

CHAPTER 3

RISK AND RESILIENCE

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Introduction

Resilience is one of the *great puzzles of human nature*¹ and at the same time it appears to be an *ordinary magic* that enables some children to progress well despite difficulties. The study of resilience is a fascinating subject that identifies those characteristics that empower some children to do well in life, even though they have experienced what seem like insurmountable difficulties. In our daily lives, we all know such individuals—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.

The study of risk and resilience has enabled social scientists to understand which factors place children’s adaptive development in jeopardy and which processes increase the chances of them becoming happy, well-adjusted adults. This field of investigation is useful in providing both an insight into what the impact of the HIV/AIDS epidemic on children could be and in guiding policy makers and practitioners on how best to assist children affected by the pandemic. Thus, while some social scientists have predicted that HIV/AIDS will result in increasing insecurity, with future generations being brought up with limited social attachment to significant others and major impairments to their cognitive,

social, behavioural and moral functioning, studies of resilience suggest that only some children will be adversely affected. Work in this area further suggests that every layer of society (policy makers, health practitioners, educators and members of civil society) has a role to play in increasing the chances of vulnerable children developing into competent, caring and confident citizens.

One needs to enter this complex subject of study by understanding that in all aspects of any child's life there is a constant, simultaneous juggling of advantages and disadvantages, of strengths and difficulties. It is useful to begin by identifying these processes and systems, before throwing all the balls into the air and beginning the juggling process that constitutes an understanding of child development in a community affected by HIV/AIDS. This chapter will therefore first consider the social ecology of child development, then go on to identify those factors that are associated with risk and resilience, before applying these various components to the HIV/AIDS epidemic within communities in Africa.

The social ecology of childhood

A social ecological model of child development is similar to environmental models of ecology. The ecological models we studied in school serve as a good basic starting point for understanding such models. For example, each organism in a river system supports and maintains other organisms. As long as the system is in balance, it is mutually beneficial to all to live in it; tampering with one aspect, however, could damage or kill off the entire system.

The social ecology of childhood involves many and varied factors, some of which are temporary and will pass, while others are more enduring. Child development can be influenced in many ways and from many sources. It is possible to group together the major factors potentially influencing child development into four interacting dimensions:²

- *Person factors* include the individual biological, temperamental, intellectual and personality characteristics of the child and significant others in the child's life—such as parents, siblings, educators, etc.
- *Process factors* include the forms of interaction that take place between individuals (supportive, destructive, informative, inclusive, power-based, etc.).

- *Contextual factors* include families, communities, cultures, ideologies, etc.
- *Time variables* take into account the changes that occur over time. Context, person and process variables change over time as a child matures and as the environment changes. The rate of change in the environment varies, but the HIV/AIDS epidemic, together with urbanisation and Westernisation, is causing rapid change.

The way in which an individual child's development is influenced by these dimensions depends on how the various person, process and contextual dimensions interact with each other and with external influences. It also seems that the way in which children and key role players understand and think about events and circumstances is critically important in determining their impact. A child who is being raised in the midst of a major disease epidemic is going to experience a different childhood to one who is raised in middle class suburbia where, in general, only old people die. A child raised in extreme poverty has a different childhood experience to one raised in a highly materialistic family in which much value is placed on possessions.

Contextual factors are critically important in determining the type of childhood experienced. A child usually lives in a family. A family lives in a neighbourhood, within a community. Communities in turn form subcultural groups within particular socio-political systems. Political and cultural systems adopt particular ideologies about how to raise and value children and make decisions about how resources are to be used and disbursed. Each of these systems (family, community, political party or culture) consists of an "organised collection of activities and resources that exist within definable social and physical boundaries".³ Each has a purpose and regulates social exchanges. Each also has rules, roles and power relations, which determine activities and the use of resources.⁴ These five systems, and the relationships between them, are referred to as: microsystems, mesosystems, exosystems, macrosystems and chronosystems. These change over the course of a child's development.⁵

A *microsystem* consists of the pattern of activities, roles and interactions experienced by children in their immediate environment; for example, the interactions that develop between a child and a parent, sibling or educator. Bronfenbrenner⁶ demonstrated that it is these face-to-face interactions between children and other people that are the most influential in shaping stable aspects

of development, since they are likely to develop into repetitive and predictable patterns. When children are young, it is likely that their major microsystems will be found within their family. As they grow up, peers and school are likely to become significant.

Such relationships may either promote or restrict development and adaptation. Bronfenbrenner⁷ emphasised that it is the way in which the child perceives these relationships that is crucial. Supportive microsystems can facilitate optimal development. Such microsystems are characterised by a network of enduring and reciprocal caring relationships.⁸ Conversely, high-risk microsystems are characterised by a lack of mutually rewarding relationships and/or the presence of destructive interactions. For example, where a family's focus is primarily on caring for someone who is sick, the chances are high that children in that family will feel neglected, or at least of secondary importance. The family may also not have the time or energy to interact with their community.

A *mesosystem* consists of the linkages that exist between two or more microsystems in which a child plays an active role. The mesosystem contains sets of associated microsystems and the interrelationships between them. Examples of mesosystems include the interactions that occur between families and schools, or between children and community members. It is important for children to have several positive connections between their family and others.

