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From resilient girls to (more) resilient women: A mixed-methods study examining narratives of resilience among South African young women

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Abstract

Adolescence and emerging adulthood are times of heightened adversity for South African girls and young women due to structural disadvantage. In this mixed-methods study, we explored lived experiences of resilience among a sample of 377 South African girls and young women (15–24 years) who completed a quantitative cross-sectional survey that included a validated measure of resilience. Quantitative analyses included descriptive statistics and an independent sample t-test to assess differences in resilience. These analyses informed the development of a semi-structured qualitative interview agenda. A purposive sample of 21 South African girls and young women (15–24 years) from the same survey area participated in in-depth interviews. Interviews were analyzed for perceptions of difference in resilience by age and narratives of resilience during transitions to adulthood. Survey results indicated younger participants (15–17 years) perceived themselves to be less resilient than older participants (18–24 years). Qualitative interview results supported the survey results, and pointed to a broader difference in perceived resilience between younger women and older women. Programming and policy implications for future resilience research among this population are discussed.

Keywords

adversity; emerging adulthood; resilience; South Africa; women

Introduction

Resilience can be defined as multi-level processes that help one successfully navigate experiences of adversity (Masten, 2014; Rutter, 2006; Ungar, 2012; Zimmerman, 2013). For physiological, developmental, and social reasons, adolescence and emerging adulthood are

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known as times of increased change influencing resilience processes (Arnett, 2000; Brooks-Gunn & Paikoff, 1997; Jewkes et al., 2010; World Health Organization (WHO), 2018). In urban South Africa, transitions to adulthood include navigating an HIV epidemic as well as adverse community environments and exposure to trauma (Closson et al., 2016; Masten, 2016; Myers et al., 2015; Swartz & Scott, 2014). These adverse experiences are rooted in historical and structural inequities related to class, gender, racism, and also legacies of apartheid (Bray et al., 2011; Morrell et al., 2013, p. 2013; Petersen et al., 2010). Despite this adversity, South African young people demonstrate remarkable resilience. The present study contributes to the growing resilience literature by exploring differences and narratives of resilience during developmental transitions among South African adolescent girls and young women (AGYW) who have experienced structural disadvantage.

Examining resilience during times of developmental change provides a strength-based approach to jointly explore young people's lived experiences of well-being and adversity. Current research on resilience and health frames the concept as a dynamic process influenced by factors at multiple levels (e.g. individual, interpersonal, community; Ungar, 2017; Ungar & Theron, 2020). Specifically, the differential impact theory proposed by Ungar (2017) emphasizes resilience as an interactive process proposing that changes to the environment cause individuals to change. These changes depend on the quality of the multi-level resources provided by the environment. Therefore, it is worth extending our knowledge of how resilience processes may emerge, or change, during times of transition, such as adolescence and emerging adulthood, and how these processes are shaped by adverse environments where transitions occur.

Gender may also moderate these multi-level processes of resilience (Hirani et al., 2016; Sun & Stewart, 2007; Wisdom & Creswell, 2013). Understanding perceived gendered differences in resilience among South African AGYW during adolescence and emerging adulthood can help to identify culturally relevant aspects of resilience. A recent qualitative study explored processes of resilience among South African AGYW leaving residential care settings and identified 'embracing motherhood' and 'taking on responsibilities' as gender-specific processes unique to young women transitioning from care (Hlungwani & van Breda, 2020). How these resilience processes apply to broader populations, including young women outside care settings and beyond those experiencing sexual abuse, is currently underexplored and has been identified as a research gap (Haffejee & Theron, 2019; Jefferis & Theron, 2018). Our study builds upon existing research to confirm and identify gender- and developmental-specific mechanisms of resilience.

While considerable research examines resilience among South African young people (Bireda & Pillay, 2018; Malindi, 2014; Theron & Phasha, 2015; Van Breda, 2017), literature reviews indicate a lack of studies using resilience-specific instruments and emphasize the importance of hybrid, or mixed-methods study designs for resilience research (Theron & Theron, 2010; Van Breda & Theron, 2018). We address this gap with a mixed-methods approach using both quantitative data, which included a resilience-specific instrument, and qualitative data to expand upon existing resilience studies.

