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Resilience in Childrearing Under Forced Migration: The Case of Selected Mothers and Elders at Tongogara Refugee Camp in Zimbabwe (2013-2016)

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Abstract

Socio-political conflicts in the Great Lakes Region of Africa have caused an upsurge in the refugees who flee to other regions of the world for safety. Consequently, refugee camps have become common contexts of child growth and development owing to the forced movements of people from their original homes and countries into foreign and unfamiliar ecologies. This article reports part of the findings of a larger exploratory sequential study that explored the nature and quality of refugee immigrant caregivers' childrearing practices at Tongogara Refugee Camp (TRC) in Zimbabwe. This study reports the resilience in childrearing among selected refugee immigrant caregivers resident at Tongogara Refugee Camp in Zimbabwe between 2013 and 2016. Eighteen (18) refugee mothers and thirteen (13) elders purposively sampled among refugees from DRC, Burundi and Rwanda participated in a qualitative study that used focus group discussions and key informant interviews to collect data. The main finding of the study was that under forced migration conditions, refugee immigrant caregivers become resilient and continue to raise their children despite their traumatic profiles and circumstances. Their resilience emerges from the possession of cultural psychological resources that protect them from traumatic profiles interfering with their child rearing. In addition, it was evident that reconstructed family networks, support from refugee elders as vicars of culture and resistance to psychosocial risk were other mediating factors. The study concluded that psychological cultural templates and reconstructed social networks are strong protective factors for the resilience of refugee caregivers. The key implication for the study is that social actors delivering services in refugee camps should integrate relevant cultural heritage issues in their programmes because they act as protective factors for traumatic experiences that may interfere with child rearing. Sensitive child development programmes are not complete when they exclude children's socio-cultural context as an important variable.

1 Background

Refugee camps have become common sociocultural contexts of child development and childrearing because of sustained socio-economic and political instabilities in different countries (Zetter, 2015). In some cases, these conflicts continue for decades sometimes with no possibilities of refugees returning to their countries of origin. These conflicts generate traumatic psychological profiles of caregivers who nonetheless have to continue raising their children. In addition, these conflicts force people from different origins to seek refuge and co-exist with others who have completely different cultural background and templates for raising children. This study sought to understand how caregivers raise their children against the background of traumatic profiles from socio-political contexts and co-existence with other cultural practices different from their own in a refugee camp context. There is still a paucity of research on the nature and quality of immigrant caregivers' childrearing practices under these circumstances. Specifically, this article fills in the gap in knowledge about raising children in refugee camps such as Tongogara refugee camp in Zimbabwe. Refugees are people who flee from their respective countries of origin to zones of safety. Martin (2009) views a refugee as someone who has experienced poverty, famine, natural disaster, military coup, civil war or slow-working societal disjuncture and then searches for a safe zone that can mitigate the problem for them.

1.1 Historical Context of the Political Conflict in Democratic Republic of Congo (DRC), Burundi, and Rwanda

Located in Central Africa, the DRC formerly Zaire, is the third largest country in Africa among countries where civil wars have been raging on since 1998. The U.S. Department of Health and Human Services (2016), reports that the first (1996-1997), second (1998-2003) and Kivu (2004-to date) armed conflicts in the DRC have led to the massacre of innocent civilians and left many of them seeking refuge.

In addition, the 1994 Rwandan genocide worsened the political situation in the DRC when searches for perpetrators of the genocide were conducted in the country. Congolese people fled homes and sought refuge in other countries (Diggs, 2013). Most refugee camps in Africa host Congolese refugees, (UN Refugee Agency, 2014) with significant numbers in Rwanda, Tanzania, Uganda and Zimbabwe.

Like DRC, Rwanda has been plagued by political tensions until the end of colonisation by the Belgian government in 1961 (Pavlish & Ho, 2009). Historic political tensions between the Rwandese and Belgians were disputes over limited land and land rights. In addition, Hintjens (1999) claims that Rwanda has historically been dominated by the Tutsi kings and this has exacerbated ethnic divisions in Rwanda. A turning point emerged from the unexpected shift from minority Tutsi to majority Hutu supremacy engineered by the Belgian government, leading to the Hutu Revolution of 1959-1961. However, intra-conflicts also existed, for example, among the Hutu themselves. Tensions mounted until the genocide that followed the shooting of the plane which had on board Rwandan Hutu President Juvenile Habyarimana who had been in power between 1973 and 1994. Such events led to the political unrest that saw masses of civilians fleeing to neighbouring countries, seeking refuge. Rwandese people are in refuge in most African countries, Zimbabwe included, hence their residence at TRC.

