



Exploring the Roots of Resilience among Female Street-involved Children in South Africa

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ABSTRACT This paper reports the findings of a qualitative South African study that unearthed the roots of resilience among female, Black street-involved children, who are classified as children on the street. The researcher sampled purposefully in order to obtain 30 girls who were aged between 12 and 17. Using the Draw-and-write technique as a data collection strategy, the researcher asked the participants to make symbolic drawings of what enabled them to cope resiliently when life was hard. The drawings were accompanied by short narratives in which they explained their drawings. The drawings as well as the narratives were subjected to inductive content analysis. The findings showed that the girls coped by combining intrapersonal resilience resources, such as listening to music and having faith, with interpersonal resilience resources, such as having lively support systems, and having access to community-based care and support. The implication is that although female street-involved girls can be vulnerable, researchers and mental health practitioners will do well not to be blind to mechanisms that promoted buoyancy in the girls in the context of streetism.

INTRODUCTION

Considerable numbers of African children grow up in circumstances in which risks to resilience abound. Some of these children develop psychopathology while some of them cope resiliently. Over the years, there has been sustained interest in the capacities of vulnerable children who do well under conditions that would ordinarily predict psychopathology (Rutter 1999). The capacity to do well in the face of adversity is called resilience. Resilience is not easy to define; however, it has been noted that it represents a bidirectional, socio-ecologically embedded process that involves one doing well despite adversity (Theron 2012). A resilient individual attains positive developmental outcomes despite the experience of adversity, continues to function effectively amidst adverse circumstances, and recovers in the aftermath of significant traumatic experiences (Masten 2001; Masten and Obradovic 2008).

In children, resilience depends on what is built inside them and what is built around them (Ungar 2005). In other words, children require both personal resilience resources such as personal agency, humour and assertiveness and ecological resilience resources such as social support, health-care and social services that their families, schools and communities should make available to them. In this regard, Ungar (2011)

sees resilience as one's capacity to navigate and negotiate one's pathways towards resilience-promoting resources that the community must be able to provide in culturally meaningful ways. Resilience is noted when a young person exercises personal agency by navigating towards and negotiating for health-promoting resources that are accessible in the young person's proximal context.

This navigation process is impaired for street children since they find themselves on the fringes of societies, where they are disempowered to navigate their pathways towards resilience resources. For example, street-involved children are abandoned, neglected, sexually and physically abused, at risk of HIV infection and have no access to shelter, healthy nutrition, a good education and quality health care (Human and Thomas 2008; Le Roux 2001). The situation of girls who adopt streetism is even more precarious since they are defenceless and occasionally endure moments of sexual aggression (Ali and Mynck 2005; Boakye-Boaten 2008). Street life and the abounding risks that it entails accentuate the possibility of mental ill-health among street-involved children.

Risks make negative outcomes more likely, however, access to and the presence of protective resources (personal and ecological) can alter the trajectory and enable young people to cope resiliently despite adverse circumstances

(Killian 2004; Ryan and Hoover 2005). It is vital to note that resilience represents those protective processes and mechanisms that operate before, during and after the adverse encounter (Rutter 1999) in order to enable an individual to function resiliently and not develop psychopathology.

How street-involved children survive and achieve reasonable levels of mental health despite adverse circumstances was the focus of a few South African studies (Le Roux 2001; Vogel 2001; Mathiti 2006; Human and Thomas 2008; Malindi and Theron 2010; Theron and Malindi 2010; Malindi and Theron 2011; Malindi and Machenjedge 2012). These studies outlined individual and socio-ecological mechanisms that street-involved youths, who are mostly African and male, depend on for survival in the context of risk. Little is known about coping mechanisms that girls who are involved in streetism employ in the context of streetism. This study explored coping mechanisms among female street-involved children who are classified in literature as *children on the streets*.

How Street Children Cope With Streetism

Street children subsist in street life contexts beset with risks that may affect their psychological and physical well-being; however, they find ways of coping resiliently. A closer look at studies that focused on highlighting ways in which street children coped resiliently is needed.