Methods

The present study used an explanatory sequential mixed-methods design where quantitative data is collected and analyzed first, followed by qualitative data collection and analysis (Ivankova et al., 2006; Wisdom & Creswell, 2013). The study protocol and research tools were approved by the South African Medical Research Council Research Ethics Committee and the Associate Director for Science in the Center for Global Health in the Centers for Disease Control and Prevention Research. Team members received training on the study protocol and procedures for reporting and managing social harms and adverse events. The methods for each phase of the study are presented below.

Examining Differences in Resilience by Age

Quantitative data collection measures and procedures.—The quantitative data are from the first of two serial cross-sectional surveys within an evaluation study of combination HIV-prevention programming for South African AGYW. This evaluation study occurred from 2017 to 2018 across 6 districts in South Africa where programming was implemented. The overall evaluation study used a stratified sampling design with districts as the primary strata. Detailed methods for the overall study are published elsewhere (LoVette et al., 2022). To deeply examine the contextual nature of resilience, this study uses survey data from one district, the City of Cape Town, which includes 377 AGYW (N = 377). Quantitative analyses were completed using SPSS Statistics for Windows, version 25.0 (IBM Corp, 2017). To address the quantitative research question focused on differences in resilience by age, potential differences among two age groups, younger (15–17 years) and older (18–24 years), were assessed using independent-samples t-tests. The groups were dichotomized in this way as 18 years is the legal age of adulthood in South Africa and the age of 18 is also associated with significant social and cultural rites of passage such as obtaining a vehicle license, the legal age for alcohol use, and educational attainment (i.e. matriculation often coincides with an individual's 18th birthday). Quantitative analyses informed the development of the qualitative interview protocol along with qualitative sampling methods to ensure representation from both younger and older participants.

Resilience.—Resilience was measured using the 10-item version of the Connor-Davidson Resilience Scale (CD-RISC; Campbell-Sills & Stein, 2007). The CD-RISC previously demonstrated strong psychometric properties among South African adolescents, and received good-quality appraisal within a methodological review of resilience measures (Jorgensen & Seedat, 2008; Windle et al., 2011). Psychological resilience, measured by the CD-RISC, can range from 0 to 40 points, with higher scores indicating greater resilience. Scale reliability was assessed within the sample (Cronbach's alpha $\alpha = 0.83$).

Explaining Differences in Resilience by Age

Qualitative data collection and procedures.—Following analysis of the quantitative survey data and consistent with best practices for qualitative research, this study recruited a purposive sample of AGYW through existing study partnerships at two programming implementation sites within the survey district, a secondary school and community-center. Based on quantitative results, we purposely selected a school-based recruitment site to

ensure representation of younger girls (15–17 years) and older (18–24 years) young women. Inclusion criteria for the in-depth interviews were: 1) aged 15–24 years; 2) identifies as a woman; 3) lives in the City of Cape Town. Girls under 18 years were excluded if parents did not provide consent or if girls did not provide informed assent. Young women aged 18–24 years were excluded if they did not provide consent. This study adhered to proper procedures for ethical data collection including assessment of eligibility and informed consent and assent, protection of data collected, and confidentiality. During data collection, private-sector social workers were available to assist with obtaining access to social support services for participants needing psychosocial support.

Audio recorded interviews were conducted primarily in English and took place from February to April 2019 in private rooms at the two programming implementation sites. Participants were reimbursed for the time they spent being interviewed with a voucher to the value of R50 (US \$4). Before the interview, each participant completed a short sociodemographic survey. Interviews lasted 30–60 minutes and were conducted using a semi-structured agenda developed from survey results around themes identified as needing further exploration. Each interview included an exercise at the beginning where participants conceptualized resilience in their own words. The prompts for this exercise were selected based on a factor analysis of the CD-RISC from the quantitative sample. Participants' responses to the prompts were then used throughout the entire interview in place of the word resilience, to allow for more context-specific descriptions of resilience to be examined.