As is the case with DRC and Rwanda, Burundi also has a checkered history of war and conflicts. Located in the Great Lakes Region of Central Africa, Burundi has also been under Belgian rule until 1959. Prior to this, Rwanda and Burundi were considered one country and were known as Ruanda-Urundi. The union was subsequently dissolved and independence was granted. In July 1993, Melchior Ndadaye became the first democratically elected President of the country. Since then, the history of Burundi has been tumultuous (Jordans, Tol, Ndayisaba, Komproe, Nisabwe, & Kohrt, 2012). The political history of Burundi has been documented extensively (Vandeginste, 2009; Curtis, 2012; Faulch, 2010; Vandeginste, 2011; Vollhardt & Bilali, 2015). There are looming possibilities of such conflicts happening between ethnic groups and the government. Vollhardt and Bilali (2015) assert that the civil war that plagued Burundi from 1993-2005 caused collective "victimhood" which has its roots in the ethnic differences between the Tutsi and the Hutu. Faulch (2010) suggests another reason for the relentless civil strife lies in the underrepresentation of women in national politics in post-conflict Burundi which has been fraught with obstacles. Burundi's fragile power sharing strategies during elections (Vandeginste, 2011), peace building contradictions (Curtis, 2012), and futile attempts to terminate the political crisis (Vandeginste, 2009) are among other reasons for the longstanding political crisis.

1.2 Tongongara Refugee Camp as Host for Caregivers under forced migration

This study took place at the TRC in Chipinge district of Manicaland Province in Zimbabwe. The camp began to operate in 1977 due to the liberation struggle in both

Zimbabwe and Mozambique (Camp Administrator, Interview October 2013). From 1992 to date, the camp hosts refugees from Africa and beyond. The socio-political strife that rocked some member states in the Southern African Development Community (SADC) as they fought to dislodge colonial regimes, and other civil conflicts led to the setting up of the refugee camp. Later when the liberation struggles of Mozambique and Zimbabwe ended, it began to host refugees from the Great Lakes region of Africa among them Burundi, Rwanda and the DRC. The diversity of the countries from where the refugees come means that there is likelihood of cultural diversity among the refugees at TRC at different points in time. The possibility of cultural diversity also suggests that each cultural group or individual refugees may have unique cultural templates of child rearing practices despite some commonalities in these countries. The diversity, dynamics and interaction of refugees who have their own rules, regulations, norms, expectations and cultural templates, coupled with the historical and psychological profiles of refugee camp inhabitants, provide a rich context for investigating how caregivers raise children under forced migration. Furthermore, the refugees from DRC, Rwanda and Burundi at TRC experienced violent conflicts and destabilisations, some with genocide characteristics and some of the conflicts still persist.

There was, therefore, a possibility that persistence of these conflicts in their countries of origin may have also continued to haunt these refugees psychologically making rehabilitation and childrearing challenging because of continued anxiety about families left behind and unfulfilled expected wishes to go back home and inability to integrate in the host country. TRC, therefore, provided participants who could offer first-hand information on how they raised children within their historical contexts and psychological profiles. Under forced migration, and specifically in war situations, some people are killed and maimed inducing fear and anxiety that becomes part of the psychological profiles of surviving family members. The TRC context was, therefore, an appropriate environment for investigating the psychological profiles of refugee immigrant caregivers and how these related to how the caregivers raised their children at TRC.

1.3 Resilience as a Psychological Construct

Resilience is "a term used to describe relative resistance to psychosocial risk experiences", (Rutter 1999:119). A review of resilience research by Fletcher and Sarkar (2013) reveals that definitions of resilience have focused on the individual's ability to cope with the negative situations

and emerge with indisputably positive developmental outcomes. People (children included) overcome stress and adversities by developing protective factors, some of which are biological and cultural. Biologically, human beings resist external adversities depending on age and competences of the developing person. Consequently, some individuals may not necessarily show signs of deprivation and continue to live life as normal in spite of their circumstances. Culturally, traditional rites, religious rituals and ceremonies as well as social support services can also play protective roles. Rutter (1989) asserts that current experiences are not the basis for predicting the future developmental outcomes for children.

In addition, Rutter (1999) argues that human beings are resilient and have self-righting and self-correcting tendencies such that even when they experience adversities, they are capable of developing means of overcoming or resisting the difficulties. Rutter (2012) opines that examining how people cope with adversities under circumstances such as war, drought, marital discord, (to cite examples) enable research to focus on the positive rather than negative outcomes and desist from reporting risks, but resilience. In addition, Ungar (2012) posits that resilience is dependent upon social and physical ecologies that surround the individual growing in challenging contexts, hence confirms the hypothesis that nurture trumps nature. In this context, the present study sought to determine how these immigrants raised their children after such traumatic adversities.

The resilience construct has been the focus of research for some time. For instance, it has been evident in developmental psychology and developmental psychopathology research (Garmezy & Rutter, 1988). However, most research on resilience appears to have targeted samples of children who are resistant to adversities (Block and Block (1980), Garmezy and Rutter (1988), Garbarino, Kostenly and Dubrow (1991), and adolescence (Weine et al., 2011). Recent studies (Sroufe, 2009; Tucker & MacKenzie, 2012; Parritz & Troy, 2013; Sroufe, 2013) concur on the relevance of resilience in mitigating the impact of adversities encountered in human and child development.

