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Complex trauma and its relation to hope and hopelessness among young people in KwaZulu-Natal, South Africa

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ABSTRACT

Informed by an existing hope scale, we explored the roles of hope, happiness, and life satisfaction in adolescent risk behaviours in rural KwaZulu-Natal, South Africa, a setting with high HIV prevalence. In 2016 data were collected from two resource-limited communities using in-depth interviews, group discussions and lifeline-drawings with 53 young people (aged 15 to 17 years). Applying both deductive and inductive approaches, thematic analysis was used to analyse the data. Young people felt that there was nothing to do in their communities and no way out of their adverse situations. They experienced trauma of loss due to HIV-related deaths, and lack of support and guidance which they wanted if they were to be more hopeful. Continual and extended exposure to adverse experiences such as community violence and economic hardship had a negative impact on young people's lives and increased participation in risk behaviours. To develop HIV prevention and resilience interventions in such communities, there is a need to take account of the context of young people's lives. Rather than ignoring the structural causes of the infection, risk factors should be contextualised as a key component of any attempts to change behaviours. Resource and power inequalities should be addressed rather than developing individualised interventions which may inadvertently increase social inequalities.

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Introduction

Hope has been identified as a psychological factor that contributes to self-reported health and well-being, improvement in health adjustment, with a positive relationship to quality of life (Billington et al., 2008; Lazarus, 1999; Perveen, 2019; Scioli et al., 2016; Tian et al., 2018). Snyder and colleagues defined hope as, 'a cognitive set that is based on a reciprocally derived sense of agency and pathways' (Snyder et al., 1991). Snyder proposed that the conceptualisation of hope involves a cognitive appraisal of an

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individual's capabilities in making a subjective decision on whether one can attain their goal (Snyder et al., 1991).

It has been theorised that hope has an impact on health and behaviour and has been associated with HIV in terms of wellbeing and coping with illness (Kylma, 2005; Petersen et al., 2010). Hope is an important concept within HIV interventions due to its mediating effect in HIV risk behaviours and its potential for behaviour change for HIV prevention (Bernays et al., 2007; Burnside & Gaylord-Harden, 2019). As a framework to understand the important link between individual behaviours and the risk environment, hope shows how the environment regulates an individual's choices leading to a manifestation of risk behaviours or prevention behaviours (Abler et al., 2017; Bernays et al., 2007). As such it is an important construct to explore when investigating underlying factors related to HIV transmission and in developing structural interventions for HIV prevention in high prevalence settings.

To assess this construct, various scales have been developed including Snyder's State Hope Scale which measures the variables of agency and pathways as an indicator of a latent construct 'hope'. However, Snyder's scale, like many psychometric scales does not consider the external influences of agency and pathways focusing on the person rather than on the individual embedded within a broader socio-economic structure. This approach assumes that hope is solely dependent on one's own capacities, whereas evidence indicates that agency and pathways may involve commitment and actions from other people (Bernardo, 2010). In addition, some behaviours associated with a construct are linked to the setting and environment that has an impact on cognition and in turn on variables used in a scale to measure hope.

We draw on data from a larger study developing a contextually informed hope scale by exploring emergent properties (hope, happiness and life satisfaction) and their impact on adolescent risk behaviour (Desmond et al., 2019). The current paper reports on the formative qualitative aspect used to explore adolescents' understandings of hope and to redefine the hope scale. We examine how adolescents, when asked about hope, narrate their current life stories in relation to their environment and their future lives. This has relevance within the context of the HIV-epidemic and the need to review 'susceptibility' of certain individuals, how it may influence individual acquisition of HIV and thus the HIV epidemic in South Africa.

Methods

Study design and eligibility

In 2016, we conducted a cross-sectional multi-methods study investigating how well an established measure of hope, the Snyder Scale, was understood and a quantitative analysis of how hope, measured with a redefined scale, explained differences in self-reported alcohol consumption (Desmond et al., 2019). An initial phase of qualitative work reported in this paper was conducted to explore the meaning and understanding of hope among adolescents and to inform the development of the redefined scale.