Street children grow up with little or no parental care however; research shows that they make money through assisting shoppers at car parks, begging for money and food, washing cars, shining shoes, selling fruit and vegetables, prostitution and drug proliferation, petty crimes, muggings and smash-and-grabs (Altanis and Goddard 2004; Ataöv and Haider 2006; Samara 2005; Schurink 1994). The aforementioned constellation of coping strategies enabled some of the children to attain reasonable levels of mental health. Panter-Brick (2002) refers to pioneering studies in Colombia by Aptekar (1991) and Felshman (1981) that showed that most of the street children who participated in these studies were without pathology. The children they studied enjoyed being independent and capable of fending for themselves, albeit on the fringes of society.

Bacos et al. (2002) discovered that street-involved children in Manila, Philippines, had capacities for adaptive distancing from societal problems, a sense of direction or mission, and capacities for empathy that enabled resilience in them. Other studies showed that street-involved children had capacities to adapt, and that they were social actors who purposefully developed ways of resiling in the context of risk and adversity (Ataöv and Haider 2006; McAdam-Crisp et al. 2005).

Further studies showed that children who had been exposed to risk and adversity learned to cope well and became competent in dealing with future difficulties (Cook and Du Toit 2005; Fergus and Zimmerman 2005). Similarly, street children acquire skills that enable resilience in the context of streetism. Children at risk make conscious decisions to adopt streetism and organise themselves into supportive groups that offer security and emotional attachment (Awad 2002). A study by Vogel (2001) made a similar finding by showing that a child who adopts streetism is adopted by more experienced peers and led by the taller, stronger, cleverer and streetwise street-involved children. The newcomer is taught the street-culture and ways of coping in difficult circumstances. The peer group then provides the youth who adopt streetism with support and a sense of collective identity (Ungar 2004).

Social interactions and mutual support become part of actively constructed multiple cultures and identities that promote a sense of community for displaced young people (Beazley 2002). The peer group provides strong attachments to one another, a sense of helpfulness, a sense of being valued, empathy, ingenuity, and enables mutual aid to occur (Awad 2002; Cheunwattana and Meksawat 2002; Sauvé 2003). On the streets, street-involved children develop rules and regulations that enable harmony (Awad 2002). This introduces social regulation and social competence in the context of streetism.

Other studies indicated that street children developed initiative and resourcefulness that enabled them to cope with street life (Panter-Brick 2002). These protective resources, therefore, promote buoyancy in the context of streetism. Street children who are working learn to be highly determined, free, independent, and not to put their trust in adults (Donald et al. 2006; Sauvé 2003). The tendency to gravitate towards streetism is an attempt to escape do-

mestic hardships, pain and suffering, and to seek freedom and security (Conticini and Hulme 2007).

Street-involved children do not have regular access to resilience resources such as clinics, hospitals or schools; however, children on the street and those living in institutions often regain access to education, as a study in Thailand showed (Cheunwattana and Meksawat 2002). A study by Evans (2002) noted that street-involved children relied on humour, ingenuity and tenacity in order to cope with streetism. Two South African studies by Malindi and Theron (2010) and Theron and Malindi (2010) showed that street children generated humour unconventionally through teasing. Although teasing is atypical, in the context of streetism, it promoted mental well-being.

Street children in South Africa were also found to resile in the context of streetism as a result of having faith (Malindi and Theron 2010; Theron and Malindi 2010). The faith that predominated among the participants was the Christian Faith. Meaningful connectedness to God enhanced resilience in these children. Another South African study by Malindi and Machenjewe (2012) showed that school engagement was instrumental in enhancing resilience among erstwhile children of the street. School engagement is a multifaceted phenomenon that includes behavioural, emotional and cognitive aspects of development (Lippman and Rivers 2008). School engagement enabled the participants to have multiple connections to other children, and caring, supportive teachers.