1.4 Conceptual Framework

The nature of psychological profiles of refugee immigrant caregivers can be understood from three psychological theories of child development. First, Urie Bronfenbrenner (1975) proposes that human development takes place through reciprocal interaction between the human organism and the persons, objects and symbols in its environment. Bronfenbrenner (1979) posits that processes

and conditions that guide lifelong course of human development are rooted in the sociocultural environment in which human beings live. Bronfenbrenner argues that the changes that occur in the ecology of human development give rise to different patterns of activity, roles and interpersonal relationships over time. For instance, periods of peaceful and stable economy in a country impact differently on the lives of people than would prevail in times of civil conflicts and hyperinflation.

Bronfenbrenner's perspective is appropriate to guide this study because of the idea of the person element, which comprises demand, resource and force characteristics. Demand characteristics are 'person stimulus' such as age, appearance, complexion, sex and others that propel the individual towards the other in an interaction. While demand characteristics are observable, Bronfenbrenner considers resource characteristics to comprise skills, competencies and knowledge acquired over time within the ecological environment where there is reciprocal interaction between the developing individual and other persons and objects. Resource characteristics are, therefore, not readily observable but can be accounted for through exhibited behaviour. Force characteristics are explained as issues to do with the developing individual's personality, temperament and emotionality (Bronfenbrenner, 1998). The profiles of refugees can be understood from the person element as suggested by the Bio-Ecological model of human development.

Second, Vygotsky's sociocultural theory of cognitive development is also critical to this study. The theory posits that human behaviour can only be meaningfully accounted for in its cultural context (Vygotsky, 1978). Vygotsky provides a description of how consciousness develops as people become intelligent in ways relevant to their cultural context. Culture is a critical factor, which acts as the source of all knowledge for the developing individual. Vygotsky argues that the individual is guided by experts in a culture and is assisted to master the expected skills (Vygotsky, 1978). Higher mental processes in human beings originate in social processes. A person can only be intelligent in the culture of his/her society if those who are more knowledgeable in that culture guide him/her on the culturally accepted ways of doing things. In addition, there is a possibility of adoption of a new culture or an infused culture in a country of sojourn as a result of interaction with the vicars in that cultural context. For the higher mental processes to occur, cultural tools are used to mediate development.

In this study, Vygotsky's conception of the social origin of development is appropriate as a guide for understanding how the social interactions in the refugee camp can impact on the childrearing practices. The social origin of development can also be evoked to understand and reconstruct the origin and course of childrearing behaviour of the refugees since an individual's actions cannot be understood without reference to the social and cultural context within which they are rooted. Furthermore, Vygotsky's idea that learning leads to development is critical for the study of childrearing as an area of pedagogy where the refugee elders and mothers are positioned within a paradigm proposed to be that of an expert and novice (Vygotsky, 1978). This paradigm helps in understanding the cultural childrearing discourse from the elders (as experts) as well as the higher mental psychological processes mothers (as novices) develop.

Third, Michael Rutter's Pathways Model of human development, which is premised on the principle that human development is not linear but takes multiple routes also informs this study. Rutter (1989) asserts that current experiences are not the basis for predicting the future developmental outcomes for children and further argues that human beings are resilient and have self-righting and self-correcting tendencies. Even when human beings experience adversities, they develop means of overcoming or resisting them with some individuals not necessarily show signs of deprivation and continuing to live life as normal as possible in spite of their circumstances. Cultural traditions, religious rituals and ceremonies as well as social support services can also play protective roles. Rutter (2012) opines that examining how people cope with adversities under circumstances such as war, drought, marital discord, (to cite examples) enable research to focus on the positive rather than negative or more precisely desist from reporting risks but resilience.

Rutter provides an appropriate basis for understanding human development, specifically childrearing practices in this study. First, the concept that human development takes multiple routes helps to understand the risks posed by the refugees' transitions across forced migration contexts. This makes it possible for the study to explore the features and circumstances that bring about change (if any) in the childrearing practices from the premigration, through transition to post migration contexts with a view to understanding the dynamics due to forced migration. Second, Rutter's notion of resilience helps to understand how refugees cope with childrearing in the face of forced migration circumstances. Specifically, the resilience concept enables the study to identify the positive (if any) protective factors impacting on immigrant caregivers' childrearing practices in refugee camps. Mediating factors that impact on the nature and quality of the practices are better understood from Rutter's theoretical standpoint.

Against this background of refugees' traumatic profiles and the co-existence of refugee immigrant caregivers of children from different cultural backgrounds, this study

sought to answers to the question: What are the profiles of refugee immigrant caregivers under forced migration and how do these relate with their childrearing practices? Specifically, this article examined the psychological profiles of refugee immigrant caregivers under forced migration and how those profiles related to their child rearing practices.