Ongoing saturation analyses, based on iterative coding, using debriefing memos and a review of audio, were conducted to identify if responses to the main research question around explanations for differences in resilience were reaching saturation. These saturation analyses guided final sample size. Audio recording from each individual interview was transcribed word-for-word. These transcriptions were then checked for accuracy and entered into NVivo Version 12 (QSR International Pty Ltd). Following initial development of the codebook, in-depth interviews were coded using hypothesis coding by the study researchers. Hypothesis coding is used when researchers apply a predetermined list of codes based on existing predictions and use these codes to further investigate these predictions (Saldaña, 2015). Using hypothesis coding, the lead researcher coded all the transcripts, with regular consultation and discussion from collaborating researchers, for responses to questions related to differences in age, and narratives of resilience processes. Joint coding was conducted on a sample of transcripts at the beginning of data analysis. Coding agreement was assessed among three coders in a random selection of three transcripts which were coded and compared. This comparison confirmed high coding consistency by node, and moderate coding consistency by frequency.

Integration of Quantitative and Qualitative Data

Data integration began with the initial study design process. Survey results related to differences in resilience from the quantitative data directly informed development of the semi-structured interview agenda. Questions and probes included in the agenda were developed from quantitative findings related to age, gender, and resilience. For example, observed differences in resilience by age group led to inclusion of a question and

probes about perceived differences between resilient girls and resilient women as well as explanations for these perceptions. These explanations were based on the participant's own definition of age range for the terms 'girls' and 'women'. These findings also informed the selection of qualitative interview participants who were likely to fall into a younger (15–17 years) or older (18–24 years) age group, which led to recruiting participants from both school-based and community-based settings.

Results

Participant characteristics

Table 1 highlights demographic characteristics measured in both the quantitative and qualitative samples, except for the mean resilience score. The mean age of participants currently in-school and out of school was also included, and aligned closely with the predetermined age groups of younger (15–17 years) and older (18–24 years). Sample characteristics, including age, school attendance, and pregnancy, were similar across most categories for both samples except for primary home language. Of note, more qualitative study participants indicated they primarily spoke isiXhosa at home, when compared to the quantitative sample. Approximately half of participants in each study reported currently attending school. Almost one-third reported having ever been pregnant and almost all participants reporting ever being pregnant were over the age of 18.

Quantitative

The quantitative sample ($N = 377$) included AGYW aged 15–24 years with an average age of 19.1 years. The mean resilience score on the CD-RISC for this study was 25.87 points ($SD: 8.03$) with a range of 36 (Minimum: 4, Maximum: 40), which is comparable to mean scores of similarly aged groups in various countries (Davidson, 2018). Resilience scores, as measured by the CD-RISC, were significantly positively correlated with age at the 0.05 level (2-tailed).

Potential differences were examined between younger (15–17 years) and older female participants (18–24 years). When compared to older female participants, younger female participants reported significantly lower resilience with a mean score difference of -2.26 (95% CI: -4.01, -0.51; $p = .011$). These results led to the development of hypotheses stating younger South African adolescent girls, who are also more likely to currently attend school, perceive themselves as less resilient than older young women.

Qualitative

The hypotheses related to perceived differences in resilience by age were explored qualitatively, along with potential explanations for these differences in resilience by age, through in-depth semi-structured interviews with South African AGYW. Most explanations confirmed the hypotheses around younger adolescent girls perceiving themselves as less resilient than older young women, but some participants provided ambivalent and contradictory explanations. Qualitative data supporting these explanatory themes can be found in Table 2. Based on the interview prompts discussed within the methods, most

participants conceptualized resilience as bravery and strength. These qualitative and contextual conceptualizations were most frequent regardless of age or school status.

Confirmatory explanations for differences in resilience by age.—Many girls and young women affirmed the hypothesis generated from quantitative results that younger adolescent girls perceived themselves to be less resilient than their older counterparts. They also offered potential explanations for why this may occur, and spoke to a broader difference between resilient AGYW, and resilient older women outside of the study age range. One older in-school participant highlighted this broader difference by suggesting the problems girls experience in adolescence are not as serious as ones faced by older women. Another older in-school participant noted that it is difficult to regard girls as resilient, or strong, as they may not have experienced the same issues and problems as someone who is older.

