994:5).

The following diagram (Figure 3.4) illustrates the complex combinations of the individual and contextual risks that initiate (and possibly even sustain) streetism in South Africa.

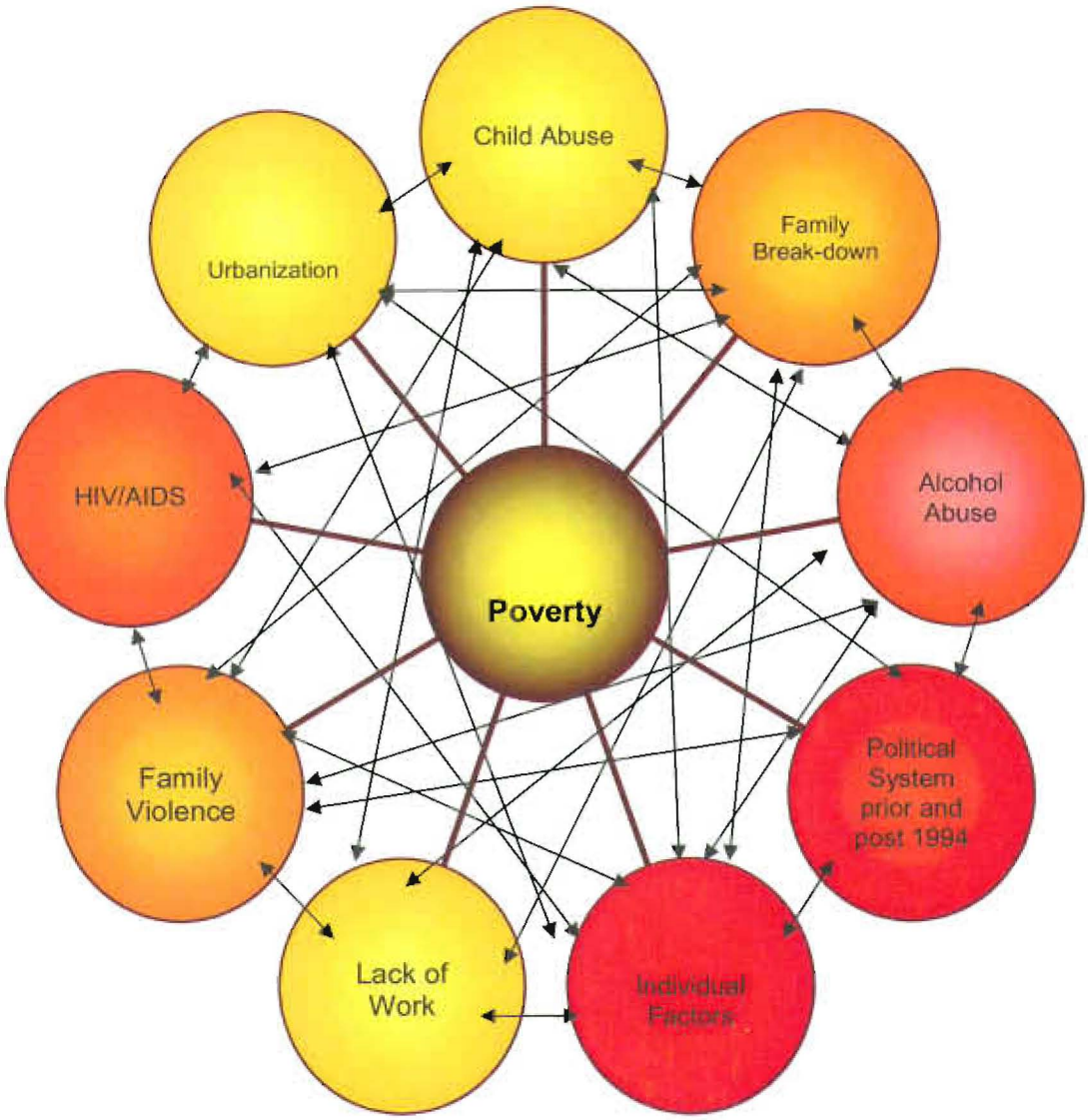


Figure 3.4: Complex combinations of personal and environmental risks to streetism

The above risk process is associated with growing numbers of street children in South Africa in most of the country/s major cities, but also in rural towns. For example, there are reports of children aged about ten to twelve living on, in or near mine and rubbish dumps near major cities, especially Johannesburg and Pretoria (Kruger & Richter, 2003) in search of food. The same phenomenon has

been witnessed in Bethlehem, a small town which is affected by unemployment and lack of access to basic facilities and services like many other towns in the Free State (Hirschowitz & Orkin, 1997:11).

Cape Town is grappling with the problem of crime which is attributed to street children (Samara, 2005:222). As in other countries, street children in South Africa suffer police brutality and are forced to survive in harsh street conditions (Mathiti, 2006:263). According to Trent (2005) it is common practice for the police in Durban to round up street children and "dump" them outside the city especially prior to major events of international stature. Some of these street children are beaten up and injured during these raids.

In summary, as in other parts of the world, street children are regarded as the lowest of the low in South Africa (de Jager, 2008; Mathiti, 2006:253). With no sign of poverty levels abating in South Africa and the HIV and AIDS pandemic showing poor signs of stabilising, streetism is set to increase even further. The attitudes and views of our society, law enforcement and other authorities towards street children have been all but positive and this has influenced the lack of access to community resources earmarked for street children. This suggests that the current trends characterising the South African street child phenomenon are likely to remain locked in a vicious, worsening cycle.

3.3.3. COMMONLY HELD VIEWS ABOUT STREET CHILDREN

From the discussions in 3.2 and 3.3 above it emerged that societies around the world seem to have negative views of street children and the harsh ways in which street children are dealt with seem to confirm these negative views. As noted earlier, street children are mostly described in derogatory terms, including street urchins, vagrants, curbside, entrenched, runaways, throwaways, in and outers, and street kids (Donald *et al.*, 2006:190; Guernina, 2004:100; Panter-Brick 2002:150).

The visible presence of the street children in towns and cities often evokes anxiety and shame in members of societies and provides proof that societies are incapable of taking care of the most vulnerable members in them. While street children are viewed as victims on the one hand, they are considered to be small criminals on the other; the ones we choose not to see or the ones we wish never existed (Bourdillon, 2001; West, 2003:14). That is why, as Schurink (1994:5) noted, street children are typically viewed as problems and nuisances and which might explain why some communities tend to erect gates and walls to keep street children out.

Mostly, research has indicated that street children are at-risk, vulnerable, sensitive children who are in need of solid support and care (Guernina, 2004:99). In addition to the risks that compel street children to make a life on the streets, literature indicates that street children are vulnerable to all sorts of additional risks such as reckless motorists, abusive police officers, drugs, crime, prostitution syndicates and the bigger/older street children who taunt and intimidate them (Frykberg, 2007; Human Rights Watch, 2003; Mathiti, 2006:260).

According to McAdam-Crisp *et al.* (2005:71) the behaviour of a child that results in his or her migration to the streets is still regarded as maladaptive. Street children are therefore typically viewed as vulnerable, deviant, maladaptive children who suffer from a range of psychological disorders (Cockburn, 2004:46; Donald & Swart-Kruger, 1994, Guernina, 2004:99).

Street children usually suffer abuse, arrest and detention worldwide (Le Roux & Smith, 1998b). However, Agnelli (in Le Roux & Smith, 1998b) cautions against making generalizations based on these worst case scenarios since there are members of the public that are sympathetic to street children in other contexts.

Street children are chiefly seen from the medical perspective, which focuses on what is wrong with them (Duckworth, Steen & Seligman, 2005) and the charity

perspective which focuses on rescuing street children from the hazards of street life and placing them in residential care (Tolfree, 2003:6). The medical perspective is based on traditional approaches which involve the treatment of the client or patient by mainstream experts. The charity perspective views clients or patients as victims, permanently dependent and deserving of pity and assistance as opposed while the medical model focuses on an individual who in the view of the health-care practitioner requires "fixing" in the form of therapy, medicine, surgery or specialized treatment (Peters, 2004). In other words, both of these views reduce the street child to someone who is helpless and who needs treatment and care and ignore the strengths which street children already have (Donald *et al.*, 2006:190). Intervention strategies based on medical and/or charity views focus more on rescuing street children from the streets by placing them in shelters (Cockburn, 2004:46; Tolfree, 2003:5), or integrating them in schools wherever possible (Donald *et al.*, 2006:190).

Such strategies reflect societies' belief that these children are victims rather than young people who can decide on how best to meet their needs. When street children are viewed as passive recipients of charity, their views are largely ignored in the planning, designing and execution of intervention strategies (Panter-Brick, 2002:150). Interventions for street children based on this view have tended to ignore all that they had already accomplished on the streets for themselves (Donald *et al.*, 2006:190; Panter-Brick, 2002:156).

Interventions must be context-specific to be effective. The rehabilitation and re-socialization programs used in South Africa are not indigenous, community-based and sensitive to the existing cultural diversity among street children (Cockburn, 2004:46; Guernina, 2004:102; Tolfree, 2003:16). Efforts aimed at mainstreaming street children may reduce them to infant-status and blunt their survival skills instead (Bottrell, 2007:607; Nieuwenhuys, 2001:543). According to Dybicz (2005:766) both Aptekar (1997) and Bar-On (2001) also criticise the residential rehabilitative care interventions for being based on western, middle

class values and therefore, unsuitable for street children as a sub-group. Instead of achieving health-promoting goals, the rehabilitation and re-socialization programs used in South Africa have often proved to be repressive and counterproductive approaches that further detach street children from their families and society (Tolfree, 2003:7). Rehabilitative residential care is cost-intensive and seldom successful in integrating the street children into the wider community, often causing more harm to street children accommodated there (Dybicz, 2005:766; Tolfree, 2003:8).

Street children are generally, stereotypically perceived by societies to be either "victims, villains, dependents or deviants" (Ennew in Panter-Brink, 2002:156). The generally stereotyped attitudes affect the role and participation of street children in making decisions for themselves and undermine the potential (albeit hidden or latent) strengths of these children often viewing them as incapable of deciding on matters that relate to them (Donald *et al.*, 2006:190; Panter-Brick, 2002:156; Veeran, 2004:360). In summary, the common (mainly negative) views pertaining to street children can be summarized as follows:

Street children:

- are viewed as victims;
- are viewed as small criminals;
- are ones not to be seen;
- are vulnerable;
- are deserving of protection;
- are sensitive;
- are maladapted;
- are mentally unhealthy;
- deserve maltreatment;
- are viewed with little sympathy- derogatory names and labels attest to this;
- are viewed from the fix-what-is-wrong medical perspective;
- are viewed from a charity perspective;
- are permanently dependent;
- deserve pity;
- are seen as deviants;
- are seen to be incapable of taking decisions for themselves;
- are objects of stereotyped attitudes; and
- are victims of the adult, mostly Latin American views of childhood (Ennew, 2003).

Figure 3.5: Summary of views on street children

The views summarized above show that the street children are typically viewed negatively (Veeran, 2004:360). Like most at-risk youth, street children are not regarded as resilient, however, there is a real possibility that these children might be resilient, although their resilience might be hidden by the unconventionality of some of the strategies they use to cope (Bottrell, 2007: 613; Kombarakaran, 2004:869; Ungar, 2004b:3). The possible presence of hidden resilience in street children is elaborated on in the next section.

3.3.4. HIDDEN RESILIENCE IN STREET CHILDREN

Street children in South Africa present an interesting paradox, that of being vulnerable on the one hand and being resourceful, adaptable and coping on the other (Cockburn, 2004:46; Donald *et al.*, 2006:190; Donald & Swart-Kruger, 1994). Thus, despite the common derogatory views of street children as outlined in 3.3.3 above, it is possible that street children are also potentially resilient. Street children differ from other populations of at-risk youth in that they navigate in unconventional ways towards socially irregular sources of support and in that the ecology they rely on for support is mostly made up of youth who are also street children (Awad, 2002:108; D'Abreu, Mullis & Cook, 1999:745; Donald *et al.*, 2006:189; Kombarakaran, 2004:869).

High-risk youth demonstrate hidden resilience by engaging in behaviours which are considered to be maladaptive (Bottrell, 2007:613; Donald & Swart-Kruger, 1994; Kombarakaran, 2004:869) but are relevant to fulfill their most basic needs for food, belongingness, shelter and/or safety. As an example, street children actively adopt coping mechanisms that include theft, begging, glue-sniffing and prostitution, which are considered maladaptive by societal standards worldwide. Nevertheless, these mechanisms enable them to survive street life and fulfill their needs by demonstrating self-sufficiency, self-determination and the ability to negotiate daily risks (Sauve, 2003). These strategies also enable street children to maintain a considerable amount of wellbeing nevertheless.

By engaging in unconventional behaviours and by using unconventional survival and coping strategies street children have consistently defied popular views and beliefs on vulnerability and adaptive coping. Whether children working and living on the streets is normal relates to cultural norms and the socioeconomic conditions against which their behaviour is often judged (Donald & Swart-Kruger, 1994).

Research on streetism tends to be influenced by the adult theories of what normative childhood behaviour should entail and which often have nothing to do with the reasons and contexts in which streetism occurs. Furthermore, most research relies on the models of street children derived from Latin American studies (Ennew, 2003). In other words, this raises questions about the validity of street children models.

Cultural norms negate the phenomenon of children living and working on the streets but South African socioeconomic conditions often promote it. Street children's life is therefore often about balancing what they need to do to survive with the larger society's reaction to their behaviours and their identities as street children (Awad, 2002:107). Often, these children survive because of resilient traits.

According to Panter-Brick (2004:161) earlier studies conducted mostly in Colombia, by Aptekar (1991) and Felshman (1981) demonstrated that the majority of street children studied were clearly without pathology. Instead, street children seem to derive satisfaction from being independent and able to do things for themselves. According to Bacos, Ramirez, Velasco and Barba (2002) an in-depth study of individual street children in Manila, Philippines showed that personal strengths, strong capacity for adaptive distancing from societal problems, sense of direction or mission, and capacity for empathy are some of the protective resources that contributed towards resiliency and survival among street children.

These characteristics identified signify strengths which street children have contrary to popular beliefs on vulnerability and poor mental health. It seems as if adopting streetism is an expression of independence and a desire to cope with the adversity of homes which are characterised by conflict, violence and feelings of insignificance or inferiority (Donald *et al.*, 2006:190; Vogel, 2001:231). In this sense streetism fulfils the functions which their families cannot fulfill and so what

adult society views as risk might well be protective. By fixating on the risks of streetism, adults often overlook the strengths and survival strategies which street children have (Donald *et al.*, 2006:190).

Often, at-risk children's own interpretations of risk contradict the socially constructed interpretations of risk (McAdam-Crisp *et al.*, 2005:72). This means that running away from home and joining their peers on the streets is a navigation and negotiation process towards scarce resilience resources but since cultural norms and social standards frown on streetism, it is not accepted as a healthy adaptive process (Cockburn, 2004:46; Ungar, 2004b:3). In so doing, researchers and service providers miss that adopting streetism is often a conscious decision on the part of street children to choose one life over the other and more especially a life that affords them some sense of agency (Evans, 2004:69).

The ability to deal with adversity, which street children have demonstrated (Ali & De Muynck , 2005:525), is a dynamic process that varies throughout a person's life in relation to various situations encountered (McAdam-Crisp *et al.*, 2005:75). Street children are required to adapt to the changing circumstances and be able to deal with them. By demonstrating the ability to adapt, street children show that they are social actors who actively develop ways of coping with the difficult situations they face (Ataöv & Haider, 2006:128; McAdam-Crisp *et al.*, 2005:82) and this they do successfully and often to the public's surprise.

There is evidence that while a cumulative set of risk factors may serve to lower resilient functioning in children, when risk is habitual, especially in situations of prolonged exposure to adverse conditions which are typical of street life, this repetition or predictability moderates the effects of these stressful events (Panter-Brick, 2004). In a similar manner, researchers and theorists believe that exposure to a reasonable amount of stress/risk strengthens a person's ability to cope with difficulties later in life due to skills developed by coping with risk (Schoon,

2006:75). Children who have been exposed to adversity and who have learned to cope well are likely to feel more competent in coping with future difficulties (Cook & Du Toit, 2005:249; Fergus & Zimmerman, 2005:403). In other words, it is possible that the facts that street children have to deal with risk and that dealing with risk almost becomes a habit for street children, actually enables them towards resilience.

A further possible resilience-promoting resource which street children make good use of is group membership. When a child feels disenfranchised or unconnected at home, an option is to exercise personal agency and gravitate to the streets to regain a sense of belonging and community via contact with informal street families (McAdam-Crisp *et al.*, 2005:76). According to Awad (2002:108) street children make a conscious effort to organize themselves into groups which then offer them security and emotional attachment. These social networks are viewed with suspicion though, because of the sometimes unconventional ways pursued to survive. Nevertheless, they anchor street children and help them to feel that they belong.

According to Vogel (2001:232) a child who joins street life is adopted by the group of peers which is already there, typically led by the taller, stronger, more clever and streetwise street child. The newcomer goes through an initiation process into the street culture that aids coping in difficult situations. Mostly such peer groups are labelled unhealthy by adults, but such adults are completely unaware of the resilience-promoting value these peer groups can have for their members in difficult circumstances (Ungar, 2004c:25; Ungar, 2007:53).

The peer group gives young people a sense of collective identity (Ungar, 2004c:25). In addition, many street children manage to actively construct multiple cultures and identities by engaging in social interactions with others on the streets (Beazley, 2002:1670). The sense of belonging generated by these multiple cultures that develop on the streets serves an adaptive purpose.

Street children develop and use remarkable initiative and ingenuity which enables them to cope with the difficult circumstances which are associated with street life (Panter-Brick, 2002:156). To survive on the streets requires context specific coping skills and strategies which street children have to learn. According to Evans (2005:122) research with street children in Tanzania demonstrated how resilient street children are in negotiating for their basic needs, earning money and developing affective social networks among their peers and adults in the street environments. The capacity to negotiate for the satisfaction of their basic needs and actively seeking to be part of social networks is typical of resilience which in their case is hidden. Street-working children acquire a privileged economic status in their poor families because they earn money and contribute to look after themselves and their families (Donald *et al.,* 2006:190). The street children that contribute to the upkeep of their families also acquire a sense of duty. Working street children are usually less likely to engage in criminal activity (McAdam-Crisp *et al.*, 2005:78) since they make efforts to support their families. Street life therefore, can have positive outcomes for working street children.

Street children are highly determined to be free and independent since they learn not to put their trust in adults (Donald *et al.,* 2006:190, Sauve, 2003). It seems as if the independence they acquire, the ability to adapt to the street conditions and the sense of agency which develops promote adaptive coping in street children. Street children also develop strong attachments, a sense of helpfulness, a sense of being valued, empathy, resourcefulness, and mutual aid (Awad, 2002:112; Cheunwattana & Meksawat, 2002:90, Sauve, 2003). Therefore street children mutually support each other by pooling their scarce resources gained via begging, stealing, or prostitution.

Street children actively adopt certain rules and regulations pertaining to the street "family" (Awad, 2002:108) and these serve to regulate the relationships which develop among them. The rules and regulation underpin the solidarity and a

sense of responsibility which come with being on the streets (Donald *et al.*, 2006:190; Panter-Brick, 2002:161). Street children are adept at caring for each other in line with the sense of responsibility that develops.

Community resources such as clinics, hospitals or schools are not readily accessible to street children. However, street children, especially those classified as children on the street and those living in institutions, often regain access to education as in Thailand (Cheunwatana & Meksawat, 2002:89). Having access to community resources such as health-care, schools, libraries and shelter is an important resilience resource which could be responsible for the level of resilience discovered in street children (Cheunwatana & Meksawat, 2002:89; Evans, 2002:59).

Street children were found to be reliant on humour, ingenuity and tenacity to cope with the challenges presented by streetism (Evans, 2002:59). The tendency of children to run away from home and adopt streetism can be considered to be an attempt to escape pain and suffering and to regain the freedom and security which their families could not provide (Conticini & Hulme, 2007:202).

Research has shown that street children are more resilient than other children who grow up in poor living conditions and who choose to stay at home regardless. For example, according to McAdam-Crisp *et al.* (2005:82) studies that were conducted in South Africa demonstrated that street children had access to better food and were less abused than they were at home while those that were done in Brazil showed that street children had higher levels of intelligence and were less likely to abuse substances than their counterparts who chose to stay at home.

In summary, it is clear that contrary to popular beliefs street children posses considerable strengths. There are both personal and ecological antecedents that seem to promote their resilience (as summarized in figure 3.6 below).

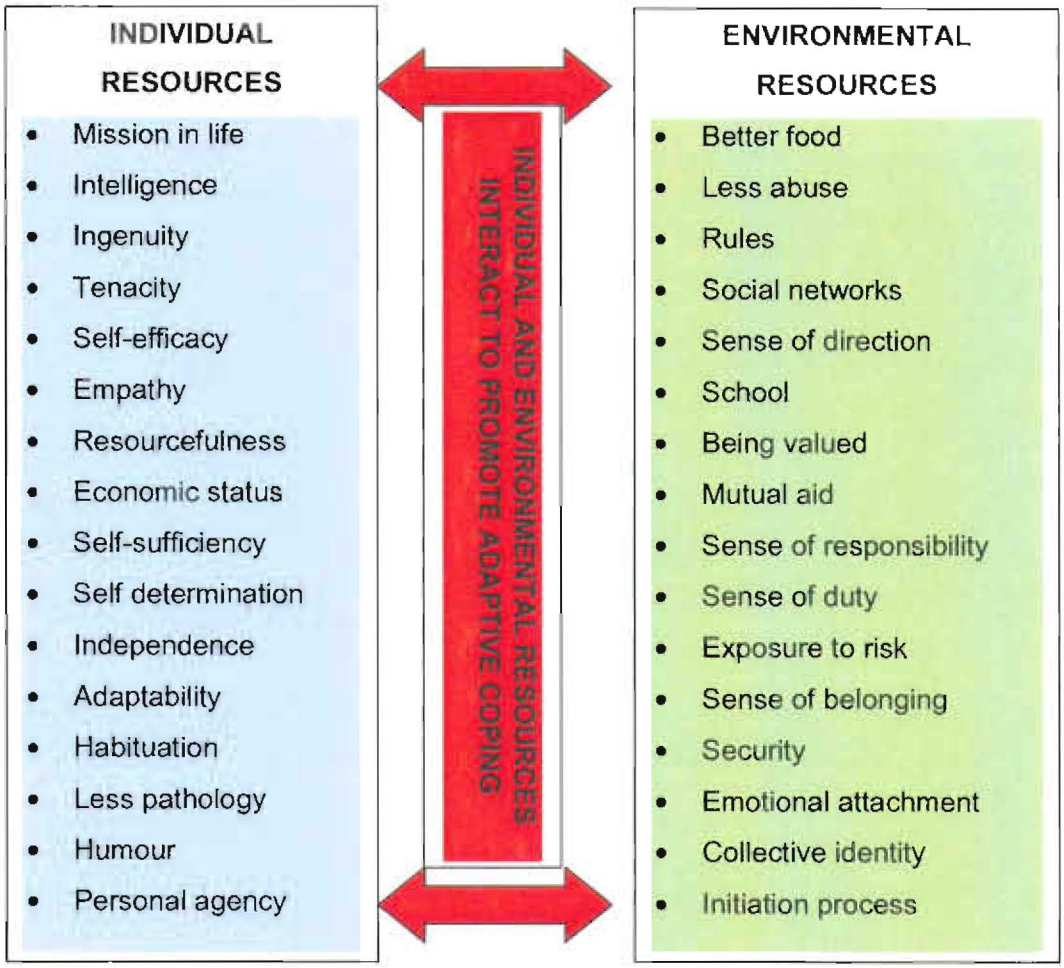


Figure 3.6: Summary of antecedents of resilience in street children

Nevertheless, the above antecedents are often overlooked in discussions on street children. To the best of my knowledge, there are no South African studies that confirm the antecedents noted in Figure 3.6 or in Table 2.1 for South African street children except for the study by Madu *et al.* (2005:204) which focused on tenacity, sense of purpose and relationships as antecedents of resilience. As noted in Chapter One at the outset of my study I fell into the same trap, however, after reviewing the CYRM results I realised that the participants were probably revealing resilience, albeit hidden.

3.3.5. CONCLUSION

This chapter explored the phenomenon of street children, defined the street child concept and pointed out the fact that it is a contested concept at this stage. The incidence of streetism was traced both globally and locally an exercise which highlighted the risks and possible causes of streetism. The commonly held commonly views about street children, hidden resilience in street children accompanied by the possible antecedents of hidden resilience in street children were also explored.

The next chapter, namely Chapter 4 is an overview of the research design that I used to explore the phenomenon of resilience among twenty resilient street children in the Free State and Vaal Triangle.

CHAPTER 4

RESEARCH METHODS

4.1 INTRODUCTION

Chapter Four elaborates on the empirical investigation that I carried out in the course of this study. It provides details regarding the aim of this study, the research design, data collection and analysis procedures as well as the research ethics that governed the study. The following diagram provides an orientation to Chapter Four:

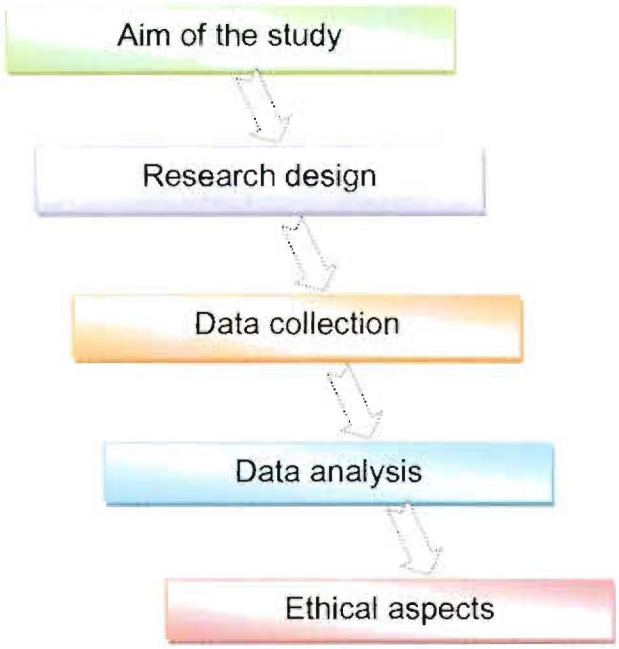


Figure 4.1: Orientation to Chapter Four

4.2 AIM OF THE STUDY

The aim of this study was to unearth and understand the antecedents of resilience among South African street children.

I broke the aforementioned aim into the following objectives:

- to conduct a literature study that would
    - define resilience;
    - define streetism;
    - highlight the nature of the risk factors that threaten resilience in street children; and
- to conduct an explanatory mixed methods exploratory empirical study aimed at delineating the intrinsic and extrinsic resources implicated in enabling street children to function resiliently in spite of significant exposure to risks.

4.3 METHOD OF RESEARCH

As indicated in Chapter One, this study was an exploratory research study which, according to Babbie and Mouton (2007:79), is conducted in order to provide basic familiarity with a topic of relative novelty. Street children are generally thought to be at risk of poor developmental outcomes. While some of them do develop pathology and show signs of not functioning resiliently, some have demonstrated remarkable resilience, even under prolonged exposure to stressful conditions at their homes of origin and later on the streets (Conticini & Hulme, 2007:204; Panter-Brick, 2002:162). In this exploratory study, I aimed to isolate the intrinsic and extrinsic processes that could have led to street children demonstrating resilience in spite of risk processes.

In other words, the study aimed to gain a deeper understanding of the participants' ability to avoid the breakdown and disorders caused by prolonged

exposure to stressful environments that are characteristic of streetism and demonstrate either normal or unexpectedly positive psychosocial development (Ungar, 2008b:21).

4.4 THE EMPIRICAL INVESTIGATION

Researchers attempt to make sense of people's feelings, experiences, social situations or phenomena as they occur in natural settings (Terre Blance *et al.*, 2007:287). It therefore becomes necessary to collect data from as many sources as possible, often using different data collection methods or strategies in order to have a more complete perspective on the phenomenon under study.

There are four variations of the mixed methods design, namely the explanatory mixed methods design, the exploratory mixed methods design, the embedded mixed methods design and the triangulation mixed methods design (Ivankova *et al.*, 2007:264-268). I adopted a mixed methods approach to data collection in this study, namely the explanatory mixed methods design (Ivankova, *et al.*, 2007:264-265) as the best approach to understand the factors that promote resilience as a phenomenon in street children. I did this because I needed to understand the antecedents of resilience that were revealed by the CYRM more deeply.

The explanatory mixed methods design is generally used when the researcher collects and analyses qualitative data to shed light on quantitative data (Ivankova *et al.*, 2007:264). Therefore, after I administered the CYRM and noted that the participants were reporting resilience, I interviewed the participants afterwards. I also interviewed a group of street children to deepen my understanding even more.

One limitation of the explanatory mixed methods design is that it is quite time-consuming (Ivankova *et al.*, 2007:265). I first administered the CYRM, then

interpreted it and thereafter I needed to return to the participants to interview each one individually and later find a second group of street children to participate in a focus group interview so that I could check and expand the themes that were emerging in the individual interviews.

4.4.1 Participants

The targeted population for this study was all street children in South Africa. Since it was impossible to include all these children in one study, the study was limited to 20 street children of whom 14 fell into the category of children on the street, meaning children who spend time on the streets earning some money to supplement the family income while maintaining links with their families (Ayuku *et al.*, 2004:25; Pare, 2004:244). The other six participants fell into the category of street children in institutional care, meaning street children who are accommodated in a shelter or institution (de Moura, 2005:197; Tolfree, 2003:8).

I needed to seek permission from the care-providers attached to the Non-governmental Organisations (NGOs) to gain access to the drop-in-centre, in the case of the 14 street children classified as children on the street, and the shelter, in the case of the six street children in institutional care. I negotiated with the NGOs who therefore acted as gatekeepers (Fouché & de Vos, 2007:91; Terre Blanche *et al.*, 2007:312), mainly because they have vested interests in the rights, welfare and well-being of the children in their care. Permission was granted in both cases (Cf. Appendix C and D for examples of this).

For the purpose of this study the non-probability, convenience sampling strategy (Maree & Pietersen, 2007:177) was used. Convenience sampling involves the selection of a desirable group of participants to participate in a study. The groups of participants were convenience samples, chosen for practical reasons (McBurney & White, 2004:248), namely that they could assemble at the drop-in

centre (as in the case of the fourteen children on the street) or at the shelter (as in the case of the six street children in institutional care).

Among the street children who were approached because they were accessible, purposive sampling was applied. I recruited street children who were between the ages of ten and eighteen. I recruited them by explaining the purpose of my study and asking them to help me understand resilience among street children. I explained to the participants that through my study, I wanted to learn how they dealt with difficult moments in their lives.

Twenty participants, namely 14 children on the street and six street children in institutional care, volunteered to be included in this study. The 14 children on the street completed the CYRM and participated in semi-structured, individual interviews while the six street children in institutional care completed the CYRM and participated in a focus group interview.

The fourteen children on the street were from the Free State, an area beset with high levels of poverty and under-development while the six participants who were in the focus group were from the Vaal Triangle area in the Gauteng Province, an area which includes very poor areas with poor infrastructure, middle income and affluent areas.

The youngest participant in the sample of fourteen children on the street was aged 10 and the oldest 17. The ages of the participants who formed the focus group also ranged from 14 to 17. I allocated codes to the children on the street, namely, SS-A to SS-N and FG-A to FG-F to the participants in the focus group in compliance with ethical principles, namely protection of privacy.

Among the 14 children on the street were three girls and eleven boys while the focus group comprised only boys. This is in line with earlier research findings which indicated that globally, street children are typically male since girls tend to

tolerate abuse at home much longer than boys and are more likely to enter the sex industry and become less visible on the streets than typical street children (Bourdillon, 2001; Speak, 2005:133).

4.4.2 Data Collection

I used multiple methods, namely qualitative and quantitative methods, to collect data for this study. The multiple methods involved the administration of the CYRM (quantitative), multiple individual interviews (qualitative) as well as one focus group interview (qualitative). Method triangulation which involves the use of different methods to collect data (Banister *et al.*, 2001:147; de Vos *et al.*, 2007:361; Gray, 2004:344) is used to offset the inherent limitations of any one data collection technique. The value of research findings is based on reliability and validity, therefore, triangulation is generally considered to be one of the best ways in which the researcher can enhance validity and reliability in qualitative research (Mouton & Prozesky, 2001:275). Therefore, methodological triangulation (Terre Blanche *et al.*, 2007:380) was chosen for this study to bring about confidence in the conclusions reached, but also to provide deeper understanding of the resilience constructs revealed by the CYRM.

4.4.2.1 Quantitative data collection

The collection of data forms a major part of research work as it allows for meaningful conclusions to be made about the phenomena under study. Measurement plays a major role in the collection of data in both quantitative and qualitative research (Neuman, 2006:180). In quantitative research, measurement is mostly numerical and/or statistical.