A beneficial mesosystem has a number of strong, positive connections that can offset the negative influence of other aspects of children's lives. For example, a child living in a household where there is domestic violence may have a supportive educator with whom she enjoys a warm and caring relationship that protects her from some of the damaging effects of emotional neglect by her family. Similarly, a child's mother may be very ill and dying, but the child's close relationship to his aunt, together with a shared faith in God and commitment to their local church-going community, may provide an emotional haven. A high-risk mesosystem would be characterised by weak or destructive associations between microsystemic contexts. For example, where families suffer stigma and discrimination, there may exist a negative relationship between the family and the school or community. Families who are socially isolated and have few personal or community-based ties tend to suffer increased rates of conflict and child abuse.⁹

The *exosystem* includes those settings that influence children's development but in which they do not play an active role. The parent's workplace is a prime example of an exosystem. Although the child is unlikely to interact directly with the parent's work environment, employment policies and relationships are likely to impact on the child's life, and could either curtail or enhance the time and energy that parents have to interact with their children. An example of a risk-inducing exosystem could include a work environment in which a domestic worker is only permitted to go home to her own children one weekend a month. Another could be a weak health care system which, unable to provide adequate medicines, increases the sense of hopelessness experienced by terminally ill patients and their families.

Exosystems are likely to become particularly important in the context of the HIV/AIDS epidemic. Children living in developing and impoverished communities are more likely to participate actively in the affairs of their neighbourhoods and communities. Indeed, children's active participation in community matters has been demonstrated in the most adverse circumstances associated with political protest and war.¹⁰ In the face of the challenges arising from the HIV/AIDS epidemic, it is likely that children will become increasingly active in their communities. And it will be grassroots community responses—guided by national policy—that will determine whether children's participation will prove beneficial or detrimental to them.

The *macrosystem* is the cultural 'blueprint' for any given society;¹¹ the combination of ideological and institutional systems that characterise a particular culture or subculture.¹² In its broadest sense, the macrosystem dictates children's place in society. Each community has a specific cultural history that includes various traditional practices, rituals and beliefs pertaining to children. Within the context of HIV/AIDS, these include religious and traditional customs about how children take on responsibilities within the home, care for sick people and are to behave at funerals and during mourning periods. Beliefs about what happens once someone has died can be considered part of the macrosystem. A country's policy and legislative framework also forms part of the macrosystem. South Africa, for example, is a signatory to the Convention on the Rights of the Child,¹³ as well as the African Charter on the Rights and Welfare of the Child.¹⁴ These documents prescribe the way in which children are legally defined, prioritised and treated within the South African context. The Constitution of the Republic of South Africa¹⁵ also

places a particular legal perspective on childhood, with section 9 of the constitution specifying that age, gender and disability (among other criteria) may not be used to discriminate between people. The constitution also contains the Bill of Rights, which “enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.”¹⁶

The fifth and final system, the *chronosystem*, considers the cultural and historical changes that transform all of the person, process and contextual variables. The historical features of the period may contain both relatively stable elements, such as family structures and conceptions of childhood, as well as disruptions created by economic depression, political changes and the information technology revolution, among other things. Southern African communities are experiencing very rapid rates of change due to political, cultural and technological transformation. The impact of this changing world on children has been greatly exacerbated by the HIV/AIDS epidemic.

Childhood risks and adversity associated with HIV/AIDS

One method of conceptualising the difficulties and risks faced by children affected by HIV/AIDS is to consider the sequence or path of adversity encountered by children from both a medical and psychosocial perspective.

The implications of HIV from a medical perspective

HIV/AIDS has a number of medical implications for children, not least of which is that they may be infected with the virus. HIV can be transmitted to children during pregnancy, labour and delivery or breastfeeding. Such mother-to-child-transmission (MTCT) is thought to account for about 90% of all HIV infection in children under the age of 15 years.¹⁷ Children living in affected households are also at risk of becoming infected through blood-to-blood contact when they share cutting instruments (e.g. razors), or are exposed to blood when cleaning bleeding or weeping wounds. Some may also become infected as a result of sexual abuse. In communities in which there are high rates of gender-based violence, adolescent girls are being infected at five or six times the rate of boys in the same communities.¹⁸

Children infected with the virus obviously suffer from the opportunistic

infections associated with AIDS and most will die before their sixth birthday. Children living with HIV-positive family members may suffer particularly poor health, as opportunistic viral and bacterial infections are able to spread rapidly through groups of co-habiting, immunologically compromised people.

The health of uninfected children may also suffer. Children living in affected households are more often exposed to opportunistic infections such as tuberculosis and pneumonia and, with caregivers often sick or absent, are less likely to receive the medical attention they need.¹⁹ The lack of basic hygiene and sanitation created by the scarcity of running water and functional toilets in many homes and schools exacerbates the spread of these opportunistic infections.²⁰

The implications of HIV from a psychosocial perspective: The journey of disadvantage

Many psychosocial issues associated with HIV/AIDS transcend economic, political and other macrosystemic boundaries, as children made vulnerable by the epidemic become embroiled in a downward spiral of distress and difficulties that affect multiple aspects of their lives. Being orphaned is only one of the ways in which children are adversely affected by HIV/AIDS. Most children living in highly affected communities are likely to experience some degree of psychosocial impact. Where HIV/AIDS strikes closer to home, the psychosocial impact begins when the parent or primary caregiver becomes infected with HIV and continues long after their death. Children living with HIV-positive family members are likely to experience a range of stressors and because the clinical course of HIV infection involves intermittent crises followed by periods of relatively good health,²¹ often live in situations of extreme uncertainty. Far from having the stability and security that children need through childhood, such children's lives are continuously in a state of flux.