Several studies have highlighted a constellation of individual and socio-ecological resilience resources that enabled resilience in the context of streetism – some conventional, some not. Most of the mechanisms documented in these studies are typical of boys since there are more boys on the streets than girls (Young 2004). Similarly, in South Africa, Le Roux (2001) noticed that the majority of street children are male and African or Black. Girls are fewer on the streets since they are often enticed or forced into the sex industry where risks are plentiful; therefore, they are less visible on the streets (Bourdillon 2001; Cheng and Lam 2010). The sex industry and illicit drug dealing serve as unconventional ways of earning income and making a living for girls (Conticini and Hulme 2007; Le Roux 2001). This study sought to unearth and document the roots of resilience in girls who

were involved in streetism in a rural town in South Africa.

METHOD

Most of what is known about children was learned from adultist research approaches that did not see children as people who could provide reliable data (Driessnack 2005). In this study, the researcher studied female street-involved children directly instead of relying on adults who worked with them. The researcher used visual methods of collecting data, namely the Draw-and-write technique (Driessnack 2005), in which he asked the participants to make symbolic drawings of what enabled them to resile in the context of streetism. The researcher asked them to help him understand their drawings by writing paragraphs in which they described their drawings. The researcher provided them with the drawing brief that contained the following instructions:

Think of the time when life was hard for you. In the space provided, make a drawing of what helped you to cope with your life. How well you draw is not important.

The second instruction was as follows:

Please help me understand your drawing. In the space provided, write a paragraph in which you explain your drawing. You may write in any language of your choice. If you have difficulty doing this, you may tell me what you want to say and I will write it down for you.

The researcher explained the drawing brief in their home languages (IsiZulu and Sesotho) in order to ensure that it was well understood. The researcher supplied the participants with pencils and erasers and explained that they could keep them afterwards. The researcher met the girls at the drop-in centre where they went in the afternoons after school for meals and life skills education. They were however able to go and beg, or search for food and items to sell from rubbish dumps if they wished. A drop-in centre does not function as a permanent shelter where they can sleep, eat and bath, rather, it focuses only on providing food and life skills training. The drop-in centre is within a small rural town in the Free State, and it is run by a Non-Governmental Organisation (NGO). The room in which the participants and the researcher worked was well-lit and furnished. The drawings took 35 minutes to be completed because

of the time taken by others in adding more details to their drawings.

The researcher had sampled purposefully (Babbie and Mouton 2007) in order to obtain 30 Black girls who were involved in streetism. The girls were aged between 12 and 17 years. The girls attended school, though irregularly, due to their preferred street life activities, and were in grades ranging from five to eleven. They were classified as children on the streets since they worked on the streets but kept ties with their families of origin (Ayuku et al. 2004). The participants spoke either IsiZulu or Sesotho, the main cultural groups in the area. The researcher speaks these two languages fluently.

The draw-and-write technique facilitates communication between the researcher and the participant and promotes trust and willingness on the part of the participants to open up (Horstman et al. 2008). The researcher who uses the draw-and-write technique can allow the child who is not sufficiently literate to dictate to him or her so that the researcher or the research assistant can write on their behalf (Horstman et al. 2008).

The researcher collected the drawings and subjected them to inductive content analysis (Elo and Kyngäs 2007). The participants had kick-started the analysis process by writing the descriptive paragraphs, in which they described their drawings. The researcher then grouped the drawings according to the main themes that included intrapersonal resources such as listening to music and having faith, and interpersonal resilience resources such as having lively support systems, and having access to community-based care and support.

Ethical Considerations

The NGO, parents and caregivers of the girls received letters that fully explained the study and invited the girls to take part in it. The letter explained that participation in the study was voluntary, and the girls could withdraw from it at any time, even though permission for their participation had been granted by the NGO and their parents. Before the girls made their drawings, the researcher read the letter again and made sure that they fully understood the nature of the study. The researcher explained the contents of the letter in IsiZulu and Sesotho in order to ensure that they were familiar with the contents of the letter. The NGO that ran the drop-

in centre and parents or caregivers gave express permission for the researcher to involve the children in the study.