One participant noted that resilient women, conceptualized as strong women, may regard girls as less resilient for their inability to use coping strategies during times of adversity. Thus, the process of adolescence itself may be an exercise of developing resilience within this context. The younger in-school participant stated:

[Strong girls and women] are different, because the stronger women look at the strong girls like at a lower level. Like, ‘Nah they won’t—they’ll easily give up.’
(Aged 17)

The idea that women become resilient over time was echoed by a different older out-of-school participant who highlighted connections between resilience, education, and experience that may offer an option for resilient older women to plan for a family on their own terms that is unavailable for their younger, less resilient, counterparts. When probed further about the steps to becoming resilient, another older out-of-school participant described a distinct process for becoming a resilient woman, which can be described as the sense of independence gained when progressing through adolescence. Most girls and young women provided statements complementing the hypothesis created from observations of the quantitative data. They also spoke to overall differences in resilience between girls and young women, and resilient older adult women who have already transitioned through a period of adolescence and young adulthood.

Ambivalent explanations for differences in resilience by age.—Other participants were ambivalent about potential differences in resilience by age. The participants who were uncertain about age difference in resilience provided various explanations for this. For example, one participant noted differences in perceived resilience may depend on sources of support from peers that is potentially more accessible to younger girls than to adult women.

When prompted specifically about differences in resilient women and girls, conceptualized by courageous and strong, two participants noted that this may be dependent on the individual and their background. One younger in-school participant (Aged 17) stated, ‘*Some . . . As in, like, say women, pregnant women, and then you get girls who fall pregnant, they go through same challenges every day. That’s what make them courageous*’.

Another older out-of-school participant noted that it was dependent on the individual’s background and situation.

Contradictory explanations for differences in resilience by age.—One older out-of-school participant provided conflicting results, pointing to adolescence itself being a critical time for fostering resilience. This young woman justified her contrasting belief that younger girls may perceive themselves as more resilient than their older counterparts due to changes related to puberty, and the social adversity created by peer pressure.

Discussion

This mixed methods study of resilience among AGYW in South Africa found a significant difference in a standard quantitative measure of resilience by age and identified explanations for this perceived difference. In addition to offering explanations for this difference, context-specific meanings and understandings of resilience were expanded on with qualitative data. The qualitative analysis supported the quantitative hypothesis that younger girls perceived themselves to be less resilient than older young women. Qualitative findings also spoke to broader differences in resilience between girls and young women, and women perceived as older by the AGYW. These findings also provided narratives of resilience that highlighted the importance of the period of adolescence. Understanding narratives of resilience and how they may differ during periods of developmental transition, can provide guidance for tailored programs and for policy attempting to limit adversity that young people face.

The ability to be resilient within this context was mainly conceptualized as a process that co-occurs with adolescence and transitioning to adulthood. By persisting through adversity, resilience was developed over time. Role models, especially those who grew up facing similar challenges and experiences, were identified as key resources facilitating resilience during adolescence. This is consistent with the theoretical concepts of social learning and modeling from psychology and other social sciences (see, Bandura & Walters, 1977;; McAlister et al., 2008). Qualitative findings indicated the influence of these role models in facilitating resilience processes may differ based on the age and setting of South African AGYW. These findings point towards similar-aged peers being a source of support for younger girls attending school that may not resonate as strongly with older young women. These findings are useful when considering how to best design programs and policies shaping multi-level resources that influence resilience processes among South African AGYW.

These parallel narratives of resilience and development were also strongly tied to the idea of becoming a woman and caring for others, echoing the findings of previous qualitative research on gender-specific resilience processes that identified themes of motherhood and responsibility (Van Breda & Hlungwani, 2019). Additional research on relational resilience among South African boys and young men facing adversity would also be valuable to explore in the future.

This research has several limitations. The quantitative sample is relatively small as study participants represented only one urban district, possibly limiting generalizability to other areas within South Africa. Results may also differ among participants that were not exposed to combination HIV prevention programming. Finally, with cross-sectional quantitative data, this study is unable to measure changes in resilience over time during periods of adolescence

among girls and young women. However, this limitation is addressed in part by the mixed-methods study design, specifically the solicitation of retrospective narratives within the qualitative study.