One method of understanding the psychosocial impact on children and their families is to follow their life path. This entails exploring each of a number of stages likely to be experienced by children 'walking the HIV/AIDS road'.²² The most common of these stages include the following:

- *Children become aware of HIV/AIDS:* The emotional impact of HIV infection begins when children realise that many people in their community are sick

and dying. Killian²³ found that 76% of South African children living in high-prevalence communities are extremely anxious and at times obsessively ruminate about illness and the potential death of loved ones and themselves.

- *AIDS-related illness becomes personal:* Awareness of AIDS-related illness and death becomes personalised when children become aware that a loved one is beginning to show signs of illness (such as weight loss, lethargy, etc.), may be HIV-positive and may be suffering a stigmatising terminal illness.
- *Children become involved in caring for someone who is terminally ill:* Children witness and/or participate in the home-based care of the sick and dying and become aware of the profound and distressing problems that accompany the severe physical debilitation that accompanies AIDS-related illness and death.²⁴
- *Children experience loss:* As the virus progresses, children experience the death of beloved parents, family members, neighbours, friends and educators.
- *Children adjust to the changes consequent to the death of a parent:* This usually involves decision making about the future care and custody of children, sibling dispersal, inheritance issues and the impact of multiple losses.
- *Children adjust to a new home and/or care arrangements:* They may be placed in *de facto* foster care, institutional care, live in child-headed households, or may fall through all of the community safety nets and drift on to the streets due to abandonment or exploitation. These new arrangements may be very different from the children's familiar routine and may require them to adapt to a new environment, neighbourhood or school.
- *Children may themselves suffer the effects of the virus:* Many children will also experience the major physical, social, emotional and behavioural consequences of their own terminal illness.

In addition, the sexual transmission of HIV, together with the prevalent myths and misconceptions that exist in many communities, mean that children may:

- *Experience repeated deaths:* If one parent is HIV-positive, the probability of the other parent also being HIV-positive is high, and children affected by HIV/AIDS may lose both parents within a relatively short period of time.²⁵ They may also lose siblings who acquired HIV peri-natally through MTCT.
- *Experience conflict and isolation:* The disclosure of an HIV-positive diagnosis can lead to major intrafamilial conflict in the form of domestic violence, marital breakdown and family dysfunction. They and other surviving family members may also suffer stigma and discrimination long after the AIDS-related death of a loved one.²⁶
- *Be at greater risk of sexual abuse:* The myth that sexual intercourse with a virgin can cure HIV/AIDS has enjoyed much media and grassroots attention in the region and may have increased the risk of children being sexually abused. The emotional and behavioural consequences of child sexual abuse have a profound impact on many aspects of children's functioning.²⁷ In addition, sexual abuse exposes children to severe discrimination and hardship. For example, Kriel²⁸ found that many educators inaccurately believe that once girl children have experienced abuse they entice boy children into sexual activity.

As vulnerable children progress through life they will have to deal with a new onslaught of psychosocial risks at each stage of the 'HIV/AIDS road'. The literature recognises the following psychosocial risks as having particularly adverse effects on children: poverty; growing up in war-torn communities or in families with mentally ill, alcoholic, abusive or criminal parents; child abuse and neglect; a lack of secure attachments to a primary caregiver; parental death; and a lack of stability and routine. Most of the children in high-prevalence communities are concurrently exposed to many of these risk factors; some are likely to be more resilient in the face of such risks than others. Despite the odds, many children affected by HIV/AIDS will become well-rounded, successful individuals. The challenge is to find ways of boosting children's resilience, especially given that psychosocial risks are harsh and numerous.

Understanding resilience

Resilient children seem to do well in life, appearing to have the ability to bounce back and cope well in the face of profound problems.²⁹ Despite having

experienced hardship and adversity, they work well, play well, love well and expect well.³⁰ In fact, studies have shown that 50% to 66% of children growing up in circumstances of multiple risk appear to overcome the statistical odds to live lives that manifest coping and resilience.³¹ These children provide researchers with clues about how to assist others, as they seem to either have a natural ability to cope in the face of difficulties, or receive help that facilitates a positive outcome. Studies also suggest, however, that children have varying degrees of resilience at different points in their lives. Children who seem resilient in one set of circumstances may suffer when other difficulties arise, or vice versa. This suggests that it is the interaction and accumulation of individual and environmental risk factors that contributes to both risk and resilience.³²

Issues of definition and function

Resilience may be defined as the process of, or capacity for, successful adaptation despite challenging or even extremely threatening circumstances.³³ These three aspects of the definition have created some confusion about whether resilience is:

- an *outcome* for children who experience difficulties and still have a positive outcome;
- a *skill* or *capacity* to cope under conditions of enormous stress and change³⁴ that may be assisted by the ability to access social support;
- a process of *adaptive coping*; or
- a *set of person and environment variables* that may be specific to particular developmental stages and environmental or contextual circumstances.

These four aspects of the definition also raise questions of chronology, in terms of whether resilience processes:

- *pre-exist adversity*, so that children have certain characteristics before, during and after exposure to distressing circumstances that enhance their ability to function optimally despite adversity;
- *come into being at the time of adversity* and, as such, can be considered coping strategies that emerge as a result of difficulty;³⁵ or
- *begin to function once risk is established*, when they serve to decrease the

likelihood of developing problems.³⁶ Kirby and Fraser³⁷ have metaphorically compared such processes to immunisation: receiving an inoculation does not enhance health, but provides protection when exposed to the pathogens associated with that specific immunisation.