Data were collected from 23 male and 28 female adolescents (aged 15–17 years) recruited from two communities (one rural and one peri-urban) in Hlabisa sub-district of uMkhanyakude in KwaZulu-Natal, South Africa. The sampling frame included: i) out of school youth, ii) school-going, iii) youth with resources such as flushable toilets/piped

water/electricity, iv) with limited or no resources, v) with parents with income, and vi) with parents with no income or with unstable income.

Study setting

The study area is one of the most deprived districts in South Africa with high HIV prevalence, high unemployment, limited resources such as water and electricity and few recreation activities. Hlabisa is in KwaZulu-Natal, a coastal area located 250 km north of Durban. People make a living from small-scale farming, waged labour (at the nature reserves, commercial farmlands, and a mine), pensions or government grants. Due to commercialisation, there has been an increase in income-diversification as people try to move closer to the local town and main transport routes to access work, leading to overcrowding and creation of informal settlements within the townships. We collected data from one township that has informal settlement housing and another high-density community, within the same sub-district of Hlabisa.

Recruitment and consent

Eight research assistants (RAs) from the local area trained in qualitative methods recruited participants in the communities using the sampling criteria. The RAs had a close understanding of the local community and population under investigation as they were part of the community and were fluent in the local language IsiZulu. Each RA was tasked with identifying young people within a certain category. When a young person was identified (face to face), they were approached by the RA and informed about the study, asked if they were interested in taking part and then asked for permission to contact their parent/guardian to discuss the study. If permission was granted, the RA then went to the young person's home and gave the parent/guardian the information sheet to read with a verbal explanation of the study. The RA followed up after they had had a chance to read the information sheet (usually 48 hours). After that time, the RA contacted the parent/guardian to schedule a meeting with the young person at their preferred place (at home for interviews and community hall for group discussions). Prior to participation, written informed consent was obtained from the parents/guardians of the young people as they were less than 18 years old. The participants themselves provided written assent.

Data collection

A qualitative design complemented by two data collection tools namely a semi-structured discussion guide (SDG) and lifeline-drawings as graphic representations of their hope throughout their life, depicting when they developed hope, the high points (hopeful) and the low points (hopeless) was employed (Clark et al., 2020; Klaw, 2008). Thirty key informant interviews and four group discussions were conducted. The interview guide was developed from the Snyder scale with a focus on exploring young people's perceptions of hope, happiness and social value, and the influence of these factors on risk behaviours (see Table 1). The semi-structured interviews allowed for some predetermined questions and probing led by participant responses on issues that they thought or felt to be of importance to them. A lifeline-drawing was used at the end of the interviews

Table 1. Interview questions

Topic Guides	Prompts Used
About community context/ environment and risk behaviours	(A) Tell me about the community you live in? (Alt: How would you describe the community you live in?) (B) Tell me about substance use in your community? (Alt: How would you describe substance use in the community you live in?) (C) Tell me about teenage pregnancy/young people who engage in risky sexual behaviour in your community? (D) Tell me about the value/importance of young people in your community? (Alt: Do you think young people are valued in your community?) Why, why not?
About hope	(A) Tell me, what do you understand by the term 'hope'? (Alt: What do you mean when you say you 'hope' for something?) (B) How did you learn about hope? (Who told you about hope?) (C) Can you please tell us about an experience where you felt hopeful AND/ OR hopeless? (D) In your community, how would you describe young people's sense of hope? Please elaborate
About happiness	(A) Tell me what it means to be happy? (B) What makes you or young people in your community feel happy? (C) Can you please tell us about an experience where you felt happy AND/OR sad/disappointed? (D) In your community, how would you describe young people's sense of happiness? Please elaborate.

and group discussions to engage the young participants and to unpack group ideologies and the social construction of the key concepts (Patterson, Markey, & Somers, 2012). Some of the key interests explored during the lifeline-drawing included: Why hope developed at a particular time/age? Who taught the person about hope? When and why levels of hope change? What brought on this change? If change were negative, what they thought could help the person become more hopeful?