The researcher presented the children with consent forms, which they signed. The researcher however, read the contents of these forms to them. The parents, care-givers as well as the NGO staff members had opportunities to look at the forms and to co-sign them. The forms were also signed by the researcher. Ethical clearance for the study had been granted by the University, but the researcher was also bound by the Bill of Rights enshrined in the Constitution of the Republic of South Africa. The researcher was bound by the rules and regulations of the Health Professions Council of South Africa, that expects the researcher to uphold principles of respect for human dignity, protection from harm, informed consent, the right to privacy, honesty with professional colleagues, internal review boards, and professional code of ethics (Leedy and Ormrod 2005; South Africa 1996; Strydom 2007). The participants were given pseudonyms in order to protect their identities.

FINDINGS

The symbolic drawings were examined and grouped according to the personal and ecological resilience resources that emerged. The personal resources that were identified are listening to music and having faith. The ecological resilience resources that were identified were lively support systems, and having access to community-based care and support. These resources are discussed individually.

Listening to Music

In this category, there were two drawings that were made by Lesego and Moeng that showed that listening to music enabled the participants' resilience. In the first drawing, Lesego made a drawing of a star. The star represented a community radio station that is accessible to her. She then wrote the following Sesotho words next to the drawing: "*Kganyayasetjhaba*", which mean "*The light of the nation.*" The drawing was accompanied by a narrative that explained it, namely:

"What helps me cope is that I always listen to the radio when I feel my life is hard. I do visit [friends] and talk about how I feel, but music

on [the] radio makes me feel better. I want to make a difference in the community in the Free State. I always listen to the children's program from 9:30 to 11:00. It is presented by Auntie Dana."

The narrative shows that the participant (Lesego) deliberately listens to music as a way of coping with risk and adversity. Listening to music on radio served as a resilience resource that buffered the impact of adversity. It is noteworthy that Lesego relied on her friends for emotional support as a resilience resource when life was hard. The narrative further shows that Lesego would like to contribute towards the development of her community. This shows that she feels positive that her life would change for the better. In this regard, Lesego's resilience is enabled by listening to music, having supportive friends, and being optimistic that her life will change and improve.

The second drawing was made by Moeng. In the drawing, there is a human figure that is in tears. Music is represented by musical notes that extend from the ear of the human figure. Figure 1 was made by Moeng.



Fig. 1. by Moeng

In explaining her drawing, Moeng wrote the following narrative:

"Music makes me feel so happy because when you are angry and feel like crying ... when you sing songs like church songs, kwaito, 'kasi' songs ... you feel so blessed. When you sing 'kasi' or 'kwaito' you feel as if you can jive ... yoooooh! It makes me feel happy again even when you do not have food and clothes and your parents are not there to help you and you are alone."

It is evident from the narrative that the different genres of music that Moeng listened to made her feel happy when she was angry or

sad. The narrative shows that Moeng sometimes felt alone without her parents and struggled for food and clothes. In this regard, listening to music was instrumental, as a resilience resource, in making her anger, sadness and feelings of abandonment abate. This makes it clear that Moeng's resilience was rooted in listening to the music that served a therapeutic function in her.

Having Faith

In this category, there were 15 drawings that showed that the participants' resilience was rooted in having faith, namely Christianity. For example, Lerato made a drawing of a big cross surrounded by other smaller crosses. The main cross bears the following word: "Prayers". Figure 2 was made by Lerato.