There is still much confusion about how to define resilience. Various principles have, however, been consistently identified as fundamental to understanding how resilience-enhancing or protective processes function:

- The child plays an active role in negotiating risk situations and overcoming adversities,³⁸ with the child's (and for younger children, their primary caregiver's) appraisal of a situation being a more significant predictor of outcome than the nature of the event itself.³⁹ For example, how a child understands a parent's death will determine his/her emotional reaction to it, which in turn will influence its eventual impact on the child.
- Protective processes, like risk factors, have an accumulative impact—success in one area of a child's life can serve as a springboard for success in other areas.⁴⁰
- There are certain protective mechanisms that are especially important as they create the foundation upon which resilience is built. In children, these include secure attachments, availability of good role models and access to social support.⁴¹ In adults, the three critical components of resilience seem to be a staunch acceptance of reality, a deep belief—often buttressed by strong spirituality—that life is meaningful and an uncanny ability to improvise.⁴²
- Certain protective processes are linked to cognitive, emotional or social maturity, as they only come into operation as the child matures.⁴³

Resilience models

Various conceptual models have been advocated as tools for better understanding the concept of resilience. The first model conceived resilience as simply being *the opposite of risk*.⁴⁴ The early resiliency studies assumed that risk and resilience represented opposite ends of a single spectrum. At times, these assumptions held true. For example, having a poor parent–child relationship is

a risk factor, and having a good parent–child relationship contributes to resilience.⁴⁵ There are, however, sufficient exceptions to this simple model to require further conceptual refinement.

The *universal strengths model* was developed during the work of the International Resilience Project.⁴⁶ This model maintains that resilience is a universal human capacity that enables a person, group or community to deal with adversity by preventing, facing, minimising, overcoming and even being strengthened or transformed by adversity. This model maintains that we are naturally endowed (probably through evolution) with the ability to cope with adversity, but that this capacity needs nurturing and support within a facilitative environment to enable resilience to win over vulnerability and risk. In many respects, the universal strengths model is consistent with theories on the social ecology of childhood (as described above), since it encourages a focus on those contextual variables and systems that can either support or detract from optimal functioning.

This model had the clear advantage of having shifted the focus away from individual deficits to individual strengths, competencies and capacities and, as such, was a critical step in understanding resilience within the context of the individual, family and larger social environment.⁴⁷ Previous work had focused on deficits and problems that required diagnoses and treatment. The paradigm shift to a *strengths model* focused on building individual, family and community strengths. Grotberg⁴⁸ also challenged the notion that people could be “vulnerable but invincible”, arguing that people do not remain unscathed by adversity. She contends that resilient people are not protected against, but are better prepared for, difficulties and hardship. Resilient people address adversity more successfully than non-resilient people: a person grieves the death of a loved one; a rape survivor chooses the long, slow road to recovery; someone who is terminally ill addresses their fears and worries.⁴⁹ This model has decided appeal and has made important contributions towards theory building. It does not, however, always hold up in practice. It seems that only 50% to 66% of children have the capacity to bounce back despite adversity.⁵⁰ There are also individual variations in the degree of resilience exhibited by different children, at different points in time, and in different contexts.⁵¹

A third model of resilience states that certain children, families and communities have *protective capacities or processes* that enable them to cope

better with the trials and tribulations of life. Protective processes encompass a breadth of experiences and mechanisms that enable positive adaptation despite adversity.⁵² Protective processes, like risk factors, include personality and genetic characteristics, as well as external dynamics within the family, school or community environment.⁵³ These are often interrelated and interdependent and include:

Internal personal strengths

Some children begin life with certain advantages. They are either born with, or develop through the interaction of genetic and environmental factors, internal strengths or qualities that enable them to cope better with life. Children who are observant, good at solving problems and believe in their own ability to cope with difficulties often do better in the face of adversity. These children are also more likely to understand and attribute a deeper meaning to adverse events.⁵⁴ Resilient children are socially competent, have positive self-esteem and a sense of their own efficacy and ability. Intellectually, there may be a window of ability that is associated with greater resilience—children with above average intelligence do better than those who are below average or are intellectually gifted. Resilient children are more creative, innovative and naturally curious. Parenting and schooling systems that encourage questions and curiosity enhance resilience more than schooling and parenting styles that uphold obedience and respect as the ultimate qualities of a well brought-up child.

Children who are able to understand and express a wide range of emotions in a socially appropriate manner are also more resilient. Indeed, a goal of most intervention programmes is to enable children to identify a wider range of emotions and to express these emotions in socially acceptable ways. This is because by externalising distressing experiences people are able to psychologically process such events and so gain a sense of mastery and control over them. Children express their feelings in words, actions, play or drawing. Being able to talk about or play out difficult experiences, while not dwelling on painful memories, is a basic principle underlying all psychotherapy.⁵⁵

Gender is also considered important in moderating risk and resilience. In first world countries, pre-adolescent boys report less stress, and exhibit more distress, than girls. Boys are thus more likely to develop childhood problems.⁵⁶ This pattern is reversed during adolescence,⁵⁷ when girls experience more

distress. In many developing countries, high rates of child sexual abuse and gender-based discrimination place girls at particular psychosocial risk. In these countries girls are more likely to have to sacrifice their education, take on household responsibilities and chores and be accorded lower status than boys⁵⁸—all of which seem to make them less resilient than their male counterparts.