Ethical considerations

The study was approved by the Human Sciences Research Council (HSRC) Research Ethics Committee (4/17/02/16). The Africa Health Research Institute Community Advisory Board, made up of members of the tribal and civil councils in the local district, also approved the study.

Data Analysis

The research team held debriefing sessions during data collection to review the study tools and adjusting accordingly. Data were transcribed and translated from isiZulu to English by the researchers and quality checked by the coordinator. Data analysis was conducted manually using a constant comparison technique (Strauss, 1987). An integrated approach was employed with both inductive and deductive coding (see Table 2). With the deductive approach, the topic guide informed by the research questions was used to frame the analysis and coding. A researcher with a background in psychology (NN) led on the current analysis and coded the data inductively in relation to the current study aim of exploring the meaning and understanding of hope. Iterative-induction process of open coding was employed by reading through the transcripts individually and identifying emerging themes related to hope and happiness. The codes were

Table 2. Emerging themes from data

Inductive themes	Deductive themes	Name of codes/nodes	No. of files	Frequency count
Social Support and guidance		Youth support lacking	13	29
		Importance of country development	13	40
		Peer influence	5	7
		Playing sport – supportive environment with playgrounds	14	30
		Role models	9	19
	Academic achievement	Education is important for goals	19	68
		Preparation to achieve goals	3	5
		Reasons for finishing school	2	4
	Importance of youth	Boys are not important	4	8
		Young people are important	13	22
		Young people are not important by the community	1	2
		Low success in youth	2	4
	Gender	Gender difference in planning	5	14
		Gender treatment differences	1	1
	Risky behaviours and cause	Dating for fun	3	5
		Sexual and reproductive health	2	3
		You can't tell if someone is positive	16	36
		Reasons for school dropouts	7	17
		Happiness from drug use	11	29
		Results of risky behaviours	10	44
		Risky dating behaviours	3	5
Nothing to do – sense of hopelessness				
		Proximity of or lack of services	1	1
		Drug abuse among young people	17	51
		Drugs can be helpful	1	3
		Crime rate has diminished	3	3
		Disrespectful youth	9	19
		Happiness from going to bars	12	28
		No employment	7	14
		Limited resources	1	1
Stuck with no way out		Getting married as a goal	5	8
		Desire to migrate	1	2
		Family status	15	37
		Financial independence	1	1
		No trust in police services	4	7
		Unemployment	4	5
		Just preparing for jail – speaking tsotsi	2	3
		High crime rate	2	2
	Hope and Happiness	Beginning of hope	5	8
		Happiness – Temporal	13	42
		Happiness and hope	9	16
		Happiness from neighbourly love and relations	14	39
		Hope	21	96
		Hope and development	3	6
		Hope and education	15	29
		Hope for change	4	4
		Hope is taught	15	19
		Timeline – development of hope	4	5
Loss		Barriers to reaching goals	9	23
		Curse to not progress	1	2
		Family status	1	1

(*Continued*)

Table 2. (Continued).

Inductive themes	Deductive themes	Name of codes/nodes	No. of files	Frequency count
		Independence from parents is important	3	4
Other codes/themes				
Explanation of concepts			10	11
Foreigners have HIV and drugs			3	3
Getting and education to buy a car			3	3
Political influence			4	8
Reasons to not get pregnant			3	3
Someone with HIV is not adorable			2	2
SRH education			2	3

discussed with the team to ensure that they reflected the data. Thematic analysis informed by constructivist grounded theory was then used with all transcripts analysed as a single unit to group systematically the main categories that emerged (Cascio et al., 2019; Charmaz, 2014).