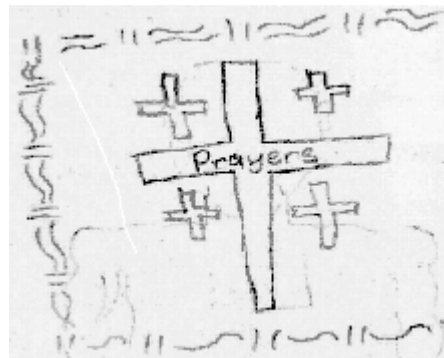


Fig. 2. by Lerato

The drawing by Lerato is accompanied by the following narrative:

"My prayers made me the strong person I am today when life was hard out there. My prayers are the only things that help me in my school work, wherever I go, and in all my problems and at home when I need food. All my prayers made grow safely and feel happy despite problems. Thank you in the name of Jesus."

The narrative shows that prayerfulness made Lerato strong when her life was hard. Furthermore, prayer helped her cope with challenges relating to school work and made her feel safe wherever she went. It can be concluded that prayer was a potent resilience resource that enabled Lerato to be strong, feel safe and cope with problems in her life.

Phuti, another participant, made a drawing that showed a female figure, a Bible and a cross. Phuti then wrote a narrative in order to explain her drawing. In it, she said the following:

“I remember in June 2011, I became tired of going to school because I am suffering. Things began to change in my life. I was angry, sad, alone, hungry and no clothes. I went to street ... I lived with my cousins. I phoned my grandmother who said things would change, but nothing changed. While I was washing the dishes one day, I remembered that I had a Bible. I started reading the Bible, and after a few weeks God answered my prayers. Before then, I thought my life was finished but with God everything went smoothly in my life.”

The narrative showed that Phuti dropped out of school and adopted street life and that her life became difficult since she was filled with anger, sadness and lonesomeness. It is evident that she did not have access to nutrition and lacked clothing. Reading the Bible made it possible for her to cope with her life because it contained positive messages for her. It can be concluded that reading the Bible served as a pathway to resilience for her.

For Vuyo, who also made a drawing of a Bible, reading the Bible provided her with a sense of relief when life was hard. For example, in her narrative she said:

“When I feel like I am losing my mind, or when I think of doing something bad, I read the Bible and feel relieved. I go to church sometimes to pray and to ask the Lord to help me. I joined a group in my church for special prayers.”

It is evident that reading the Bible helped her think positively and promoted social competence in her. The church provided opportunities for social interaction during special prayers for Vuyo. It is evident that reading the Bible and fellowshiping with fellow believers served as resilience resources that enabled resilience in Vuyo by also enhancing a sense of belonging.

It is evident that singing religious music promoted resilient coping in Selo. In her narrative, she said:

“When I feel sad I always sing hymns and doing so restores my soul ... I then feel better after singing. Then I pray and reading the Bible gives me encouragement when life is hard.”

It is clear that the Bible, as a resilience resource, provided Selo with the encouragement

that she needed in order to cope with adversity. Nando, another participant, was able to cope with her life due to religious faith, as the narrative that she wrote shows:

“I was a horrible girl, doing horrible things in the street and in town. My life was horrible but the Bible helped me ... I know Jesus now and that He helps people who are in trouble like me. He loves me ... although I make many mistakes ... because I am a person who made mistakes.”

Exposure to religious faith helped Nando to reshape and rebuild her life. Faith promoted a sense of being loved and accepted unconditionally by the Lord. Reading the Bible helped change her life and helped her get out of what she refers to as trouble. It is clear that religious faith and the Bible, as resilience resources, served to buffer the impact of risk and adversity in Nando's life.

In her narrative, Mneno explains that going to church, a belief in the Lord, and being prayed for provided healing in her. For example, in her narrative she said:

“I was sick for a long time and could not go to a doctor because of my life out in town. One day, I went to church because I believe in the Lord. The Pastor prayed for me, and now I feel good. I am no longer ill.”

Meaningful connections to caring adults such as the Pastor enabled resilience in Mneno. Pinkie made a drawing of a church building. She labelled it as the Methodist church. In the drawing, she included a Bible. In explaining her drawing, she said:

“Church helped me ... my life is sometimes hard. I had bad friends and we go out into town to do things to get food and money by asking people. We come back home at night ... we did not respect parents and we stayed away from home and school. I never went to church, but one day I went to church. Now my life is easier to cope with. I come here [to the drop-in centre] to receive help too.”