Interpersonal resources or skills

Another source of strength stems from children's interactions with others. The ability to access social support is significant in predicting resilience.⁵⁹ Resilient children trust and enjoy secure attachments to others—confident that people will be there for them. They thus seek and find emotional support and are confident of their right to such support. They relate to others in a positive manner and have the ability to see humour in difficult situations. They also discuss difficulties with people whom they trust and respect. Such traits help children to develop relationships and a network of supportive others which they can draw on when difficulties arise. Such relationships serve as a buffer during adversity and create opportunities for positive interaction, messages and experiences. The ability to find and make use of social support outside of the family also improves communication skills and problem-solving ability. Interestingly, such social support systems are especially protective for children from low socio-economic groups.⁶⁰

Resilient children also tend to have a sense of purpose and future orientation, combined with a sense of usefulness. Werner⁶¹ identified 'required helpfulness'—wherein children have set responsibilities and tasks in the home, community and/or school, such as taking care of siblings or relatives, or being responsible for animals or pets—as a resilience factor. Boys do better when given tasks and clear routines, whereas girls benefit from being given appropriate responsibilities, especially in caring for others.⁶² Careful consideration of what constitutes appropriate tasks and responsibilities for children is, however, needed. Children need time to be children: to go to school, play with peers and have fun.

Faith in a higher power, or a religious philosophy of life, has also been identified as a resource. A resilient person, adult or child, is likely to have a strong spiritual or ideological belief that there is a God, or one or more Higher Beings, which

transcend life on earth. Such belief systems are usually instrumental in creating a vision of moral order and a sense of justice, in which there is a clear distinction between right and wrong and acceptable and unacceptable behaviour.⁶³ The form that this belief system takes is unimportant—a child may believe in one God, in many gods or in the power of ancestors.

External supports

The extent and nature of the supports, resources and structures available to children may either build resilience or increase vulnerability. A positive emotional climate and the availability of supports and resources within the family and broader community context can serve a protective function. A supportive environment can also help to develop personal qualities that enable children to cope with adversity. These resources often take the form of social relationships, as opposed to facilities that need to be made available. They make children feel important and give them a sense that others are concerned about them.

As already mentioned, feeling secure, loved and accepted by more than one person is an important resilience factor. Beyond infancy, security of attachment is demonstrated by the time spent with children—listening, showing an interest, being actively involved in what they do, think and feel⁶⁴—and recognition of their achievements.⁶⁵ When a parent is terminally ill it is imperative that the child begins to develop a secure attachment with those who will be responsible for their care once the parent has died. In many African families care of the child will be vested in several family and community members.⁶⁶ The presence of multiple caregivers who offer consistency, care and secure attachments augurs well for children's emotional development. The disadvantage may be that children lack consistency in care, which may contribute to a lack of security in interpersonal relationships.

The availability of adequate and competent adults who serve as consistent role models is also important in moulding a positive attitude and adaptive coping.⁶⁷ Resilient children seem to be especially adept at actively recruiting surrogate parents⁶⁸ and it is imperative that there exist adults who make themselves emotionally and socially available to such children. Positive role models are instrumental in helping children develop strong moral values⁶⁹ and principles to guide them through life and provide structure and form to their dreams and

aspirations. Realistic goal setting, combined with the motivation and support necessary to achieve such goals, is associated with resilience.

A sense of belonging and feeling integral to a family, community and culture is another key feature of resilient children.⁷⁰ Being able to trust their primary caregivers provides children with the security that enables them to venture out, explore and engage with the world.⁷¹

Bronfenbrenner supports this view but also highlights the importance of cultural connections and a sense of history.⁷² Since resilient children feel that they belong within their family, home, school and community, they are more likely to participate actively in decision-making processes—an often-neglected clause of the Convention on the Rights of the Child.⁷³ A further consequence of having a sense of belonging is that the network of people from whom social support can be sought is significantly broadened, making it easier for children in distress to access support. Feeling part of a community and believing that you belong generates both security and pride, which in turn precipitates helpfulness, altruistic and social behaviours.

External supports and resources operate within the three primary systems of the child's world—at microsystemic, mesosystemic and exosystemic levels.⁷⁴ It is clear that certain families, schools, communities and cultures have protective processes that promote resilience. Resilient families who live in poor and disrupted communities, yet cope successfully through disadvantage, serve as important positive role models for their children.⁷⁵ Resilient families tend to have certain characteristics in common. Such families:

- have a strong, durable belief in their ability to control life;
- establish and maintain a sense of order through the implementation of routines for activities such as meals, bedtimes, household tasks, etc.;
- have systems for celebrating and acknowledging key events in the life of the family and its members;⁷⁶
- establish clearly delineated parent-child roles and relationships with firm boundaries—the child is not expected to be the parent's friend, confidante, or to provide emotional support;

- have parents who provide firm and consistent guidance without repressing or rejecting the child;
- have parents who display an active interest in school, encourage the constructive use of leisure time and support the child's achievements;
- exhibit a manageable maternal workload, both in terms of the number of children cared for and daily tasks;⁷⁷
- enjoy financial stability so that families are able to get on with the business of living and bringing up children without constant worry about where the next meal will come from.⁷⁸ Closely aligned with this variable is having sufficient food, clothing, shelter and medical services available to meet the basic survival needs of children and families. The problem of food security is a major contributor to the social disarray that exists in many high-prevalence communities.

Cultural variations in child-rearing patterns are also important. Beneficial practices, such as praising children for finding their own solutions and demonstrating independence or providing them with the support to help overcome adversity, can build resilience.⁷⁹

There are also various cultural practices that increase risk. These include:

- severe punishment;
- excluding children from various activities in an endeavour to protect them from the harsh realities of life and death;
- a focus on obedience to the exclusion of the development of inner strengths and independence;
- not discussing sexuality with children; and
- leaving children to solve their own problems, without providing them with opportunities to ask for assistance.