Findings

The concept of hope ('ithemba') emerged as a complex construct often linked to emotive constructs (wish 'isifiso', desire 'isifiso', want 'ukufuna/isfiso', and dream 'amaphupho') about something that would be acquired in future. Although these words are accurately translated in the isiZulu language, they do not evoke the 'agency and pathways' constructs of hope. The adolescents' narratives revealed three major factors that influenced their constructions of hope (see Table 2): Adverse community contexts ('*No way out'*), Family loss ('*Trauma of loss*') and Resiliency practices ('*To have hope, you need guidance*'). We now discuss each factor in turn.

No way out

Participants consistently described a lack of opportunities in their community due to economic hardships that resulted in few basic resources, including water, schools, employment and safe spaces for recreation. This lack of resources inevitably produced feelings of hopelessness, which some considered to promote adverse behaviours such as gang involvement, pilfering and substance misuse:

> *'Some of them lose their mind because if someone keep on saying they will be employed one day and if that does not happen, they ultimately lose hope and then resort to stealing. Most people believe that hope does not exist.'* [15-year-old male]

> *'I think what have impact in youth to end up smoking, I think it's because they don't have place where they lower their minds temperature. They don't have places to play such as sports grounds, . . . due to that they end up engaging themselves in cigarettes because there is nothing to do here in the community.'* [group of 15-year-old males]

Embedded within the adolescents' narratives, are references to feeling 'stuck', with limited opportunities to create more desired outcomes. This is also reflected in the extract below where adolescents prepared for undesired outcomes:

> *'They speak tsotsi* [gangster] *language … They say this language is spoken when one is arrested and in jail. So, they are preparing themselves in case they get arrested … so they prepare themselves to be familiar with that kind of life in jail.'* [16-year-old male]

Consistent exposure to community violence and victimisation promoted a culture of fear and being constantly vigilant amongst young people in the community. Other participants, particularly females, said this lack of safety has an impact on how they lived their lives:

> *'I live in a community that is not good because there are criminals … It is the criminals that break into our houses and mug people they also rape them and do everything … I go with a crowd of children or even with our brothers when we go or come from school … we go with our brothers even at night for protection ….even when we go to a shop we ask them to accompany us.'* [16-year-old female]

Trauma of loss

The loss of a parent was noted as a common occurrence due to the HIV epidemic. Young people described how the death of a parent impacted negatively on the individual's outlook on life and hope for a better future. The link between parental support and goal attainment was discussed as participants reflected on how the absence of parental figures compromised success and goal attainment.

> *'I lost hope when my mom died. I thought that she would live until I finish school. I was hoping that I would do something for her because she raised me and did everything for me and provided for me; now I live with my dad and my aunt.'* [15-year-old male]

In addition to the impact of its influence on future success, the loss of a close family member also produced feelings of sadness and hopelessness:

> *'It depends on the situation that occurs in different families may be if there is someone who has passed away most of them turn to be unhappy. In the families where there is no one who passed away people there can be happy'* [17-year-old male]

To have hope, you need guidance

Given their descriptions of a community context beset with adversity, the participants' hope in the prospects of future success appeared compromised. To address their experiences of hopelessness, the participants suggested that support through mentoring could encourage hope:

> *'If you are hopeless to progress in something you need words that will guide you from an older person … If someone has guided you, sometimes you have hope that something will be a success.' [*15-year-old male*]*

A common view amongst participants was the lack of support and assistance from the government that could help them make a difference in their lives.

> *'We need things that would keep us active, we can perhaps go and play soccer. If we could also get equipment for soccer and other sports.'* [15-year-old male]

> *'We are feeling less hopeful about the development of this community, only if the government can intervene by providing assistance to support those who are poor, provide them with everything, so that they will see a difference in their lives.'* [group of 15-year-old females]

Young people were aware of things that could be done that would help increase their personal and society's resilience to the effects of adverse childhood/youthful experiences.