Quantitative researchers use a variety of instruments and techniques to obtain data (Neuman, 2006:181; Delport, 2007:159) and in this study the CYRM questionnaire was used to obtain quantitative resilience data from the participants. The CYRM is a self-administered questionnaire which is usually

handed to the respondent to be completed with minimum contributions from the researcher (Neuman, 2006:299; Delport, 2007:168). It consists of 58 statements that are rated on a five point scale.

Questionnaires are the most generally used instruments and the advantage of using self-administered questionnaires is that the researcher can hand them out to the participants and collect them afterwards (Neuman, 2006:299, Delport, 2007:166). Furthermore, questionnaires are easier to administer since even one researcher can administer them and they can be administered to groups as can the CYRM.

In this study the CYRM which I used is a reliable and valid measure of resilience (cf. 4.4.4), can be self-administered, and can be administered to a group with minimal contributions from the researcher.

4.4.2.2 Qualitative Data Collection

As part of the mixed methods design that was used in this study, qualitative data were collected through the use of semi-structured interviews and a focus group interview.

- **Semi-structured Interviews**

Semi-structured interviews are one-on-one conversations between the researcher and one participant focusing on the phenomenon under study (Burton, 2000:197). Semi-structured interviews are therefore predominantly used in qualitative research to collect qualitative data in order to gain a detailed picture of the participants' beliefs or perceptions on a particular topic (Burton, 2000:199; Greeff, 2007:296). Semi-structured interviews require the establishment of rapport with the participants and the researcher is able to follow up and probe for further clarification (McBurney & White, 2004; Greeff, 2007:296).

A semi-structured interview differs from in-depth interviews that are structured. In an unstructured interview the researcher and participant explore the phenomenon spontaneously whereas a semi-structured interview is guided by a list of questions. Although it is not necessary to follow the list slavishly, the questions guide the researcher.

The Youth Interview Guide (YIG) (Cf. Addendum H) which I used in this study (developed and used as part of the International Resilience Project) contains open-ended questions. The YIG enabled me to probe for more information and clarity, thus I gained a better understanding of the lived experiences of the participants as shaped by their physical and social contexts.

- **Clarification Interviews**

Some of the responses of the participants were not clear enough to me and as a result, I went back to them to conduct further one-on-one interviews in order to clarify some of these responses. This exercise gave me the opportunity to probe further so that I could develop more valid codes.

- **Focus Group Interviews**

For this study one focus group interview was used to collect qualitative data. A focus group is typically a group of people who share similar experiences (Terre Blanche *et al.*, 2007:304). Focus group interviews are the interviews that are conducted with groups to better understand how people feel or think about an issue, product or service (Greeff, 2007:299; Terre Blanche *et al.*, 2007:304).

In focus group interviews participants are able to build on each other's ideas, therefore these interviews have the potential to produce data rich in detail that is difficult to achieve with other methods (Nieuwenhuis, 2007b:90). Focus groups enable people who have common characteristics to assemble and create meaning among themselves and not individually (Greeff, 2007:299; Babbie &

Mouton, 2007:292). Whereas individual interviews provide the researcher with subjective experiences, focus groups add a further dimension, namely intersubjective experiences that are shared by the whole target group or community (Terre Blanche *et al.*, 2007:304).

In this study the street children shared similar street experiences (Terre Blanche *et al.*, 2007:304), were able to build on each others' ideas or refute them (Nieuwenhuis, 2007b:90) and gave me the opportunity to gather data rich in detail so I could understand how they felt about the reality facing them (Greeff, 2007:299; Nieuwenhuis, 2007b:90). The focus group interview was guided by the same questions as those in the individual interviews.

4.4.2.3 Data Collection Procedure

This study involved the application of the CYRM, individual interviews and a focus group interview. The CYRM was administered to the participants as a group. Although the participants could read English, it was necessary to code-switch (using their mother-tongue, Sesotho) in all questions. Since I had to read and code-switch, the application of the CYRM took one hour and twenty minutes. I had to give the participants breaks in between.

In order to understand the resilience-promoting resources identified in the CYRM, I conducted interviews. The individual interviews lasted for between 35 to 45 minutes each while the focus group interview lasted 105 minutes. I met the children on the street at the drop-in centre where they received lunch prepared by the care-givers working for the Non-Governmental Organisation (NGO). A shack which was used as a drop-in centre is located in an informal settlement and it was difficult for the NGO to obtain a proper structure with running water, electricity and flush toilets. The bucket system was still in use. However, the local council was busy erecting flush toilets in that informal settlement, a slow process that is bound to take a few years indeed.

The venue was equipped with tables and chairs but it did not have a cement floor. We used this venue for the completion of the CYRM. I also conducted the individual interviews here. I conducted the interviews in Sesotho and I spent five afternoons interviewing these children.

I met the street children in institutional care at the shelter were they resided after school as from 14:30. The shelter was well equipped with water, electricity, ablution facilities, shower and adequate furniture. I conducted the interview in Sesotho. I audio-taped the interviews, transcribed them and then translated them into English. I am aware that data sometimes lose something of their richness in translation.

4.4.2.4 Data Analysis

The quantitative data obtained from the administration of the CYRM were statistically analysed via the North-West University's statistical services while the qualitative data were thematically analysed. More details on what was done follow:

- **Quantitative data analysis**

Quantitative researchers collect data in the form of numbers and subsequently use statistical types of data analysis (Terre Blanche *et al.*, 2007:47). The CYRM too produces numerical data. I administered the CYRM as a group-administered questionnaire, therefore the response rate was high since I was able to administer and collect them immediately thereafter (Delport, 2007:170-172; Maree & Pietersen, 2007:157). Group-administered questionnaires have advantages which are summarised by Maree and Pietersen (2007:157). Using this summary, I outline the benefits of the CYRM as a data-gathering instrument below:

All the participants were able to complete the CYRM questionnaire in a relatively short period of time. I was able to ensure accuracy in the completion of the questionnaire; it was economical and easier to administer. I was able to clarify the questions and interpret the questions in Sesotho since I was present and the questionnaire was in English.

The nature of the CYRM allows for the computer to be used to classify and analyse the data collected (Delport, 2007:172). The quantitative data were therefore grouped and presented in terms of frequency distribution based on the domains of the CYRM and graphically to have a better understanding of resilience levels in the street children who took part in the study. The analysis was facilitated by the use of the SPSS 16 program.

The 58 core questions of the CYRM were grouped according to the following domains:

- Individual resilience resources;
- Relationships and/or social competence (the youth know how to behave socially);
- Community and/or access to school education, information and learning resources; and
- Culture/being culturally grounded: knowing where you come from and being part of a cultural tradition which is expressed through daily activities

These domains are prescribed in the CYRM manual. The following table illustrates the grouping of the domains and the core questions:

	DOMAIN	QUESTIONS
A 	Individual resilience resources	1, 3, 4, 7, 8, 9, 13, 14, 16, 18, 22, 26, 28, 30, 31, 33, 36, 38, 40, 45, 47, 49, 51, 58
B 	Relationships and/or social competence	6, 11, 12, 20, 23, 29, 34,
C 	Community and/or access to school education, information and learning resources	10, 21, 27, 32, 35, 37, 39, 41, 42, 43, 44, 48, 50, 54, 56,
D 	Culture/ being culturally grounded	2, 5, 15, 17, 19, 24, 25, 46, 52, 53, 55, 57

Figure 4.2: Domains of the CYRM

This grouping and classification of the data according to the domains of the CYRM enabled me to have an understanding of the domains of resilience in which the participants were strengthened and the ones in which they had reduced growth. The visual presentation of this data in terms of graphs further deepened my understanding of the resilience levels of the participants.

- **Qualitative Data Analysis**

Qualitative researchers collect data in the form of written or spoken words and observation and the data is analysed by identifying and categorising them according to inductive codes or themes (Terre Blanche *et al.*, 2007:47). Qualitative researchers generally adopt an inductive approach to data analysis

(Babbie & Mouton, 2007:273). In inductive reasoning, specific instances or occurrences are used to draw conclusions about the entire classes of objects or events, meaning that a sample is observed and conclusions are subsequently drawn about the population of which they form part (Terre Blanche *et al.*, 2007: 4).

Qualitative researchers examine qualitative data carefully and develop codes, called inductive codes as opposed to *a priory codes*, which are existing or predetermined codes (Nieuwenhuis, 2007b:107). In this study I did not use existing codes, rather I developed inductive codes after I had carefully examined the qualitative data that I had collected through semi-structured and focus group interviews. However my choice of codes was influenced by the domains of the CYRM and my knowledge of resilience theory (cf. 2.2).

The following steps were followed in handling qualitative data:

- **Identification of statements relating to the topic:**

The researcher separates relevant from irrelevant information. Relevant information is broken down into phrases that reflect a single, specific thought for interpretation (Creswell in Leedy & Ormrod, 2005:140). Data generated by the semi-structured and focus group interviews were first transcribed and analysed (Henning *et al.*, 2005:127). In other words I read and re-read each interview carefully to find data that would answer my research question. When I noticed such data I coded that segment of data. Coding entails giving that segment a label that reflected how it promoted resilience for that participant. I have included an example of such open coding (Gilgun, 2007; Nieuwenhuis, 2007b:106) in Addendum I. As noted above, although the codes reflected the specific segments of data, I was influenced by my knowledge of interpersonal and intrapersonal antecedents of resilience (cf. 2.4) and by the domains of the CYRM which sensitised me to individual, relational, community and cultural antecedents of

resilience. In other words, my coding was inductive and deductive (Merriam, 2008).

- **Statements are grouped into units of meaning:**

Statements are grouped into categories that reflect aspects of the phenomenon under study (Creswell in Leedy & Ormrod, 2005:140). I organised and grouped the interview data in terms of the inductive codes as they emerged from the data (Henning, 2005:127; Nieuwenhuis, 2007:107).

- **Seeking divergent perspectives**

Because it is easy to be blinded by assumptions, it is important for the researcher to be vigilantly aware of how different people experience the phenomenon (Creswell in Leedy & Ormrod, 2005:140). The researcher must therefore carefully reread the original transcripts to make sure that exceptions to the emerging themes and patterns were noted and to make sure that no themes were missed (Gilgun, 2007:16). Furthermore, I asked some of my colleagues as well as some of the care-givers to review my perceptions, insights and analyses and conclusions (Babbie & Mouton, 2007:277).

- **Constructing a composite**

I used the emerging themes to develop an overall description of the antecedents of resilience among my participants, and a deeper understanding of the resilience antecedents identified in the CYRM (Creswell in Leedy & Ormrod, 2005:140). In other words, I used the process of content analysis to build new understanding by reflecting on the patterns and themes in the data and by providing thick descriptions that helped clarify and flesh out this understanding (Camozzi & Mathie, 2005:129; Patton, 2002:459). From the emerging themes I was able to conclude that the street children in my study demonstrated an incredible amount

of hidden resilience (Ungar, 2008b) in spite of their prolonged exposure to potential risks to resilience. This composite is provided in Chapter Six and Chapter Seven.

4.4.2.5 Reliability and validity in Quantitative Research

Reliability refers to quantitative research results that are accurate and that will probably be obtained again, should the same instrument be used with similar participants. (De Vos, 2007:85). Validity relates to an instrument measuring what it is reported to measure (Leedy & Ormrod, 2005:97). The quantitative data which were collected through the CYRM can be relied upon since the reliability and validity of the CYRM as a resilience measure, was established following extensive international research. The CYRM was piloted globally with 1451 youth from fourteen sites in eleven countries (including South Africa) to ensure that the CYRM was culturally and contextually relevant, reliable and valid. Because of this, the CYRM is considered a reliable and valid measure of resilience across cultures (Ungar, 2008a:223). The 58-items which initially formed the CYRM established good reliability with Cronbach's alpha scores for chosen subsets: individual (.84), relational (.66), community (.79) and culture (.71) (Ungar, 2008a:223).

4.4.2.6 Trustworthiness in Qualitative research

I took steps to ensure trustworthiness in the qualitative data that I collected. In essence, trustworthiness relates to the reliability and validity of qualitative data (Nieuwenhuis, 2007b:80). Trustworthiness is typically heightened by paying attention to the aspects of credibility, transferability, confirmability and dependability as originally outlined by Lincoln and Guba (Merriam, 2008). The steps I took to ensure trustworthiness covered the following:

Credibility (Babbie & Mouton, 2007:277; de Vos, 2007:346)

Credibility relates to how believable or convincing that data are. Therefore, the researcher should provide enough rich descriptions of the setting, participants, procedures, and interactions so that the findings are credible and can be believed (de Vos, 2007:346). I did this by describing my participants in some detail and by adding rich, detailed quotes to clarify my discussion on emerging themes in Chapter Six. In my study, credibility was further heightened by the following:

- **Peer debriefing** (Babbie & Mouton, 2007:277)

Peer debriefing in this study involved the reviewing of my own perceptions, insights, analyses and conclusions by colleagues outside the research context. After I analysed the data and formed insights and perceptions and reached my conclusions about them, I invited independent colleagues namely, social workers who worked for the Non-Governmental organisations which operated the drop-in centre and the shelter where the participants resided to go over my perceptions and conclusions to confirm them thereby promoting credibility. Therefore, the care-givers and social workers attached to the NGOs that cared for the participants reviewed my conclusions; thereby, trustworthiness was promoted. The alternative conclusions the peer reviewers came up with were incorporated in the final report.

- **Referential Adequacy:** (Babbie & Mouton, 2007:277)

In this study referential adequacy also refers to the material used to document data which I collected via semi-structured and focus group interviews. I audio-taped and transcribed the semi-structured and focus group interviews to preserve the data for easier reference afterwards. I added an audit trail (Cf. Addendum I) which allows readers to check my interpretations against the raw data for accuracy or distortions, deliberate or not.

Transferability (Babbie & Mouton, 2007:277; de vos, 2007:346)

Transferability refers to the degree that findings can be transferred or generalised to other settings and contexts, or similar groups of participants. To help readers decide whether the findings can be applied to other groups of participants or to other contexts, the researcher must provide enough detail about the setting so that some generalisation might be possible; always bearing in mind that generalisation is not the aim of qualitative research (Gilgun, 2005:44-45). Transferability depends on the similarity between the original and subsequent contexts, therefore the researcher collects sufficiently detailed descriptions of data in context and reports them in great detail. To allow for transferability, I tried to describe the research process and setting in detail and to choose quotes carefully so that data were not misinterpreted (Nieuwenhuis, 2007b:115). In my study this was further facilitated by:

- **Purposive convenience sampling:** (Babbie & Mouton, 2007:277)

I used purposive sampling (namely street children between the ahes of 10 and 17) in order to maximise the range of specific information that I could obtain. Although I allowed the locations to be dictated by convenience (i.e. I chose areas of the Free State and Vaal Triangle to which I had easy access), I was candid about this and described the sites in some detail. I also noted that children of the street who live on the streets full time and have no links with their families are different from my participants who were children on the street and street children in institutional care (i.e. street children receiving some care or services). My participants frequented a drop-in centre (children on the street) and shelter (street children in institutional care). This detail will help readers determine how transferable my findings might be to street children who are not accessing services or who are without any adult care.

Dependability (Babbie & Mouton, 2007:278; de Vos, 2007:346)

Dependability relates to how reliable the collected data is. For this reason the researcher should describe the contexts and circumstances of the research in detail, reflect previous research findings that were similar or explain differences (De vos, 2007:346). I described the data collection process in detail. In Chapter Six, I do note when my findings are similar to and different from previous studies. I also attempted to heighten the dependability of my data by including an interview excerpt and an example of preliminary open and axial coding (cf. Addendum I). In Chapter Six I made sure I provided a thick description:

- **Thick description** (Babbie & Mouton, 2007:277)

I used an audiotape to objectively record the qualitative data I collected through semi-structured and focus group interviews to ensure that I was precise. I transcribed the data verbatim from the audio tapes and further analysed that data and developed inductive codes. This was in line with the interpretivist approach which informed this study. I could thus be in a position to understand how the participants constructed their reality. I could understand not only that they were resilient but also what contributed to (antecedents) that hidden resilience in defiance of common beliefs and expectations that these children are not resilient. When I documented the emerging findings I provided multiple, supportive excerpts from the interviews.

Confirmability (Babbie & Mouton 2007:278; de Vos, 2007:347)

Confirmability refers to the degree to which other independent parties can confirm or corroborate the findings. Confirmed data minimises the possibility of researcher bias in the conclusions, interpretations and recommendations made. One way to do this is to search vigilantly for examples that conflict with the

emerging findings. Another way relates to honesty with professional colleagues which requires that the research results be reported honestly and not be distorted or misrepresented to suit the researcher's hypothesis. I did this by presenting my preliminary findings at EASA 2009 and using the feedback to further refine my thinking. Furthermore, the fact that an example of the raw data with the inductive codes or themes I developed is appended renders them accessible for the readers to revisit them and confirm the accuracy and adequacy of my interpretations. As noted above, an additional step was to discuss my findings with the care-givers and some NGO representatives: I asked them to comment critically on my findings. Finally, in a few instances I returned to the participants to query my data and to ask them to clarify my understanding.

4.5 ETHICAL ASPECTS

Research ethics must be observed in all research undertakings and this study is no exception. Ethical issues fall into the following categories (Leedy & Ormrod, 2005:101-104; Strydom, 2007a:58-68):

4.5.1 Protection from harm

Participants in a study can be vulnerable to emotional and/or physical harm (de Strydom, 2007a:58; Babbie & Mouton, 2007:522). It is important that the participants not be exposed to undue physical or psychological harm which may include a loss of life or limb and unusual stress, embarrassment or loss of self-esteem (Leedy & Ormrod, 2005:101). In fact, research should try to do no harm.
I was mindful of the fact that the participants in this study, namely street children, had suffered both physically and emotionally and that their self-esteem was low. I took care not to expose the participants to further physical and emotional stress to which they sometimes are vulnerable.

The participants were duly informed about the effects the study was likely going to have on them, namely that some of the questions in the CYRM and the interviews might remind them of difficult times in their lives. The participants were afforded the right to withdraw from the study if they so wished (Strydom, 2007:58). I also ensured that them that emotional risks involved in the study were not beyond the normal day-to-day risks of life for a child (Leedy & Ormrod, 2005:101). I did indicate that I would need to report instances of abuse if I became aware of this. The participants were reminded that they did not have to discuss issues they felt uncomfortable discussing. If for any reason they felt sad, I assured the participants that I would make debriefing and counselling available (Leedy & Ormrod, 2005:101) to help them feel better.

4.5.2 Informed consent

Participation in any study should be strictly voluntary (Leedy & Ormrod, 2005:101; Strydom, 2007a:58; Babbie & Mouton, 2007:521) and in this study the participants consented to participating in my study by signing the consent form (attached as Appendix E and F). The parents and/or guardians of the 14 children on the street also consented to their children taking part in my study by signing the consent form. This was facilitated by a caregiver at the drop-in centre who went to each and very participant's home to get parental consent. The participants from the shelter signed the consent forms and care-providers at the shelter co-signed the consent forms, thereby consenting to the street children at the shelter taking part in my study. The street children at the shelter signed to give their informed consent. Informed consent forms are ideal in getting the participants to consent to taking part in a study (Leedy & Ormrod, 2005:101; Terre Blanche, 2007:72-75).

I was especially mindful that youth (and especially those on the street) need to be thoroughly informed of the study and that they should not be coerced. In this regard, I encouraged care-givers at the shelter and workers at the drop-in centre,

with whom the participants felt comfortable, to double-check that the youth wanted to participate, that they did not feel pressured and that they really understood what their participation would entail.

I informed the participants about the nature of the study and afforded them the opportunity to withdraw if they so chose (Leedy & Ormrod, 2005:101). I did not use deception (Leedy & Ormrod, 2005:101; Babbie & Mouton, 2007:525) in getting the participants to take part in this study. I did not promise any form of compensation and neither did I use any form of coercion to make them participate in this study. The informed consent form is appended as Appendix E and F.

4.5.3 Right to Privacy

I respected the participants' right to privacy (Strydom, 2007a:61) by being particularly sensitive to the fact that street children are vulnerable to further abuse. The identities of the participants were preserved by allocating codes to them (Cf. Table 5.1). The codes were SS-A up to SS-N for the individual interviews and FG-A up to FG-F for the focus group. The responses of the participants were duly handled confidentially (Leedy & Ormrod, 2005:102; Babbie & Mouton, 2007:523; Terre Blanche, 2007:76).

The participants fully understood that their rights to human dignity, equality and privacy would be respected as is required by not only the research ethics but also by the Constitution of the Republic of South Africa (1996). The participants fully understood that their names and identities would not be released to any party without their written consent. I also made it clear that if I learned that participants were being abused I would need to report this.

4.5.4 Honesty with professional colleagues

I was sensitive to the need for researchers to report their findings in complete and honest ways (Leedy & Ormrod, 2005:102; Babbie & Mouton, 2007:526). I was aware of the need not to misrepresent, intentionally mislead or fabricate data to support a particular hypothesis. I gave credit where it was due and did not use other researchers' work as my own (Leedy & Ormrod, 2005:102).

4.5.5 Internal review boards

Research institutions, including the North-West University, have internal boards that scrutinise research proposals to ensure that each study is conducted ethically without causing any harm to the participants (Leedy & Ormrod, 2005:102; Babbie & Mouton, 2007:528; Terre Blanche, 2007:65). This study was conducted with strict observance of the research ethics as contained in the North-West University's manual on research ethics. I received ethical clearance to conduct this study (**NWU0003-08-A2**).

4.5.6 Professional code of ethics

Different disciplines have their own ethics codes which govern research involving humans as subjects (Babbie & Mouton, 2007:528; Terre Blanche *et al.*, 2007:62). This applies to psychology, the field in which I work as a registered psychometrist. I am lawfully obliged to abide by the ethical principles as laid down by the Health Professions Council of South Africa (2006). These ethical principles overlap with the research ethics in many respects as they deal effectively with informed consent, sexual and other forms of harassment, protection from harm, exploitative relationships, protection of privacy, confidentiality and assessment procedures. I observed this code diligently.

4.6 CONCLUSION

This chapter provided details regarding the aim of this study, research approach, the design as well as ethical issues. The following chapter will report empirical data collected in the course of this study.

CHAPTER 5

QUANTITATIVE DATA ANALYSIS

5.1 INTRODUCTION

Chapter Five presents the findings of the quantitative research as explained in Chapters One and Four. These findings reflect the completed CYRM by the 20 participants who took part in my study. This chapter therefore follows the following route: introduction, demographic information, findings, comparison of the findings to the International Resilience Project (2006) findings in South Africa and globally, and conclusion. The following diagram illustrates the route this chapter followed:

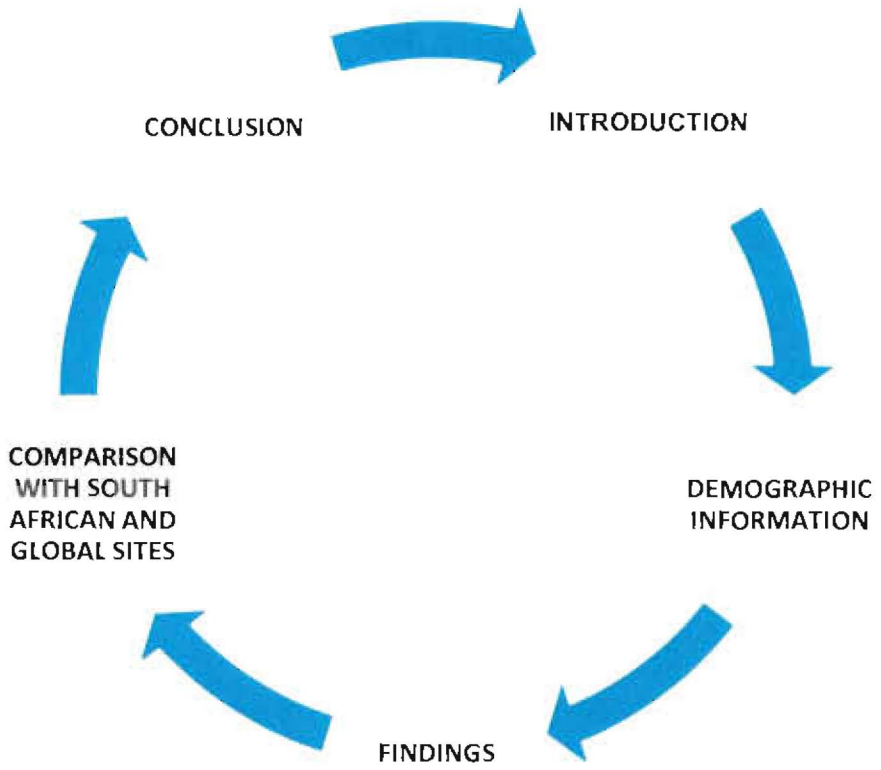


Figure 5.1: Overview of Chapter Five

5.2 DEMOGRAPHIC INFORMATION

Table 5.1 illustrates the demographic information of the participants in my study.

Participants	Age	Contact with parents	Gender	Attending school?	Living arrangements: shelter/home
SS-A	13	YES	F	YES	Home
SS-B	10	YES	F	YES	Home
SS-C	17	YES	M	YES	Home
SS-D	16	YES	M	YES	Home
SS-E	16	YES	M	YES	Home
SS-F	16	YES	M	YES	Home
SS-G	16	YES	M	YES	Home
SS-H	17	YES	M	YES	Home
SS-I	14	YES	M	YES	Home
SS-J	10	YES	M	YES	Home
SS-K	10	YES	F	YES	Home
SS-L	13	YES	M	YES	Home
SS-M	16	YES	M	YES	Home
SS-N	15	YES	M	YES	Home
FG-A	14	NO	M	YES	Shelter
FG -B	17	NO	M	YES	Shelter
FG-C	16	NO	M	YES	Shelter
FG-D	15	NO	M	YES	Shelter
FG-E	17	NO	M	YES	Shelter
FG-F	14	NO	M	YES	Shelter

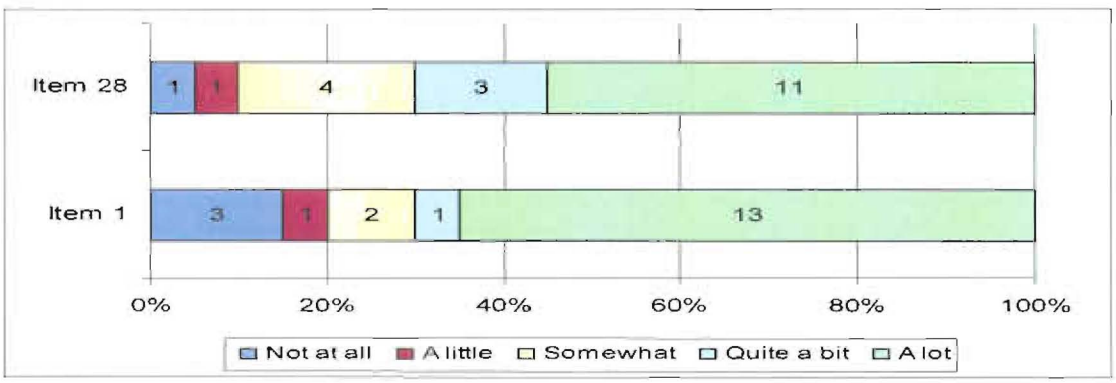
Table 5.1: Demographic Information

Table 5.1 shows that more boys than girls took part in my study. Specifically, there were three girls and 17 boys in total. Table 5.1 also shows that 14 participants had links with their families while six did not since they were accommodated at the shelter. All the participants attended school with their ages ranging from 10 to 17.

5.3. INDIVIDUAL RESILIENCE RESOURCES

Individual CYRM resilience resources include a sense of humour, problem-solving, self-efficacy, showing a balance between dependence and independence, assertiveness, sense of duty, being able to live with uncertainty, self-awareness, goals and aspirations, social support, appropriate use of or abstinence from substances like alcohol and drugs, a positive outlook on life, optimism, empathy for others and the capacity to understand others, and confidence. A graph depicts how well (or not) the participants believed each of these resources promoted their own resilience. Each graph is followed by a short discussion.

- **Sense of Humour**

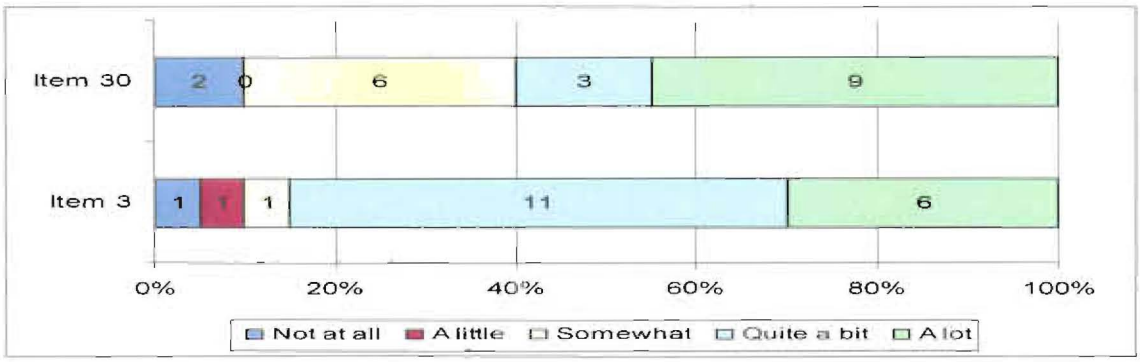


Graph 5.1: Sense of Humour

The responses to Question 1 show that 14 participants in my study believed that **having fun and laughing** could help solve problems as opposed to four who indicated that they did not think so. The graph also shows that 14 participants

believed that **they were fun to be with** as opposed to **two** who did not. In summary it can be concluded that **most of the participants used humour effectively to lighten adversity,** thus promoting resilient functioning. A good sense of humour is regarded as an effective buffer against the negative effects of adversity (Boyden & Mann, 2005:7; IRP, 2006; Killian, 2004:52; Ungar, 2008a:227).

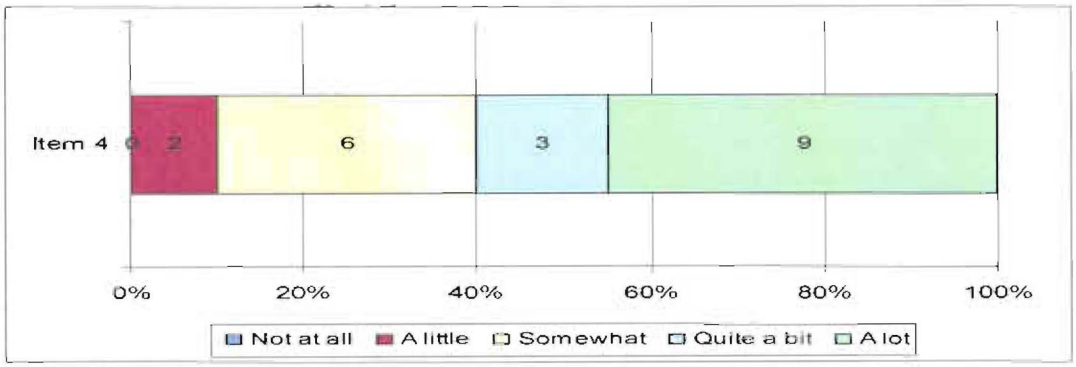
- **Problem-solving**



Graph 5.2: Problem-solving

The participants' responses to Question 3 show that 17 participants kept going even when **life got difficult** as opposed to **two** participants who indicated that they **did not keep going when life got difficult**. This suggests that most of the participants demonstrated tenacity. Regarding Question 30, 12 participants were confident of **solving their own problems**, whereas only two were not. The findings therefore suggest that the participants felt that they could solve their own problems. Considering that street children typically have histories of forced reliance on themselves to survive and meet their basic needs for food and shelter without their families (Altanis & Goddard, 2003:300; Ayuku *et al.*, 2004:25), it seems crucial that they develop problem-solving skills which are considered to be fundamental to coping resiliently (IRP, 2006; Killian, 2004:52; Ungar, 2008a:227).

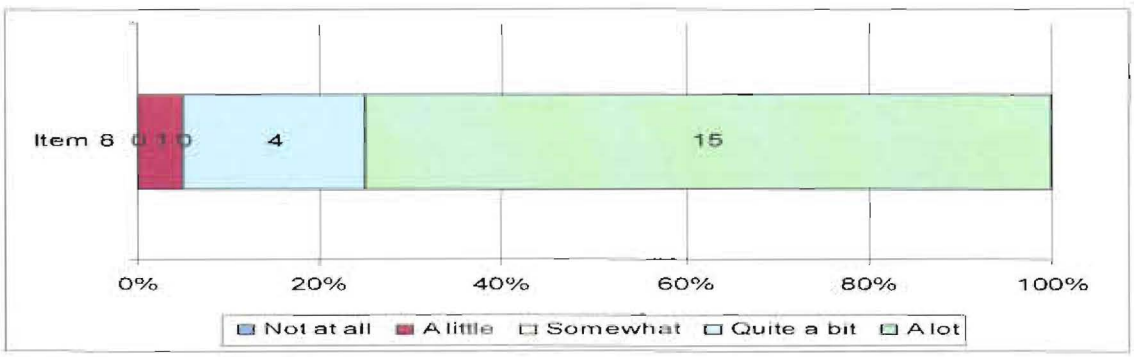
- **Self-efficacy**



Graph 5.3: Self-efficacy

The participants' responses show that 12 participants believed that **what they were doing then could influence what would happen in later life** as opposed to two who did not think so. This suggests that most participants were **self-efficacious**, meaning that they believed in their abilities to do things so as to influence their futures (IRP, 2006; Killian, 2004:52; Schoon, 2006:79; Ungar, 2008a:227).