2 Methodology

This study was part of a larger exploratory sequential mixed methods design where data were collected in two phases: first qualitatively and second quantitatively (Creswell, 2012). Qualitative methods were used to explore childrearing practices because by their very nature, childrearing practices are difficult to quantify, but more meaningful when described and when the carriers of those practices speak to them as narratives. In addition, the lived experiences of people are better understood and documented through the qualitative design (Joubish, Khurram, Ahmed, Tasneem and Haider, 2011). The findings in this paper emerged from the qualitative phase of the study where the researcher and the refugee mothers and elders interacted in focus group discussions and key informant interviews.

2.1 Study Population

At the time of the study, TRC had population of 6 666 refugees (Is this number for adults only). The refugees came from 21 different countries. However, the population for this study was extracted from refugees from three countries namely: DRC, Rwanda and Burundi. These three countries had more numbers of refugees than the other eighteen (18) countries. Specifically, the refugee population for this study was distributed as follows: DRC 5358, Rwanda 589, and Burundi 552 refugees resident at TRC. The total population of Congolese, Rwandese and Burundian refugees was 6 449 refugees as of 29 October 2013.

2.2 Study Sample

Eighteen (18) mothers and thirteen elders (13) finally qualified to be the study sample. The mothers and elders were selected purposively since they were refugees, resident at TRC. Mothers and elders are part of the multiple custodians and caregivers of children in the African context (Mahoso, 2014) and, therefore, were key informants in this study. In addition, adults (more so the elderly) are the experts in culture specific knowledge (Vygotsky 1979, 1980) and would

provide useful data on childrearing practices in contexts of forced migration.

2.3 Sampling Method

The refugee mothers and elders who took part in this study were sampled using both quota and purposive sampling techniques. All the refugees from DRC, Rwanda and Burundi were eligible to participate but were too many and therefore, quota sampling had to be used to ensure that the sample characteristics would resemble the population from where the participants were (Creswell, 2012). Therefore, selection of mothers and elders in this study was done in relation to some specified criteria (Tashakkori & Teddlie, 2010) as shown in Table 1. First, a total of 6449 people were drawn from DRC or Rwanda or Burundi. Second, using either the Luba Kasai or Hutu as ethnic group for a mother or elder yielded eighty-one (81) mothers and forty-nine (49) elders. Ethnicity was meant minimise variation in practices. Third, either a breastfeeding mother or an elder living with or caring for a child aged between birth and three years qualified to participate, yielding seventy-eight (78) mothers and forty-seven (47) elders. However, the number was too large for qualitative in-depth key informant interviews considering that the qualitative research paradigm is less concerned about numbers but cases for in-depth analysis of issues (Creswell, 2014). Fourth, those who had arrived at TRC between 2008 and 2010 qualified because they had stayed at the refugee camp longer than three years. Twenty-two (22) mothers and thirty (30) elders qualified. The period of stay at the camp was used because time effects developmental change in the individual (Bronfenbrenner, 1994). A fifth quota using Kiswahili as the criterion for selection obtained the same number of participants as in the previous quota. A common language had to be used since concepts in different languages may hold different meanings when expressed in different languages. Vygotsky (1981) asserts that language is an important cultural tool which aids thinking. Although child rearing is largely a social act, such practices are rooted in people's cognition of roles, responsibilities, norms, values and mores that justify those social actions. For the purpose of minimising reliance on translation of data, the last quota specifying English for communication was used and eighteen (18) mothers and thirteen elders (13) finally qualified to be the study participants.

2.4 Data Collection Instruments

This study sought data on the profiles of refugee immigrant caregivers under forced migration and how those profiles

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Table 1: The Study Sample Characteristics

Refugee Country of Origin	Refugee Population at TRC	Mothers/Elders of either Luba Kasai or Hutu Ethnic Origin	Caregivers of children aged between birth and three years	Mothers/Elders who arrived at TRC between 2008 and 2010	Mothers/Elders conversant in Kiswahili	Mothers/Elders conversant in English
DRC	5358	43 Mothers 19 Elders	38 Mothers 24 Elders	11 Mothers 16 Elders	11 Mothers 16 Elders	10 Mothers 5 Elders
Rwanda	589	21 Mothers 17 Elders	22 Mothers 14 Elders	6 Mothers 9 Elders	6 Mothers 9 Elders	4 Mothers 4 Elders
Burundi	552	17 Mothers 13 Elders	18 Mothers 9 Elders	5 Mothers 5 Elders	5 Mothers 5 Elders	4 Mothers 4 Elders
TOTAL	6449	**81** Mothers **49** Elders	**78** Mothers **47** Elders	**22** Mothers **30** Elders	**22** Mothers **30** Elders	**18** Mothers **13** Elders

related to their childrearing practices. Focus Group Discussions (FGDs) and in-depth key informant interviews were used to collect data for this particular study. Cohen, Manion and Morrison (2010) state that getting perceptions of the actual participants ensures that data are interpreted from the perspective of those people being researched, that is, the emic perspective. Both FGDs and individual interviews were appropriate exploratory instruments for collecting qualitative data with a view to gaining unknown facts (historical and biographical information) about the refugee immigrant caregivers on a face-to-face mode. FGDs were done with selected mothers and elders who were caregivers in order to understand how their profiles had impact on raising of children under forced migration.