Resilience-promoting schools can ameliorate the impact of stress associated

with disadvantaged homes. Most children spend at least five hours a day at school during term times. Schools therefore have the potential to be a major resource for at-risk children. The characteristics associated with effective schools are almost identical to the qualities of those that build resilience in their learners.⁸⁰ Effective schools provide children with positive experiences that are associated with success and pleasure in a variety of arenas—academic, sport, cultural, good peer and educator relationships and shared responsibilities.⁸¹

The educational literature has identified five major strategies to enhance resilience within schools.⁸² These involve:

- offering opportunities for learners to develop significant relationships with caring adults;
- building on social competencies and academic skills to provide children with experiences of mastery and success;
- offering opportunities for learners to be meaningfully involved and take on responsibility;
- working to identify, collaborate with and co-ordinate support services for children; and
- striving to 'do no harm' by ensuring that the structures, expectations, policies and procedures do not add to the risks already experienced by children.

The bantu education system that was established during the apartheid years in South Africa led to school being a place of misery for many children.⁸³ Demotivated, authoritarian teachers—often themselves products of an inferior education system—ruled through the use of corporal punishment, frequently never got to know the children in their class by name and viewed the curricula as irrelevant but dominant.⁸⁴ Failure rates were inordinately high and many school leavers had no future prospects of employment due to excessively high unemployment rates. The recent shift towards an outcomes-based education system is one step forward in terms of transforming schools into more learner-sensitive environments, although the rapid rate of change has put many educators under significant stress. The Schools Act of 1997 takes into account some of the features of effective schools and encourages the establishment of

school governing bodies so that parents, and therefore the community, become active partners in the education of their children.

The external protective processes at community level are remarkably similar to the resilience-enhancing processes that pertain to traditional African societies. Implicit and critically important in many traditional lifestyles is the belief that “our children are gifts from Our Creator and it is the family, community, school and tribe’s responsibility to nurture, protect and guide them”.⁸⁵ A culture’s worldview is grounded in fundamental beliefs that guide and shape daily life, and the valid and positive role that culture plays in supporting youth, connecting them with a common heritage and tapping their resilience has long been recognised by traditional peoples. Through their work amongst Native American youth, for example, HeavyRunner and Morris⁸⁶ identified ten innate and natural aspects of resilience-promoting traditional cultural beliefs, namely:

- spirituality;
- child-rearing/extended family;
- respect for nature;
- veneration of age/wisdom/tradition;
- generosity and sharing;
- co-operation/group harmony;
- autonomy/respect for others;
- composure/patience;
- relativity of time; and
- non-verbal communication.

This research found that the interconnectedness embodied in cultural spirituality was especially important in promoting resilience. Although these findings cannot necessarily be extrapolated to all children and youth, they suggest that traditional rituals—such as those associated with a child’s birth and naming or puberty rites—which explicitly acknowledge the interconnectedness of all life are associated with resilience.

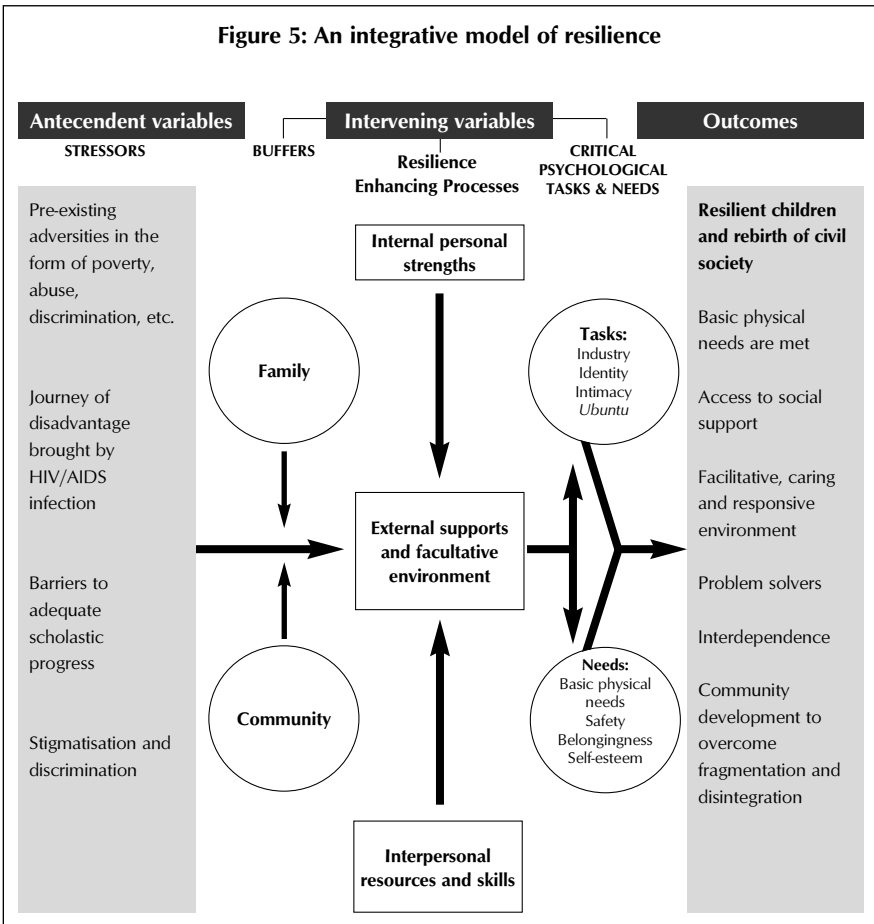
Most of these protective processes appear to transcend ethnic, social class, geographical and historical boundaries.⁸⁷ For example, having good relationships within one’s family enhances resilience no matter what one’s life circumstances are or where one lives. In fact, there is a growing world literature which reflects much consistency in those features that make children resilient, especially if their

lives are threatened by adversity.⁸⁸ Table 2 lists the most frequently reported protective processes,⁸⁹ many of which were discussed above.