- **Showing a balance between dependence and independence**

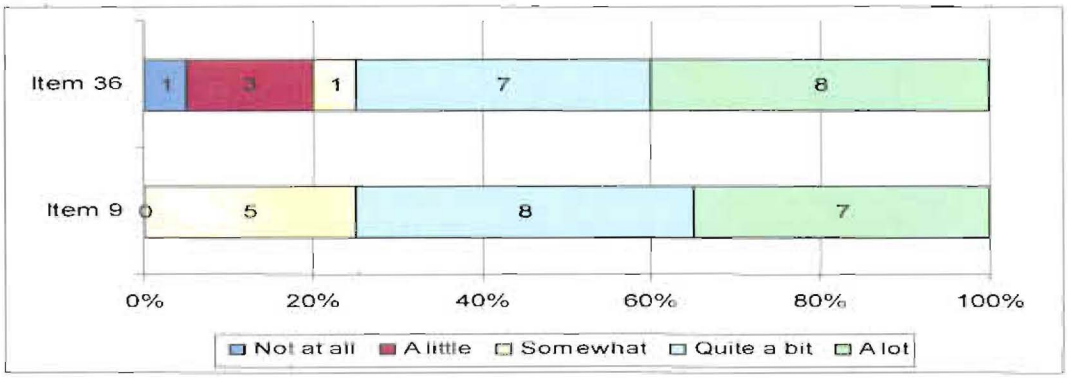


Graph 5.4: Showing a balance between dependence and independence

The majority, 19 of the participants, could **co-operate with others when needed in order to succeed**. This shows that the participants had developed **a balance between independence and dependence**. The ability to function independently

but also to co-operate with others (IRP, 2006; Ungar, 2008a:227) when needed is an essential resource and especially for street children. To cope with life on the streets, street children are forced to survive on their own (Altanis & Goddard, 2004:300; Ayuku *et al.*, 2004:25). However, it has been noted that they are adept at organising themselves into groups and relying on social networks to survive (Awad, 2002:108; Vogel, 2001).

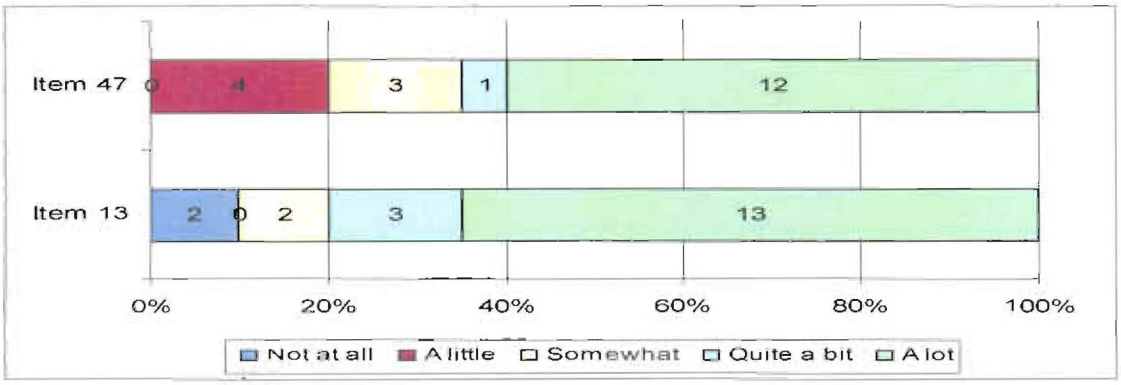
- **Assertiveness**



Graph 5.5: Assertiveness

The graph shows that 15 participants (Question 9) could **express themselves without worrying about being criticised** and 15 were **comfortable asking for help** as opposed to four who were not comfortable asking for help. The findings show that the participants were able to act assertively when needed and, considering that street children are growing up with less adult supervision and protection, assertiveness is a valuable resilience resource to them (as it is too for other vulnerable youth) (Boyden & Mann, 2005:7; IRP, 2006; Morrison *et al.*, 2006:24; Ungar, 2008a:227).

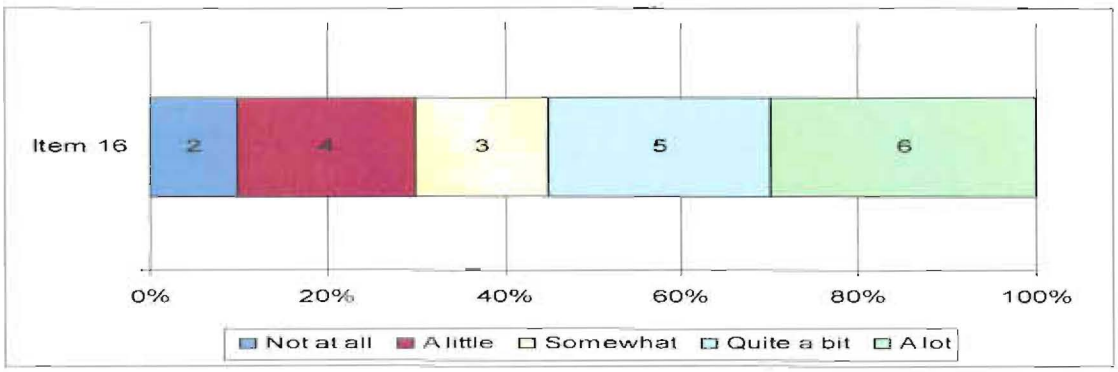
- **Sense of duty**



Graph 5.6: Sense of duty

The participants' responses to Question 13 show that 16 participants believed that **each individual was responsible for making the world a better place** and only two participants did not think so. Another 13 participants, as shown by the responses to Question 47, felt it was **important to serve one's community**. The majority of the responses therefore show that the participants felt a sense of duty to others and self. A sense of duty is regarded as a resilience resource which encourages resilience (IRP, 2006; Ungar; 2008a:227).

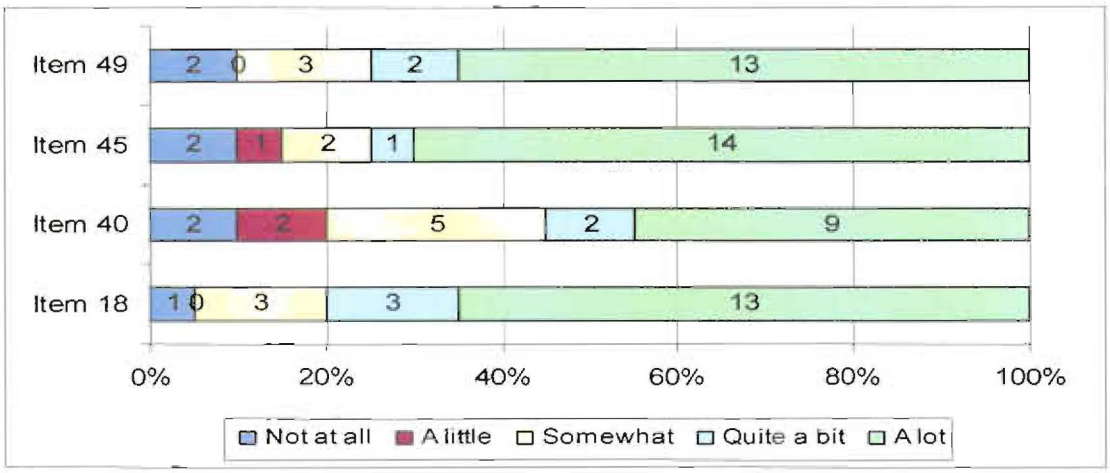
- **Being able to live with uncertainty**



Graph 5.7: Being able to live with uncertainty

This graph shows that 11 participants were confident when in **challenging and confusing situations** and six participants did not indicate confidence in challenging and confusing situations. The findings show that most participants were able to live with uncertainty and to function resiliently in the midst of uncertainty. This ability is integral to resilience (IRP, 2006; Ungar, 2008a:227) and crucial especially for street children in order to cope with the challenges posed by streetism.

- **Self-awareness**

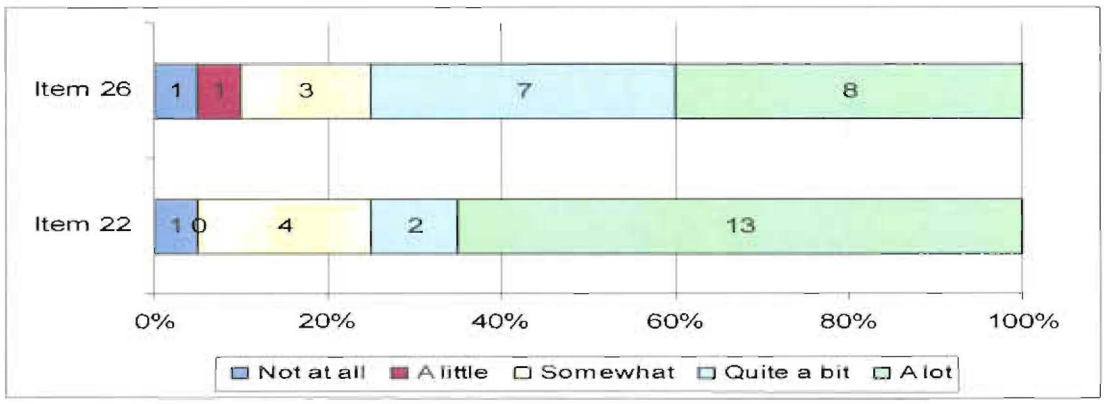


Graph 5.8: Self-Awareness

The responses to Question 18 show that the majority of the participants, namely 16, were comfortable with how they **expressed themselves sexually,** with only one participant indicating that he could not do so. The responses to Question 40 show that 11 participants were comfortable **expressing themselves in close relationships with their peers;** only **four** were not. Responses to Question 45 show 15 participants who indicated that they were **aware of their strengths**, compared to three who indicated that they were not aware of their strengths. Lastly, 15 participants indicated (Question 49) that they were **aware of their weaknesses** while two of them indicated that they were not aware of their weaknesses at all. In summary, the findings show that the majority of the

participants **were self-aware.** It is crucial for one to have self-knowledge for resilient functioning to occur (IRP, 2006; Killian, 2004:52; Ungar, 2008a:227).

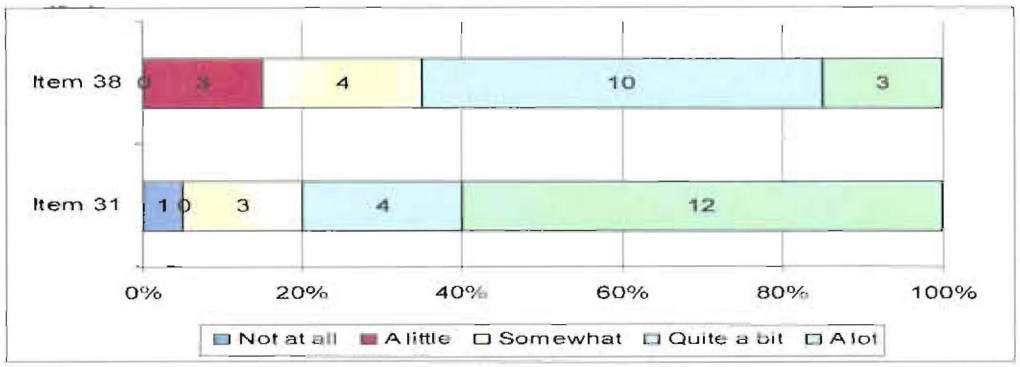
- **Having goals and aspirations**



Graph 5.9: Having goals and aspirations

The responses to Question 22 show that 15 participants **strove to finish what they started**. Only one participant indicated that he did not strive to finish what he started. On the other hand the responses to Question 26 show that 15 participants **could envision what the future would look like**, whereas two participants could not. The findings showed that the majority of the participants worked hard to finish what they started and were sure of what their futures had in store for them. Considering that the participants are street children, it is remarkable that they still had a vision of what their futures were going to be like and worked hard to be successful. Having goals and aspirations, or being positively orientated to the future, have been documented as powerful resilience resources for various groups of youth at-risk (IRP, 2006; Theron, 2006:207; Ungar, 2008a:227) which ostensibly link with other resilience resources, namely achievement orientation, motivation and hope (Johnson & Wiechelt, 2004; Killian, 2004:52).

- **Social Support**

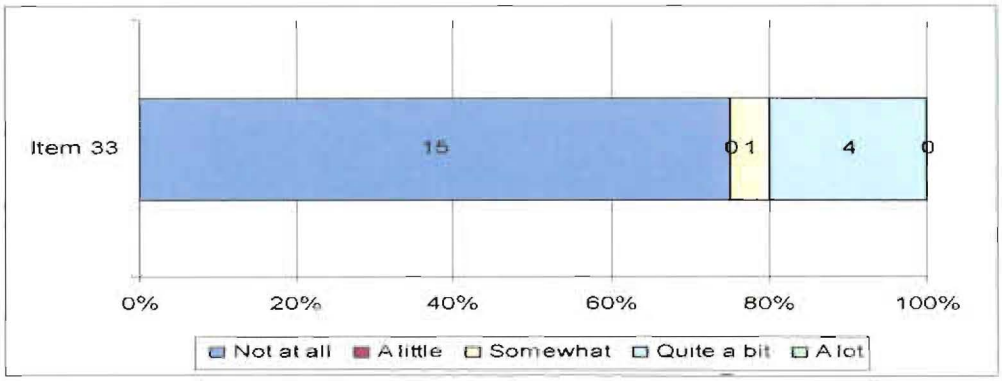


Graph 5.10: Social Support

The majority of the participants, namely 16, indicated that they felt a **sense of being part of a group** when they were with their friends, while only one did not feel so. On the other hand, 13 participants indicated that they thought that their **families, friends and relatives could stand by them in difficult times**. The responses of the participants showed that the participants experienced a sense of belonging, and that the majority felt supported amid difficulties.

Social support in the form of informal networks is typical of street children who more often than not fend for themselves. Social support is a powerful resilience resource which street children derive mostly from their peers (Awad, 2002:108; IRP, 2006; Killian, 2004:52; Lynch, 2003:272; Tusaie & Dyer, 2004:4; Ungar, 2004b:6; Ungar, 2008a:227).

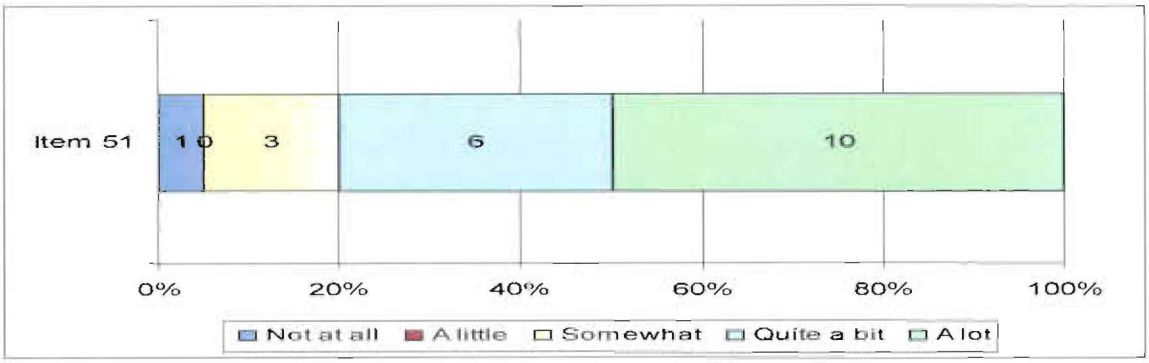
- **Appropriate use of or abstinence from substances like alcohol and drugs**



Graph 5.11: Appropriate use of or abstinence from substances like alcohol and drugs

The responses to Question 33 indicate that 15 participants did not believe in the **abuse of non-prescriptive drugs to cope with difficulties**. Four participants indicated that they believed a lot in the efficacy of drugs in coping. This challenges the notion of substance abuse among street children. It is possible that because some of my participants were shelter residents who were monitored with regard to drug use and encouraged to abstain. Typically coping mechanisms rife among street children include drug abuse, begging, prostitution or stealing in order to meet their needs for adequate clothing, food and shelter (Altanis & Goddard, 2003:300; Ayuku *et al.*, 2004:25), all of which are risks to resilience.

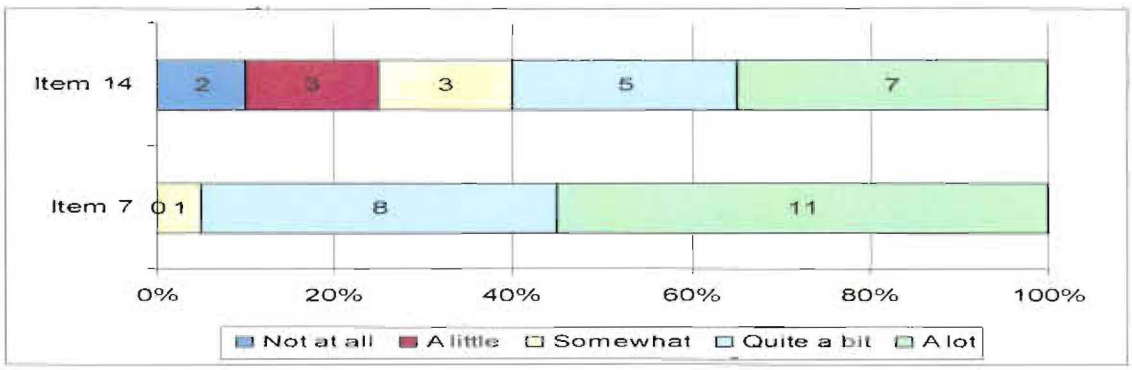
- **Having a positive outlook on life: optimism**



Graph 5.12: Having a positive outlook on life: optimism

Sixteen participants indicated that they believed that **problems in life could be solved successfully** but one participant felt this was not possible. This shows that the majority of the participants had a positive outlook on life. Having a positive outlook on life is a powerful resilience resource (IRP, 2006; Ong & Bergeman, 2004:225; Schoon, 2006:79; Tusaie & Dyer, 2004:4).

- **Empathy for others and the capacity to understand others**

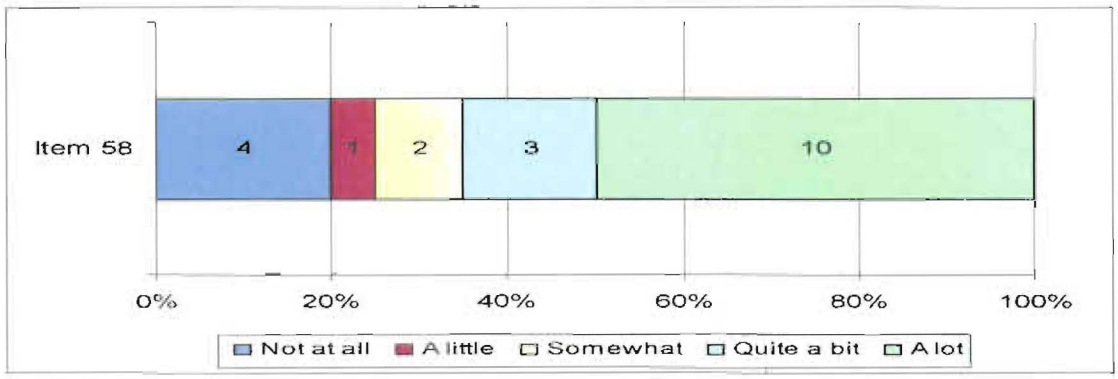


Graph 5.13: Empathy for others and the capacity to understand others

In response to Question 7, 19 participants indicated that they could **understand others' feelings**. In a similar manner 15 participants indicated that they felt

kindness towards people they did not like when bad things happened to them. The majority of the participants demonstrated empathy, which is a characteristic of resilient individuals (IRP, 2006; Killian, 2004: 52; Newman, 2002: 1; Ungar, 2008a:227). Significantly, empathic values are not traditionally associated with street children who (as reported in Chapter Three) are typically labelled as deviants and villains (Ennew in Panter-Brink, 2002:156; West, 2003:23).

- **Feeling confident**



Graph 5.14: Feeling confident

Thirteen participants indicated that they were **as good as their peers** while five participants felt they were not confident. This is indicative of the fact that most of the participants felt good about themselves. Self-confidence and self- esteem are implicated in resilient functioning (Killian, 2004:52; Newman, 2002:1; Schoon, 2006:79).

In summary, the following personal resources, arranged in descending order (according to how many of the participants reported that this resource was resilience-promoting), were reported by the street children in my study as contributing to their resilience:

INDIVIDUAL RESOURCES	NUMBER	%
Balance between dependence and independence	19	95
Empathy	17	85
Optimism	16	80
Assertiveness	15	75
Goals and aspirations	15	75
Abstinence from drugs	15	75
Problem-solving	14,5	72,5
Sense of duty	14,5	72,5
Social support	14,5	72,5
Self-awareness	14,2	71
Sense of humour	14	70
Confidence	13	65
Self-efficacy	12	60
Living with uncertainty	11	55

Table 5.2: Summary of individual resources

It is clear from Table 5.2 that the participants were able to function resiliently due, in part, to individual resilience resources. A closer look at which personal protective resources mostly promoted resilience among my participants suggested that a balance between dependence and independence (95% of participants), empathy for others and the capacity to understand others (85%) contributed the most to their resilience. It is interesting to note that street children who join streetism are adopted and initiated into the street culture and way of living and that they are noted for forming social networks (Vogel; 2001:232) that encourage their survival on the streets. Such networks would be difficult if street children could not strike a balance between dependence on their peers and others and independent coping. Equally, networks flourish when their adherents are empathic and optimistic, because this promotes social cohesion which predicts resilience (Evans, 2005:116; Rolfe, 2006:3). Given the multiple

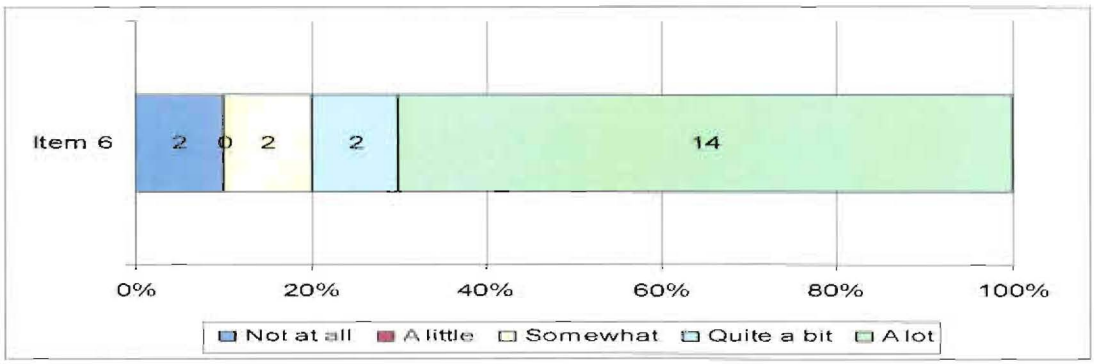
challenges of street life (cf. 3.3) it is hard to imagine that youth would cope without robust optimism.

The personal resources that contributed the least were being able to cope with uncertainty and self-efficacy (although in both instances these were noted to be resilience-promoting resources). This may be so because of the multiple risks (Altanis & Goddard, 2004:305; Kruger & Richter, 2003; van Niekerk *et al.*, 2007:127) that street children encounter, often without warning leading to them feeling less self-efficacious and more uncertain. In a similar way, studies on street children suggest that they are typically migrant because they do not know what to expect and so move around a lot to survive and to escape harassment (Altanis & Goddard, 2004:299).

5.4. RELATIONSHIPS

The relationship domain of the CYRM includes factors such as having a positive mentor and role models, social competence, quality of parenting that meets the needs of the child and meaningful relationships with others at school and home, perceived social support, and peer group acceptance. The graphs that follow depict how well (or not) the participants believed each of these resources promoted their own resilience. Each graph is followed by a short discussion.

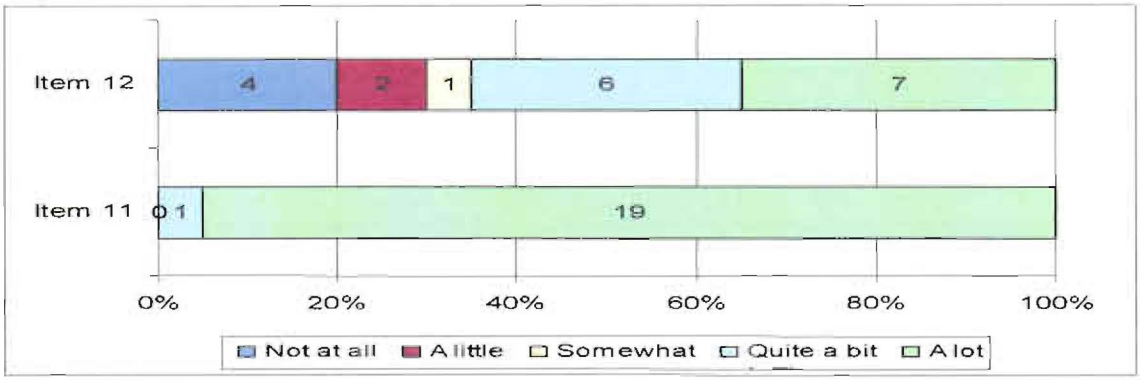
- **Having a positive mentor and role models**



Graph 5.15: Having a positive mentor and role models

The graph shows that the majority of the participants, namely **16,** had **people they looked up to.** Two participants indicated that they did not have people they looked up to. Having a mentor and role model is conceived to be protective (Boyden & Mann, 2005:7; IRP, 2006; Killian, 2004:52; Morrison *et al.*, 2006:25; Tusaie & Dyer, 2004:4; Ungar, 2008a:227).

- **Social Competence**



Graph 5.16: Social competence

All the participants, namely 20, indicated that they knew how to **behave in different social settings**. On the other hand, 13 participants indicated that they were **comfortable talking to people they did not know.** These results show that, the majority of the participants were competent (or believed they were competent) when it came to regulating themselves socially and talking to strangers. Social competence is a powerful resilience resource (IRP, 2006; Killian, 2004:52; Ungar, 2008a:227). Social competence is not traditionally associated with street children. As noted in Chapter Three, they are often looked on as being criminal (Bourdillon, 2001; West, 2003:23) or deviant (Ennew in Panter-Brink, 2002:156), which implies socially inappropriate behaviour rather than social competence.

- **Quality of parenting meets the needs of the child**



Graph 5.17: Quality of parenting meets the needs of the child

The results show that 18 participants believed that their parents **monitored them and their movements** with only one participant indicating that his parents did not monitor him. This is interesting because 14 of my participants returned home regularly (Cf. Table 5.1) and the others had surrogate parents in the form of caregivers. Responses to Question 29 also show that 16 participants indicated that they were able to **express their feelings in their families**. The results seem to suggest that the majority of participants indicated the quality of parenting they were receiving met their needs. The quality of parenting combined with stable and peaceful family environments are protective resources (IRP, 2006; Kritzas & Grobler, 2005:2; Oliver, 2007:24; Rutter, 1999:136).

The above is significant, given that many researchers are of the opinion that children take to the streets because their parents are uninterested in them or because their parents are poor (cf. 3.3.1). The participants in my study seemed to have different experiences of their parents. As noted in Table 5.1, my participants mostly had contact with parents (or extended families who functioned as parents and were called 'parents' by the participants). The youth in the shelter were monitored by their caregivers, and this may also have encouraged them to feel that they were attended to.

- **Meaningful relationships**

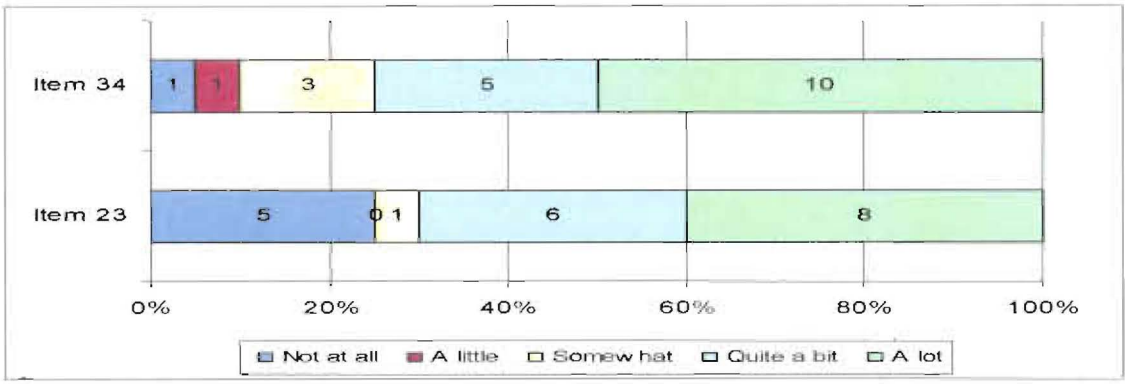


Figure 5.18: Meaningful relationships

The participants' responses to Question 23 show that 14 participants felt that they could **talk to their teachers and other adults about their problems**, with five participants indicating that they could not do so. As noted in Table 5.1, all the participants were attending school when I engaged with them. The responses to Question 34 show that 15 participants **felt supported** by their friends but two participants did not feel so.

These results suggested that teachers, other adults and peers offered the support needed by the participants. Meaningful relationships are considered to be buffers against difficult moments (Frey, 1998:5; Killian, 2004:52; Lynch, 2003:272; Tusaie & Dyer, 2004:4). Previous studies have suggested that when street children can be encouraged to attend school, they are buffered (Cronje, 2009:34; Dass-Brailsford, 2005:582; Theron, 2007:360).

In summary, the resilience resources in the relationships domain, in descending order, are:

RELATIONSHIPS	NUMBER	%
Quality of parenting	17	85
Social competence	16,5	82,5
Having mentors and role models	16	80
Meaningful relationships	14,5	72,5

Table 5.3: Summary of relationships resources

Table 5.3 shows that quality of parenting (85%) and social competence (82, 5%) contributed to resilient functioning in the participants in the relationships domain. It is significant that in a study on resilience-promoting resources among street children, the quality of parenting should emerge as the strongest protective resources in the relationship domain. As noted above, typically street children are thought of as children who have taken to the streets because their parents are less than optimal (Human & Thomas, 2008:208; Orme & Seipel, 2007:489; Schurink, 1994:5). Literature on streetism almost always makes the parents scapegoats. In my study, where most of the youth had contact with their parents, they noted that the quality of parenting (i.e. parents monitoring their movements and giving them space to express their feelings) encouraged their resilience. This calls the whole notion of laying the blame for streetism at the parents' doors, into question. It also reinforces Masten's argument (2001:227) that resilience is encouraged by ordinary every day resources one of which is parenting that involves parents having knowledge of their children's whereabouts.

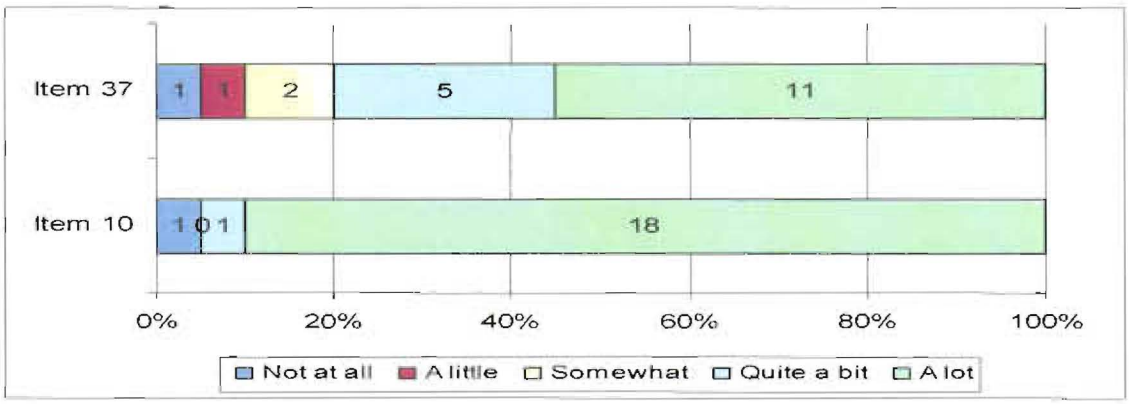
It may also be that because my participants were in regular contact with teachers, service providers and caregivers at shelters that they had surrogate parents who enabled them to feel parented and cared for. So, it is further

possible that the protective resource of quality parenting was partly generated by surrogate parent figures.