2.5 Focus Group Discussions

An FGD guide comprising sections which had questions that sought profiles of the refugee immigrant caregivers and how they related to their child care practices were used (Appendix 1). The question that yielded data on resilience was in Section A of the FGD guide and posed the topic as *"Tell me about your life and how you ended up in Zimbabwe?"* translated into KiSwahili as *"Niambie Kuhusu maisha yako"*. Participants were discussing their experiences from the time social conflict started in their countries of origin until they reached Zimbabwe and were settled at TRC. Mothers and elders took turns to narrate their life stories.

2.6 Key informant interviews

In order to understand the profiles of the refugee immigrant caregivers in this study, follow up interviews were done after the FGDs. An Interview guide was used (Appendix 2). It consisted of questions categorised into several sections but the question yielding data for this resilience

study was in section A, where participants responded to the statement *"Tell me about your life"*. Each interviewee was expected to narrate their demographic data, immigration status and related information about the historical immigrant journey from country of origin to the refugee camp in Zimbabwe. Probing was done where necessary to seek clarity on particular data. The data gathered provided insights into the quality of life throughout their journey.

2.7 Data Analysis

Most participants were uncomfortable with the request to have the interviews and discussions tape recorded for fear of being possibly tracked and pursued by their enemies. Therefore, notes were written during the data collection process. Focus group discussions and interviews yielded textual data, therefore, key words were used as data codes for particular emerging categories of data from the texts. Data were analysed manually by the three assistant researchers from refugee countries of origin who exchanged the transcripts until no new key words could be identified. All related key words were grouped together to form one broad category of data. Finally, broad categories of data were also collapsed until the data fell into specific evidence substantiating resilience of the refugee mothers and elders under forced migration.

2.8 Informed consent

All mothers and elders consented to participate in the study verbally and in writing after the study purpose was explained in detail in both Kiswahili and English languages. Issues to do with the risks associated with participation, non-monetary possible benefits in enriching people's understanding of their circumstances to be accrued as a result of participation and the possibility of voluntary withdrawal

were clearly discussed and agreed upon. Participants were also ensured that they would have access to the research findings upon publication of the research report.

2.9 Procedure

First, three sets of focus groups were done. Each focus group comprised two research assistants (a translator and a note maker); selected refugee mothers and elders (both male and female); and the researcher. Participants were grouped according to their countries of origin. There were ten (10) mothers and seven (7) elders in the DRC Luba-Kasai focus group. The second group comprised Hutu refugee mothers and elders from Rwanda. Four (4) mothers and (3) elders took part in the Rwanda focus group. The third focus group was made up of four (4) Hutu refugee mothers and three (3) refugee elders from Burundi.

Second, the first round of FGDs was followed up through in-depth individual interviews of each of the focus group participants. The second set of FGDs was on feedback of their narratives to ensure that the reporting was accurate and they had a chance to correct the information if they wanted because their narratives were more important than sticking to narratives that may have been captured wrongly or differently from the participants' perspective. Third, schedules with the same set of questions based on the research question for this study were used across the three groups of participants. All FGDs were conducted in English and Kiswahili and the research team made notes during the interviews. Individual face-to-face interviews were done after each FGD. Individual follow up interviews with the same mothers and elders were carried out to check on the trustworthiness of the FGD data since FGDs focused on whole groups. Data analysis and presentation was also done in respect of recurrent themes that emerged from the participants irrespective of their countries of origin.

3 Results and Discussion

This study sought to compare profiles of the immigrant caregivers under forced migration with caregivers' child-drearing practices under forced migration. Specifically, this paper reports the traumatic profiles of refugee immigrant caregivers and how those profiles had impact on their child rearing practices. Overall, the study found that despite their traumatic experiences, they showed resilience in child caregiving. This resilience appeared to emerge from possession of cultural psychological resources, resistance to psychosocial risk, reconstructing social networks to elicit

support for child care and adapting, adopting and discarding some child rearing practices. They found new ways of coping with their situation and proceed with raising their children without allowing their situation to overwhelm them. Specifically, the study found that refugee profiles under forced migration may be categorized into three periods, namely, during in-country displacement, transition between countries in search of safe zones and lastly in the refugee camp. During these periods, refugees lost key attributes that allowed them to care for their children, among them physical dislocation leading to loss of social networks for child care; loss of livelihoods; and being uprooted from known socio-cultural contexts. An examination of their profiles shows, fear and anxiety due to the pursuit of their rivals, loss of family members, search for temporary safe shelters, inability to fend for children, destitution, helplessness and unfamiliar socio-cultural contexts in transition and post migration. Although these conditions affected how they raised their children, for example, failure to feed them consistently, forcing children to be quiet for fear of losing their cover and hiding places, failing to carry out cultural caregiving ceremonies, it was also clear they were resilient. They reconstructed caregiving conditions among them social networks and also had fallback positions by eliciting cultural support from elders from their countries of origin. Their complete profiles and the challenges they had in raising children are reflected in Table 2.