Going to church helped Pinkie cope when her life was hard and enabled her to spend less time with friends on the streets. The church enabled her to abandon street life, and she stopped disrespecting her elders and staying out until late. This shows that the church changed her life by teaching her values, and this made it easier for her to cope with life.

According to Leeto, her Pastor counselled her when her life was hard. For example, in her narrative, she says:

“Sometimes my life gets tough. But then I go to the Pastor here at the centre and he provides counselling. I then feel better thereafter.”

It is evident that counselling, as a resilience resource, promoted coping in Leeto. Meaningful connectedness to the Pastor provided the social support that Leeto needed in order to cope with life.

Having Lively Support Systems

Six participants made drawings that were symbolic of the lively support systems that were accessible to them. It is apparent that the availability of active support systems for the participants enabled them to cope resiliently with their lives. The sources of social support that lively support systems could offer were mothers, grandmothers, friends and social workers. Two participants showed that they relied on the support that their mothers provided.

For example, Buhle made a drawing of a heart. In explaining her narrative, she said:

“The heart that I have drawn represents the heart of my mother. When I am in problems, my mother helps me cope, even when life is hard for me I tell her and she helps me concerning what causes me stress. My mother gives me hope, love and good care. That is why I drew her heart.”

It is evident that the participant relied on her mother for social support. Therefore, when life was hard for Buhle, she was able to confide in her mother, who in turn, was able to provide the much-needed hope, love and care.

Grandmothers provided some of the participants with the social support that they needed. In this regard, Dima made a drawing in which two female human figures stand side by side. Figure 3 was made by Dima.

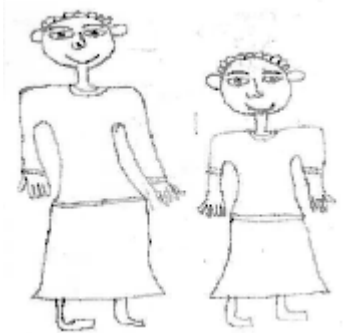


Fig. 3. by Dima

In her narrative, she wrote:

“The people I drew are my grandmother and me. My grandmother talks to me encouragingly when life is hard. When life is hard she tries to help me although she has her money limitations. She makes me feel better when I am sad by telling me not to lose hope. She also tells me to not be afraid, life is hard, but it will be ok.”

It is evident that Dima’s grandmother was willing to actively encourage her to persevere even when life was hard. She tried her best to provide for Dima, although funds were limited. The grandmother provided Dima with hope that she would make it in life, and that proved to be protective to her. Perseverance, being cared for and being encouraged to have hope are resilience resources that enabled Dima to cope adaptively in the context of risk.

Loso depended on her grandmother for social support. In symbolising this, she made a drawing of a female human figure and that of a book. In her narrative, she wrote:

“My grandmother helped me cope with any difficulty that I faced in my life. She offered me a shoulder to cry on. She was always there for me during the ups and downs of my life. Her ears are always open to listen to any stories that I have to tell her. My studies also helped me to cope with my life because whenever I take a book to read I always remember that, in life, there are ups and downs, and if you have fallen, you have to dust yourself up and get on with your life. Life is too short, and you have to live it to the fullest. God also made me cope with my life because he gives me strength to live.”

The narrative shows that the availability of the grandmother and her willingness to listen when Loso was faced with adversity buffered adversity. Reading books served as a protective factor that enhanced meaningful recovery in the midst or aftermath of adversity. Furthermore, her connection to God strengthened her and enabled her to cope when life was hard.

Having Access to Community-based Care and Support

In this category, there were seven drawings that showed that the participants coped with adversity because of having access to community-based care and support. For example, Lee-

to made a drawing of a female human figure. In her narrative, Leeto wrote:

"This person is a social worker. She helped me when I had many problems ... and my life was not good. I lacked food and clothes, but she found me out there and helped me. She gave me encouragement, and it did not take long before my life changed and I feel good now. I am grateful to God for my life now."