<i>Internal personal strengths</i>	<i>Interpersonal resources</i>	<i>External supports and skills</i>
<ul style="list-style-type: none"> • Good intellectual skills • Sense of self efficacy and self esteem • Autonomy and sense of control over one's own life • Achievement oriented • Problem-solving skills • Creative, innovative, resourceful personality • 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 	<ul style="list-style-type: none"> • Trusting relationships • Secure attachments • Sense of humour • Sense of being loveable • Socially competent • Ability to regulate themselves socially • Ability to empathise and consider situations from another's perspective • Receive recognition of achievement • A sense of meaning in life, usually in the form of faith and religious affiliations 	<ul style="list-style-type: none"> • Caring supportive parents • Connections to caring and competent adults • Parental encouragement, praise and active involvement • Positive role models • Emotional support outside of the family • A sense of belonging, cultural and family heritage • Socio-economic advantages • Stable school • Community resources • Access to health facilities • Routine and rituals • Child-aware and sensitive community and country

An *integrative model* of resilience consistent with the categorisation of protective processes presented in Table 2 could be conceptualised and diagrammatically represented as in Figure 5. Application of the principles of social ecology, as well as those associated with the concepts of risk and resilience, takes into account the dynamic, interactive relationship and multi-directional influence between each of the components. This model of resilience incorporates the different kinds of processes (resilience is not a discreet quality) that have been internationally recognised as integral to understanding and utilising the concept of resilience. The child is at the centre of this model and each of the layers of influence stem from and between the child. The child is regarded as an active participant in his or her own growth and adaptation.

Protective processes can moderate, mediate or generate adaptive responses to risk situations.⁹⁰ Given that protective processes have these effects, it becomes logical to incorporate them into intervention programmes. The objective of



nearly all intervention programmes for vulnerable children should include opportunities for children to build and develop greater resilience.

Mechanisms through which resilience can be developed

Resilience is a dynamic and unfolding process in which individuals and their environment interact to produce beneficial outcomes. Resilience is “not something some children simply have a lot of”. It is an acquired capacity influenced by on-going changes in context.⁹¹ Children evolve the capacity to stay organised, to cope and to maintain positive expectations in the face of challenges and across successive periods of adaptation. Acknowledging that

resilience is a learned phenomenon enables the development of intervention programmes that have clear aims and objectives. One can explicitly focus on building resilience and protective processes, thereby enhancing individual, family or community abilities to face adversity.

Both resilience and protective processes can be nurtured through:

- *Reduction of exposure to risk:* Protection is afforded to some children simply by reducing their exposure to risk. Family and community variables are significant in building this form of resilience. For example, some children experience minimal exposure to risk by virtue of their family or community circumstances. They live in close, secure families in which hostility is handled effectively and their basic physical, emotional and social needs are met. Activities aimed at the exo- and macrosystemic levels are particularly important in reducing exposure to risk. If the principles of the Convention on the Rights of the Child are embraced, children are protected from many risks, and advocacy to this end will always form an integral aspect of an effective intervention.
- *Minimising negative chain reactions:* A stressful event or experience often sets in motion a sequence of negative chain reactions, which results in accumulation of risk from both external and internal sources. For example, having a parent with HIV sets off a sequence of diagnosis, illness, recovery, further illness and, finally, death. This often adversely affects children's school performance, which in turn leads to loss of self-esteem. Programmes that provide psychosocial support to children who have suffered, or soon will suffer, the death of their primary caregiver⁹² aim to reduce such negative chain reactions. Poverty alleviation programmes aim to reduce negative chain reactions associated with poverty⁹³ by providing food security, adequate sanitation, health resources and mental stimulation.
- *Promotion of self-esteem and self-efficacy:* Positive self-esteem is recognised as being critically important in boosting resilience. One method of promoting self-esteem is through enhancing opportunities for accomplishment and a sense of achievement by developing competency and success in the various spheres of life.⁹⁴ Experiential programmes that offer new opportunities can create cognitive and emotional shifts in self-concept and can enhance self-esteem through the provision of challenges

within a supportive and facilitative environment. The Masiye Camp Model discussed later is an example of such an intervention programme.⁹⁵

- *Provision of opportunities for positive relationships and experiences:* Where people develop their social networks through participation in positive and supportive processes, they develop greater resilience. Positive relationships and experiences thus offer children access to much needed resources and new directions in life. The goals of most community development programmes are consistent with this form of resilience building. Their major goal is to empower individuals through participation in programmes that enable supportive, caring and focused interpersonal interactions, as well as opportunities to experience new ways of being.

All of these resilience-building mechanisms are relevant to the current epidemic. Children and communities in the region face numerous profound risks and hardships. Individuals, families and communities pass in and out of difficult and challenging circumstances on a more or less continuous basis. Thus, although little is actually known about either resilience or coping in such dire circumstances,⁹⁶ experience suggests that facilitative intervention programmes and policies need to encourage as many protective processes as possible. This can in large part be achieved by adopting an empowerment-oriented approach. Somewhat simplistically, one can think of empowerment as being based on two generally accepted principles:

- Given a nurturing environment that taps into universal strengths, all people have an innate capacity for change and transformation.
- Human potential is always there, waiting to be discovered and invited forth, even in situations of dire adversity.