Across the refugee mothers and elders interviewed, none reported about outright failure to raise children, but reported that building new networks was also a challenge since suspicion is high in refugee camps and among refugee populations. Caregivers reported about pretending to follow the prescriptions given by nurses only when they (caregivers) were in the presence of the nurses. However, the caregivers did not always follow nursing prescriptions when alone in their households. Instead, the prescriptions made by the nurses appeared to heighten the caregivers' sense of belonging to their family and ethnic group members because they trusted people whose culture were similar to theirs than strange nurses whose culture they were not familiar with. Based on these findings, the study concluded that, under forced migration, caregivers develop protective mechanisms to counterbalance the effect of adversities and, resultantly, their children's needs are not neglected.

3.1 Possession of Cultural Psychological Resources

Results indicate that the context of forced migration made the immigrant caregivers find new ways of coping with their situation and proceed with raising their children without allowing their situation to overwhelm them. The study

Table 2: Traumatic Profiles of Refugee Immigrant Caregivers Across Pre and Post Forced Migration Contexts

Nature of trauma	Context of forced migration	Relationship to childcare practices
Physical	**Premigration** • Caregivers were forced to flee own homes due to fear of persecution • Lost comfort of spacious homes • Fleeing homes during daytime • Hiding in mountains, caves and forests during the day and returning at night	• Failing to prepare food for the babies • Serving cold foods to children • Skipping some meals • Not feeding children consistently due to lack of time to prepare meals • Unavailability or loss of familiar materials to use in child care processes
	Post Migration • Homelessness/looming destitution • Living in overcrowded shared accommodation in the refugee camp • Exposure to unfavourable hot weather at TRC in the Sabi Valley Region of Chipinge • Unfamiliar geographical context and phenomena	• Lost confidence in childrearing • Caring for children under unfavourable childcare facilities • Abandoning some socio-cultural practices such as confinement of the mother and baby • Overreliance on 'others' or locals for information about herbs, trees, shrubs, especially those critical for childcare
Economic	**Premigration** • Failure to conduct business during the day for fear of the unknown • Loss of particular sources of income/jobs • Workplaces closed due to war and political instability • Abandonment of farming and mining activities which used to sustain family livelihood	• Difficulties in properly caring for children • Subsequent failure to provide specific child care needs • Problems finding some requisite material for the sustenance of childrearing goals
	Post Migration • Unemployment challenge (loss of permanent jobs) • Non-engagement in economic activities as was the case in home countries • Income raised through selling some of the food aid to the local villagers outside the camp • New business ideas blocked by lack of capital	• Disempowerment in the child caregiving role • Poor feeding schedules • Limited food sources • Lack of supplementary feeding products previously obtained from livestock • Feeding children with any available food • Some activities such as celebrating the birth of a baby were modified due to lack of funds, goods and services to cater for that. • Active involvement of male spouses in childrearing activities in the refugee camp • Reliance on food aid provided by UNHCR in the camp
Socio-cultural	**Premigration** • Separation from family members • Witnessing the death of the kith and kin • Relentless attempts and wishes to reconnect with lost family members and loved ones • Unaccompanied, lonely people (young and old) • Leaving behind important culture –specific material due to the abrupt nature of departure	• Destabilised childrearing responsibilities • Separation distress and anxiety • Modifications in the timing of feeding and the type of food given to the babies • Abandonment of some childrearing practices such as confinement of the mother and baby due to lack of cultural shelter to accommodate them • Publicity of the mother and baby in the shared camp facilities disturbed some cultural childcare procedures
	Post Migration • Meeting other refugees and sharing similar fate • Receiving some advice from some organisations' personnel in the camp • Consulting one another, and more specifically elders as vicars of cultural on matters of childrearing	• Rebuilding childcare social networks • Remarrying in order to find helpers in childrearing • Establishing friendships with other refugees • Setting up a new extended family of shared and distributed social responsibility for childrearing in the refugee camp

found that the refugee mothers and elders were psychologically determined to raise their children irrespective of the circumstances. Such resilience of caregivers could be understood in light of the resource characteristics of the developing individual in the *Person* element of the PPCT model (Bronfenbrenner, 1994). It's most likely that the acquired childrearing skills or competences exhibited by the caregivers in the refugee camp were a product of their past experiences acquired in their socio-cultural contexts and also those that they picked up from the reconstructed social networks. By their nature, resource characteristics are psychological and become complex as the developing person matures. Probably, the caregivers were invoking memories of their past experiences in raising children, explaining the reason why they wanted to raise their children the way they had always known and examining those practices in the light of new knowledge, skills and attitudes from the reconstructed social networks. According to Bronfenbrenner (1989), resource characteristics are mental and emotional elements existing within the developing individual, explaining why even when caregivers did not get physical material for raising their children, for example carrying out cultural ceremonies, they were not disturbed. Instead, caregivers were mentally ready to adjust, adapt or abandon their original childrearing strategies. These adjustments, adaptations and abandonments appear to have engendered their resilience.