The social worker mentioned in the narrative played a meaningful role in helping Leeto change her life. The social worker found her on the streets and encouraged her to visit the drop-in centre, where her basic needs would be met. She provided the encouragement that the participant needed, and these efforts made it possible for Leeto to cope resiliently.

Mathe made a drawing of a female human figure and labelled her "social worker". Figure 4 was made by Mathe.



Fig. 4. by Mathe

She then wrote in her narrative:

"This person helped me when I was not attending school and begging for things in town. She took me back to school and encouraged me not to go into town anymore. She helps children who do not have parents. She helped me to live a normal live and not beg. She taught me a lot about life, and I now receive money from government. I don't know what my life would be like now."

It is evident that the social worker helped normalise Mathe's life by returning her to school, thereby, restoring her childhood. School engagement usually provides more meaningful connections among learners and to teachers which are a source of social support needed for young people to cope resiliently.

Olu made a drawing of a female person and labelled her "social worker". Next to the human figure is a building, and on it, she wrote the name (withheld) of the NGO that operates the drop-in centre where the study took place. In her narrative, she wrote the following:

"The XXX community centre helps us to get money for orphans from government. I am now in a position to buy food and school clothes. I don't always go to town to "phanda" [fend for myself] anymore. I now have friends here and in school. Town people abuse us when we go there to find some food. Now I can do something without worrying about being hurt. I do not do bad things anymore. This XXX organisation is a good place. I wish the care workers here long life."

Evidently, the participant continued to work on the streets, but the NGO provided the support that she needed, which included access to nutrition. The availability of the NGO shielded the participant from the abuse that society meted out to her as she begged for food. In other words, the NGO helped Olu to cope better with her risk-laden life and improved the quality of her life.

Meaningful connections between Rita and caregivers, as caring adults, helped her resile. For example, Rita made a drawing with two female human figures and wrote in her narrative:

"The XXX people are very good to us. They love us and care for us. They give us good food and encourage us not to go out and beg. People can hurt us there, and we can eat old and rotten food and poison. They are lovely people."

The caregivers were instrumental in providing food, love and care to Rita. Caregivers encouraged the participants not to continue begging for food and money. Therefore, meaningful connections and feelings of being loved and cared for, which are resilience resources, enabled adaptive coping in Rita. The NGO obviated the risk of food poisoning and possible health risks by providing fresh food at the drop-in centre.

Another participant, Moloko, indicated in her narrative that the NGO took her out of destitution. For example, she said in her narrative:

"Those people took me out of poverty. I am proud of myself, and I feel good about myself. I am like other children. I can go to the clinic when I am sick. I can learn more about how to live life. I really love these people here. They accept us as children ... I love them."

The burden of poverty in Moloko's life was eased by the NGO. The NGO restored her pride and improved her self-esteem by accepting her and other participants unconditionally. The caregivers from the NGO facilitated access to health care for Sebidi. This is evident in her narrative:

"I used to eat bad food from the town. I was very ill, and my people could not afford to send me to the doctor. The brother from here came to our house and said I must come with him to the doctor. The doctor gave me "sput" [injection] and gave me medicine. The brother asked me to come here and here I am good. I can go to clinic when I sick."

It is clear that the participant gained access to health care that was facilitated by the NGO. Having access to health care is a powerful resilience resource and, in this case, it enabled the participant to resile.

DISCUSSION

The findings of this study showed that intrapersonal resilience resources, such as listening to music and having faith, and interpersonal resilience resources, such as having lively support systems, and having access to community-based care and support were implicated in enabling the young girls to cope resiliently in the context of streetism.