5.5. ACCESS TO COMMUNITY RESOURCES

The resilience factors that make up access to community resources include access to school and education, information, learning resources, safety and security needs that are met, meaningful rights of passage, a government that plays a role in providing for the child's safety, recreation, expectations for housing and jobs when older, a community that is tolerant of high-risk and problem behaviour, exposure to violence at home, school or community, perceived social equity and opportunities for age-appropriate work. The graphs that follow depict how well (or not) the participants believed each of these resources promoted their own resilience. Each graph is followed by a short discussion.

- **Access to school and education, information, learning resources**

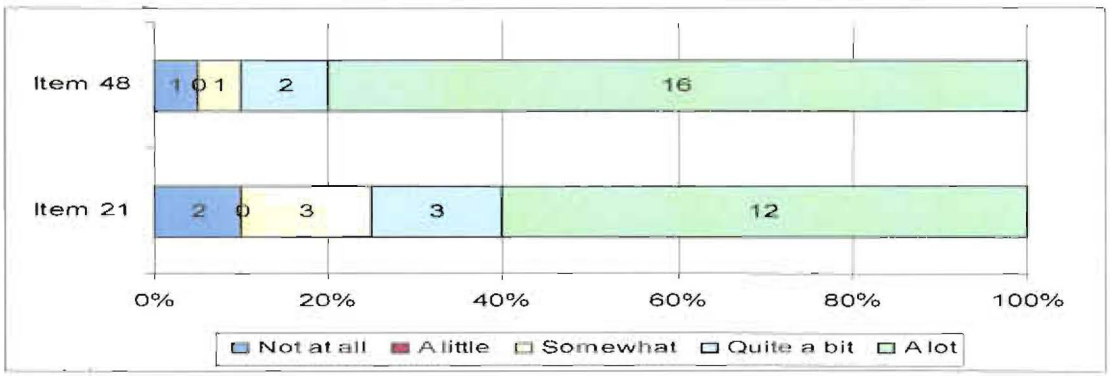


Graph 5.19: Access to school and education, information, learning resources

The participants' responses to Question 10 show that 19 participants believed that **having an education** was important, with one participant feeling that having an education was not at all important at all. Regarding Question 37, it is apparent

that 16 participants indicated that their **teachers and other children made them feel that they belonged,** with two indicating that this was not the case. It can be concluded that the participants enjoyed access to **school and education, information, learning resources**. As noted previously, the participants in my study were all attending school. Literature shows that schools as community resources can provide opportunities for resilience to develop in children by creating nurturing environments filled with love, care and support, with warm empathic teachers (Dass-Brailsford, 2005:583; Theron, 2007:372).

- **Safety and security needs are met**

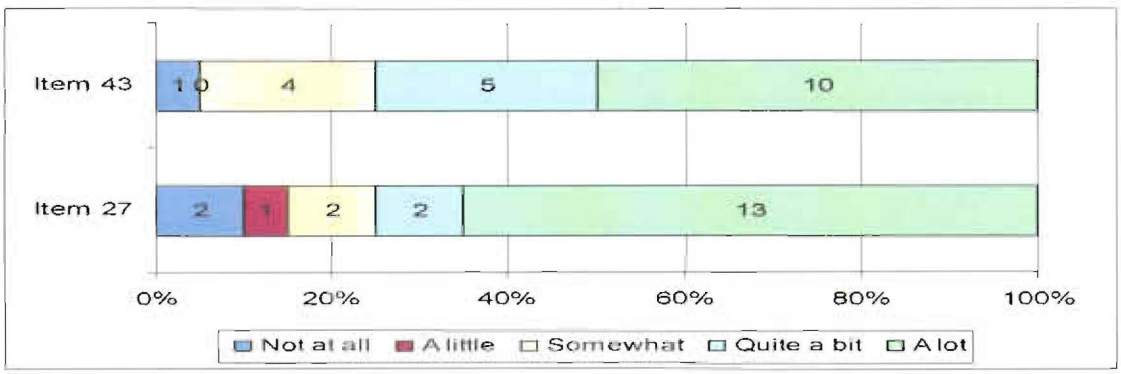


Graph 5.20: Safety and security needs are met

It is apparent from the graph that, in response to Question 21, 15 participants indicated that they **had enough to eat most days**. Only two participants indicated that they did not eat well each day at all. This is very different from the traditional picture of the street child as hungry and as a victim (Ennew, 2003). Eighteen participants indicated that **they felt safe** when they were with their families but one participant indicated that this was not the case. The two graphs indicate that the majority of the participants had safety and security needs that were fulfilled. Access to food and shelter (IRP, 2006; Newman, 2002:2; Ungar, 2004b:6; Ungar, 2008a:227) is important for resilience to develop.

Again, it is important to note that my participants frequented a drop-in centre and a shelter, both of which catered for their physical needs. At the drop-in they received mainly food and at the shelter, the participants received food, shelter, clothing, medicine, school stationery and supplies. In other words, it is likely that my participants could say that their safety and shelter needs were met, because of social service structures (both formal and informal) at their disposal.

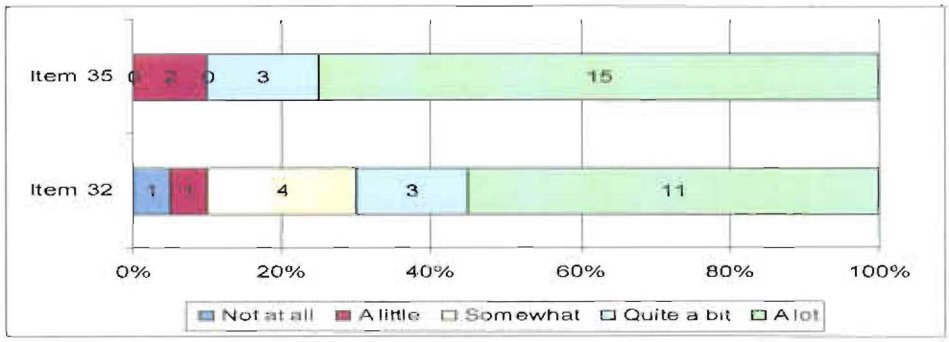
- **Meaningful rights of passage**



Graph 5.21: Meaningful rights of passage

The graph shows that 15 participants felt that they had opportunities to **express themselves sexually**. Only three participants felt that they could not do so at all. Responses to Question 43 show that 15 participants had opportunities to demonstrate that they were **becoming adults, with** one participant indicating that he did not have these opportunities. The responses to the two questions show that most of the participants enjoyed meaningful rights of passage with appropriate amounts of risk (IRP, 2006; Ungar, 2008a:227). This suggests that even though the participants were not conventionally part of their communities, they seemed to be aware of rites of passage like sexual expression and opportunities to demonstrate their approaching adulthood.

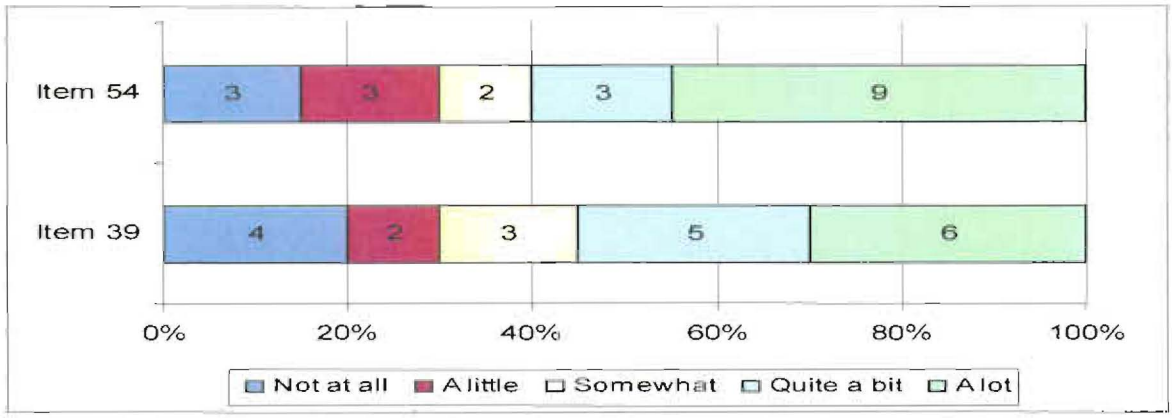
- **Government plays a role in providing for the child's safety, recreation, housing and jobs when older**



Graph 5.22: Government plays a role in providing for the child's safety, recreation, housing and jobs when older

Fourteen participants indicated that they were able to **see a doctor when they were ill** (Question 32). Two participants indicated that they could not see a doctor at all. On the other hand, 18 participants indicated (Question 35) that they knew where to go in their communities **if they needed help**. The responses to these two questions show that the majority of the participants had access to government resources in the form of services. Access to schools, safety and security, recreation, libraries, social and health-care services and community projects as provided by the government can be described as health-enhancing (Ebersöhn & Eloff, 2004:15; Killian, 2004:52; Masten & Powell, 2003:13; Ong & Bergeman, 2004:220).

- **Community is tolerant of high-risk and problem behaviour**

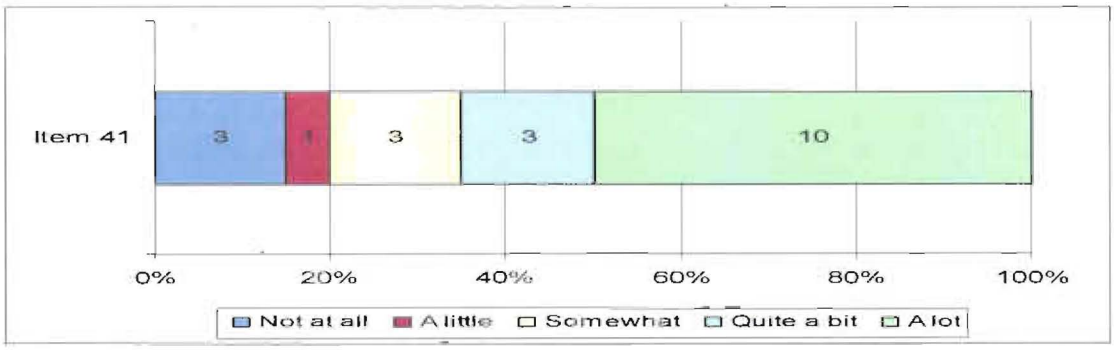


Graph 5.23: Community is tolerant of high-risk and problem behaviour

The responses to Question 39, as the graph shows, indicate that 11 participants believed that members of their families and communities who did bad things were **tolerated while** six felt this was not the case. Twelve participants felt that their families and communities encouraged **non-violent options to deal with criminal behaviour** with six participants feeling that this was not the case. The two graphs show that the participants grew up in environments in which high-risk behaviour was mostly tolerated. Access to community resources, the avoidance of violence and a feeling of safety are needed for resilience to develop (IRP, 2006; Killian, 2004:52; Ungar, 2008a:227).

It is interesting to note that the number of participants who disagreed with the statements in Questions 39 and 54 was higher than in many of the other domains. This might be related to the intolerant treatment by community members that many street children typically experience (Bourdillon, 2001; Schurink, 1994:5; West, 2003).

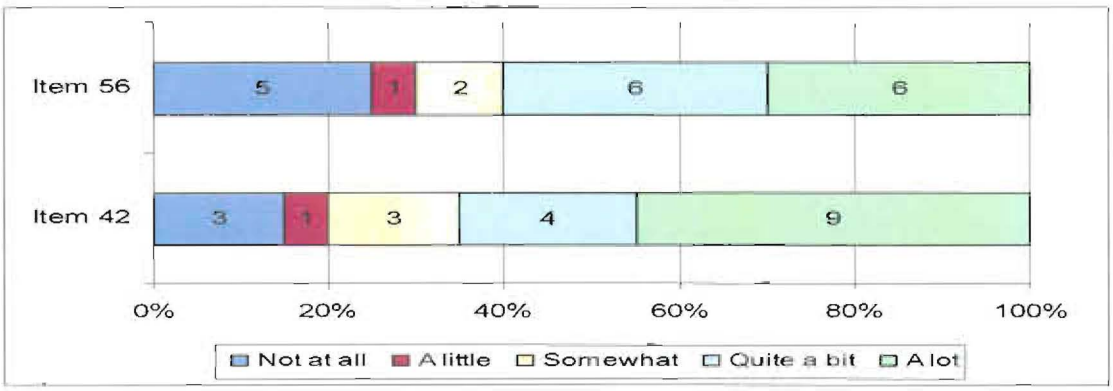
- **Exposure to violence at home, school or community**



Graph 5.24: Exposure to violence at home, school or community

Thirteen participants indicated that they were able to **avoid violence** at home, at school or in the community while four felt that this was not possible. A feeling of safety is resilience-enhancing (IRP, 2006; Ungar, 2008a:227).

- **Perceived social equity**

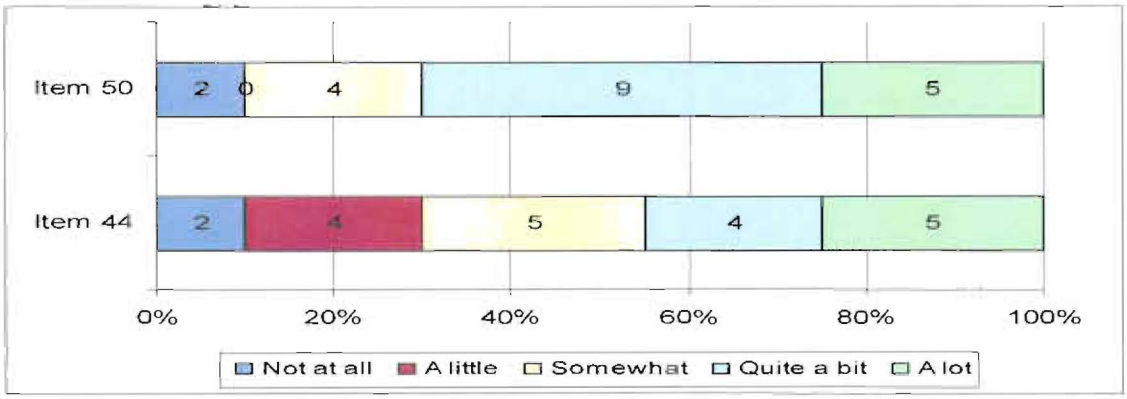


Graph 5.25: Perceived social equity

The graph shows that 13 participants felt that they were being treated **fairly in their communities** with four participants indicating that they did not feel so. Responses to Question 56 show that 12 participants felt that boys and girls were **treated equally** but six participants indicated that this was not the case. The participants' responses show that the majority of the participants experienced a sense of being accepted and loved and of gender equality in their communities.

Social equality enhances resilient functioning (IRP, 2006, Killian, 2004:52; Ungar, 2008a:227). Their responses are interesting, given the typically intolerant way that many street children are treated (Bourdillon, 2001; Schurink, 1994:5; West, 2003).

- **Opportunities for age-appropriate work**



Graph 5.26: Opportunities for age-appropriate work

The participants' responses to Question 44 show that nine participants had **opportunities to do a job or work corresponding to their ages** but six participants indicated that they did not have such opportunities. The responses to Question 50 show that 14 participants believed they **had opportunities to develop job skills** that would be useful later in life. It is possible that these opportunities were encouraged by the very fact that street children often have to be entrepreneurial to survive (Donald *et al.*, 2006:190; Mphatane & Schurink in Le Roux & Smith, 1998a). In this sense the very fact that they are street children encourages them to take on odd jobs and develop useful skills and so their way of life as street children contributes to their resilience.

However, the response to Question 44 suggests that opportunities for age-appropriate work were limited for most of my participants and cannot be seen as contributing strongly to their resilience. This fits with literature that suggests that many people shun street children (West, 2003:18).

In summary the resilience resources indicated by the participants, arranged in descending order, are the following:

ACCESS TO COMMUNITY RESOURCES	NUMBER	%
Access to education, information, learning resources	17,5	87,5
Safety and security	16, 5	82,5
Government provides safety, recreation, housing, jobs	16	80
Meaningful rights of passage	15	75
Exposure to violence	13	65
Social equity	12,5	62,5
Tolerance of high-risk behaviour	11,5	57,5
Age-appropriate work	11,5	57,5

Table 5.4: Summary of access to community resources

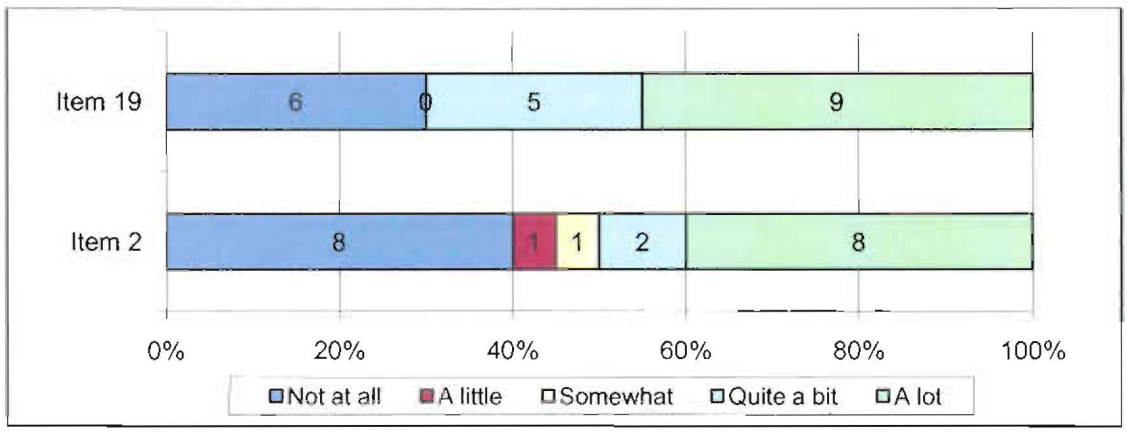
Table 5.4 shows that in the domain of accessible community resources, access to education (87, 5%) followed by access to safety, recreation, housing and jobs (82, 5%) are the resources that contributed more to resilience in the participants. It is interesting that access to school was rated most highly by my participants. As noted previously, studies have suggested that when street children attend school they acquire skills and experiences which enable them (Cronje, 2009:34; Dass-Brailsford, 2005:582; Theron, 2007:360). This again serves as a reminder of Masten's words (2001:227) that resilience often arises from ordinary, every day resources such as schools.

As noted above, it made sense that street children did not indicate robust opportunities for age appropriate work or experiences of tolerance for high-risk behaviour, given that street youth are mostly chased away or seen as deviants and villains (West, 2003:23).

5.6. CULTURE

The fourth CYRM domain of culture consists of cultural groundedness, cultural dislocation, having a life-philosophy, commitment to self-betterment, affiliation with a religious organisation, cultural/spiritual identification and youth and their family being tolerant of each other's different ideologies or beliefs. The graphs that follow depict how well (or not) the participants believed each of these resources promoted their own resilience. Each graph is followed by a short discussion.

- **Cultural groundedness**

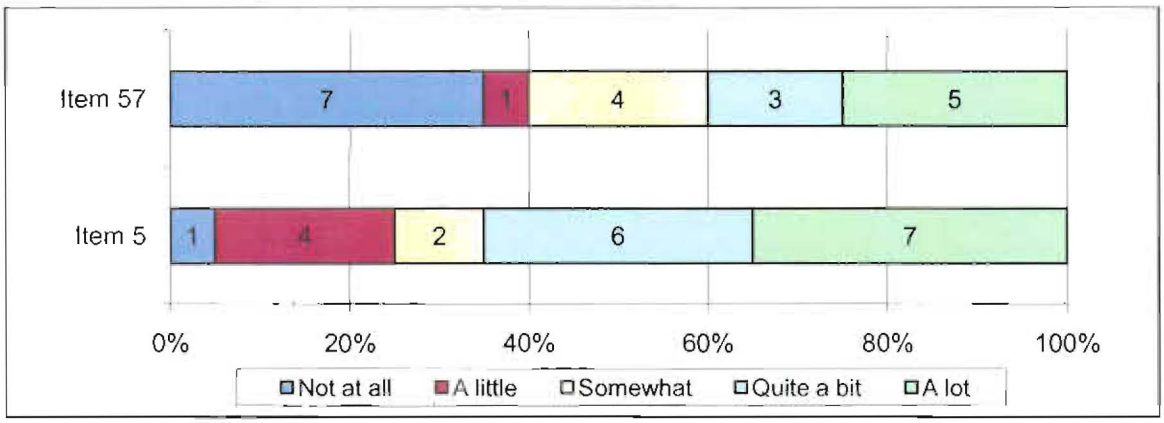


Graph 5.27: Cultural groundedness

From the above graph it is apparent that ten participants did know where their **parents or grandparents were born** (Question 2), while nine participants did not know where their parents or grandparents were born. The graph further shows that 14 participants reported that their families **had rituals or routines around mealtimes**, while six participants indicated they had no such rituals or routines around mealtimes. The findings show that most of the participants had rituals or routines around mealtimes which have a bearing on culture.

That culture presents a set of important antecedents of resilience has been documented. A cultural group provides members with a feeling of affiliation and meaningful attachments so that being culturally grounded (including knowing where one comes from and being part of cultural traditions that influence daily living) encourages resilient functioning (Gilligan, 2004:94; Killian, 2004:52; Morrison *et al.*, 2006:24; Ungar, 2007:299). In my study it seems that participants were grounded culturally in their experiences of mealtime rituals, but not with regard to their knowledge of their family history.

- **Cultural Dislocation**



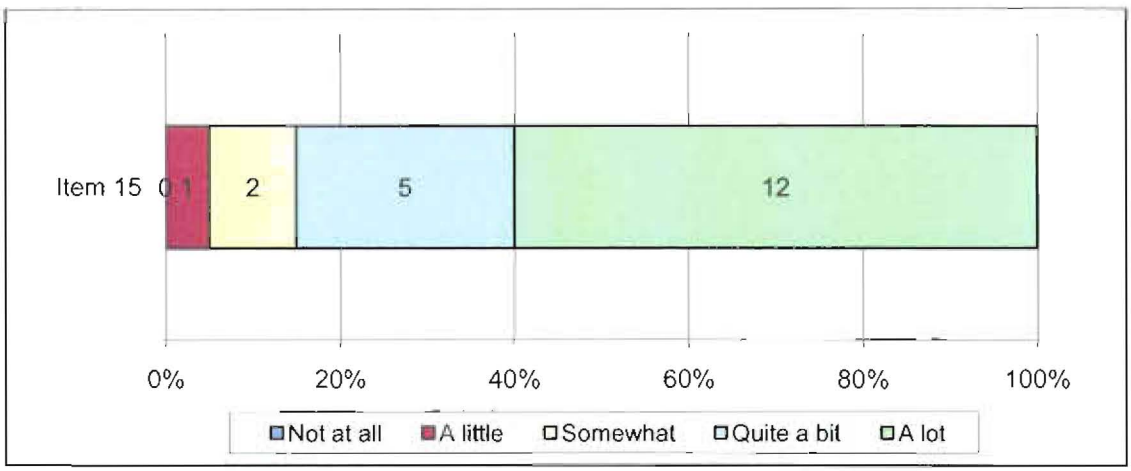
Graph 5.28: Cultural Dislocation

The graph shows that 13 participants believed that the older generation **understood and tolerated the ideas and strong beliefs** of people their age, with **five participants** feeling that was not the case. On the other hand, eight participants indicated in response to Question 57, that there **were differences between their families' values and those of others in their communities**, and eight noted that there were not.

The findings show that the majority of the participants felt that cultural dislocation or shift was handled well by the older people in their communities, but there was no clear majority suggesting that participants felt culturally grounded in that their

family's value system corresponded with their community's value system. It is well known that when family values are synchronised with wider cultural values, youth feel that they fit in and this encourages resilience (IRP, 2006; McCubbin & McCubbin, 2005:32-40; Ungar, 2008a:229; Ungar, *et al.*, 2008:6).

- **Having a life philosophy**



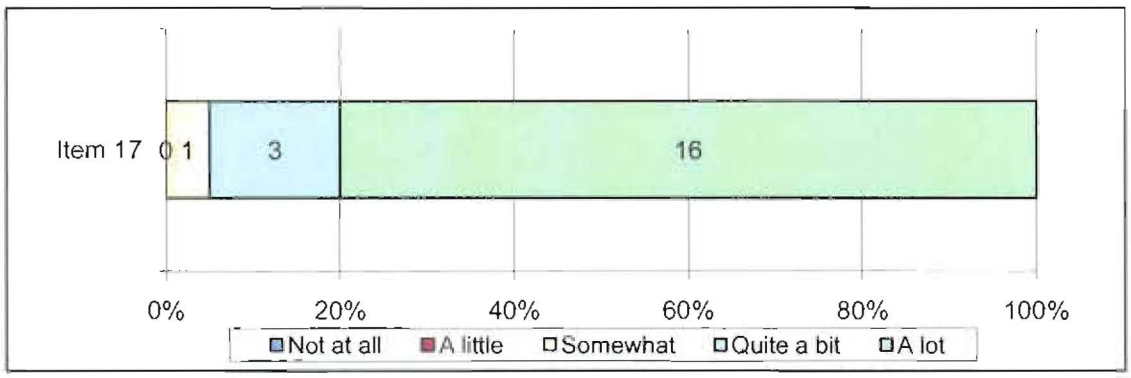
Graph 5.29: Having a life philosophy

A life view contains values and norms which a cultural group values and these values and norms in turn determine what the cultural group tolerates or discourages. The graph shows that 17 participants believed that life had to be lived according to a **particular philosophy.** That suggested that the majority of the participants in my study could be anchored in their cultures. Having a system of values and beliefs and adhering to it are hypothesised to aid resilient functioning (Bellin & Kovacs, 2006:210; Greef & Aspeling, 2007:39; IRP, 2006; Ungar, 2008a:229).

The finding that most of my participants were convinced that they had a life philosophy might relate to their choice to be street children, which suggests in a way that their life philosophy included choosing to fend for themselves and to survive as best they could. In this sense, their life philosophy would be at odds

with what most South African communities would promote as life philosophies for children and youth and why street children are typically seen as people to be rescued (West, 2003:25).

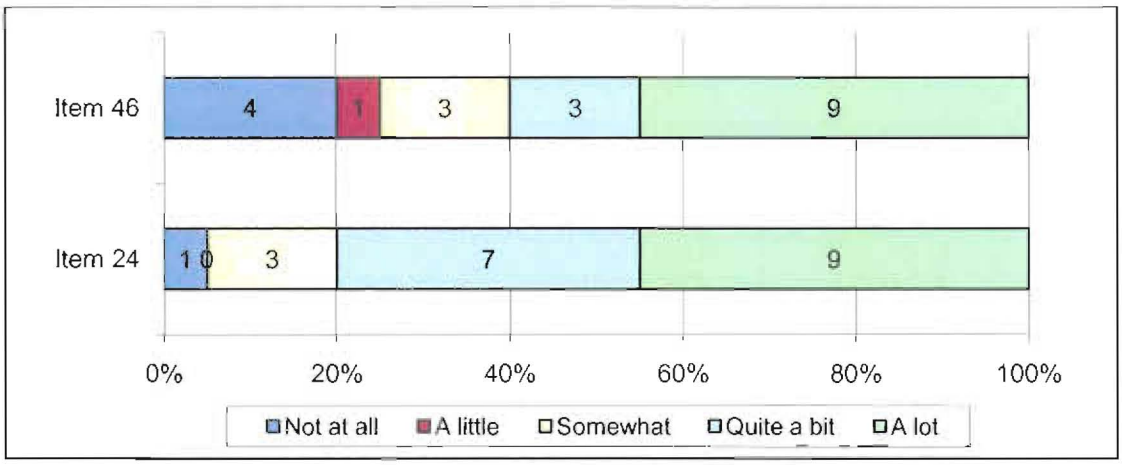
- **Self betterment**



Graph 5.30: Self betterment

The graph shows that 19 participants believed that their cultures had the capacity to prepare them to **become better people**. Self-betterment is implicated in encouraging resilient functioning (IRP, 2006; Theron, 2007:370; Ungar, 2008a: 27). It can therefore be concluded that the majority of the participants in my study felt that their cultures had the mechanisms to prepare them to be better people. This suggests that they are proud of their cultures. Cultural pride and being secure within one's culture encourage resilience (Boyden & Mann, 2005:8).

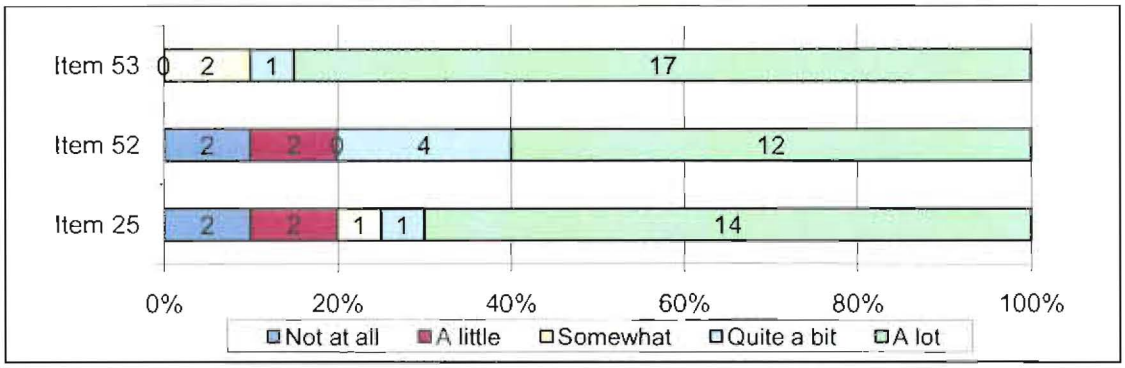
- **Affiliation with a religious organisation**



Graph 5.31: Affiliation with a religious organisation

The graph shows that 16 participants (Question 24) indicated that religious or spiritual beliefs were sources of strength for them. In response to Question 46, 12 participants indicated that they participated in **organised religious activities**. It can be concluded that most of the participants belonged to or were affiliated with religious organisations. In literature, affiliation to a religious organisation and spirituality are considered to be resilience resources (Bellin & Kovacs, 2006:210; Connor *et al.*, 2003:491; Dass-Brailsford, 2005:583; Greef & Aspeling, 2007:39; IRP, 2006; Ungar, 2008a:227).

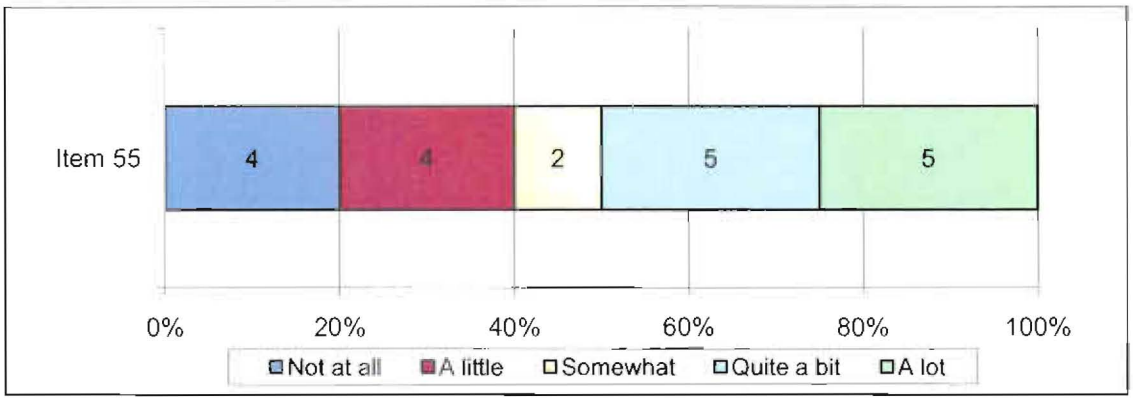
- **Cultural/Spiritual Identification**



Graph 5.32: Cultural/Spiritual Identification

The participants' responses to Question 25 show that 15 participants were **proud of their ethnic backgrounds,** with four participants indicating that with them that was not the case. The responses to Question 52 show that 16 participants enjoyed their **families' and communities' traditions** as opposed to four participants. The responses to Question 53 show that the 18 participants were **proud to be South Africans**. This means that the participants were proud of their ethnic backgrounds, could identify with their cultural or spiritual beliefs and were proud of their nationalities, which in literature are mooted as resilience-promoting resources (Boyden & Mann, 2005:8; Connor *et al.*, 2003:49; IRP, 2006; Ungar, 2008a:229). In my study the participants' strong identification with cultural heritage links well with the positive responses and cultural pride which are expressed in response to Question 17 (self betterment) above.