3.2 Resistance to Psychosocial Risk

This study found that the refugee mothers and elders did not show or report any signs of deprivation, despite their experiences under forced migration demonstrating some resistance to psychosocial risk. For instance, despite the refugees disapproving some of the childcare instructions from the representatives of local and international organisations in the refugee camp, they pretended to conform so that they would impress their hosts. In his view of total institutions, Goffman (1959) cited in Posner (1978) argues that institutionalised individuals strive to manage their appearance, manner and observable behaviour differently in different situations, and before various audiences. Such behaviour is termed impression management, a term coined by Goffman himself. This impression management by the encamped immigrant caregivers, was psychologically protective and could be explained as a resilience strategy. The main motives behind impression management include: achieving personal goals; presenting a consistent and positive view of the self to the world; and conforming to the social norms and are all psychosocial. Furthermore, such resistance of caregivers could possibly be likened to

Rutter (1987)'s view that human development is resilient and has relative resistance to psychosocial risk thereby allowing, some individuals to continue with life as normal.

The resilience construct in Rutter (2012)'s Pathways Model holds that people develop coping mechanisms that act as protective membranes in the face of adverse and novel experiences. Rutter (1999) views human development as likely to follow new pathways as a result of circumstances in the environment. On one hand, the role that elders played in supporting the mothers to raise children in culturally acceptable ways could be explained from a Rutter's Pathways Perspective. In his resilience construct, Rutter (1987) argues that culture is one such righting factor that helps individuals to overcome adversities. This view can be useful to understand how the caregivers had to stick to their cultural practices contrary to advice from some of the representatives of organisations in the refugee camp because cultural identities have enduring characteristics in the individual than those strategies they received from nurses and discarded or ignored and those from new social networks.

On the other hand, although this study could not focus on the roles of the various churches in supporting childrearing in the refugee camp, pastors were reported as instrumental in helping mothers cope with the childrearing burden. For example, turning to the church could be a coping strategy to overcome adversities. The church members provided reservoirs of spiritual and psychological energy to continue with life as normal, regardless of the displacement experiences. Therefore, pastors and other religious and spiritual figures were other types of social networks that provided resilience. The study therefore accepts Rutter's (1999) view that adversities in an individual's developmental pathway do not always lead to negative developmental outcomes and human beings may thrive against odd circumstances provided they meet righting factors in their pathways, in this case, reconstructed networks.

Based on the current study findings, it may be acknowledged that, while human beings can be forcibly removed from their cultural context, such physical removal does not always disturb socio-cultural and psychological internalization of cultural understandings and acceptance. Buchanan (2013) adds that sometimes most war and conflict situations leave populations killed, disabled, injured, separated and, for some fortunate individuals, placed in refuge continue to survive and in the long run live successful lives. However, contrary to widely expected reactions of hopelessness and rejection, Milco (2016) found that when refugees use active coping with stress rather than reacting to counteract adversities, they are likely to show no signs of depression or psychological disturbance. Instead,

caregivers find alternative ways of responding to their current situations without them succumbing to depression. In this study, the caregivers reconstructed networks, relied on their cultural values from the elders who were vicars of their culture and sometimes changed their strategies by adjusting, adapting and abandoning some practices that were not workable in those new circumstances.

3.3 Reconstructed Social Networks

Results showed that refugee mothers and elders set up new social networks to replace those left in countries of origin and those disorganised by conflict and forced migration. For instance, some women reported having remarried in the refugee camp so as to find male helpers with taking care of children. Remarrying was also another resilience strategy whereby spouses supported each other and also established new social support networks Others reported having to seek the assistance of friends so as to get assistance specifically on child care information from the original cultural context. The resilience of caregivers evident in the reconstructed social networks could be explained from Bronfenbrenner's Bioecological Perspective of Human Development. The perspective holds the view that the meso system, which is the relationship or connection between micro systems containing the developing individual, influences development. Bronfenbrenner (2001) assumes that the quality of linkages in the ecology of human development map out and promote the developmental outcomes in the individuals.

The new family networks which were reconstructed by the caregivers in the refugee camp perhaps acted as the source of psychological determination to endure the conditions in the camp. The caregivers might have possibly derived satisfaction and hope from their reunification or alternatively creating permanent new relationships that have common attributes from their own circumstances and similar traumatic profiles that would give them renewed hope of recovery from their bad circumstances. Therefore, because caregivers supported each other and some remarried to reconstruct support networks, such networking conceivably promoted their capacity to withstand the circumstances in the refugee camp.