Discussion

The findings contribute to the emerging literature that describes the impacts of adverse events and contexts on behaviour, and risk-taking (Bellis et al., 2014; Cheetham-Blake et al., 2019; Demir-Dagdas, 2020; Kessler et al., 2010; Machizawa-Summers, 2007; Wilke et al., 2020). Although the study focused on exploring hope among the participants, the young people focused on their contextual interpretation of the constructs of hope, which involved the social contexts influencing their perceptions and events in daily life. The context shaped their dreams and wishes, especially to those in more adverse and unstable situations.

The continual and extended exposure to community violence, and economic hardships led some young people to engage in risky activities/behaviours including drug abuse, smoking, and sexual relationships (Brown et al., 2015; Demir-Dagdas, 2020). They explained how their setting is a risky environment that contributed to other young people making decisions and choices that exposed them to an increased risk of HIV infection. This is in line with the proposed hope framework, showing how an environment can be a risk regulator that can either expose an individual to risky behaviours or provide protection (Bernays et al., 2007). Other studies have shown a relationship between adverse childhood experiences (ACEs) and HIV risk behaviours and These adverse experiences caused an increase in activities such as smoking, consistent with research that shows how ACEs contribute to as many as one in six individuals smoking (Kessler et al., 2010). These data on the relationship between childhood adversities and risky behaviours may help identify individuals that are predisposed to HIV risk and suggest that in high prevalence settings, HIV prevention strategies should target ways of reducing ACEs (Fang et al., 2016; VanderEnde et al., 2018).

Another outcome of the adversities is that to survive these young people are conditioned to be on-edge and defensive due to the community violence. Parental loss through death or separation was also a common experience with a negative impact on hope. This is an adversity that was added to a list of ACEs described in the literature due to its significant impact on the psychological well-being of a child (Nickerson et al., 2013; Seidel et al., 2017). These stresses have a psychological impact on young people with long-term consequences including impact on physical health (Cheetham-Blake et al., 2019; Lamers-Winkelman et al., 2012). The HIV epidemic has caused stress to young people and the community, resulting in

indelible images and experiences, painting what many young people see as a bleak outlook for the future and local environment.

Limitations of this study

This study has some limitations. The results are based on self-reported exposure and therefore did not question aspects of what young people considered to be adverse experiences. Social desirability may also have an influence on the results as the data collectors were themselves young people from the community under investigation. The development of the research tools did not involve young people and therefore could have influenced the lack of understanding of the questions by participants. Due to the prolonged exposure of most of these small traumas, it is possible that there was an underestimation or under-reporting of these experiences as participants would have thought of it as part of their daily lives and therefore do not see them as any reason for concern. However, the consistent expression of the magnitude of these events and experiences lends credence to the notion that there is a need to identify protective factors that buffer the impact of adversity among adolescents living in poor resource limited settings where they are most likely to be exposed to chronic ACEs. It is important to be able to identify explanatory variables for such adverse experiences to develop reliable resilience intervention.

Conclusion

Limited work has been conducted examining hope among adolescents who are at high risk for experiencing ACEs due to their milieu. Consideration of the distal causes of diseases is of critical importance in contextualising risk and identifying 'fundamental' causes of disease that may trigger the recurrence of the disease even after intervening (Link & Phelan, 1995). These results show that ACEs are a common and often ignored phenomena which contributes significantly to basic public health problems and as such is a fundamental cause of disease/health problems. This approach calls for a change in policies that will reduce resource inequalities than developing new interventions that inadvertently increase social inequalities for some parts of the population (Phelan et al., 2010). Contextualising risk factors may also be a more productive and empathetic way of developing resilient individuals and resilient communities.

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Data availability statement

Data cannot be shared publicly because of confidentiality and potential breach as the data contains potentially identifying participant information. Data are available from the AHRI Research Data Management committee (contact via RDMServiceDesk@ahri.org) for researchers who meet the criteria for access to confidential data.

Geolocation information

The study was conducted in the uMkhanyakude District in northern KwaZulu-Natal, South Africa.

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