- **Youth and their family are tolerant of each other's different ideologies or beliefs**



Graph 5.33: Youth and their family are tolerant of each other's different ideologies or beliefs

The graph shows half, namely 10 participants, could openly **disagree with their parents and elders** when they believed differently from what parents and elders believed, as opposed to eight participants who did not feel that that was the case. As with questions related to community tolerance (Questions 39 and 54) in the domain of community-based resources, my participants once again showed limited experience of tolerance. In only half of the cases did the findings show that the participants and their families tolerated each other's ideologies or beliefs even if they were divergent. Because there was no clear majority, I could not conclude that family's tolerance of youth believing differently from them contributed to the resilience of my participants.

In summary, the resilience resources indicated by the participants in descending order follow:

CULTURAL RESOURCES	NUMBERS	%
Self betterment	19	95
Having a life philosophy	17	85
Cultural/spiritual identification	16,3	81,5
Affiliation with a religious organisation	14	70
Cultural groundedness	12	60
Cultural dislocation	10,5	52,5
Tolerance of different ideologies/beliefs	10	50

Table 5.5: Summary of cultural resources

It is clear from Table 5.5 that in the cultural domain self betterment (95%) and having a philosophy (85%) played a prominent role in encouraging resilience in the participants. Cultural dislocation (55%) as well as tolerance of different views from elders (50%) contributed the least. As said previously, the experiences of limited tolerance made sense because street children often have tumultuous or neglectful relationships with their parents (Pare, 2004:230; Schimmel, 2006:211; West, 2003:5), as a result of which children adopt streetism in the first place.

In summary, the individual protective resources which promoted resilience among my participants the most are balance between dependence and independence (95%), empathy for others and the capacity to understand others (85%). In the relationships domain, quality of parenting (85%) and social competence (82, 5%) contributed to resilient functioning in the participants in the relationships domain. Access to community resources shows that access to education (87,5%) and access to safety, recreation housing and jobs (82,5%) are the resources that contributed more to resilience in the participants. In the cultural domain self- betterment (95%) and having a philosophy (85%) played a prominent role in encouraging resilience in the participants.

Table 5.6 provides a summary of the protective resources that buffered adversity in the participants in my study. The following table sums up the findings of quantitative research undertaken in the course of this study. The findings are summarised according to the groupings of the CYRM in descending order.

INDIVIDUAL RESOURCES	NUMBER	%
Balance between dependence and independence	19	95
Empathy	17	85
Optimism	16	80
Assertiveness	15	75
Goals and aspirations	15	75
Abstinence from drugs	15	75
Problem-solving	14,5	72,5
Sense of duty	14,5	72,5
Social support	14,5	72,5
Self awareness	14,2	71
Sense of humour	14	70
Confidence	13	65
Self-efficacy	12	60
Living with uncertainty	11	55
RELATIONSHIPS	**NUMBER**	**%**
Quality of parenting	17	85
Social competence	16,5	82,5
Having mentors and role models	16	80
Meaningful relationships	14,5	72,5
ACCESS TO COMMUNITY RESOURCES	**NUMBER**	**%**
Access to education, information, learning resources	17,5	87,5
Safety and security	16, 5	82,5
Government provides safety, recreation, housing, jobs	16	80
Meaningful rights of passage	15	75
Exposure to violence	13	65
Social equity	12,5	62,5
Tolerance of high-risk behaviour	11,5	57,5
Age-appropriate work	11,5	57,5
CULTURAL RESOURCES	**NUMBER**	**%**

Self-betterment	19	95
Having a life philosophy	17	85
Cultural/spiritual identification	16,3	81,5
Affiliation with a religious organisation	14	70
Cultural groundedness	12	60
Cultural dislocation	10,5	52,5
Tolerance of different ideologies/beliefs	10	50

Table 5.6: Summary of antecedents of resilience (CYRM)

As noted in the discussions at the end of each domain, the resources most noted by the participants and least noted, made good sense, given the landscape of the street child which is filled with challenges, much rejection and risk. What made a vast difference to my participants was that they were all at school; most had contact with the parents or parental figures; they generally frequented drop-in centres/a shelter where their physical needs were met, but where they could also receive guidance, encouragement and monitoring. In Chapter Seven I will mix the above quantitative results with the qualitative findings.

5.7 COMPARISON OF FINDINGS WITH IRP (2006) RESULTS

In 2006 the IRP released the findings of their 14 site study (IRP, 2006:8). Based on these findings, the IRP (2006) provided average resilience levels for each of the four CYRM domains, including for the South African site (Delft, Cape Town) and a composite international average.

Compared with these, the participants in my study showed higher resilience levels than other at-risk youth in South Africa and those globally, as Table 5.7 below shows.

	MY STUDY	SA SITES	GLOBAL SITES
Individual resilient resources	3.94	3.4	3.4
Relationships	4.16	3.4	3.4
Community and access	3.97	3.5	3.6
Culture	3.85	3.5	3.3

Table 5.7: Comparison of mean scores for my study, South African IRP site and global IRP sites

Table 5.7 shows that my participants rated **relationship resources highest** at 4.16. They rated access to **community resources second** (3.97), **individual resources third** (3.94) and **cultural resources lowest** (3.85), but in all instances they rated these resilience domains higher than their South African and global counterparts. The CYRM is a self-report instrument and the participants might have chosen to complete the CYRM by selecting socially appropriate options. This is often a limitation of self-report scales and a feature of participant responses who wish to please a researcher (Mouton, 2008). Compared to the South African site included in the IRP (Delft, Cape Town), the mean differences (20 participants in my study), between the different resilience domains were found to be statistically significant (at <0, 01) as Table 5.8 shows:

	THIS STUDY		SA SITES		THIS STUDY/SA			
	Mean	Std. Dev.	Mean	Std. Dev.	T-Value	p-Value	D-Value	Effect Size
INDIVIDUAL	3.94	0.41545125	3.4	0.4957	5.81	<0.01	1.089412524	Large
RELATIONSHIPS	4.16	0.72532818	3.4	0.7493	4.69	<0.01	1.014239387	Large
COMMUNITY RESOURCES	3.97	0.59332545	3.5	0.4806	3.54	<0.01	0.792145358	Large
CULTURE	3.85	0.46427567	3.5	0.6052	3.37	<0.01	0.578349885	Medium

Table 5.8: Mean differences between my study and South African site

The recorded mean score for culture was closest to the South African sites. The remaining three were markedly higher among my participants. Compared to the global performance on the CYRM, the participants in my study recorded higher mean scores, as Table 5.8 shows. Significant mean differences, (significant at <0, 01), were recorded in the individual resilience resource domain as well as the relationships domain. Access to community resources and culture showed moderate mean differences.

	THIS STUDY		GLOBAL		THIS STUDY/GLOBAL			
	Mean	Std. Dev.	Mean	Std. Dev.	T-Value	p-Value	D-value	Effect Size
INDIVIDUAL RESOURCES	3.94	0.41545125	3.4	0.654	5.81	<0.01	0.825725951	Large
RELATIONSHIPS	4.16	0.72532818	3.4	1.0105	4.69	<0.01	0.752125249	Large
COMMUNITY RESOURCES	3.97	0.59332545	3.5	0.7157	2.79	<0.01	0.516998058	Medium
CULTURE	3.85	0.46427567	3.5	0.9655	5.3	<0.01	0.56967073	Medium

Table 5.9: Mean differences between my study and global sites

The trends noted in Tables 5.7, 5.8 and 5.9 above are beyond expectations, taking into account that street children are considered to have fewer health-enhancing resources and therefore are vulnerable, bringing to the fore the notion of hidden resilience discussed in detail Chapter Two and Three. I hypothesise that these differences could be accounted for by the fact that the participants had strong individual protective resources coupled to meaningful relationships with each other and care-providers, access to community resources such as education, health-care, social services and safety and, lastly, the participants were religious and protected by cultural groundedness.

5.8 CONCLUSION

The findings of my study demonstrate that the street children who participated were resilient, by national and international standards. This suggests that researchers need to recognise the assets and strengths that sustain these children within their street contexts and not conclude, based on how vulnerability and risk are conceptualised, that they are not resilient. In order to be able to gain a deeper understanding of their assets and strengths I conducted individual and focus group interviews.

Chapter Six presents the findings from semi-structured and focus group interviews.

CHAPTER 6

QUALITATIVE DATA PRESENTATION

6.1 INTRODUCTION

In this study I present qualitative data which I collected by means of semi-structured interviews with fourteen (n-14) children on the street and focus group interviews with six (n-6) street children resident at the shelter, as elucidated in Chapters One and Four. As outlined in Chapters One and Four, the data was first coded, similar codes were grouped and discussed (de Vos *et al.*, 2006: 338; Gilgun, 2007). The themes emerging from the qualitative data were grouped according to the groupings of the resilience factors as identified by the International Resilience Project (1996), namely individual resilience resources, relationship resources, access to community resources and culture. Grouping this data in this way enabled me to compare the qualitative data with the quantitative data which I collected through the CYRM.

The findings from the interviews are presented in a synthesised manner and the participants will be identified according to the following key:

- For semi-structured interviews the letters, SS- will prefix each participant namely A to N;
- For focus group interviews the letters FG-will prefix each participant namely A-F;
- For clarification interviews (cf. 4.4.2.2) the letters CL-will prefix each participant.

The following guidelines indicate the number of participants that contributed to the emerging sub-theme:

- All the participants = (20).
- Most participants: 10 to 19 participants.
- Some of the participants = five to nine participants.
- A few participants= two to four participants.
- One participant.

6.2. FINDINGS

Close reading of the interview transcripts suggested that there were a number of themes related to inter- and intrapersonal antecedents of resilience. These themes and their sub-themes are discussed in some detail below, but I preface the discussion with an emphasis that my categorisation of these themes is only cosmetic, serving only the purpose of clarity (i.e. I am aware that resilience is generally the result of the dynamic interaction of all the resources mentioned in the themes below).

6.2.1 Individual Protective Resources

Some of the themes that emerged from the qualitative data related to protective resources which are found within the street children themselves. I refer to these themes as individual resilience resources in line with the IRP (2006). These themes included the capacity to identify positive role models, a sense of humour, assertiveness, sense of agency, problem-solving, a positive outlook on life, equality, adaptability, regulating themselves socially, mechanisms used to deal with difficult moments and personal goals. Each one of these themes and sub-themes attached to them is presented below.

- **Positive Role Models**

One of the intrinsic protective resources related to the ability of most of the participants to identify examples of people succeeding in life despite

hardships which included poverty, lack of food and clothes. Most participants referred to instances where **a role model encouraged their resilience**. For example, a female participant mentioned: "*Yes, there is such a person; he lived with his aunt with two girls and another boy. The aunt would not buy him clothes and shoes except the other three children. Once he was walking in the street with worn out shoes and an unknown lady he met on the street told him to hang in there, he would make it in life and now he is a teacher*" (SS-A: 381-383). Her words suggest that despite her own difficulties, **she could recognise the successes of someone from similar circumstances (a former street child)** and this encouraged her to be resilient. Furthermore, this quote shows that **strangers were available as sources of encouragement** due probably to the *"ubuntu"* philosophy and way of life which characterises many African communities (Coertze, 2001; Enslin & Horsthemke, 2004; Mnyaka & Motlhabi, 2005; Theron, 2007:371).

It is remarkable that one of the **examples or role models was himself a street child** who shared life with them before: "*The example I can think of is that of ....* [Name withheld] *who used to live here with us. He used to sniff glue and do other things with us. But now he is a pastor*" (FG: E 185-187). The **proximity and similarity of the role model** could be the characteristics of the role models which made them powerful or effective.

What emerged from the data was that these **role models encouraged resilience** either because **they served as examples of people from difficult circumstances** who nevertheless succeeded; or **because they engendered envy which translated into motivation**; or because **they modelled tenacity**.

Some of the participants **felt bad when they saw others succeed despite hardships** and yet they were **motivated to want to succeed like the role models of success** they saw: "*I feel very bad when I see others around me succeed. I want to be successful like them and I feel bad when they become*

successful and I am not" (SS-J 726-727). So, for some of the participants **a role model encouraged them towards success because they were envious**.

That the successes of others served as **motivation which encourages tenacity and hope** was corroborated by participant FG-D: *"I feel good when I see others succeed and that motivates me not to give up hope in life and persevere in school"* (FG-D 58). A male participant added that **perseverance brought about success**: *"I know a child who had many difficulties but came to live with us...he was really suffering at his home. He is now learning to play a guitar and he succeeded because he persevered and was full of respect"* (CL-L 49-50).

Some of the participants referred to **role models who had not been afraid to work hard**. Through these role models they **recognised the value of hard work and of not losing hope and how these two can bring about success**: *"There is a singer and soccer player that I know of....they grew up in difficult circumstances but they have succeeded. I want to take their example of working hard, ja, ja (yes, yes) like this man in this picture (*points at the picture of a soccer player, a goal keeper who plays for the national team), *he is a famous, rich soccer player but he used to eat from dustbins before. Some people do not lose hope, they stay focused"* (CL-G 42-43).

Current literature on resilience does note that a sense of hope and achievement orientation are individual antecedents of resilience (Boyden & Mann, 2005; Johnson & Wiechelt, 2004: 662). In my study, role models encouraged the street children who participated towards motivation, tenacity, hope and success. Literature on streetism is silent on how observing former street children who succeeded despite their past histories (vicarious learning) encourages resilience. Vicarious learning by street children, especially when it involves how hard work (by role models) can lead to success, is, to the best of my knowledge, not noted in the literature on streetism. Neither does it emphasise the role of strangers in providing encouragement to street children, thereby encouraging resilience.

- **Sense of humour**

Available literature suggests that a good sense of **humour is regarded as an important protective resource** which can serve to **lighten adversity** (Dutton & Zisook, 2005:885; IRP, 2006; Killian, 2004:52; Newman, 2002:1; Ungar, 2008a:227). Likewise, previous studies noted that street children rely on **their sense of humour to lighten their difficulties and to cope with the challenges** presented by streetism (Evans, 2002:59). Street children **cope by cheering each other up**, a finding which was confirmed by **most of the participants** who took part in my study: *"Yes, humour can cheer you up"* (SS-A 43). Their sense of humour served to **elevate gloomy moods.**

That the participants used **humour to lighten their difficulties** was supported by FG-B: *"Ja, (Yes) you can tease one another and laugh to forget about the bad things. If you have stress and someone cracks jokes you laugh and the bad thing "gets out of your mind"* (FG-B 118-119). In this instance, **the sense of humour was used to counteract stress, replacing it with laughter.**

The participants also **used humour to deal with feelings of anger** as participant SS-E mentioned: *"Yes; when you are angry and someone makes jokes you end up laughing and you forget about what upset you"* (SS-E380).

On the other hand it was also clear that some of the participants **had ambivalent experiences of humour.** Although they **thought humour worthwhile, they disliked being teased or being laughed at**: *"I like it sometimes but I hate it at times...especially when I am teased"* (SS-F 455).

Not all participants were **humorous people but they nevertheless appreciate humour,** as participant SS-G mentioned: *"It is important but I am not a humorous person and I like it when others make me laugh"* (SS-G 533). It seems as if one does not necessarily have to be a humorous person to appreciate humour and

that **others' sense of humour can be effective in encouraging resilience even if one is not a humorous person.**

In summary, humour seemed to provide the participants with **protection against feeling overwhelmed** by their circumstances in that it lightened difficulties, elevated gloomy moods, counteracted stress and alleviated anger.

- **Assertiveness**

Street children often find themselves in situations where they have to stand up for themselves since they grow up without adult supervision and protection. Standing up for oneself is an important protective process (IRP, 2006; Ungar, 2008a:227). The findings of my study suggest that, likewise, most participants were not afraid to **stand up for themselves,** as participant SS-A related: *"I just keep quiet and stop laughing so that she can realise that I am not happy at all but when she asks why I do not look happy at all, I then answer that I do not like what she is doing* (SS-A 38). Other participants were **immediately verbally assertive**: *"If someone does something I do not like, I immediately tell him that I do not like what he is doing"* (CL-G 39).

The findings of the focus group interviews confirmed those of the semi-structured interviews, as participant FG: F stated: *"For example, if someone provokes me on the streets and I am afraid of him, I let him get away with it. But he won't do it again next time; I stand up for myself"* (FG-F 100-101).

Some of the participants referred to **different ways in which they succeeded in being assertive**. These included **using silence, body language, removal of self from a threatening context or enlisting the aid of adults**. For example, a male participant said: *"I tell him that I do not like what he is doing. If he does not stop I just leave him alone or tell big people"* (SS-D275-276).

Some of the participants **fight back if the circumstances call for them to fight** back: *"I do to others what they do to me; I cannot let them do as they wish"* (SS-L 807). One participant admitted to crying in violent situations, but also to fighting back: *"I cry...but if someone hits me I hit him back"* (SS-N 892). This finding was corroborated by the findings of the focus group interviews: *"But that is not always possible...if violence occurs and you can't avoid it, just fight and defend yourself. If the person is bigger and stronger I stab him and as you know that is how you get into even bigger trouble"* (FG-D163-164).

These excerpts suggest that the life world and the experiences of street children more often than not are about **defending themselves.** They also raise the point that **street children need to engage in physical acts of assertiveness** and that sometimes **these include violence, should this be necessary to survive**. This reminds one of the notions of hidden resilience. It also possibly reframes ideas of street children as aggressive: it is possible that violence is an extreme form of assertiveness.

In summary, it is clear from the above discussion that the popular indicators of assertiveness were standing up for themselves, using verbal assertiveness, silence, body language, moving away, seeking aid from adults and fighting back. Literature on streetism and the strategies used by street children to demonstrate assertiveness does not note using silence and body language, which are some of the strategies cited by few of the participants in my study.

- **Sense of Agency**

The street children who participated in my study typically **took action to deal with the challenges** they faced. They adopted **socially appropriate** forms of agency, including assertiveness related to the **ability to ask for help if need be, which is a sign of personal agency.** Some of the participants **asked for help from their family members and care-providers** linked to the NGOs: *"Due to*

poverty at home no one could buy me clothes but I spoke to the care-givers here (at the drop-in centre) and they went to my home and after assessing the situation they provided us with food and clothes" (SS-H 613).

Similarly, some of the participants who took part in the focus group interview seemed to understand that **they needed to ask for help and advice** sometimes: *"If I am faced with a difficult situation I ask for advice from anyone who can give it. If I think what I am getting is good advice I take it"* (FG-D 104). Most of the participants seemed to **depend more on their friends and sometimes on their care-providers for advice**: *"I also approach my friend and ask what he thinks I should do to cope with the situation"* (FG: B 106). The form of personal agency demonstrated above is typified by socially appropriate behaviour. Clearly, asking for advice involved personal agency or taking action towards finding support, but simultaneously these youth needed friends or care-givers that could be approached for advice. In this sense their resilience was encouraged by dynamic reciprocity (Schoon, 2006:16; Ungar, 2008a:227).

Most of the participants **relied heavily on the experiences of their peers in dealing with their own problems**: *"When something bad happens to me I approach anyone who has had such an experience in the past and ask him how he dealt with the problem"* (FG-E 105). Relying on others' support and advice was confirmed to be a common way of dealing with problems, as one participant indicated: *"I try to talk to my father, so that he and I can try to deal with the problem"* (FG-F 108). These participants adopted **socially appropriate** behaviour, namely asking for help and advice.

All of the street children also adopted **socially inappropriate forms of agency, including begging**, with isolated acts of **vandalism directed at public telephones to obtain money**: *"They go to town to beg for money while some go to public phones and wait for people to make calls and then vandalise the public phones to get the money to buy food"* (SS-H: 581). It is acknowledged that the

youth at-risk sometimes use unconventional means which may include delinquency to cope with the stresses in their lives, denoting hidden resilience referred to by Ungar (2004b:3).

Street children often have to stand up for themselves and are used to asking for help, including begging (Altanis & Goddard, 2003:300; Ataöv & Haider, 2006:129; Samara, 2005:224; Schurink, 1994:5), without losing hope even if they are shunned. The ability to stand up for oneself and the ability to ask for help when needed were identified as signals agency which are in turn necessary for one to function resiliently (IRP, 2006; Ungar, 2008a:227).

- **Problem-solving**

The ability to problem-solve is considered to be one of the characteristics of resilience (IRP, 2006, Killian, 2004:52). As literature shows, street children are consistently called upon to solve problems on their own since they are forced to survive by their own wits (Van Rooyen & Hartell, 2002:188)

Most of the participants rated their **problem-solving abilities as average.** For example, participant SS-F pointed out: *"Average...maybe because I do not always have to deal with problems"* (SS-F452). His response suggests that he has not had much exposure to problem-solving. This may be related to the **caregivers at the drop-in centre who provide for many of these participants' basic needs**. This was echoed by other participants.

Some of the participants **took very long to answer questions relating to problem-solving.** Because I was using their mother tongue, their hesitance did not seem to relate to incomprehension. Instead, **it seemed to demonstrate some uncertainty**: *"(Long silence for 18 seconds looking restless). It is perhaps, average...some problems I solve, some I fail to solve"* (SS-A 39). This hesitation to respond coupled with the response that suggested ambivalence, seemed to suggest that **some participants doubt their problem-solving abilities**.

Significantly, this was not the case among the focus group participants, who did not frequent a drop-in centre. In general most of the focus group participants were **confident in their ability to solve problems**. For example, Participant FG: F demonstrated **confidence in his problem-solving ability**: *"I rate my ability to problem-solve high...if I discuss my problem with someone I depart with a sense of relief, you see (do you understand)?"* (FG-F 138). He reported that he ordinarily **enlisted advice as a means of problem-solving**. In some cases the participants noted that **the caregivers at the shelter were accessible sources of advice** that augmented their ability to solve problems, thereby encouraging resilience.

A few participants demonstrated the ability to be **quick-witted in order to survive on the streets.** For example, one participant stated: *"I realised that I was in trouble then. They* [the police] *asked me how old I was and I lied and said I was 15...so they ordered me to do push-ups for the whole day and released me thereafter"* (FG-C 144-145). This example suggests that **being able to analyse a situation and even be willing to lie (socially inappropriate act)** contributed to problem-solving.

Not all participants referred to socially appropriate means of solving their problems. For example, Participant FG-D said: *"For me it is all about money...when I have problems I think about how to make money...if I have money I get "mhlapholo" (drugs)....if I have "mhlapholo" I know I shall be ok"* (FG-D 141). In other words, he used his **entrepreneurial skills to solve his problems and relied on substances to feel better**. Although this is not **socially appropriate, he does demonstrate the ability to solve problems**. In a sense, **his behaviour is reminiscent of the phenomenon of hidden resilience** in that street children engage in maladaptive acts to cope with difficult situations, which include drug abuse (Kombarakaran, 2004; McAdam-Crisp *et al.*, 2005:71).

What comes out clearly is that confidence in their problem-solving ability, quick wittedness, the ability to analyse situations effectively and substance abuse (though inappropriate) encourage adaptive coping in some of the participants.

- **Positive outlook**

Most of the participants seemed to have a **positive outlook signified by optimism** about life in spite of the difficult circumstances they were in, as SS-B declared: *"I feel optimistic that I will become what I want"* (SS-B 107). The difficulties they were experiencing did make them a little bit doubtful of achieving their goals and this showed that they **seemed to be realistic** as well, as one participant declared: "*Yes, but there are things that make me doubt this a bit like the difficulties we have at home"* (SS-H 588). Such difficulties typically included abject poverty and its ripple effects.

Having a positive outlook on life corresponds with resilience (IRP, 2006; Ong & Bergeman, 2004:225; Schoon, 2006:79; Tusaie & Dyer, 2004:4). Optimism keeps hope high and provides a sense of control in difficult circumstances. Street children remain optimistic by their standards despite the circumstances which can be considered to generate less hope. In summary, some of participants mentioned optimism and realism which served as an antecedent of resilience in them.

- **Equality**

While literature indicates that street children are often victims of unfair, humiliating treatment (Donald & Swart-Kruger, 1994) most of the participants in my study seemed to **feel equal to their peers although they used to feel inadequate**: "*I used to feel inadequate but now I feel better"* (SS-K 786). The fact that some of the participants **felt equal to other children probably emanated from the improved treatment** which they were receiving **at the drop-in centre**

and at school: "*No, I feel equal to them. Well, they* [other children at school] *treat us like normal children. They* [other children at school] *treat us* [street children] *as brothers and sisters*" (SS-I 165-671). In other words, the fact that other children treated them with respect and showed recognition encouraged the participants to be resilient.

Participant FG: E felt that as street children they were still **not respected by all children** although **some children did treat them as equals**: *"But I know that they do not respect us, they think they are better than us. But some treat us equally though...* [Interrupted]" (FG-E 166-167) His comment suggests that **his experience of equality is not consistent, but that the occasional experiences of equality might help to encourage resilience**.

Feeling equal and being treated as such can do away with feelings of worthlessness and introduce meaning in life and a feeling of being lovable (Boyden & Mann, 2005:7; Killian, 2004:52). Literature indicates that the development of togetherness and affiliation within a family or community or group (Killian, 2004:52) can assist resilient functioning. Literature does not have many examples of street children being treated equally in a non-discriminatory way.

- **Adaptability**

Most of the participants showed that they had the ability to **adapt to changing circumstances**: "*Good, I do not fear change*" (SS-F 421). **Not all participants were equally confident** though, but they did note that **they were willing to take steps to cope with change**. Part of this adaptation was acceptance that *change is often unavoidable*: "*They* [changes] *must always be there; I cannot stop them*" (SS-L 806). Some of the participants **liked change**: *"Sir, I like changes, I feel that I have changed; I am not where I was...You know I left my home and went back after life on the streets"* (CL-D 25). Some of the participants reported that **change sometimes evoked anxiety in them.** For example one participant

stated as follows: *"I like some changes but not others...honestly, some of them scare you but later you get used to them....people here (at the centre) help you cope with some changes"* (CL-G 41). This shows that despite the initial anxiety related to novelty, this participant was **ready to face the new circumstances in order to adapt**. For some of the participants **adapting to change was a slow process,** but they were nevertheless willing to confront change: *"It was hard for me to adapt to the changes but I am slowly getting used to everything"* (FG-B 21-22).

What emerges from the above is that most participants **coped better with change when they received support.** For example, one participant highlighted **the role of the street workers** in helping street children to change his life by re-introducing him to school, if he agreed to live at the shelter: *"He told me that I could go back to school if I did come to the shelter. I agreed to come because I wanted to change my life and .....I enjoyed the changes"* (FG-C 26-27). **Returning to school assisted street children to be resilient** since it **opened access to community resources and broadened their social circles and sources of social support**. What is important to note from the previous excerpt, is the **interaction of the street workers' encouragement and the youth's willingness to change**. This implies (as noted previously) that **personal protective factors are ignited and augmented by ecological support structures** (Leadbeater *et al.*, 2007:517; Schoon, 2006:16; Ungar, 2008b:22).

From the above it is clear that **streetism requires a high level of adaptation** on the part of the participants. This has been noted by previous studies that suggested that street children demonstrate a high level of adaptability even to the harshest of circumstances, and that this ability to adapt is linked to resilience (Boyden & Mann, 2005:6).

In summary, the main antecedents that I identified were the ability to adapt to change, willingness to face change, benefiting from street workers'

encouragement, choosing street life (unconventional) to satisfy basic needs which their families could not meet and taking initiative to change their lives.

- **Regulating themselves socially**

Quite a few participants seemed to **have the skills to regulate themselves socially**. For example, one participant demonstrated his **ability to deal with conflict** situations: *"Yes, sometimes there are conflicts at home...I prefer to sit down and talk if they occur"* (SS-F 441). *Another* participant dealt with conflicts by **actively avoiding doing bad things and by not annoying others** and this shows that he was proactive in anticipating and dealing with conflicts: *"Yes, I do witness violence sometimes. I avoid doing bad things and annoying other people"* (SS-I 662-663).

As participant SS-I indicated, **taking responsibility and actually asking for forgiveness can help in resolving differences and present opportunities for a new beginning**: *"Yes there was such a time. I stole my mother's money and she became very angry with me. I went back to her and asked her forgiveness. She forgave me"* (SS-I 683-685). This participant had the ability to notice his mistakes, humble himself and apologise for them, which demonstrates positive values.

Most of the focus group participants seemed to **believe that they needed to regulate themselves socially** in order to be accepted by the community: *"My opinion is that we need to respect each other regardless of the age differences, even on the streets we must behave so that people do not think we are bad children, and yes, we must respect even other people out there. Education is also needed, I agree"* (FG-E 4-5). They seemed to understand that **they needed to have values such as respect and not behave badly** or in ways that the community would not tolerate.

Apart from values, the participants felt that **they needed to refrain from abusing drugs in public**: *"I also agree that we must respect other people or else people might just think we children from the shelter do not respect other people even if it is only one of us who disrespects them. None of us must be seen smoking* [sniffing glue] *what we smoke* [sniffing glue]" (FG-D 6- 7). In other words, these youth understood that in order to grow up well in their given community, **they needed to demonstrate respect for the community's values**, even if they had a different set of values in private.

The ability to regulate oneself socially is an important resilience resource (IRP, 2006; Ungar, 2008a:227). To the best of my knowledge, previous studies with children on the street do not highlight their ability to self-regulate in public as an antecedent of resilience. In fact they are presented as children who are unmindful of the norms of society and this view is based on the fact that street children go unsupervised most of their childhood lives.

- **Mechanisms used to deal with difficult moments**

Universally, street life is known to be harsh and the vulnerable street children are called upon to cope with the hazards and difficult circumstances associated with street life (Cockburn, 2004:46; Donald & Swart-Kruger, 1994; Evans, 2002:58; Le Roux, 2001:111; Panter-Brick, 2002:156). Dealing with difficult moments requires a variety of strategies on the part of street children. For example, participant SS-A **relied on talking and on the support of her friends who tried to cheer her up but she noticed that others relied on adults to achieve a sense of relief**: *"Big people sometimes talk to them* [her peers]*...We tell friends who then try to cheer you up. I try to do something about it.... I talk"* (SS-A 26-30). This shows that it was possible for some participants to **confide in one another to achieve a sense of relief.**

Another example is that of participant SS-B who **relied on her mother to deal with her grief subsequent to her father's passing away**: *"Yes...I was sad; I was close to him. I approached my mother...she asked me not to cry"* (SS-B 80). Participant SS-G ostensibly **relied on the adults too for support in the midst or aftermath of sad occurrences**: *"I feel very bad when terrible things happen. I ask big people for support"* (SS-G 505-506). However, there are times when participants **relied on time to heal their emotional wounds.** For example, participants SS-D declared: *"I become angry and feel like crying. I usually go to bed and when I wake up I feel better"* (SS-D 245-246).

Some of the participants used **self-talk to keep themselves from being** overwhelmed: *"When something has happened to me I "talk to myself"* [self talk] *and ask myself why this happened. I then accept that it has happened so that it does not derail my plans in life. Or I just ignore it and proceed with my life"* (FG-B 113-115). It is also clear that some of the participants **accepted what had happened, stayed focused or just ignored what happened hoping it would fade away.**

Some of the participants **avoided obsessing about sad events in order to avoid feeling pain until the sadness vanished**: *"If sad things happen they eventually go away; you just stop thinking about them or else you will always feel pain"* (FG-A 116).

Most participants shielded themselves from harm by being **tenacious in the face of adversity**, not giving up even when life was hard, and **by staying focused**: *"Ja, (Yes) these are the children who persevere even if it is hard. They do not give up and stay focused on what is important in their lives. They in turn motivate and advise others to do what they did in order to succeed too"* (FG-G74-76).

Participant FG-G felt that **not keeping problems in their hearts** helped children cope: *"Adding to that, children who grow up well in difficult circumstances are*

those who do not allow their hurt to distract them. They tell themselves that they will finish their education no matter what. They do not keep their problems in their "hearts" they take them out and do not think about them even at school they try to be happy. They do not show that at home things are bad" (FG-G 90-93). In other words, a coping mechanism was the ability not to focus on hurt.

A few participants referred to **having an internal locus of control**. For example, these few participants demonstrated **the ability to take responsibility for their actions** and **acknowledge the consequences of their behaviour**: *"People invite bad things to happen to them; they admire celebrities even when they use drugs and drink alcohol"* (FG-B 98). Furthermore, participant SS-H was emphatic about children **inviting bad things by behaving badly**: *"I feel very bad but ...some of them happen because of us being naughty with our friends.... And sometimes you will find that it is because of me not my friends that such bad things are happening. Yes, we as friends used to mislead one another and once we stole money. They called the police and the police went to our house but the money was not with me. I decided to never be in the company of such friends again and I am always with one good friend.....Children invite these problems for themselves by being naughty"* (SS-H 576- 584). This suggests that some of the participants **are able to acknowledge and learn from their mistakes**. Having locus of control is listed as a resilience resource (Morrison *et al.*, 2006).

In summary, the strategies used by the participants to cope with difficult times included talking to others, relying on adult support (especially close and extended family), letting time heal them, using self-talk, ignoring what happened, staying focused, avoiding obsessing, persevering in the face of adversity, not keeping problems to themselves and having internal locus of control.

Current literature confirms that social support (as will be demonstrated under relationships), (IRP, 2006) tenacity (Donald & Swart-Kruger in Mathiti, 2006),

staying focused (Killian, 2004) and locus of control (IRP, 2006; Newman, 2002:1; Rubin in Oliver, 2007:34) enable youth towards resilience.