The value and efficacy of music and dance in therapeutic settings involving traumatised children is well known. However, the value of music and dance in promoting resilience among street-involved girls has not been established. This finding is, therefore, significant since it suggests the therapeutic use of music and dance in aiding street-involved children to resile. This finding negates the notion that street-involved children are psychosocially vulnerable and that they depend solely on unconventional coping mechanisms in order to resile.

Previous studies showed that having faith promoted resilience in male street children who were in institutional care. Similarly, the findings of this study demonstrated how girls who are referred to as children on the streets also resiled as a result of having faith in God. This study, therefore, shows that having faith is potent as a resilience resource for female children on the street.

The value of social support in promoting coping with adversity among psychosocially vulnerable children including street children is

well documented (Vogel 2001). Meaningful connections that are formed among street-involved children enable them to provide mutual support to one another. These connections are substituted for a lost sense of belonging as a result of displacement. The findings of this study show that the girls who took part in the study similarly benefitted from meaningful attachments to one another, peers at school, grandmothers, mothers, social workers, a Pastor and caregivers. Access to social services is crucial in enabling young people to resile (Ungar 2011). The findings showed that the girls had access to community-based care and support. Community-based care and support was sourced from social workers and a Non-Governmental Organisation. It is important to note that the NGO that ran the drop-in centre provided the care and support that the girls needed.

What is significant in the findings is that the resilience resources that emerged were ordinary adaptational systems (Masten 2001). Unlike hard-core children-of-the-street who usually sever ties with their families and are mostly boys in South Africa (Le Roux 2001), the participants had not severed ties with their families and were still attending school, albeit irregularly. It is necessary to note that the resources that this study brought to the fore are gender-appropriate, whereas most of the coping mechanisms of street-involved children are typical of boys. For example, Malindi and Theron (2010) documented unconventional coping assets that are typical of boys that included stealing, drug abuse and vandalising payphones.

A study that was aimed at exploring health needs among street children in Pakistan, by Ali and Muynck (2005), showed that street children experienced various health problems. However, this study showed that the participants had access to resilience resources such as health care, and that caregivers employed by the NGO that runs the drop-in centre facilitated access to health care.

There is much that the study contributes to theory and practice. In this regard, counsellors, therapists and care workers are challenged to take note of these resilience resources in developing secondary intervention approaches.

Methodologically, the study highlighted the efficacy of symbolic drawings as data collection instruments and in safely eliciting rich data from participants. Preceding studies by Malindi and

Theron (2010) and Theron and Malindi (2010) highlighted problems relating to the use of interviews and pen-and-paper measuring instruments in researching street children. Drawing and writing are ordinary activities for children, therefore, symbolic drawings and writing narratives are not new to children. Researchers are therefore provided with a useful, accessible and less invasive approach in doing research with traumatised street children. Drawings and narratives proved to be effective as data collection strategies in the current study involving girls. This challenges researchers to use child-friendly methods of collecting data.

CONCLUSION

This study highlighted individual and socio-ecological resources that enabled girls involved in streetism to resile. The findings showed that the girls had assets or strengths that positively altered their developmental trajectories. Positive psychology encourages recognition of strengths and use of these strengths in fashioning therapeutic interventions. The need for further collaborative efforts in ameliorating the plight of at-risk children is highlighted. Mental health workers and researchers are challenged not to be oblivious to the coping mechanisms that enable resilience in the context of streetism.

Furthermore, the study negated the perception that street-involved children are vulnerable and not capable of being resilient. It does seem as if interventions should be strength-focused and acknowledge and recognise people's capacities to resile in the context of risk and adversity. The ordinariness of human adaptational systems is more pronounced in the findings.

It is important to note that the study is not without limitations. For example, it was a unimodal study that involved a sample of thirty girls who worked on the streets. It was a qualitative study, and there was no desire on the researcher's part to generalise. The findings can, in fact, serve as the basis for similar studies involving girls who are classified as "children of the street" who have no ties with their families and those who are in institutional care. The usefulness of restoring childhood to street-involved children in promoting resilience is strongly emphasised.

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