Empowerment is usually achieved through community organisation, democratic decision-making processes and active participation of community members in a sustained and responsible manner. These are the age-old principles of *ubuntu*.⁹⁷ Such an approach values respect, participation and care as critical aspects of all interactions with community members, be they children or adults.

These values provide important mechanisms through which change, development and transformation become possible. Caring relationships

provide love, consistent support, compassion and trust. High expectations convey respect, provide guidance and build on the strengths of each person, family and community. Opportunities for participation and contribution provide meaningful responsibilities, real decision-making power, a sense of ownership and belonging, and ultimately a sense of spiritual connectedness and meaning.⁹⁸ Programmes, however, also need to ensure that basic needs are fulfilled. If people are starving and are worried about their basic survival, they may rightly be too preoccupied with where their next meal is coming from to embrace activities that aim to empower.

A significant conclusion from the International Resilience Research Project was that resilient individuals are helped to become resilient. Although Grotberg⁹⁹ defined resilience as a universal capacity that allows a person, group or community to prevent, minimise or overcome the damaging effects of adversity, it is important that partnerships be formed to facilitate this process. People can be helped to draw on their inner resources and strengths within a structure of guidance, direction and support.¹⁰⁰ Intervention programmes need to target several aspects of microsystemic and macrosystemic interactions in order to build resilience and minimise the impact of the risks brought about by the epidemic.

It seems that there are a few critical factors that would enhance resilience in the general population of vulnerable children. First, adherence to the Convention on the Rights of the Child¹⁰¹ would certainly assist in making policies that are child friendly. Of paramount concern in this regard is that all those children who are entitled to receive government assistance be helped to access such support. This would constitute one important step in alleviating the dire poverty experienced by most children in the region.

Beyond this, educators, leaders of faith-based organisations and all community members can facilitate the development of resilience by:

- genuinely attempting to build trust between adults and children in their community;
- focusing on the individual and not on the problem;
- remaining positive;

- establishing high expectations and providing the support that children and youth need to fulfil these expectations;
- providing opportunities for community involvement in supporting vulnerable children;
- involving parents and other family members in activities that include the entire family; and
- creating a sense of community that encourages people to strive towards the ideal of *ubuntu*.

There has been a tendency in the past to focus on children's obvious physical and educational needs at the expense of their psychological, social and spiritual needs. The study of risk and resilience has thrown into sharp focus the need to address these psychosocial needs. Resilience could thus also be developed in large numbers of children by strengthening the capacity of individuals, families and communities to offer psychosocial support. Introducing psychosocial support can effectively enhance the impact of community-based initiatives. As discussed later in this monograph, the Regional Psychosocial Support Initiative (REPSSI) has created a set of training materials that can be applied in this regard.¹⁰²

Juggling all the balls to predict the outcome for children

HIV/AIDS stands to increase poverty and social fragmentation, which decreases resilience and increases risk. As described in the previous chapter, poverty is the most severe form of psychosocial risk to which a child can be exposed. Poverty, and the existence of poor populations alongside better-off ones, in turn encourages the spread of the virus¹⁰³—potentially creating a vicious cycle of risk and infection.

In this context there are multiple risk factors that may render children increasingly vulnerable to adverse outcomes in the form of social, emotional and behavioural problems. The dire predictions associated with the risk literature indicate that several generations of children will lose out on the basic socialisation processes that are integral to the functioning of a civil society. Offsetting this, the resilience literature suggests that there are a number of factors that

increase the likelihood that children will be resilient, rise above adversity and function adaptively. This literature also offers several meaningful ways in which effective interventions can meet the needs of children, families and communities rendered vulnerable by the HIV/AIDS epidemic.

In view of the scale of the epidemic there is urgent need for both micro and macrosystemic intervention so that policy and services reach as many children as possible. Indeed, working on a one-to-one basis with individual children is arguably neither effective nor sensible unless such activities are supported by policy changes that impact on many children. For example, working with groups of orphans and vulnerable children can be highly effective in reducing depression and other psychiatric symptoms and in increasing children's perceived access to social support.¹⁰⁴ However, unless such interventions work together with poverty alleviation programmes that target the health and nutritional status of children, their long-term impact may be less than desired. Indeed, unless every government department, NGO, community-based and family-based organisation works together in the best interests of children affected by HIV/AIDS, the best intentions are likely to amount to very little.

In order to ameliorate the risks to which future generations are exposed, all stakeholders need to work together in an informed and collaborative manner to enhance and build resilience at each of the systemic layers. At the microsystemic level, children need supportive, caring adults with whom they can interact on a regular basis. At the mesosystemic level, the child's various microsystems (family, school, parents, siblings, community members, churchgoers) need to network, working together to create a facilitative environment in which the child can grow and feel secure. Exosystemic policies and environments need to promote active decision-making by all participants, including children, for the purpose of enhancing the stability of our next generation. At the macrosystemic level, it must be decided if children really need to be given special consideration and assistance, and if they do, we need to put money towards enhancing and maintaining resilience-promoting environments for children.

By actively considering as many ways as possible in which one can teach, train, develop and enhance resilience, and at as many layers of society as possible, we are ensuring that the world will be a better place for our children.

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