Evidence from the data above shows that some of the participants in this study used other protective resources not abundantly documented in literature, namely letting time heal them, using self-talk, avoiding obsessing, not keeping problems to themselves and ignoring what happened.

- **Personal Goals**

All the participants had personal goals, and this showed that they had not stopped dreaming despite their difficult circumstances. Their goals included becoming policemen, soldiers, sportsmen, musicians and pilots. It was interesting that their goals related to acquiring positions of influence and fame.

In some instances, the participants were **realistic about possible barriers to their dreams and suggested the ability to think of alternatives**. For example, one participant said: *"I want to be a pilot but I do not think I shall become one because I went school late. My parents abandoned me that is why; and I don't think I'll be a pilot, maybe a policeman or a soldier"* (CL-F 34).

In **summary,** the personal antecedents of resilience noted by most of the participants in my study are summarised in Table 6.1 below:

INDIVIDUAL RESOURCES	RESOURCES NOTED			
	BY MORE THAN 10 IN MY STUDY	IN PREVIOUS STUDIES ON RESILIENCE	IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN	NOT IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN
Positive role models:	☺	☺		☺
Sub-themes				
• Ability to identify positive role models	☺	☺		☺
• Former street children serving as role models for success				☺
• Strangers as a source of encouragement				☺ *"ubuntu"*
• Role models encouraged motivation, tenacity, hard work, hope and success	☺	☺	☺	
Sense of humour	☺	☺	☺	
Sub-themes				
• Lightening difficulties	☺	☺	☺	
• Elevation of gloomy moods	☺	☺	☺	
• Counteracting stress	☺	☺	☺	
• Managing anger		☺	☺	
Assertiveness:	☺	☺	☺	
Sub-themes				
• Standing up for themselves	☺	☺	☺	
• Verbal assertiveness	☺	☺	☺	
• Using silence				☺
• Using body language				☺
• Moving away				☺
• Seeking aid from adults	☺	☺	☺	
• Fighting back (violence)	☺	☺	☺	
Sense of agency:	☺	☺	☺	
Sub-themes				
• Socially appropriate agency (asking for help and asking for advice)	☺	☺	☺	
• Socially inappropriate agency (begging, vandalism)		☺	☺	
Problem-solving:	☺	☺	☺	
Sub-themes				
• Confidence in problem-solving ability				
• Quick-wittedness		☺	☺	
• Ability to analyse situations		☺	☺	

Positive outlook on life: Sub-themes	☺	☺		☺
• Optimism	☺	☺		☺
• Realistic about achieving their goals		☺	☺	
Equality: Sub-themes	☺	☺		☺
• Feelings of equality	☺	☺		☺
• Equal, non-discriminatory treatment	☺	☺		☺
Adaptability: Sub-themes	☺	☺	☺	
• Ability to adapt to change	☺	☺	☺	
• Willingness to face change	☺	☺	☺	
• Role of street workers in encouraging adaptation	☺	☺	☺	
• Initiative in changing their lives		☺		☺
• Choosing street life (unconventional) to satisfy basic needs			☺	
Regulating themselves socially: Sub-themes		☺		☺
• Ability to deal with conflict				
• Ability to avoid doing bad things		☺		☺
• Deliberately attempting not to annoy others		☺		☺
• Asking for forgiveness				☺
• Refraining from abusing drugs publicly		☺	☺	
• Respect for community values even if different from their own		☺		☺
Mechanisms used to deal with difficult moments: Sub-themes				
• Confiding in others	☺	☺	☺	
• Seeking social support	☺	☺	☺	
• Relying on mother		☺		☺
• Relying on time to heal their emotional wounds				☺
• Using self-talk				☺
• Staying focused	☺			☺
• Ignoring what happened				☺
• Avoiding obsessing				☺
• Not keeping problems to themselves				☺

• Tenacity	☺	☺	☺	
• Having internal locus of control		☺		☺
• Acknowledging and learning from their mistakes				☺
Personal goals: Sub-themes	☺	☺	☺	
• Having personal goals	☺	☺	☺	
• Realistic about achieving goals		☺		☺
• Ability to think about alternatives			☺	

Table 6.1: Personal antecedents of resilience

From the above it emerges that the participants in my study reported personal assets that encouraged their resilience which have not been noted in previous studies.

These personal antecedents include:

- **having positive role models**: ability to identify positive role models, former street children serving as role models, strangers as sources of encouragement;
- **assertiveness**: using silence, using body language, moving away;
- **Positive outlook on life**: Optimism;
- **Equality**: Feelings of equality;
- **Adaptability**: Initiative in changing their lives;
- **Regulating themselves socially:** ability to deal with conflict, ability to avoid doing bad things, deliberately attempting not to annoy others, asking for forgiveness, respect for community values even if different from their own;
- **Mechanisms used to deal with difficult moments**: relying on mother, relying on time to heal their emotional wounds, using self-talk, staying focused, ignoring what happened, avoiding obsessing, having internal locus of control, acknowledging and learning from their mistakes;

Again, I emphasize that the above involved the street child as an individual but also involved ecological encouragement of these assets. In other words, although these resources were described as individual, they really form part of the dynamic reciprocity which researchers now ascribe resilience to (Schoon, 2006:16; Ungar, 2008a:227).

6.2.2 Relationships

In addition to individual resilience resources, a child needs resilience resources that are embedded in his ecology to deal with hardships meaningfully. Several studies recognise that the interaction of the individual, family and environmental or situational factors can enhance positive adaptation in the face of adversity (IRP, 2006; Kritzas & Grobler, 2005:2; Masten & Reed, 2005:83; Newman, 2002:1; Oliver, 2007:24; Rutter, 1999:136; Schoon, 2006:16; Ungar, 2008a:227).

The participants in this study were aided to function resiliently by the relationships they had with families, extended families, neighbours, friends, girlfriends, teachers and strangers. The aforementioned relationships are valuable sources of protective resources, such as social support and a sense of belonging.

- **Social support**

Despite typically coming from contexts of family instability, social support was noted among **most of the street children** who took part in this study. They also listed close family such as siblings, extended family members such as grandmothers, aunts, uncles, friends, neighbours and strangers as the people who provided the support they needed.

For example, participant SS-G stated that **close and extended family members** assisted her in **solving her problems**: *"My grandmother...and my brothers and sisters help solve them"* (SS-G 509). Participant SS-A added that the

neighbours and **other relatives** were helpful in difficult situations since they **provided consolation to make them feel better**: *"A neighbour will visit to console the people. Yes, if they are friends. Other relatives will come and help"* (SS-A 15-20). One participant mentioned that **some of them received help and support from people they did not know, or strangers**: *"Some parents reject their children and they adopt street life. While they are there someone comes and asks you to follow her to the house where you can do gardening"* (FG-D 80-82).

Music and **friends** helped some participants to **forget about the painful events** in their lives, as participant FG-C pointed out: *"But what I think is that you must listen to music or visit your friends so that you can forget about it"* (FG-C 117). Friends also played an important role in **taking the participants' minds off painful memories,** as one participant indicated: *"I think you need a good friend who will take your mind off things by encouraging you"* (FG-A 121).

As Participant FG-F pointed out, his **girlfriend served as a valuable source of social support** when they had problems: *"For me...my girlfriend is more helpful in this regard...a girlfriend can help when you have problems"* (FG-F 134). Excitedly, another participant added that **girlfriends helped them when they had problems**: *"Jaa, (Yes) I agree with* ... [Participant F] *having a girlfriend helps you if you are in difficult times* (FG-D 136).

Some of the participants indicated that they enjoyed **love and warmth** which emanated from meaningful **connectedness to competent adults**: *"I like the love and warmth we experience from the care-giver, she treats us well and I wish to help her out when I am old"* (FG-G53). As one participant indicated, they **received guidance** from the **adult care-givers so that they could be committed and successful**: *"But you know if a child receives good guidance about life they can be committed and be successful in life"* (FG-E 85).

One participant also mentioned a much **wider circle or network of connections** which helped them cope when they had problems and **enabled them to work together towards common goals**: For example, Participant CL said: *"Jaa (Yes) People here at the centre are very good; they help us when we need them by sending us to school or guiding us. My friends also help when we need them, do you know that we are saving to buy a DVD, we have already saved R60 ...and...friends help with schoolwork and when I feel bad they talk and make me laugh. When I have a problem while I am on the streets I come here but the teacher helps me while I am at school"* (CL-D 20-22).

Perceived social support is a powerful resilience resource which is dependent upon the quality of relationships a child has (IRP, 2006; Beresford in Armstrong et *al.;* 2005: 271). High quality relationships with close family members, extended family members, peers, teachers and others can offer the needed social support in difficult times (IRP, 2006; Killian, 2004:52; Schoon, 2006:81; Oliver, 2007; Ungar, 2008a:227).

In this study the participants mentioned close family members (siblings), extended family members (grandmothers, aunts and uncles), friends, peers, girlfriends, care-givers at the drop-in centre, shelter and strangers. It is significant to note that the participants seemed to rely less on their biological parents for social support.

What I could not find in current literature, was **reference to strangers** encouraging resilience, which suggests that the participants in this study made the most of a resource not previously noted, namely kind strangers. Of course it is possible that **kind strangers may not be found in all communities** and that this may be more typical of African, Native American and Japanese cultures who believe in the notion of collective responsibility (Theron, 2007:371).

In South Africa the notion of collective responsibility is referred to as *"ubuntu"* in IsiZulu or *"botho"* in Sesotho, meaning *humanness or personhood.* This involves a sense of belonging, interdependence, charity, mercy, a show of goodwill, kinship ties, the well-being of all and citizenship (Coertze, 2001:113; Enslin & Horsthemke, 2004; Mnyaka & Motlhabi, 2005:215; Theron, 2007:371). It could have been this philosophy or way of life that made strangers support the participants.

- **Sense of belonging**

As noted in Chapter Three, a new entrant into street life is "adopted" by the "street family," consisting of children already living on the streets (Vogel, 2001). Among all the participants in my study, this **"adoption" process promoted a sense of belonging and a sense of togetherness.** For example, participant FG-D said: *"I used to come home late in the night and my stepmother chased me out of the house. So I decided to join my friends and I spent much time with them" **(FG-D 37-39).*** The "adoption process" ordinarily smoothes the adaptation process needed. This participant shows signs of hidden resilience and this further strengthens **the observation that going to the streets could be seen as navigation towards health-enhancing resources for high-risk youth** (Cockburn, 2004:46; Ungar, 2008b:22).

The sense of belonging that developed **enabled all the participants to mutually support each other**: *"I know that I can rely on my friends here at the centre, they are always available when I need them for anything (CL-L 47).* It is also clear that, as one participant pointed out, **solidarity developed among the participants**: *"Children here fight sometimes but at school we support each other, even with school work. I have a friend who helps me a lot"* (CL-C 11).

Current resilience theories do suggest that street children form their own "street families" which bring about a sense of belonging and affiliation (Killian, 2004:52),

solidarity or peer support (Donald *et al.*, 2006:189) love and warmth (Newman, 2002:1) as encapsulated in the notion of *"ubuntu"* that was referred to earlier (Coertze, 2001:113; Enslin & Horsthemke, 2004; Mnyaka & Motlhabi, 2005:215; Theron, 2007:371), encouraging resilient functioning in youth.

In **summary** the relational antecedents of resilience noted by most of the participants in my study are summarised in Table 6.2 below:

RELATIONSHIP	RESOURCES NOTED			
	BY MORE THAN 10 IN MY STUDY	IN PREVIOUS STUDIES ON RESILIENCE	IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN	NOT IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN
Social support:	☺	☺	☺	
Sub-themes				
• Sourced from siblings, extended families, friends, peers, girlfriends, neighbours, care-givers, teachers and strangers	☺	☺	☺	
Sense of belonging encouraged by:				
Sub-themes	☺	☺ Peer group	☺(Street life)	
• Adoption process				
• Togetherness	☺	☺	☺ Street/Shelter	
• Mutual support		☺	☺ Street/Shelter	
• Love		☺	☺ Street/Shelter	
• Warmth	☺	☺	☺ Shelter	
• Networks of connections	☺	☺	☺ Street/Shelter	
• Working towards common goals			☺	

Table 6.2 Relational antecedents of resilience

From the above it emerges that the participants in my study reported relational resources that encouraged their resilience which have been noted in previous studies.

These include:

- **Social support**: sourced from siblings, extended families, friends, peers, girlfriends, neighbours, care-givers, teachers and strangers;
- **Sense of belonging encouraged by**: adoption process, togetherness, mutual support, love, warmth, networks of connections and working towards common goals.

6.2.3 Access to community resources

Access to community resources such as good schools, safety and security, recreation, libraries, social and health-care services and community projects can be described as health-enhancing (Ebersöhn & Eloff, 2004:15; IRP, 2006; Killian, 2004:52; Masten & Reed, 2005:83; Ungar, 2008a:227).

Ideally, communities must provide the aforementioned health-enhancing resources in culturally meaningful ways (Ungar, 2008a:22). The participants in my study indicated that they had access to health-care, education, police services and social services and that this access was enabling.

- **Access to health care**

Typically, street children have limited access to the health-enhancing community resources due to their disadvantaged positions. However, some of the participants in this study indicated that **they enjoyed access to health-care**: "*My mother takes me to a doctor…I go to a clinic on my own. If I fall ill while I am at*

school the school gives me a letter which I take to the clinic" (SS-C 181-182). References to clinics were echoed by the other participants.

It is important to note that the participants in this study linked health-care access to parents (when they went home) and to schools that encouraged clinic attendance. In other words, for the youth in my study, access was mediated by other relationships (i.e. parents) and community structures (i.e. schools). This has been noted in studies on how schools can enable street children (Donald *et al.*, 2006:171) to develop resilient functioning, but there is no reference to the potential benefits of parental relationships to the well-being of street children as they spend inordinate amounts of time outside their families (Panter-Brick, 2002:148-9; Serrokh, 2006).

Literature suggests that access to health-care encourages resilience. This is attested to by the suggestion in recent South African studies (Cronje, 2009; Dunn, 2009) that access to health-care encourages resilience. Typically, children of the street are not described as benefiting from parental contact since they have no links with their families and sleep in abandoned buildings, under bridges, in shop doorways or in city parks, where they are vulnerable to a number of hazards because they have no links with their families (Altanis & Goddard, 2004:300; Ayuku *et al.*, 2004:25; Pare, 2004).

- **Access to education**

Street children usually drop out of school, thereby limiting access to education. The negative impacts of dropping out of school and the accompanying risky life-style they adopt are well documented (Altanis & Goddard, 2003:300; Ataöv & Haider, 2006; Samara, 2005; Schurink, 1994:5). These are summarised in this example by one participant: *"Dropping out of school...because of difficulties. They do senseless things...they prostitute themselves, steal.... They do a lot of bad things (looking away)"* (SS-D 251-253).

Some of the difficulties referred to by SS-D above are *"Lack of school clothes often resulting in children dropping out of school"* (SS-J 750). Lack of school clothes is a result of unemployment and rampant poverty which engulf many communities in South Africa, resulting in many parents not affording school fees, as this example shows: *"It means a hard life for children if, for example, parents are not working.... and cannot afford school fees"* (FG-A 94).

However, all the children on the street and those street children who reside at shelters are better **able to attend school**, in that way **regaining access to education**. In this study, all the participants had access to school. Their **school attendance was largely encouraged by strangers** as in this example: *"I used to avoid school. A lady who was not even related to me advised me to attend school regularly"* (SS-L 769). **Social workers** working for the Non-Governmental Organisations played a pivotal role in encouraging the participants to attend school, as this example shows: *"So the social worker came and told us that we were clever children had to come to the shelter and go to school"* (FG-A 29).

The opportunity to attend school **rekindled their dreams** of learning English and **took them away from a life of frequenting dumping sites** where they used to search for food, as participant SS-L pointed out: *"Yes, I want to be able to speak English and nothing prevents me from going to school and I do not go to .....dumping site"* (SS-L 830). In this way **school played a protective role because it kept the youth away from the dump** where they might be exposed to disease and contaminated foods. It was also protective in that access to education **allowed learners opportunities to learn English** which, according to Vermeulen (2001), Cele (2001) and Mulholland (2006) cited by Nel and Theron (2008:203), is **necessary for later employment**.

Teachers had high expectations for the children and did their part to **motivate them,** as one participant pointed out: *"My arts and culture teacher always loses patience when we perform below expectations and advises us to observe how*

well those with a good education live; they enjoy life. Those who fail in life are those who do not do their school work honestly....and you, father (the researcher) know when a teacher is not in class we talk and make noise" (FG-E 63-64). This suggests that it was not just access to education but motivating teachers that encouraged positive goals. Previous South African studies have commented on the value of **academic achievement, schools and particularly teachers** as protective resources (Cronje, 2009:34; Dass-Brailsford, 2005:582; Theron, 2007:360).

As one participant pointed out, the school environment was **warm and welcoming and they were treated with respect**: *"Our school is small but it is nice because the children were told to treat us well and we play football with them. It is important to be educated or else you will work in the gardens"* (CL-F 29-30). Again, this quote highlights that it was **not just access to education** that was protective, but the **type of school atmosphere** that prevailed.

Engagement with especially health-promoting schools and teachers who serve as positive role models (Dass-Brailsford, 2005:587; Donald, *et al.,* 2006:267; Morrison *et al.,* 2006; Sutherland, 2005:604) and school subjects such as Life Orientation which is part of the curriculum in South Africa (Theron, 2007:369) were identified as protective in the sense that they teach life skills and afford learners the opportunities to say how they feel. The participants in my study had clearly benefited from school attendance, a sense of belonging at their schools and motivating teachers.

Access to education served as an antecedent in that it was encouraged even by strangers, social workers and teachers, kept them away from the rubbish dumps, enabled them to learn English for later employment, and the school provided warmth and a protective healthy atmosphere.

- **Access to police services**

Only one participant seemed to grow up in areas where access to community resources such as **police services existed**, as some of the participants pointed out: *"Father (Mr) Malindi the police are important and they do help us too although they abuse you first...* (CL-C: 3). Other South African studies have noted the value of police services as a protective resource (Cronje, 2009:171).

In most literature on street children and police, their relationship is not considered to be protective since it is characterised by police harassment (Bourdillon, 2001; WHO, 2002; Human Rights Watch, 2003; Trent, 2005). This was true for most of the participants. In this study participants confirmed that **police added to their vulnerability**. For example, one participant stated: *"So I had a terrible fight with one of the boys and a police officer picked me up and took me to the station"* (FG-C 143).

In other words, although resilience literature associates police forces with protective resources (Cronje, 2009:171), this was not profusely confirmed in my study, except in the one instance noted above.

- **Access to social services**

Most of the participants emphasised that **they had access to social services** as a result of which they were **removed from the streets** and **sent back to school**: *"People who help me come from child welfare and we are used to them. I wish them long life because they took us away from the streets, they took us to school, I wish to grow up and shame my parents who abandoned me...I want them to regret what they did"* (CL-F 35-36). The social workers ensured that the participants' **needs for shelter were met,** as one participant indicated: *"But it is the social workers who help a lot. If you are an orphan they take you to a shelter and they also send you to school"* (CL-C4). The social workers also ensured that

all the participants had **food to eat and clothes to wear**, as participant CL-D indicated: "*Child Welfare helps us a lot, Mr. Malindi because they buy us food and many things like clothes*" (CL-D 17).

The fact that the participants were accommodated at the **shelter enabled all of them to stop begging and subsequently helped them to re-focus on the future**. For example, one participant pointed out: "*Ja (Yes), we used to beg at ** Park, so when we are there, people who used to see us must notice a change in how we look and they must realise that we came to the shelter to be assisted in getting back to our families....and grow up an have our own cars. I thank God that.... He brought us to the shelter as group*" (FG-B 10-11).

According to current literature, the task of providing services to street children is shared between governments and non-profit organisations worldwide (Swart-Kruger, 1994; Tolfree, 2003:4). My study confirmed this sharing of responsibilities.

In this study access to social services served as antecedents of resilience in that they removed the participants from the streets, care-workers sent them back to school, provided shelter, met physiological needs and helped them to refocus on the future.

In **summary**, the community-based antecedents of resilience noted by most of the participants in my study are summarized in Table 6.3 below:

ACCESS TO COMMUNITY RESOURCES	RESOURCES NOTED			
	BY MORE THAN 10 IN MY STUDY	IN PREVIOUS STUDIES ON RESILIENCE	IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN	NOT IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN
Health-care:	☺	☺	☺	
• Access to health-care	☺	☺	☺	
• Link between health-care and parents	☺			☺
• Access to health-care mediated by schools	☺			☺
Access to education mediated by:				☺
• Strangers				
• Social workers	☺	☺	☺	
• Education kept them away from dumps				☺
• Education enabled them to learn English (later employment)				☺
• Teachers motivated them	☺	☺	☺	
• Experienced warmth at school	☺	☺	☺	
• School atmosphere was protective	☺	☺	☺	
Police Services:		☺		☺
Sub-theme				
• Access to police services				
Social services:	☺	☺	☺	
Sub-themes				
• Removal from streets				
• Ability to return to school (future goals)	☺	☺	☺	
• Needs for shelter met	☺	☺	☺ Staying at shelter	
• Physiological needs met	☺	☺	☺ Drop-in centre	
• Re-focusing on the future		☺	☺	

Table 6.3: **Community-based antecedents of resilience**

From the above it emerges that the participants in my study reported community-based resources that encouraged their resilience which have not been noted in previous studies. These include:

- **Health-care**: Link between health-care and parents, Access to health-care mediated by schools;
- **Access to education mediated by**: strangers, education kept them away from dumps, education enabled them to learn English (later employment);
- **Police Services**

6.2.4 Cultural resources

Membership of a cultural group provides children acquire a feeling of belonging to their cultural groups, a sense of affiliation and secure attachments, all of which encourage resilience (Gilligan, 2004; Killian, 2004; Morrison *et al.,* 2006). Although street children typically spend inordinate amounts of time outside their families it is remarkable to note that if they are culturally grounded; they are armed with cultural antecedents which aid survival on the streets, as demonstrated below.

- **Cultural Groundedness**

All the participants were **anchored in their cultures**. For example, participant one declared: *"I am Zulu...I live my life like a Zulu would and I am proud"* (SS-A 11). All the participants were also **proud of their cultural roots**: "*They* [older people] *also make you proud...they teach you about your traditions and praise songs which you in turn teach your children"* (FG-E 217). Some of the participants declared that **they had the opportunities to observe their cultural practices**: *"Yes and I also observe the cultural practices and enjoy traditional food"* (SS-F 423). These opportunities encouraged participants to familiarise themselves with their culture and to feel grounded.

Some of the **cultural practices which the participants observed were aimed at making them strong**: *"I am a Mosotho (Southern Sotho). One of the cultural practices is that you should undergo circumcision the traditional way. It makes you strong"* (FG-D 215). Furthermore, these cultural practices **prepared the participants to withstand difficult conditions and to be independent,** as FG-C pointed out: *"Traditional circumcision... they teach you to withstand difficult conditions... and not depend on your parents"* (FG-C 216).

Current literature indicates that being culturally grounded, which involves knowing where one comes from and being proudly part of the cultural traditions that influence daily living, provides powerful antecedents of resilience in young people (IRP, 2006; Ungar, 2006: 55; Ungar *et al.*, 2007:288; Ungar, 2008a:227). However, literature on streetism is silent on how street children manage to cope resiliently due to being anchored in culture, through observing cultural practices, how culture actively prepares them to face difficulties and how culture promotes independence in street children.

- **Religion or Spirituality**

The International Resilience Project (1996) named religion and spirituality as resilience resources. Feeling connected to one's creator provides a **sense of meaning in one's life** and all the participants indicated that they **had faith and that they believe faith had something to do with perseverance** in life: *"They must go on; the Lord has helped them"* (SS-L 811-812). Furthermore, as participant FG-B said, **holding on to the belief that prayer and persevering** could help them **deal with familial risks,** such as parental alcoholism and neglect, was important for future success: *"Some mothers are alcoholic. They drink and do not provide food for their children, but if such children pray and persevere they will succeed"* (FG-B 83-84).

Religion also **helped in terms of family relations**. For example, one participant demonstrated **the ability to forgive his mother for neglecting him** and this

ability stemmed from his faith: "*My mother then neglected me and did not buy me anything, you see. But I pray that the Lord should help me to succeed in life and I will buy her things when I succeed in life*" (FG-F 19-20).

One participant suggested it was **God's plan for them to be at the shelter** instead of the streets: "*I thank God that.... He brought us to the shelter as a group*" (FG-B 11). He added that it was **God's plan for them to be at the shelter.** Another participant indicated that his life had changed since coming to the shelter: "*What he is talking about happened to me. I never thought I would live here at the shelter but I think it was God's plan for me to be here...He removed me from the street and I can see that life has changed for all of us here*" (FG-G 51-52).

Some of the participants also felt that **the word of God could change one's life** and **make one feel different**. For example, one participant declared as follows: "*The word of God can change you... you start going to church and feel different*" (FG-C 207).

As participant FG-G said, he believed that **prayer could heal**: "*I was assisted by a strange lady...I was injured and limping. She stopped and asked me what was wrong and I replied that I was injured. She prayed for me and told me to continue walking but keep saying in the name of Jesus and I felt better thereafter and walked better*" (FG-G 208-210).

According to FG-B, **when life is hard, prayer can help one to regain strength** as proof that prayers can be answered: "*Yes, when life is hard, I pray and ask for forgiveness and I gain power* [strength]. *God answers your problems bit by bit* [relieves you of your problems]" (FG-B 212-213). Participant CL-C added to this by indicating that, although he personally did not go to church often, he did **believe in the power of prayer** even when he prayed alone: "*I seldom go to church, father (Mr) Malindi but I believe in the power of prayer. You need to pray*

when you are a church-goer but I pray alone sometimes" (CL-C 14-15). A participant who did not go to church at all believed that **church could nevertheless be helpful in times of trouble**: *"I do not go to church but I know it helps when you are troubled"* (CL- L 52).

One participant believed that **church teaches norms, especially what is right and what is wrong and that they could consult the pastor for advice** when they had problems: "*I love going to church because there they teach you what is right and wrong and when I have a problem I can talk to the Pastor for advice"* (CL-D 24).

As participant CL-F also indicated, they received **guidance and support** from church: *"Religion is very good, you know there are people who do as they wish but religion guides you... they support you in church"* (CL-F-38). This excerpt also shows that the participant believed that **church builds character, ideally preventing people from doing as they wish.**

Religious faith may enable one to cope with negative life events and these themselves may lead to or strengthen religious faith (Connor *et al.*, 2003:491). However, in literature on streetism it is not clear how being religious encourages street children to function resiliently. How religion served as an antecedent of resilience is evident in that the participants mentioned its capacity to encourage perseverance, a belief in the power of prayer to bring about success in life, the ability to forgive those who wronged them, a belief in God's plan for their lives, a belief in the healing power of prayer, the supportive role of the church in difficult times and in receiving guidance from church, which literature on streetism does not note.

In **summary**, the cultural antecedents of resilience noted by most of the participants in my study are summarised in Table 6.4 below.

CULTURAL RESOURCES	RESOURCES NOTED			
	BY MORE THAN 10 IN MY STUDY	NOTED IN PREVIOUS STUDIES ON RESILIENCE	NOTED IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN	NOT NOTED IN PREVIOUS STUDIES ON RESILIENT STREET CHILDREN
Groundedness:	☺	☺		☺
Sub-themes				
• Anchored in culture	☺	☺		☺
• Proud of cultural roots	☺	☺		☺
• Observing cultural practices	☺	☺		☺
• Culture preparing one to withstand difficulties		☺		☺
• Culture teaching independence		☺		☺
Religion or Spirituality:	☺	☺		☺
Sub-themes				
• Faith linked to success				
• Prayer linked to tenacity despite familial risks				☺
• Ability to forgive				☺
• Belief that God willed their stay at shelter				☺
• Belief that God can change lives		☺		☺
• Belief in healing power of prayer				☺
• Prayer gives strength		☺		☺
• Church helps in times of trouble		☺		☺
• Church teaches norms	☺	☺		☺
• Pastor provides advice				☺
• Church provides guidance and support				☺

Table 6.4: Cultural antecedents of resilience

From the above it emerges that the participants in my study reported cultural resources that encouraged their resilience that have not been reported in previous studies aimed at exploring resilience among street children. These include:

- **Groundedness**: anchored in culture, anchored in culture, proud of cultural roots Observing cultural practices, culture preparing one to withstand difficulties, culture teaching independence
- **Religion or Spirituality**: faith linked to success, prayer linked to tenacity despite familial risks, ability to forgive, belief that god willed their stay at shelter, belief that god can change lives, belief in healing power of prayer, prayer gives strength, church helps in times of trouble, church teaches norms, pastor provides advice, church provides guidance and support

6.3 CONCLUSION

Chapter Five presented the findings of semi-structured and focus group interviews. I presented the results in terms of the resilience domains as identified by the International Resilience Project (1996). Within the ecological domains I identified themes and sub-themes which in turn were instigated by the participants' responses. I identified sub-themes from current literature as well as those originated by the data I was dealing with. The next chapter will present quantitative data collected via the CYRM from the children on the street as well as the street children residing at the shelter.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The focus of my study was on exploring the antecedents of resilience, often hidden, in some street children in South Africa (specifically in parts of the Free State and Gauteng Provinces). Literature is full of examples of risks that street children are exposed to, but the question of what assisted adaptive coping for some of them in the midst of all the known risks is not answered adequately in current literature. This chapter presents the findings of the two phases of my study, namely the literature study and empirical research. It also comments on the limitations and contributions of the study and provides recommendations for practice and further research.

7.2 AIMS REVISITED

The following table illustrates the aims that governed my study and whether or not they were achieved.

AIM	ACHIEVED
• To conduct a literature study that would:	
○ define resilience.	This aim was achieved after relevant literature was reviewed. Moreover, the concept of hidden resilience was explored and related to streetism. Chapter Two elaborates on this aspect.
○ define streetism.	This aim was also achieved by

	reviewing literature that explored streetism globally and locally. The multi-facetted concept of streetism is explored in detail in Chapter Three.
○ highlight the nature of the risk factors that threaten resilience in street children.	This aim was achieved. The nature of risks was determined and the context specificity of risk and protective processes was identified. These are explored in Chapters Two and Three.
• To conduct an explanatory, mixed methods exploratory empirical study aimed at delineating the intrinsic and extrinsic factors implicated in making street children function resiliently in spite of significant exposure to risks.	This aim was achieved by using the CYRM to collect quantitative data, and semi-structured and focus group interviews to collect qualitative data from 14 children on the street and six street children in institutional care. Chapter Four details the design and methods used. It also explains how the data were analysed. The intrinsic and extrinsic resilience-promoting resources discovered are documented in Chapters Five and Six.

Table 7.1: Aims of my study

From the above, it can be concluded that the aims of this study were achieved.

7.3 CONCLUSIONS FROM LITERATURE STUDY

The literature which I reviewed is covered in Chapter Two, which deals with the resilience phenomenon, and in Chapter Three, which deals with the street child phenomenon.

7.3.1 Summary of Resilience Literature Review

In reviewing relevant literature on resilience, it became apparent that the resilience concept is regarded as a subjective and context-specific construct that is not easy to define (Dass-Brailsford, 2005:575). However, there seems to be agreement that resilience essentially entails positive outcomes despite the experience of adversity, continued positive or effective functioning in adverse circumstances; and/or recovery after a significant trauma (Masten, 2001:228; Masten & Obradovic, 2008). In essence, this means that there can be no resilience unless a threat was present and overcome (Masten, 2001:228; Rutter, 1999:119-120).

Literature shows that resilience is an ordinary phenomenon among individuals and that it results from the effective functioning of basic human adaptational systems which must be in good working order to buffer the effects of risk and adversity (Masten, 2001:227). It is important to note that there is no agreement on how much risk must be endured before a child can be considered to be resilient or not resilient (Oliver, 2007:25).

Literature shows that the resilience concept was conceptualised differently in its long history. Initially resilience was seen as a natural trait of all human beings and the human brain was thought to be specifically wired to cope with problems (Brendtro & Longhurst, 2005:52). This view was refuted after further research indicated that resilience was not a fixed attribute or trait because, when circumstances changed, the risk (and often resilience) also changed (Rutter,

1999:135). Later resilience was conceptualised as the individual's capability to bounce back from adversity or the capacity to recover from, adapt and remain strong within the context of risk and significant adversity (Boyden & Mann, 2005:6; Brendtro *et al.*, 2005:130; Killian, 2004:42; Luthar, *et al.,* 2000:543).

Still later, resilience was conceptualised as both a dynamic process which encompasses positive adaptation within the context of significant adversity (Luthar *et al.*, 2000:543; Rutter, 1999:135) and a product of the person-environment interactions (Schoon, 2006:16; Tusaie & Dyer, 2004:3; Ungar, 2007:288; Ungar *et al.,* 2007:288). According to the ecological perspective, resilience in individuals was regarded as an ecological phenomenon that develops through the interactions or transactions occurring within environments and systems such as families, schools, neighbourhoods and the wider community (Brooks, 2006:70; 117; Kritzas & Grobler, 2005:1).