Bronfenbrenner (1994) postulates that interactions in the ecology of human development are the engines of development and changes in the ecology of human development give rise to different patterns of activity, roles and interpersonal relationships. This view might explain how the reconstructed family networks due to remarriages in the case of some single women acted as a springboard

for resilience and facilitated positively, childrearing in the refugee camp. The nature and quality of new social links established between and among caregivers themselves and other vicars of cultures such as elders and pastors as well as the reciprocal interaction between the immigrant caregivers and other systems such as local and international organisations in the camp could also be the reasons behind resilience of caregivers in childrearing. Probably the reconstructed social networks supported what the mother was trying to do and therefore added psychological energy to the caregiving role. There is a possibility that not all advice from refugee social service providers was discarded or ignored, but adapted, and adopted or modified them to suit their personal circumstances or strengthen their child rearing practices under new circumstances.

The families in the refugee camp comprised individuals from the same cultural context although in the context of forced migration, close relatives seldom track down the primary caregiver to the final protective zone. The caregivers were bound to possess the same cultural knowledge. The caregivers' convergence in the camp and the subsequent reconstitution of family networks meant that they shared strategies for overcoming the problems by helping each other in matters of childcare therefore developing resilient. Bronfenbrenner (1977) posits that when relations are positive and supportive of the same developmental outcomes for the child, caregivers help each other to cope with the demands of the new situations. For instance, refugee fathers in the camp had lost their fulltime jobs when they left their countries of residence, and were currently spending most of their time with their wives and children, sharing childrearing duties. It is likely that mothers were getting assistance from their spouses because of the realization of changing circumstances requiring support, consequently providing a protective factor and tools for building resilience.

Literature also substantiates the reconstructed social networks phenomenon as central to caregivers' ability to overcome threatening situations in the ecology of human development. In a study of Angolan refugee returnees, Milco (2016) found that availability of family and social support was the most reported reason for being able to cope with the trauma due to displacement. Probably because the caregivers in this study belonged to the Luba Kasai and Hutu ethnic groups, spoke a common language, KiSwahili and hailed from the same geographical contexts, they gave each other psychological power to resist the challenges of encampment. They shared their childrearing burdens and possibly were each other's reservoirs of coping skills hence appeared to have sufficient energy to raise their children without being preoccupied by their disturbed profiles. The caregivers acted as safe havens who provided emotional

security for the fulfilment of the childrearing role (Berk, 2015).

In a study of Sudanese refugees in Ontario and Alberta, Simich, Este and Hamilton (2010) found that availability of social support, especially when linked to home or origin was found to be key to the refugees' coping with life events. Those Sudanese refugees who got support from members outside family were able to overcome challenges of resettlement in their destination country. Perhaps, in this study, service providers, who were not familiar with the encamped families' cultures of origin could misunderstand and misjudge the refugee caregivers' practices as unconventional.

3.4 Support from Elders as Vicars of Culture

Resilience of caregivers in childrearing could also be explained from Vygotsky's sociocultural perspective where social interaction with, and getting support from elders as vicars of cultural cognition in the refugee camp maybe a protective factor and source of resilience. Vygotsky (1989) views the presence of experts who guide novices to become mature in culturally relevant ways as key in ensuring mastery of expected competencies in the process of human development. Mastery breeds confidence which also results in resilience. Despite having been uprooted from their original cultural contexts into the refugee camp, the fact that the mothers had elders alongside them might have given them the necessary psychological pillars from whom to draw energy for surviving and withstanding the refugee camp context and its novel conditions.

Research indicates that elders' support is a critical factor, which contributes towards caregivers' coping strength when they deal with circumstances that may appear to be challenging. Motsisi (1995) states that the elderly, in traditional African communities, often provide their wisdom, cultural orientation and life experiences to the younger generations. Motsisi (1995) observed that Mozambican refugee elderly women who stayed in the Tongogara Refugee Camp had a critical role in ensuring continued survival by handling childrearing issues by mothers. Resilience might probably have been due to the presence of elders as cultural experts who advised primary caregivers consequently strengthening the caregivers' resilience, notwithstanding the difficulties faced in the refugee camp.

4 Conclusion

Overall, the immigrant caregivers raising children at TRC exhibited resilience in their childrearing practices. Refugee mothers and elders showed resilience in that, despite their troubled and traumatic past, they did not report obvious signs of depression militating against their child care capacity. They consistently demonstrated psychological determination to raise their children according to their cultural traditions despite having been forcibly removed from their original contexts, where necessary, they adopted, adapted and modified their strategies to cope with their new contexts, but clearly aware of their stability in their cultural traditions. There were no reports from caregivers about failure to care for children in the refugee camp, but there are also possibilities that some masked these for fear of being labelled as bad caregivers although this study was not focusing on evaluating their child rearing practices. Resilience was evident in the coping strategies such as support by reconstructed networks among caregivers in the refugee camp, probably filling childcare gaps, while the caregiver attended to other responsibilities. Another resilience strategy was the established new social support networks such as the church in the camp. In addition, Luba Kasai and Hutu mothers also consulted the elders who hailed from same cultural origins, since they possibly had acquired homogeneous childrearing knowledge. Based on these findings, a conclusion can be made that under forced migration, refugees develop protective mechanisms to counterbalance the effect of adversities and, resultantly their children's needs are not neglected.

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