Conclusion

South African girls and young women live within contexts adversity that influence their overall health and well-being. Increasing understanding of the role of resilience during developmental transitions to adulthood adds a strengths-based perspective to the dominant deficit-based approaches of public health. This study used mixed-methods to examine the rich concept of resilience. It examined differences in the development of resilience during stages of adolescence and emerging adulthood, and identified explanations for these observations. Findings from this study offer potential areas of intervention that can be targeted to potentially increase the efficacy of resilience-based programming. They also highlight a need for increased longitudinal resilience research. Finally, additional research can inform policy that reduces the high rates of adversity faced by South African AGYW due to historical and structural inequities.

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Table 1.

Participant characteristics among girls and young women in Cape Town, South Africa, aged 15–24 years (2017–2019)

	Quantitative (N = 377)		Qualitative (N = 21)	
	Frequency (percentage)	Mean (SD)	Frequency (percentage)	Mean (SD)
Age		19.1 (2.7)		19.5 (3.2)
In-School		17.1 (1.9)		16.7 (1.3)
Out of School		20.7 (2.0)		22.1 (1.9)
Resilience score (CD-RISC)		25.87 (8.03)	-	-
Primary home language				
isiXhosa	100 (26.5)		15 (71.4)	
English	191 (50.6)		5 (23.8)	
Afrikaans	80 (21.2)		0 (0.0)	
Other	6 (1.6)		1 (4.8)	
Currently in school	174 (46.1)		10 (47.6)	
Ever had a pregnancy	104 (27.6)		4 (19.0)	
Under 18 years	3 (0.80)		0 (0.0)	

Table 2.

Qualitative explanatory themes for differences in resilience by age among girls and young women in Cape Town, South Africa, aged 15–24 years (2019)

Theme 1: Confirmatory Explanations	Theme 2: Ambivalent Explanations	Theme 3: Contradictory Explanations
Broader differences among girls and young women <i>No, [girls] don't. No, they don't have the same experience, because the older woman have serious problems than the younger - a teenage girl would. Because our problems, we won't compare our problems to our mother's problems, because they deal with huge problems, and we deal with life problems that doesn't matter that gets us nowhere in life, so it's not the same. (Aged 19)</i>	Dependent on peer support <i>Yeah, not really. It depends on how you take things. It depends on how you take things 'cause I feel that girls, the younger girls and women have more advantages because maybe our best friends, we can talk to who will help us get through the situation as much as adults do. Maybe adults who - women don't want to talk about their personal things they're going through, so for younger girls it's more easier 'cause you have someone you can talk to and all that. It's kind of different, yeah. (Aged 16)</i>	Adolescence creates opportunity for greater resilience among girls <i>Strong girls versus strong women? I would say girls are stronger, because they - in the way of puberty, that stage of being teenagers, and then, they get the peer pressure from their friend. So I would describe a girl who is strong as a girl who does not let peer pressure gets to her. She knows what she wants. She knows what she can get. (Aged 23)</i>
Distinct experiences among younger and older individuals <i>Well, everyone has a different mindset, you see? For younger girls to be strong, it will be difficult for them because they do not know about life and the experiences and stuff that people go through. They do not know a lot, so I suggest younger girls would go to a bigger person who has experience and idea of what's going on, to speak to them. I wouldn't advise them to keep it for themselves, because now it is so that young children want to commit suicide and stuff, so I suggest they actually speak about it instead of keeping it to themselves. (Aged 18)</i>	Dependent on background and situation <i>If [strength] depends the background situation. You can't say it's better or not better. (Aged 24)</i>	
Becoming a resilient woman by gaining independence <i>Like being yourself, having your own stuff. Like a girl, you need to go ask for your mother for certain things, can you go there for certain, for toiletries and money. When you're a woman and you'd be working, having your own stuff. Knowing what you want. (Aged 24)</i>		Resilience as a process learned through life experience <i>I think they are different because women are educated on life. They've been through teenage years and all of those things. Young girls, they tend to make mistakes because they are not educated, especially where pregnancy is concerned. They, maybe, don't plan for the baby. A strong older woman would have known, I need to plan for this child, or I need to use protection. But yeah, not the younger girls. (Aged 20)</i>