Currently resilience is seen as the capacity of individuals to navigate their way to the resources that sustain well-being, the capacity of the individual's physical and social ecologies to provide resilience resources, and lastly, the capacity of individuals, families and communities to negotiate culturally meaningful ways to share resources (Ungar, 2006:55; Ungar, 2008b:22-23). The above view represents movement away from the earlier conceptualisations of the resilience concept and it is this latest conceptualisation that informed my study.

- **The process of resilience**

Literature refers to risk and protective processes and makes it clear that risk processes interact to make negative developmental outcomes possible, while protective resources change the trajectory and encourage at-risk youth to survive despite adverse circumstances (Armstrong, *et al.,* 2005:270-271; Boyden & Mann, 2005:6; Killian, 2004:43; Ryan & Hoover, 2005:117; Ungar, 2004b:39). Risks, as well as protective resources, can originate from the individual, family,

environment and wider social contexts. For a detailed explanation of these, the reader is referred to Chapter Two.

The important issue is to understand that the process of resilience arises from dynamic interactions between the varied and available resilience-promoting resources and the youth at risk. This dynamic process is summarised in Figure 7.1 below:

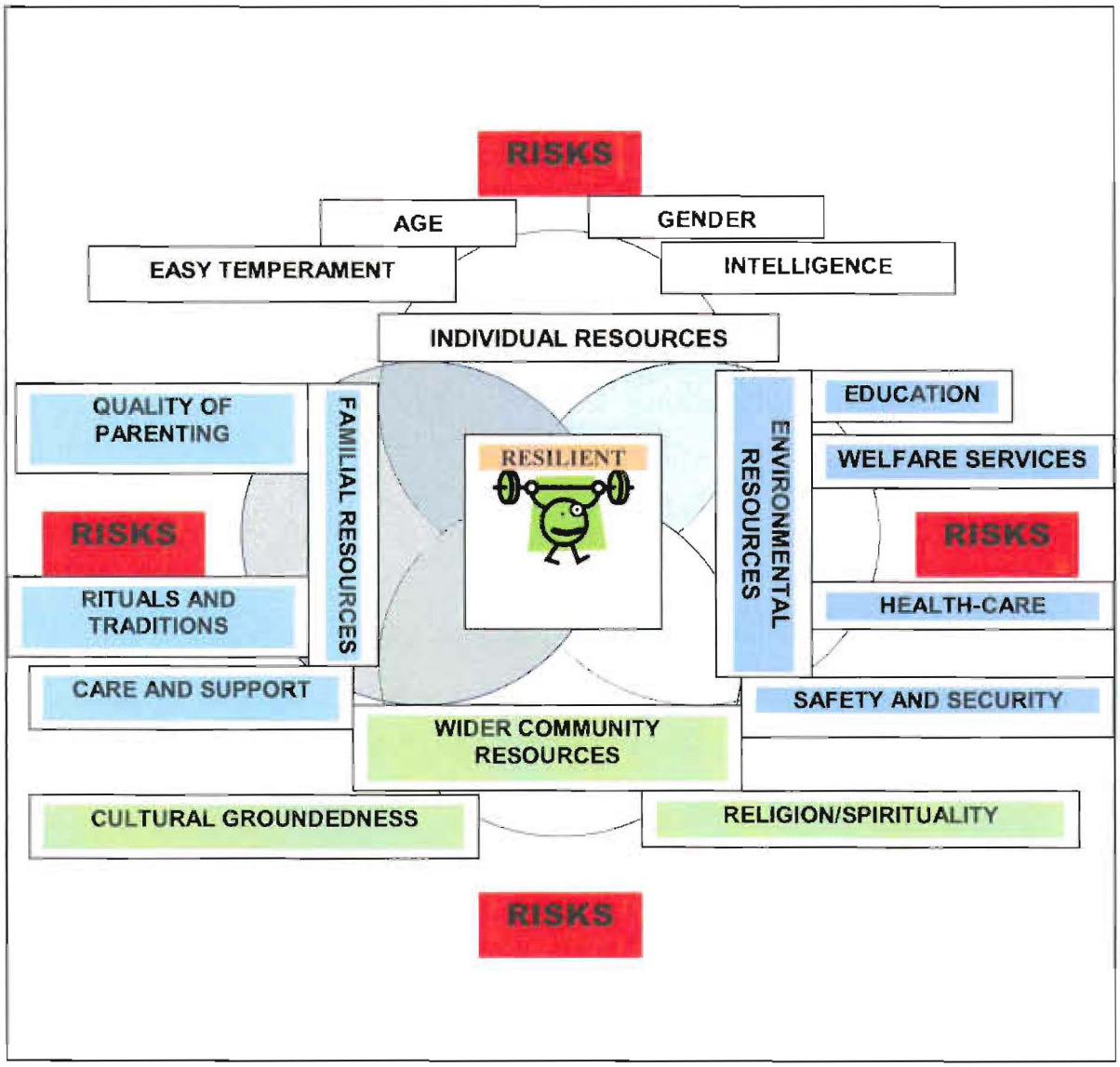


Figure 7.1: Resilience depends on interaction between inter- and intrapersonal resources

To conclude this discussion it can be pointed out that the distinction between these risk processes and protective resources is only cosmetic since these processes interact in complex ways. Literature also shows that the above processes are context-specific and not universal (Donald *et al.*, 2006:172; Ungar, 2006:58) and that one protective factor for one individual in one context may be a risk process for another person in a different context (Bogar & Hulse-Killacky, 2006:319).

7.3.2 Summary of Streetism Literature Review

Literature shows that the street child phenomenon is global and escalating. The conditions that precipitate streetism have proved to be personal, contextual and a combination of the two (cf. 3.3.1).

- **Definition of streetism**

Literature notes that the street child concept is an elusive term that is not easy to define and that it is conceptualised differently in different contexts (Guernina, 2004:100). However, it is accepted that streetism denotes ways of life which are associated with living on the streets (Ennew, 2003).

The common themes that were gleaned from the multiple definitions were that street children:

- are ***homeless*** (Madu *et al.*, 2005:204; Orme & Seipel, 2007:495; Panter-Brick, 2002:148; Rose, 2002), especially children of the street;

- are ***neglected*** (Orme & Seipel, 2007:498; Panter-Brick, 2002:148), particularly children of the street;

- ***work on the streets***, with family ties intact (Evans, 2004:69; Kerfoot *et al.*, 2007:30; West, 2003:10), especially children on the street;

- live in ***sheltered accommodation,*** (Terrio, 2004:23; West 2003:10; Youth Zone, 2005); and

- ***frequent rubbish dumps*** in search of food (Panter-Brick, 2002:149; Van Rooyen & Hartel, 2002:190).

Literature demonstrates that street children are a heterogeneous group of children and that the street child concept does not adequately capture the life styles and experiences of the street children (cf. 3.2). In this study, the street child concept was used to refer to children in difficult unprotected conditions which included those children who have been completely abandoned, neglected, those working on the streets and those who are in sheltered accommodation. However, those who took part in this study were children on the street and street children in institutional care.

Literature outlines risks that make streetism more likely, including, for example, contextual factors (such as poverty, difficult home circumstances), personal factors (such as a desire for independence) and/or a combination of the two. These factors interact as pull factors that initiate and encourage migration to the streets of major towns and cities globally (cf. 3.3.1). Once this migration has taken place, street children survive by searching for food from rubbish dumps, providing child labour, domestic work, begging for money and food, prostitution, abusing glue, selling items, washing car windows and theft (Panter-Brick, 2002:151; Terrio, 2004:15; West 2003:2; Youth Zone, 2005).

Literature indicates the commonly held views of street children, which include the fact that street children are viewed as small criminals, not to be seen, vulnerable, deserving of protection, sensitive, maladapted, mentally unhealthy, and

deserving of maltreatment. In essence street children are viewed with little sympathy - the derogatory names and labels that are typically used in conjunction with street children attest to this (cf. 3.2). Street children are mostly viewed from the fix-what-is-wrong medical perspective or from a charity perspective, which suggests that they are permanently dependent, deserving of pity, seen as deviants, or as beings incapable of taking decisions for themselves (cf. 3.4). In summary, literature relates stereotyped attitudes and western middle-class values, according to which street children are most commonly judged and found wanting (Donald *et al.,* 2006:190; Ennew, 2003; Frykberg, 2007; Mathiti, 2006:260; McAdam-Crisp *et al.*, 2005:71; Panter-Brick 2002:150; Schurink, 1994:5; West, 2003:14).

- **Hidden resilience among street children**

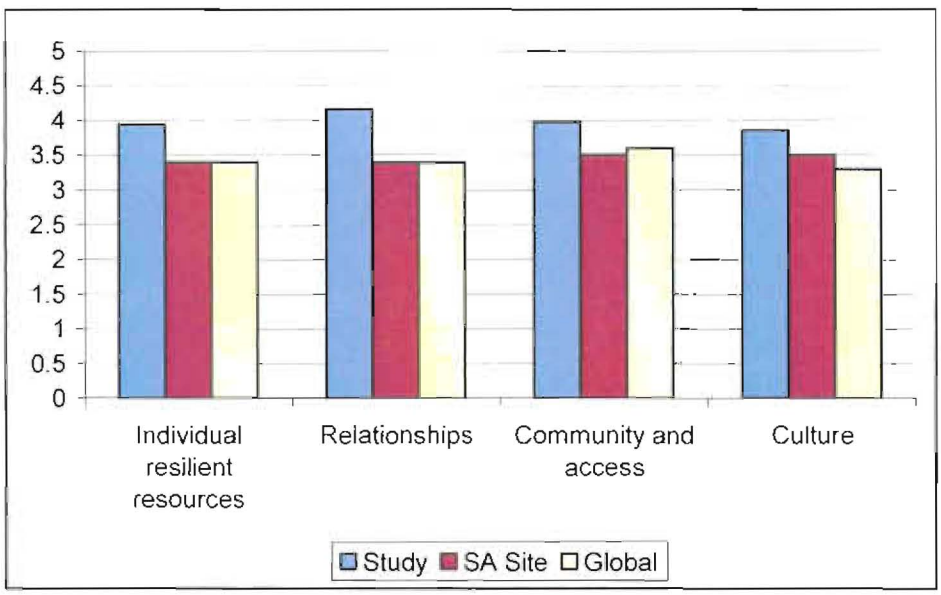
It is noteworthy that some street children are examples of at-risk children who nevertheless demonstrate hidden resilience. This challenges the traditional view of street children as deviant and in need of rescue. Literature shows that at-risk youth are not perennially vulnerable as previously thought and that some of the behaviours that are regarded as unconventional by societal standards are in fact ways of coping and dealing with adversity (Bottrell, 2007:600; Kombarakaran; 2004:869; Ungar, 2004b:36-37; Ungar *et al.,* 2008:3). Of late, some researchers have begun to see street children in this light (Evans, 2005:113; Kombarakaran, 2004:853).

For street children, this means that running away from home and joining their peers, begging, stealing, substance abuse and prostitution on the streets could represent unconventional ways of navigation and negotiation towards scarce resilience resources (Kombarakaran, 2004:853; Richter & Swart-Kruger, 1993:3; Ungar, 2004b:36-37). Street children use social networks they develop on the streets to cope, which health-care providers and researchers ignore (Donald *et*

al., 2006:190). For an expanded discussion of hidden resilience in street children the reader is referred to Section 3.5 in Chapter Three.

7.4 CONCLUSIONS FROM EMPIRICAL STUDY

In summary, I conducted an explanatory mixed methods study to collect data and answer my original research question, namely: **What are the antecedents of resilience among South African street children?** Before reviewing the antecedents common to both the quantitative and qualitative data, it is worthwhile repeating that the participants in my study can be described as resilient when compared to quantitative findings of the South African and Global sites in the IRP (2006), as summarised in the Graph 7.1 below:



Graph 7.1: Mean scores in my study, in South Africa and globally

The participants in my study demonstrated a higher level of resilience, as can be seen from the above graph. The graph shows that in the individual resilience resources domain the participants in my study rated themselves higher on the CYRM compared to the South African site and global mean scores. The relationships, access to community resources and cultural resource also show

that the participants in my study rated themselves higher compared to the South African and global sites.

In order to understand more fully the resilience antecedents revealed by the CYRM (cf. Chapter Five), I conducted 14 individual and one focus group interview (cf. Chapter Six). When the findings of both are reviewed (especially those reported by 50% or more of the participants) (cf. Table 7.2 as Addendum J), I come to the following conclusions about the antecedents of resilience among the 20 participants in my study.

The domains of the CYRM resilience resources were identified by the International Resilience Project through a process of multicultural collaboration (IRP, 2006; Ungar, 2008a:227). The participants in my study noted that almost all the CYRM domains were instrumental in their resilience.

The **individual resilience resources** emerging from both the quantitative and qualitative data collected during my study included:

- A positive outlook on life: optimism;
- assertiveness;
- having goals and aspirations;
- problem-solving;
- social support; and
- a sense of humour.

It can be concluded that the majority of the participants in my study were assisted by the above individual resources to cope adaptively. These resources were noted in other resilience studies (Bogar & Hulse-Killacky, 2006:321; Dass-Brailsford, 2005:581-58; IRP, 2006; Morrison *et al.*, 2006:24) and also in studies involving street children (D'Abreu *et al.*, 1999:750; Kombarakaran, 2004:867; Vogel, 2001:232). However, in participants explaining these more fully, nuances

of these individual resources that have not been noted in previous studies, emerged. What emerged in my study was that optimism was encouraged in part by youth being able to identify positive role models, especially former street children who had gone on to make successes of their lives. They were also encouraged towards optimism by strangers and by one another. Therefore, although resources like having goals or being optimistic are traditionally considered to be individual resources, the participants made it clear that they were fuelled by others, thereby strengthening the idea that resilience is a give-and-take process (Schoon, 2006:16; Ungar, 2008a:227). It is further possible, that the culture of ubuntu that some South Africans subscribe to or other life philosophies, encouraged strangers to be kind.

The CYRM suggested that the participants were assertive, but the interviews allowed a clearer understanding of what this assertiveness entailed. It included being verbally and physically assertive. It also included using body-language and silence as means of communicating assertiveness. Some of the participants noted that they 'fought back' when needed or resorted to physical violence and although this lead to being in trouble (in one instance with the police), it was nevertheless necessary for their survival. Understanding violence, when circumstances call for this, as assertive is a more positive view of what street children do and suggests that some of their behaviours which we as a society frown upon, are possibly signs of hidden resilience (Ungar, 2004b:6; Ungar *et al.*, 2008:3).

It was interesting how much fuller the notion of problem-solving became when participants explained the many coping mechanisms that they used. In addition to asking for support and relying on one another, the participants used coping mechanisms such as relying on time to heal their emotional wounds, using self-talk, staying focused, ignoring what happened, avoided obsessing, not keeping problems to themselves, having an internal locus of control, acknowledging and learning from their mistakes to solve problems and to avoid further problems. In

this sense they also made it clearer how they kept a balance between dependence and independence. Their sense of agency, specifically socially appropriate agency (asking for help and asking for advice) was also referred to by Schimmel (2006:222).

The participants further demonstrated the ability to regulate themselves by avoiding doing bad things, deliberately attempting not to annoy others, asking for forgiveness, refraining from abusing drugs publicly and respecting community values even if these were different from theirs. This provided a whole new understanding of a sense of duty as resilience-promoting: whereas previous studies suggested that a sense of duty related to the belief that we all need to make the world a better place and to the idea that is important to serve the community (IRP, 2006), the youth in my study served their community by not offending.

In the **relationships domain** the majority of the participants were strengthened by the following matched resources:

- Having positive mentors and role models; and
- meaningful relationships.

The above resources were identified as promoting resilience in earlier studies of resilience (Bogar & Hulse-Killacky, 2006:324; IRP, 2006; Lynch, 2003:271; Morrison *et al.*, 1998:22; Morrison *et al.*, 2006:24; 4). Earlier research on street children also noted the above resources among street children (Kombarakaran, 2004:867; Le Roux & Smith, 1998a; Madu *et al.*, 2006:204; Mathiti, 2006:263; Mitchell *et al.*, 2007:373). Therefore, the findings of my study were confirmed by its predecessors.

Once again, nuances of the above resilience-promoting resources emerged from the interviews that allowed deeper understanding of how relationships

encouraged street children towards resilience. For example, it became clear that a sense of belonging was encouraged by the adoption process for the entrants to street life, by togetherness at the shelter that developed warmth, and networks of connections. Vogel (2001:232) refers to an initiation process that is applied when a child enters street life anew to also teach him survival skills, but his study did not make it clear that this promoted a sense of belonging. Having access to adult role models at the shelter and in their families encouraged resilience among my participants and this serves as an important reminder that all children need to have a caring, responsible adult in their lives. I don't think that previous studies have made it clear enough that social workers, care-givers and motivating teachers do more that see to the social and educational welfare of children. From my study it emerged that street children are encouraged towards resilience and begin to have dreams for a better future when adults (like social workers, caregivers and teachers) care enough to encourage them to come to school, give them food and clothe them.

In the access to **community resources** domain, the following resources were matched in both the quantitative and qualitative data:

- Access to education, information, learning resources;
- safety and security;
- government provides safety, recreation, housing, jobs; and
- social equity.

Previous resilience studies documented the above factors as contributing to resilient functioning (Dass-Brailsford, 2005:586; IRP, 2006; Lynch, 2003:272; Martin & Marsh, 2006:277; Morrison *et al.*, 2006:19, Oliver, 2007:29). Access to community resources has also been documented in studies on street children (D'Abreu *et al.*, 1999; Human & Thomas, 2008:207; Mathiti, 2006:263; Nieuwenhuys, 2001:543; Sauve, 2003). These studies emphasise the role of shelters run by Non-Governmental Organisations, health-care, sports and school

education. However, they do not refer to access to education making it possible for the participants to learn English, which would be useful for later employment (as noted by my participants). What also emerged from the interview data was that access to education was easier for many of my participants because the children at the schools they went to had been instructed to treat them well and to accept them as one of them. This equitable treatment really encouraged the participants. So, again this suggests that resilience resources are linked: access to education is important, but the relationships within educational spaces are just as important.

What further emerged was that access to health-care seemed to be encouraged by still having contact with parents or with adults who acted as parental figures. This provided a deeper understanding of how community resources encouraged resilience among many of my participants: the resources were accessible because there were adults who reminded the youth of them or encouraged them to make use of these resources. It also encouraged awareness that parents are important figures in the lives of street children, even though traditionally street children are considered to have fled neglectful or abusive parents (Conticini & Hulme, 2007:204; Panter-Brick, 2002:164).

The responses of the participants emphasized that resilience can be encouraged by very basic resources, such as enough food and school uniforms. I believe this emphasises Masten's (2001:215) point that resilience is not an extraordinary phenomenon and that it takes the provision of very basic resources to encourage youth (also street children) to be resilient.

The resources that could be matched in the **cultural domain** are:

- cultural/spiritual identification; and
- cultural groundedness.

The role of culture and spirituality in promoting resilience is well documented (Bogar & Hulse-Killacky, 2006:321; Choate, 2005:326; Dass-Brailsford, 2005:586; Dutton & Zisook, 2005:892; Lynch, 2003: 272; Oliver, 2007:29). However, literature on streetism does not link coping with street life with culture and spirituality.

A deeper understanding of how culture and spiritual beliefs helped the street children in my study towards resilience emerged from the interviews. For example, among many of the participants there was the idea that a higher power (God) could help them cope or could change their lives for the better. As noted often in this study, street children are not typically thought of in positive terms and so the discovery that they have faith, believe in the power of prayer and pray for strength to cope or to forgive others changes how they are traditionally viewed. Furthermore, the idea that some of my participants were proud of their cultural affiliations (e.g. being Zulu or Sotho) suggests that ethnic identity played a role in their resilience, but also that it is not a good idea to think of street children as a homogenous group. One of the variables among street children is that they come from different cultures and that they seem to use what they have learnt about their individual culture to cope resiliently.

From the above, it seems that the interviews provided a deeper picture of what contributed to the resilience of the street children in my study. The interviews elicited richer data compared to the CYRM and unearthed more antecedents of resilience in street children, also ones not documented in earlier studies. This suggests that a mixed methods design is important in order to gain a comprehensive picture of what resilience among street children entails.

The combined empirical findings of my study show that some street children are not only resilient, but also that they should also not be perceived as "victims, villains, dependents or deviants" (Ennew in Panter-Brick, 2002:156). The findings further highlight the truth of Ungar (2008b:22-23) that resilience entails a

navigation and negotiation process by the youth towards resilience-promoting resources and that this navigation is encouraged not only by personal resources (for example, a sense of agency and resourcefulness), but also by accessible ecological resources (like interested adults and schools).

7.5. RECOMMENDATIONS FOR PRACTICE

The emerging findings of my study could form the foundation for a number of recommendations towards encouraging further resilience among street children in South Africa.

Inclusion of street children in schools: Dropping out of school is a major problem in Africa (Palme in Donald *et al.*, 2006: 185). Schools working closely with the parent community should be encouraged to take steps to prevent children from dropping out of school and adopting streetism. My study demonstrated that schools connect children to resilience resources therefore, a strong recommendation from my study is that NGOs should attempt to send street children back to school, in part because schools can encourage resilience by creating welcoming environments with supportive peers and teachers. This will enable them to re-experience being loved and accepted. Furthermore, schools should review their policies and ethos and align these with the notion of health or wellness promotion in and among learners.

In this regard, schools should be strengthened to be health-promoting schools so that they can promote mental health, inculcate life skills (assertiveness especially asking for help, problem-solving, goal-setting, self-regulation and others) in learners and serve as nodes of care for vulnerable children (Johnson & Lazarus, 2008:19). Although the latter is encouraged by policy, I am not sure that this always translates into practice. Feeding schemes should be strengthened and counselling and therapeutic services (some of which reside in the Education

Department) need to be made more accessible to ameliorate existing social problems and to encourage resilience in street and other vulnerable children.

Ideally, schools should adopt and apply Education Department recommended inclusive policies along with ecosystemic approaches to support vulnerable children and use collaboration with state departments, the private sector and Non-Governmental Organisations to support vulnerable learners, including street children. While it is important to encourage street children to navigate their paths towards the protective resources that school attendance offers, it is also important for schools and educators to understand that they can play a potentially protective role, especially with regard to street children. For this reason, it might be worthwhile to make educators and school management staff aware of the findings of my study, namely that educators and schools can make a difference to the resilience of street children. In this way, school communities will be better prepared to make school attendance and meaningful participation in school accessible to street children.

Connection to significant adults: It would seem that more needs to be done to encourage parent-child contact. Because the participants in my study revealed that contact (albeit sporadic) with their parents was resilience promoting, it is important to note that the participants referred to the adults in their extended families as their mothers and in some cases fathers. This brings to the fore the notion of surrogate parenthood which has proven to be resilience-promoting for the participants in my study. In light of this I also urge parental contact except in cases of neglectful, disinterested and abusive parents.

Social services: Perhaps it would be helpful for social workers to be encouraged to make contact with the parents of street children and to explain to them that even when their children have chosen street life, there is value in positive interactions with their children when they see them. At the same time, social workers, counsellors and educators can encourage street children to visit with

their parents. Researchers are encouraged to place less blame at parents' doors for the street child phenomenon, since individual and contextual reasons beyond the control of parents, such as lack of employment and lack of community resources in other communities in South Africa, precipitate streetism.

Community Resilience Resources: Governments have a role in promoting resilience in children at local level. My study shows that if our communities were more socio-economically viable with access to essential resilience resources such as housing, food security, employment opportunities, basic infrastructure, electricity, water and sanitation, we may have more children at home with parents.

Family Resilience: My study also shows that families need strengthening to prevent migration to the streets. There is a need for families to be strengthened (to be resilient) so that they could deal with adverse circumstances by making accessible, basic resilience resources which government must provide. Furthermore, family destabilisation due to HIV and AIDS, conflict, domestic violence and substance abuse (which includes alcoholism) should perhaps be managed more actively by welfare and faith-based organisations. For this to happen more funding should be made available to community-based interventions driven by Non-Governmental organisations. This approach will serve to minimise the risk process that affect resilience and promote streetism.

Negative attitude towards street children: My study has shown that the negative attitude towards street children serves to push them further into the periphery since those who participated in my study became more resilient when they re-experienced acceptance, love and care, albeit from care givers, strangers and teachers. Therefore, the negative, traditional view which depicts street children as a "lost generation" (Vogel, 2001:231) needs to be overhauled. It is due to this view that interventions for street children were aimed at "rescuing" street children from the streets where they are vulnerable and placing them in institutions. While these rescuing interventions serve a meaningful purpose, they

should not neglect the fact that the street children have learned to care for themselves and face difficult moments in their lives.

What this requires is that street children should be regarded as **resilient** (albeit hidden) or as having the potential for resilience since the participants in my study demonstrated a sense of humour, assertiveness, locus of control, a sense of agency, goals, ability to identify role models, tenacity, self-efficacy, resourcefulness, problem-solving skills, empathy, culturally groundedness and adaptability. In other words, the asset-based approach suggested by Ebersöhn and Elloff (2006:462) needs to be recognised and used in designing interventions.

Social workers, street workers and schools that accept street children who are sent back to schools by Non-Governmental Organisations should recognise the assets which street children already have and build on them. Should service providers and communities review their perceptions of street children, it is possible that street children will experience more access to health-promoting community resources. In so doing they will be encouraged to navigate towards and negotiate for resilience-promoting resources and opportunities.

7.6. CONTRIBUTIONS

The study made the following contributions:

- The antecedents of resilience that encouraged resilience among the street children in my study were identified (cf. 7.4). This fills a gap in current literature (especially South African literature) and provides insight into the process of resilience, especially for black South African street children.
- My study contributed to theory, in that it suggested new resilience-promoting resources (or additional nuances of resiliene resources) not noted in previous resilience studies with street children, namely:

- **role models**: former street children serving as role models for success, strangers as sources of encouragement, role models encouraging hard work for success;

- **assertiveness**: using silence, using body language, using body language;

- **regulating themselves socially**: ability to avoid doing bad things, deliberate attempt not to annoy others, asking for forgiveness, refraining from abusing drugs publicly, respect for community values even if they are different from their own;

- **coping mechanisms**: relying on time to heal their emotional wounds, using self-talk, staying focused, ignoring what happened, avoiding obsessing, not keeping problems to themselves, having internal locus of control, acknowledging and learning from their mistakes, social support: strangers;

- **access to education**: education enables them to learn English;

- **cultural groundedness**: pride in cultural roots, observing cultural practices, culture preparing them to withstand difficulties, culture teaching independence, faith linked to success;

- **religion**: prayer linked to tenacity despite familial risks, ability to forgive, belief that God willed their stay at shelter, belief that God can change lives, belief in healing power of prayer gives strength, church helps in times of trouble, church teaches norms, pastor provides advice.

- By being made aware of these resilience-promoting processes, my study potentially contributed to practice in that the findings can be used by service providers, researchers, teachers, social workers and NGO's to accept street

children as young people with assets and strengths and to these to enable them further.

- My study indicated that street children can be resilient, contrary to popular, stereotypical beliefs of vulnerability and deviance, and in so doing my study highlighted the notion of hidden resilience in street children as at-risk youth. As such, my study projects a more positive picture of streetism in that the unconventional ways of coping which street children use to cope, actually enhances resilience.
- Finally, the antecedents of resilience unearthed in my study concur with Masten's theory (2001:227) that resilience is the result of ordinary everyday resources. In other words, street children appear to be very similar to other resilient children - they too need access to ordinary, everyday resilience-promoting resources.

7.7. LIMITATIONS

The following limitations could be noted:

- I worked with only twenty street children and therefore generalisation should be attempted with caution. Furthermore, the participants included youth who are classified as children on the street who still have links with their families, and street children in institutional care. As such, it is possible that my sample was not representative of children of the street who typically would not return home periodically or be accommodated in shelters. Therefore, the findings might be more applicable to children on the street and street children in institutional care. The results would probably have been different if this study focused on children of the street who have no or very limited contact with significant adults
- Within this group of participants, all the participants were enrolled in schools and I recognise the possibility that if the participants had not been in schools I might have got very different answers. Equally, most of the participants

(namely the 14 children on the street) had **contact with parents** or extended family members. If my participants did not have this contact, the antecedents of their resilience may have been different.

- The participants were also limited with regard to **race and gender**. The participants in this study were predominantly boys and this should also be considered in interpreting the findings of this study. My participants consisted of black (for lack of a more suitable word) and not white, Coloured and Indian street children. Therefore my findings cannot be transferred to street children from other cultural contexts.

- Finally, it is possible that the participants appear to be more resilient than they may in fact be because they might have provided socially desirable responses. Often participants try to please a researcher or try to place themselves in a positive light and in so doing provide pleasing rather than realistic answers (Mouton, 2008). Language could also have influenced the findings obtained via the CYRM. The CYRM is an English questionnaire and although I code-switched, this could possibly influence the results, since African languages may not have equivalents for certain concepts or jargon used in the English version. For example, it was difficult to translate Item 18 (Are you comfortable with how you express yourself sexually), and words such as generation, fun, confident and routine, which do not have equivalents in Sesotho, rather phrases.

7.8. RECOMMENDATIONS FOR FURTHER STUDY

I recommend (and hope) that the following studies will be undertaken:

- A replication of this mixed methodology study with a larger group of South African participants. In this way the findings of my study can be verified;

- A replication of this mixed methodology study with children on the street. In this way it will be possible to determine whether children *of* the street who have no links with their families and welfare institutions and children *on* the street share similar antecedents of resilience;

- A replication of this mixed methodology study with cohorts of street children from other race groups. In this way it will be possible to determine whether street children from other race groups share similar antecedents of resilience;
- A replication of this mixed methodology study with female street children from other race groups. In this way it will be possible to determine whether female street children share similar antecedents of resilience with male street children;

- I would also like to recommend that the CYRM be translated into African languages and that it be used to collect data from street children to determine whether it would still yield such high indicators of resilience;

- All the participants were enrolled in schools and I recognise the possibility that if the participants had not been in schools I might have received very different answers.

7.9. CONCLUSION

Streetism is a global phenomenon which traditionally hampers positive development in children. However, in my study (as in a few other previous studies) these children have demonstrated considerable resilience in spite of the cocktail of risks they encountered. My study unearthed the antecedents of resilience in some South African street children and suggested that when street children are supported by caring adults such as care-providers at the drop-in centres, shelters and schools, and when they have access to education, health-

care and social services, they function resiliently despite the multiple risks of streetism.

In summary, my study confirmed and detailed the phenomenon of hidden resilience which will have far-reaching implications for the perceptions of and interventions with street children. The resilient spirit of the street children in my study is captured in the poem below ('Life on the streets'), with which I conclude my study.

Life on the Streets

(Babazile Thembekile Malindi)

There was jubilation when I was born,
I was called a blessing and a gift from above;
How things change! I am alone, as if I was never celebrated;

People look at me with scorn, wishing not to see me;
They make me feel like dust, as if I do not have feelings;
They make me feel left out, as I no longer have a home!
The street, rubbish dumps and abandoned buildings are my home,
A life of poverty and harassment, abuse and shattered dreams!

They all are wrong; we have dreams, and goals,
We need food, and education, we belong in loving homes,
The streets are cold, the nights are lonely,
If heaven remembers us, why are we not saved?
My journey through life is sad,
But I need to survive no matter what!

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ADDENDUM A: PERMISSION TO DO RESEARCH

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAALDRIEHOEKKAMPUS

Tel (016) 910 3061
Fax (016) 910 3098
E-mail: Macalane.Malindi@nwu.ac.za
18 August 2008

The Manager

Dear Sir

REQUEST FOR PERMISSION TO DO RESEARCH

I, Mr MJ Malindi, am a PhD student at the North West University (Vaal Triangle Campus). I am currently conducting a study aimed at understanding how children on the street cope with life. The title of my study is: **Antecedents of resilience among street children.**

The study will take the following route:

Part 1: I will give the participants a questionnaire, namely the Child and Youth Resilience Measure to complete.

Part 2: At a different time, I will visit the participants again and talk to them about their lives in detail regarding school, community, culture, spiritual beliefs, traditions, family, friends and personal characteristics that make them strong when life is difficult. The meeting will take about 45 minutes with each participant.

Part 3: I will return later to ask the participants to comment on how I interpreted what they told me.

Possible risks and benefits: Confidentiality will be possible because they will be talking to me in private. Only a pseudonym (e.g. Participant X) will be used when referring to what they said, and I will keep specific details of where they come from confidential.

Participation will be completely voluntary and they can stop the study at any time, without consequences. If they become concerned with anything they said, they can let me know, and their interviews, or parts of these, will be destroyed. They may ask any questions they have before, during, and after the study.

Only I will know their full names. The interview tapes and transcripts will be used by me alone. The research data and recordings will be kept for the foreseeable future (five years) in a secure location at North-West University. I will also ask if they are interested in being contacted again in the future should the research continue.

The only time we will have to inform someone of their participation in the study and provide them with their full name is if they are at risk of being hurt by someone or hurting someone else. In that case, I will explain to them that we must get them help from someone like a social worker, psychologist or the police, but I will let them know I am doing this.

I intend to publish information from the study in books and journals, as well as share parts of the videotape we make with people in educational settings and at conferences around the world so they can learn about youth like them and what helps young people cope. I will send you a copy of our final report when the study is complete.

Questions/ Problems: If you or the participants have any questions or concerns before, during or after the study, please contact me or my promoter using the contact information below:

RESEARCHER	PROMOTOR
Mr MJ Malindi School of Educational Sciences Vaal Triangle Campus, North- West University; Hendrik van Eck Boulevard Vanderbijlpark; 1911 Telephone: 016-910 3094 E-mail: Macalane.Malindi@nwu.ac.za	Prof Linda Theron School of Educational Sciences Vaal Triangle Campus, North- West University; Hendrik van Eck Boulevard Vanderbijlpark; 1911 Telephone: (016) 910 3076 E-mail: Linda.Theron@nwu.ac.za

For concerns about how this study is being conducted, you may also contact the Research Director (Educational Sciences, NWU): Prof JdeK Monteith at 10055738@nwu.ac.za or at 018 299 4780.

Yours sincerely

..... (Student)

..... (Promoter)

ADDENDUM B: PERMISSION TO DO RESEARCH

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAALDRIEHOEKKAMPUS

Tel (016) 910 3061
Fax (016) 910 3098
E-mail: Macalane.Malindi@nwu.ac.za
18 August 2008

The Manager

Dear Ms

REQUEST FOR PERMISSION TO DO RESEARCH

I, Mr MJ Malindi, am a PhD student at the North West University (Vaal Triangle Campus). I am currently conducting a study aimed at understanding how children on the street cope with life. The title of my study is: **Antecedents of resilience among street children**.

The study will take the following route:

Part 1: I will give the participants a questionnaire, namely the Child and Youth Resilience Measure to complete.

Part 2: At a different time, I will visit the participants again and talk to them about their lives in detail regarding school, community, culture, spiritual beliefs, traditions, family, friends and personal characteristics that make them strong when life is difficult. The meeting will take about 45 minutes with each participant.

Part 3: I will return later to ask the participants to comment on how I interpreted what they told me.

In accordance with section 23(1) of the Higher Education Act, 1997 (Act No. 101 of 1997), as amended, the Potchefstroom University for Christian Higher Education and the University of North-West merged to form the North-West University on 1 January 2004. In accordance with section 24(1) of the Higher Education Act, 1997 (Act No. 101 of 1997), as amended, the staff and students of the Sebokeng Campus of the Vista University were incorporated into the North-West University on 2 January 2004.

Possible risks and benefits: Confidentiality will be possible because they will be talking to me in private. Only a pseudonym (e.g. Participant X) will be used when referring to what they said, and I will keep specific details of where they come from confidential.

Participation will be completely voluntary and they can stop the study at any time, without consequences. If they become concerned with anything they said, they can let me know, and their interviews, or parts of these, will be destroyed. They may ask any questions they have before, during, and after the study.

Only I will know their full names. The interview tapes and transcripts will be used by me alone. The research data and recordings will be kept for the foreseeable future (five years) in a secure location at North-West University. I will also ask if they are interested in being contacted again in the future should the research continue.

The only time we will have to inform someone of their participation in the study and provide them with their full name is if they are at risk of being hurt by someone or hurting someone else. In that case, I will explain to them that we must get them help from someone like a social worker, psychologist or the police, but I will let them know I am doing this.

I intend to publish information from the study in books and journals, as well as share parts of the videotape we make with people in educational settings and at conferences around the world so they can learn about youth like them and what helps young people cope. I will send you a copy of our final report when the study is complete.

Questions/ Problems: If you or the participants have any questions or concerns before, during or after the study, please contact me or my promoter using the contact information below:

RESEARCHER	PROMOTOR
Mr MJ Malindi School of Educational Sciences Vaal Triangle Campus, North- West University; Hendrik van Eck Boulevard Vanderbijlpark; 1911 Telephone: 016-910 3094 E-mail: Macalane.Malindi@nwu.ac.za	Prof Linda Theron School of Educational Sciences Vaal Triangle Campus, North- West University; Hendrik van Eck Boulevard Vanderbijlpark; 1911 Telephone: (016) 910 3076 E-mail: Linda.Theron@nwu.ac.za

For concerns about how this study is being conducted, you may also contact the Research Director (Educational Sciences, NWU): Prof JdeK Monteith at 10055738@nwu.ac.za or at 018 299 4780.

Yours sincerely

..... (Student)

..... (Promoter)

ADDENDUM C: GRANTING PERMISSION TO DO RESEARCH



Your Ref: Macalane

Our Ref: eet/Patricia

15th September 2008

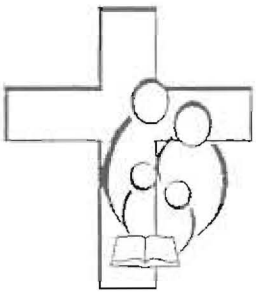
RE: PERMISSION TO DO RESEARCH

We give permission for Mr Macalane Malindi to do research as part of his PHD at North West University with our children.

He must return with the results so we can analyse where we can improve our system.

Yours sincerely

ADDENDUM D: GRANTING PERMISSION TO DO RESEARCH



25 JUNE 2007

Dear Mr. MJ Malindi

Request to do research at the Drop-in centre

We hereby give you permission to conduct your research at the drop-in centre as part of your PhD studies. We are satisfied that you will observe ethical principle and not harm the children in any way. We would appreciate you coming back to inform us of the findings of your study. We wish you well

Sincerely

ADDENDUM E: INFORMED CONSENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAALDRIEHOEKKAMPUS

INDIVIDUAL INTERVIEWS:

VOLUNTARY INFORMED CONSENT FORM

Title: The antecedents of resilience in street children:

If you agree, please place an "X" in the 'yes' boxes to show that you understand and agree with each statement:

1. I understand the information about the study in the Information Letter. Any questions I had were answered.	Yes, I understand
2. I realize that participation is completely voluntary and that I can stop the study at any time. If I am uncomfortable answering any question, I may choose not to answer.	Yes, I understand
3. Because I will be interviewed individually, my participation will be confidential. I understand that my full name will not be used, nor will specific details of where I live be shared, when information from the interviews is used by the researcher.	Yes, I understand
4. I understand that what I say may be quoted at great length in publications, presentations and the final report. If I become concerned with anything I said, I can ask for parts, or all, of what I said not to be quoted. I may also have deleted any parts of the interview I want deleted.	Yes, I understand
5. I understand that even if my parent or guardian consents to my taking part in the study, it is my decision whether I want to participate. If I do not wish to participate, or want to withdraw from the study at any time, my wishes will be respected without penalty. My parent's or guardian's	Yes, I understand

consent does not make me have to participate.	
6. I understand that if something troubles me while participating, the researcher will provide me with information about community resources (e.g. a local psychologist) that might help me. I understand that I will be responsible for the payment of such a professional in the event that I should follow-up the referral.	Yes, I understand

I agree to take part in this study.

_____ _____

(Research Participant's Signature) *(Date)*

I agree to allow my child to participate

_____ _____

(Parent or Guardian's Signature) *(Date)*

The study has been explained to the young person and this form signed voluntarily

_____ _____

(Researcher's Signature) (Date)

ADDENDUM F: INFORMED CONSENT

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
VAALDRIEHOEKKAMPUS

GROUP INTERVIEWS:

VOLUNTARY INFORMED CONSENT FORM

Title: The antecedents of resilience in street children:

If you agree, please place an "X" in the 'yes' boxes to show that you understand and agree with each statement:

1. I understand the information about the study in the Information Letter. Any questions I had were answered.	**Yes, I understand**
2. I realize that participation is completely voluntary and that I can stop the study at any time. If I am uncomfortable answering any question, I may choose not to answer.	**Yes, I understand**
3. Because I will be interviewed in a group, my participation will be known to other participants. I understand that my full name will not be used, nor will specific details of where I live be shared, when information from the interviews is used by the researcher.	**Yes, I understand**
4. I understand that what I say may be quoted at great length in publications, presentations and the final report. If I become concerned with anything I said, I can ask for parts, or all, of what I said not to be quoted. I may also have deleted any parts of the interview I want deleted.	**Yes, I understand**
5. I understand that even if my parent or guardian consents to my taking part in the study, it is my decision whether I want to participate. If I do not wish to participate, or want to withdraw from the study at any time, my wishes will be	**Yes, I understand**

respected without penalty. My parent's or guardian's consent does not make me have to participate.	
6. I understand that if something troubles me while participating, the researcher will provide me with information about community resources (e.g. a local psychologist) that might help me. I understand that I will be responsible for the payment of such a professional in the event that I should follow-up the referral.	**Yes, I understand**

I agree to take part in this study.

_____ _____

(Research Participant's Signature) *(Date)*

I agree to allow my child to participate

_____ _____

(Parent or Guardian's Signature) *(Date)*

The study has been explained to the young person and this form signed voluntarily

_____ _____

(Researcher's Signature) (Date)

ADDENDUM G: CYRM

SS-

For office use only	
Participant number:	
Site ID:	
Data number:	

Child and Youth Resilience Measure (CYRM)

Directions:
Listed below are a number of questions about you, your family, your community, and your relationships with people.
Please complete the questions in Section One.
For each question in Sections Two and Three, please circle the number to the right that describes you best. There are no right or wrong answers.

Section One:

What is your date of birth?

_____

Are you male or female?

_____

What is your race?_____

What is your ethnic group?

_____

What is the highest level of education you have completed?_____

Who do you live with?_____

How long have you lived with these people?_____

Please describe who you consider to be your family (For example, friends on the street; foster family; 2 biological parents with siblings; single parent home; adopted family etc.)

_____

_____

_____

Section Three:

To what extent ...	Not at All	A Little	Some-what	Quite a Bit	A Lot
1. Do you think having fun and laughing can help solve problems in life?	1	2	3	4	5
2. Do you know where your parent(s) and / or grandparents were born?	1	2	3	4	5
3. Do you keep going even when life gets difficult?	1	2	3	4	5
4. Does what you do now, influence what will happen later in your life?	1	2	3	4	5
5. Does the older generation understand and tolerate the ideas and strong beliefs of people your age?	1	2	3	4	5
6. Do you have people you look up to?	1	2	3	4	5
7. Do you understand others' feelings?	1	2	3	4	5
8. Do you need to cooperate with people around you if you want to succeed?	1	2	3	4	5
9. Can you express yourself without worrying about being criticized?	1	2	3	4	5
10. Is getting an education important to you?	1	2	3	4	5
11. Do you know how to behave in different social situations?	1	2	3	4	5
12. Are you comfortable talking with people you do not know?	1	2	3	4	5
13. Do you think each individual is responsible to make the world a better place?	1	2	3	4	5
14. Do you feel kindness for people you don't like when bad things happen to them?	1	2	3	4	5
15. Do you believe that life should be lived in a certain way?	1	2	3	4	5
16. Do you feel confident when you are in challenging and confusing situations?	1	2	3	4	5
17. Does your culture teach you to become a better person?	1	2	3	4	5
18. Are you comfortable with how you express yourself sexually?	1	2	3	4	5
19. Does your family have a ritual or routine around mealtimes?	1	2	3	4	5
20. Do you feel that your parent(s) watch you closely and know a lot about you?	1	2	3	4	5
21. Do you eat enough most days?	1	2	3	4	5
22. Do you strive to finish what you start?	1	2	3	4	5
23. Do you feel free and comfortable to talk to your teachers and / or other adults about your problems?	1	2	3	4	5
24. Are religious or spiritual beliefs a source of strength for you?	1	2	3	4	5
25. Are you proud of your ethnic background?	1	2	3	4	5

To what extent ...	Not at All	A Little	Some-what	Quite a Bit	A Lot
26. Do you have a vision of how the future should be?	1	2	3	4	5
27. Do your parent(s) respect how you express yourself sexually?	1	2	3	4	5
28. Do people think you are fun to be with?	1	2	3	4	5
29. Do you talk to your family about how you feel?	1	2	3	4	5
30. Do you feel you can solve your own problems?	1	2	3	4	5
31. Do you feel a sense of being part of a group when you are with your friends?	1	2	3	4	5
32. Are you able to see a doctor when you need one?	1	2	3	4	5
33. Do you think non-prescription drugs and/or alcohol will help you when you have to deal with lots of problems?	1	2	3	4	5
34. Do you feel supported by your friends?	1	2	3	4	5
35. Do you know where to go in your community to get help?	1	2	3	4	5
36. Are you comfortable asking for help?	1	2	3	4	5
37. Do the teachers and other students make you feel you belong at your school?	1	2	3	4	5
38. Do you think your family, friends and / or relatives will always stand by you during difficult times?	1	2	3	4	5
39. Are members of your family or community who do unacceptable things accepted afterwards?	1	2	3	4	5
40. Are you comfortable with how you express yourself in close relationships with others your own age?	1	2	3	4	5
41. Are you able to avoid violent situations at home, school, or in your community?	1	2	3	4	5
42. Are you treated fairly in your community despite how others see you?	1	2	3	4	5
43. Do you have opportunities to show others that you are becoming an adult?	1	2	3	4	5
44. Do you do a job or volunteer work that you feel is appropriate for your age?	1	2	3	4	5
45. Are you aware of your own strengths?	1	2	3	4	5
46. Do you participate in organized religious activities?	1	2	3	4	5
47. Do you think it is important to serve your community?	1	2	3	4	5
48. Do you feel safe when you are with your family?	1	2	3	4	5
49. Are you aware of your own weaknesses?	1	2	3	4	5
50. Do you have opportunities to develop job skills that will be useful later in life?	1	2	3	4	5
51. Do you think most problems in life will get solved in a positive way?	1	2	3	4	5
52. Do you enjoy your family's and community's traditions?	1	2	3	4	5
53. Are you proud to be (Nationality:) ?	1	2	3	4	5
54. Does your family or community encourage non-violent solutions to deal with somebody who commits a crime?	1	2	3	4	5

To what extent ...	Not at All	A Little	Some-what	Quite a Bit	A Lot
55. Can you openly disagree with your parent(s) and elders when you believe things different from what they believe?	1	2	3	4	5
56. Are boys and girls both treated fairly in your community?	1	2	3	4	5
57. Is there a difference between your family's values and those of most others in your community?	1	2	3	4	5
58. Do you think that you are at least as good (or better) than other youth you know?	1	2	3	4	5

ADDENDUM H: YIG

ADDENDUM H: THE YOUTH INTERVIEW GUIDE

- "What would I need to know to grow up well here?"
  - Probing Questions:
    1) What role do religious organizations play in your life?
    2) What do other members of your family think about the way you live your life, your beliefs (such as regarding gender roles, etc.)
    3) How do you handle change, both at an individual level, and the changes taking place for everyone in your community?
    4) How do you contribute to your community?
    5) What is it like for you when people around you succeed?
    6) Do you have a life philosophy and if you feel comfortable sharing it, can you tell me what it is?
    7) Do you identify in any way(s) with your culture. Can you describe your culture? Can you describe (or show me) day to day activities that are part of your culture and the way things are done in this community?
- "How do you describe people who grow up well here despite the many problems they face? What word(s) do you use?"
- "What does it mean to you, to your family, and to your community, when bad things happen?"
  - Probing Questions:
    1) Can you tell me what some of these bad things are?
    2) What do people do to cope?
    3) What do they say about these things when they happen?
    4) Who talks about them most? Least? And who is most likely to come up with the solution to problems when they occur?
    5) What do other people think of these solutions?
    6) Can you give me examples?
- "What kinds of things are most challenging for you growing up here?"
  - Probing Questions:
    1) Are there opportunities for age-appropriate work?
    2) Are you or people you know exposed to violence? How do you avoid this in your family, community, and when with peers?
    3) How does the government play a role in providing for your safety, your recreation needs, housing, and jobs now and when you get older?
    4) Do have opportunities to experience meaningful "rites of passage"? What are these? Do they present you with an amount of risk that you can handle?
    5) How tolerant is your community of problem behaviours among people your age?
    6) What are some of these behaviours?
    7) Do you feel safe and secure here? How do others protect you?
    8) Do you feel equal to others? Are there others you do not feel equal to? How do these others make you feel? What do they do that makes you feel this way?
    9) Do you have access to school and education and any other information you need to grow up well? How do you get this access? Who provides it to you?

- "What do you do when you face difficulties in your life?"
- "What does being healthy mean to you and others in your family and community?"
  - Probing Questions:
    1) Could you describe the way your parents or caregivers look after you?
    2) How does your family express themselves and what they think of you?
    3) How does your family monitor you, keep track of what you are doing?
    4) How do you know how to act with other people? How well do you do socially? Are you thought of well by others, popular, liked?
    5) Do you have some you consider a mentor or role model? Can you describe them?
    6) Do you have other meaningful relationships with people at school, home, or in your community?
- "What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, spiritually?"
  - Probing Questions:

1) Are you assertive? How do you show this?
2) Can you describe your ability to problem-solve? Are you better or worse than others? How do you know this?
3) Do you have a sense of control over your world? How does this affect your life?
4) How much uncertainty are you able to live with?
5) Do you value self-awareness, insight? How does this affect your life and what you do day to day?
6) Would you describe yourself as optimistic or pessimistic about life?
7) Do you have personal goals and aspirations? What are these?
8) How much can you be independent and how much do you have to rely on others in your life for your survival?
9) How much do you use substances like alcohol and drugs? What do others around you think about this?
10) What role does humour play in your life?

- "Can you share with me a story about another child who grew up well in this community despite facing many challenges?"
- "Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?"

ADDENDUM I: AUDIT TRAIL

ADDENDUM I: AUDIT TRAIL

RESEARCHER: What do need to know to grow up well here?

SS-H: Children need parental care and good behaviour **(567)**.

Comment [MSOffice1]: HE IS AWARE OF WHAT CHILDREN NEEDS IN ORDER TO GROW UP WELL

RESEARCHER What role does religion play in your life?

SS-H: It teaches respect for other people **(568)**.

Comment [MSOffice2]: RELIGIOSITY PLAYS A ROLE IN LEARNING VALUES LIKE RESPECT

RESEARCHER How do your parents feel about your beliefs?

SS-H: They do not have any problems...and if I do wrong, they punish me or just warn me that what I have done is not good **(569)**.

Comment [MSOffice3]: PARENTS RECOGNISE HIS BELIEFS

Comment [MSOffice4]: PARENTS DISCIPLINE AND GUIDE HIM TO DO GOOD

RESEARCHER Are you in any way contributing towards your community?

SS-H: Yes, I do. There are other children (street children) out there and I try to encourage them to come here (to the drop-in centre) so that they can also learn to make beads (meaning work of art with beads) but they refuse **(570)**.

Comment [MSOffice5]: ENCOURAGES OTHERS TO LEAVE STREET LIFE

Comment [MSOffice6]: HE HAS OPPORTUNITIES TO LEARN SKILLS FOR LIFE

RESEARCHER How do you handle change?

SS-H: I am not sure; we just go along with it **(571)**.

Comment [MSOffice7]: HE IS WILLING TO FACE CHANGE

RESEARCHER Do you appreciate your culture?

SS-H: Yes, I am Black and I wish people would just accept me like I am; as a human being **(572)**.

Comment [MSOffice8]: HE APPRECIATES BEING AFRICAN AND WANTS TO BE RECOGNISED AS HUMAN

RESEARCHER What does it mean to you, to your family and to your community when bad things happen?

SS-H: I feel very bad but ...some of them happen because of us being naughty with our friends... **(576)**. And sometimes you will find that it is because of me not my friends that such bad things are happening **(SS-H 577)**.

Comment [MSOffice9]: HE ACCEPTS RESPONSIBILITY FOR HIS ACTIONS

RESEARCHER Can you give me examples of these things?

SS-H: Yes, we as friends used to mislead one another and once we stole money **(578)**. They called the police and the police went to our house but the money was not with me **(579)**. I decided to never be in the company of such friends again and I am always with one good friend **(SS-H 580)**.

Comment [MSOffice10]: HE IS AWARE OF NEGATIVE PEER INFLUENCES

Comment [MSOffice11]: HE CAN CHOOSE BETWEEN GOOD AND BAD FRIENDS

RESEARCHER: How do people you know cope with difficulties in their lives?

SS-H: They go to town to beg for money while some go to public phones and wait for people to make calls and then vandalize the public phones to get the money to buy food **(581)**.

Comment [MSOffice12]: THEY ARE TO SURVIVE ON THE STREETS

Comment [MSOffice13]: THEY VANDALISE PUBLIC PHONES TO STEAL MONEY

RESEARCHER When there are problems at home, who talks about them?

SS-H: My mother **(582)**.

RESEARCHER Who brings solutions?

SS-H: My sister who works in the Gauteng province **(583)**.

RESEARCHER What kinds of things are most challenging for you growing up here?

SS-H: Children invite these problems for themselves by being naughty **(SS-H 584)**.

Comment [MSOffice14]: HE CAN TAKE RESPONSIBILITY FOR HIS ACTIONS

SS-H: Yes, I am involved in doing art here (drop-in centre) and I am thus learning a skill which I can use to make a living in future **(585)**.

Comment [MSOffice15]: HE HAS OPPORTUNITIES TO LEARN USEFUL SKILLS

RESEARCHER Is the state providing for your needs?

SS-H: Yes, money for shoes and school bags **(586)**.

Comment [MSOffice16]: HE HAS ACCESS TO FINANCIAL RESOURCES

RESEARCHER What would you like to be?

SS-H: A soldier…being a soldier is in my opinion a wonderful thing **(587)**.

Comment [MSOffice17]: HE HAS FUTURE GOALS

RESEARCHER Considering the situations you encounter in your life, do you think you will manage to become a soldier?

SS-H: Yes, but there are things that make me doubt this a bit like the difficulties (abject poverty) we have at home **(588)**.

Comment [MSOffice18]: HE IS REALISTIC ABOUT HIS GOALS

RESEARCHER Can you give some examples?

SS-H: No one is employed in my family **(589)**.

RESEARCHER How do your family and community deal with problem behaviour?

SS-H: They usually call the police to come and assist **(590)**.

Comment [MSOffice19]: HE HAS ACCESS TO COMMUNITY RESOURCES SUCH AS THE POLICE

RESEARCHER Do you feel equal to other children?

SS-H: No, not at all...because some children come from rich families **(591)**.

RESEARCHER Do you have access to education?

SS-H: Yes...I am in grade 8 **(592)**.

Comment [MSOffice20]: HE IS ABLE TO ATTEND SCHOOL

RESEARCHER Have you ever been out of school?

SS-H: Yes, when we were living on the farm... **(593).** I used to bunk school and join my friends who were not in school and we used to smoke dagga but I stopped smoking dagga last year (2006) when I came here (to the drop-in centre) **(594)**.

Comment [MSOffice21]: HE CAN DECIDE WHAT IS GOOD FOR HIM

Comment [MSOffice22]: DROP IN CENTRE WAS INSTRUMENTAL IN MAKING HIM STOP SMOKING DAGGA

RESEARCHER Was it easy for you to stop smoking dagga?

SS-H: Yes, because the [street] children I associate with do not smoke dagga **(595)**.

Comment [MSOffice23]: HE HAS MEANINGFUL PEER RELATIONSHIPS

RESEARCHER Why would you say, you smoked dagga?

SS-H: I was influenced by friends to drop out of school and smoke dagga **(596)**.

Comment [MSOffice24]: HE REALISES THAT PEERS CAN HAVE BAD INFLUENCES

RESEARCHER What do you do when you face difficulties in your life?

SS-H: If I am responsible (for the trouble occurring) I feel sad and talk to my mother telling her that I regret what happened and that... **(597)**. I was influenced by friends **(598)**. My mother and father then talk to me strongly about the incident **(SS-H 599)**.

Comment [MSOffice25]: HE TAKES RESPONSIBILITY FOR HIS ACTIONS

Comment [MSOffice26]: HE RECOGNISES THE MONITORING AND SUPERVISION BY PARENTS

RESEARCHER What does being healthy mean to you and others in your family and community?

SS-H: It means a lot and I hate being ill **(600)**.

Comment [MSOffice27]: HE RECOGNISES THE IMPORTANCE OF HEALTH

RESEARCHER Is it easy for you to see a doctor when you are ill?

SS-H: Yes, I am able to see a doctor when I have to **(601)**.

Comment [MSOffice28]: HE HAS ACCESS TO MEDICAL CARE

RESEARCHER Do your parents always know where you are?

Yes, I always tell them where I am going **(602)**; It is unsafe in the community **(603)**.

Comment [MSOffice29]: HE RECEIVES SUPERVISION FROM HIS PARENTS

RESEARCHER Do you have anyone you look up to?

Yes **(604)**.

RESEARCHER Do you have hope that you will manage to be what you want to be?

SS-H: No, I have no hope at all...the man I admire will always be White and I Black and my difficult situation wont allow me to be like him. I can only dream of being like him **(610)**.

Comment [MSOffice30]: HE IS AWARE OF HIS CULTURAL ROOTS

Comment [MSOffice31]: HE IS REALISTIC ABOUT WHAT HE CAN BECOME

RESEARCHER Can you share with me a story about another child who grew up well in this community despite facing many challenges?

SS-H: Most of them are still experiencing problems with no success at all **(611)**. One of them has shops now and cars but he grew up very poor **(612)**.

Comment [MSOffice32]: HE HAS EXAMPLES OF PEOPLE WHO SUCCEED DESPITE DIFFICULTIES

RESEARCHER Can you share a story about how you have managed to overcome challenges you face personally in your family or outside your home in your community?

SS-H: Due to poverty at home no one could buy me clothes but I spoke to the care-givers here (at the drop-in centre) and they went to my home and after assessing the situation they provided us with food and clothes **(613)**.

Comment [MSOffice33]:

I am very proud of you. I am sure that your problem-solving ability is not as low as you think.

PRELIMINARY CODING

- he is aware of children's needs in order to grow up well
- parents recognise his beliefs
- parents discipline and guide him to do good
- religiosity plays a role in learning values like respect
- encourages others to leave street life
- he is willing to face change
- he has opportunities to learn skills for life
- he appreciates being African and wants to be recognised as human
- he accepts responsibility for his actions
- he has meaningful peer relationships
- they beg to survive on the streets
- he is aware of negative peer influences
- he realises that peers can have bad influences

- they vandalise public phones to steal money
- he can choose between good and bad friends
- he can take responsibility for his actions
- he has opportunities to learn useful skills
- drop in centre was instrumental in making him stop smoking dagga
- he has access to financial resources
- he has future goals
- he recognises the monitoring and supervision by parents
- he recognises the importance of health
- he is realistic about his goals
- he has access to community resources
- he is able to attend school
- he can decide what is good for him
- he takes responsibility for his actions
- he has access to medical care
- he receives supervision from his parents
- he is aware of his cultural roots
- he is realistic about what he can become
- he has examples of people who succeed despite difficulties

- he realises when he needs help

Grouped Codes: Axial			
Individual resources	**Relationship resources**	**Access to community resources**	**Cultural resources**
Sense of duty: • encourages others to leave street life **Locus of control:** • he accepts responsibility for his actions	**Quality of parenting:** • parents recognise his beliefs • parents discipline and guide him to do good • supervision from his parents • monitoring and supervision	• financial resources • police • school • medical care	**Cultural pride** • he appreciates being African and wants to be recognised as human • aware of his cultural roots
Adaptability: • he is willing to face change	• meaningful peer relationships		• religiosity
Sense of agency: • they beg to survive on the streets (unconventional) • they vandalise public phones to steal money (unconventional) **Sense of agency:** • realises when he needs help (conventional)			

Opportunities for age-appropriate work: • he has opportunities to learn useful skills			
Goals and aspirations: • he has future goals • he is realistic about his goals; • realistic about what he can become			
Self-regulation: • he can decide what is good for him			
Role models of success: • examples of people who succeed despite difficulties			
Awareness of needs			

ADDENDUM J: TABLE 7.1

ADDENDUM J: TABLE 7.2

INDIVIDUAL RESOURCES		
QUANTITATIVE	**QUALITATIVE**	**MATCHED RESOURCES**
Balance between dependence and independence: • Need to co-operate with others to succeed		
Empathy: • Understanding others' feelings • Feeling kindness for people they do not like when bad things happen to them	• **Forgiveness of parents**	☺
A positive outlook: Optimism: • Thinking that most problems in life will be solved positively	**Positive outlook on life:** • Optimism	☺
Assertiveness: • Expressing views without worrying about criticism • Comfortable asking for help	**Assertiveness:** • Standing up for themselves • Verbal assertiveness • Using silence • Using body language • Moving away	☺

	• Seeking aid from adults • Fighting back (violence)	
Having goals and aspirations: • Striving to finish what they started • Having vision of how the future should be	**Personal goals:** <u>Sub-themes</u> • Having personal goals	☺
Abstinence from drugs: • Thinking drugs can help in coping with problems		
Problem solving: • Keep going even when life is tough • Feeling he/she can solve own problems	**Problem-solving:** <u>Sub-themes</u> • Confidence in problem-solving ability • Quick-wittedness • Ability to analyse situations	☺

Sense of duty: • Belief that all are responsible for making the world a better place • Thinking it is important to serve one's community		
Social support: • Feeling a sense of being part of a group of friends • Thinking that family/friends/relatives will stand by him/her during difficult times	**Social support:** <u>Sub-themes</u> • Sourced from siblings, extended families, friends, peers, girlfriends, neighbours, care-givers, teachers and strangers	☺
Self awareness: • Comfortable expressing self sexually • Comfortable expressing self in close relationships • Awareness of own strengths • Awareness of own weaknesses		
Sense of humour: • Thinking having fun and laughing helps solve problems • Believing they are fun to be with	**Sense of humour** • Lightening of difficulties • Elevation of gloomy moods • Counteracting stress • Managing anger	☺
Confidence:		

• Believing they are as good as or better than their peers		
Self efficacy: • Believing what they do now affects what happens in future		
Living with uncertainty: • Feeling confident in challenging situations		
RELATIONSHPS		
QUANTITATIVE	**QUALITATIVE**	**MATCHED RESOURCES**
Quality of parenting: • Monitoring by parents • Expressing feelings		
Social competence • knowing how to behave in social situations • comfortable talking to strangers		
Having positive mentors and role models: • People they look up to	**Positive role models:** • Ability to identify positive role models • Role models encouraged motivation, tenacity, hard work, hope and success	☺
Meaningful relationships: • talking to teachers and other adults about problems • feeling supported by friends	**Sense of belonging encouraged by:** Sub-themes • Adoption process	

	• Togetherness, • Warmth, • Networks of connections	☺
ACCESS TO COMMUNITY RESOURCES		
QUANTITATIVE	**QUALITATIVE**	**MATCHED RESOURCES**
Access to education, information, learning resources: • whether getting education is important • teachers making them feel they belong	**Access to education mediated by:** • Social workers • Teachers motivated them • Experience warmth at school • School atmosphere was protective • Social services • Ability to return to school (future goals)	☺
Safety and security: • eating enough most days • feeling safe with family	• Needs for shelter met	☺
Government provides safety, recreation, housing, jobs: • ability to see a doctor • knowing where to go for help in community	• Access Health-care: • Access to health-care • Link between health-care and parents • Access to health-care mediated by schools	☺

	• Removal from streets	
Meaningful rights of passage: • parents respecting how they express themselves sexually • opportunities to show they are becoming adult		
No exposure to violence: • ability to avoid violence at home		
Social equity: • fair treatment in community • boys and girls treated the same	**Feelings of equality** • Equal, non-discriminatory treatment	☺
Tolerance of high-risk behaviour: • community members doing bad thongs accepted afterwards • family encouraging non-violence		
Age-appropriate work: • doing/volunteering to do jobs appropriate for age • opportunity to develop job skills		
CULTURAL RESILIENCE RESOURCES		
QUANTITATIVE	QUALITATIVE	MATCHED RESOURCES
Self betterment: • Culture teaching him to be a better person		
Having a life philosophy: • belief that life should be lived in certain way	• Church teaches norms	☺
Cultural/spiritual identification:		

• proud of ethnic background • enjoyment of family and community traditions • proud of nationality	• Pride in cultural roots	☺
Affiliation with a religious organisation: • religious/spiritual beliefs as sources of strength • participating in religious activities	**Religiosity or Spirituality**	☺
Cultural groundedness: • knowing where parents/grandparents were born • family having rituals/routine around mealtimes	**Cultural Groundedness** • Anchored in culture	☺
Cultural dislocation: • older generation tolerate ideas/beliefs of young people • difference between family's and community values		
Tolerance of different ideologies/beliefs: • opportunity to disagree with parents/elders when they have different beliefs		

Table 7.2: Antecedents of resilience