

Quality of Life as Perceived by Homeless Female Adolescents Residing in Shelter Institutions: A Phenomenological Study

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ABSTRACT

Background: Adolescence is considered the second most critical and the second most vulnerable developmental period in the lifespan. Life in institutional care settings has both positive and negative consequences on adolescents' life. **Aim** of this study is to explore the quality of life of homeless female adolescents residing in shelter institutions.

Design: A qualitative research design was used.

Sample: a purposive sample of 15 homeless female adolescents who reside in a shelter institution were selected.

Setting: The study was conducted at New Women Mabarrah Association, Cairo, Egypt.

Methods: two methods for data collection were used; Homeless Female Adolescents Structured Questionnaire & Homeless Female Adolescents Semi-Structured Interview.

Results: in relation to components of quality of life (QOL) for homeless female adolescents, education and safety constituted the main components of QOL (73.33% & 26.66% respectively). The lived experience of homeless female adolescents' indicated that education was very important as it will help them achieve a better future. Female adolescents in the institution believed that their QOL is negatively affected by lack of medical services and limited freedom. However, it seems that relationship among adolescents provides some sort of reciprocal psychological support and enhances within the institution independence.

Conclusion: adolescents in the institution have a lot of rules and regulations they have to abide by in order to have reasonable QOL.

Keywords: Quality of life (QOL), homeless female adolescents, shelter institutions, phenomenological study.

INTRODUCTION

Adolescence is a period of significant biological, neurological, psychological, social, emotional, and cognitive change; it is also a period associated with risk for many behavioral, social, and health-related problems in the whole lifespan (Browne, 2014).

Regarding females, one of the most critical times of their lives is the period of adolescence which involves three distinct developmental stages; early stage (10-14 years) which is characterized by change in sleep pattern, less motivation by threats and increase risk taking, mid stage (15-17) in which females experience menstruation and puberty, and finally late stage (18-19) in which females are in greater risk for depression, and are less influenced by fatigue and impulse control (Robert, 2017).

Alowaimer, (2018) mentioned that, homelessness is a phenomenon like most of social phenomena that requires concerted efforts of researchers, economists, in addition to the efforts of civil society. It is a serious problem that impacts thousands of people each year in many countries. Homeless adolescents are a highly vulnerable heterogeneous population that suffer from a wide range of problems. Some adolescents are physically, emotionally and/or sexually abused, and many of them have experienced family conflicts and have parents who were unwilling or unable to care for them (Krabbenborg, Boersma & Wolf, 2013).

Life in institutional care settings have both positive and negative consequences on adolescents' life. Positive aspects include attention to basic needs, the emotional

connections with employees and colleagues, as well as the structure and organization of the institution itself (Carlos, Ferriani, Silva, Roque & Vendruscolo, 2013). On the other hand, negative aspects of being in an institution include lack of freedom and lack of personalized care which may have adverse outcomes such as poor mental and physical health, high risk health behaviors, poor cognitive and academic functioning, and emergency room visits and hospitalizations (Eisenberg, Kelly, McRee, Brady & Barnes, 2019).

Quality of life is defined as the individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of their environment (WHO, 1997).

This study aimed to explore the quality of life of homeless female adolescents residing in shelter institutions.

Research questions:

1. What is the quality of life of homeless female adolescents residing in shelter institutions?
2. To what extent homeless female adolescents' quality of life is affected by residing in shelter institutions?

MATERIALS AND METHODS

Research Design: A qualitative research design using the phenomenological approach was utilized in the current study.

Participants: A purposive sample of 15 participants (homeless female adolescents who reside in shelter institution (as a fixed and permanent place of residence) were selected. Sampling process was ended when saturation of data was reached i.e. no more information or themes were expected.

Setting of the study: This study was carried in a shelter institutions in Cairo, Egypt called “Dar Almabarah for homeless females” which is a governmental institution affiliated to the Ministry of Social Solidarity.

Data collection methods

Homeless Female Adolescents Structured Questionnaire: It was developed by the researcher and included four parts:

Part (1) includes 5 questions related to demographic data of homeless female adolescents such as age, level of education, and number of females in the same room.

Part (2) includes 4 questions related to general information such as period of residing in the shelter, hobbies, and sports.

Part (3) includes 4 questions regarding females' general health status such as health problems and procedures followed in case of a health problem.

Part (4) includes 11 questions related to females' general information regarding quality of life such as components of quality of life.

Homeless Female Adolescents Semi-Structured Interview Guide: It was developed by the researcher to guide the conversation and included several open-ended questions which explored quality of life of homeless female adolescents residing in the shelter. It included seven parts:

Part (1) includes 5 questions regarding knowledge about overall quality of life e.g. meaning of quality of life and meaning of future from participants' point of view.

Part (2) includes 9 questions regarding general health and health services available in the shelter.

Part (3) includes 8 questions regarding the psychological state of the participants such as positive and negative feelings, self-esteem, body image and appearance, and impact of living in shelter on the psychological state.

Part (4) includes 5 questions concerning social relations with others inside and outside the shelter, and quality of these social relations.

Part (5) includes 8 questions regarding the environmental condition of the shelter; safety, leisure activity, freedom, financial resources of the shelter and availability of personal equipment.

Part (6) includes 4 questions related to ability of participants to perform age-appropriate daily activities including self-care, physical activity and work capabilities.

Part (7) includes 3 questions regarding religious and personal beliefs and practices.

Procedure

Administrative phase: A written approval from the Research Ethics Committee of Faculty of Nursing, Cairo University was obtained. An official permission was obtained from Directorate of Social Solidarity. Then an official permission was obtained from the manager and head of department of the selected shelter to start collecting data from participants.

Field work phase: The first interview started by the researcher introducing herself and explaining for each participant individually the aim and nature of study. Every female was interviewed individually two times. Each interview session took between 45- 60 minutes. Then the second interview was conducted after a week as a break period. It started with reminding participants about research questions and checking responses collected in the first interview to ensure that the data that was collected was the same.

Data analysis phase: Data analysis for this study was done by two methods; 1. Analysis of quantitative data utilizing SPSS program (version 26) in the form of numbers and percentages. 2. Analysis of qualitative data using a Colaizzi's 1978 phenomenological method consisting of 7 steps. These steps include reading all the descriptive data given by the informants, extracting significant statements, formulating meanings, organizing formulated meanings into clusters of themes, integrating the themes into exhaustive description of the phenomenon, identifying the essential structure of the phenomenon, and validating the identified structure and nature of the phenomenon from the informants' description by member checking to check trustworthiness and congruency of the written themes with what they exactly meant to assure validation (Shosha & Ghada Abu, 2012).

RESULTS

Table 1: Percentage distribution of homeless female adolescents regarding age, education and number and age of roommates (n= 15).

Items	No	%
Age		
13 ≥ 14	8	53.33
14 ≥ 16	3	20
16 – 18	4	26.67
Level of education		
Preparatory education	10	66.67
Nursing school	3	20.00
Tourism and hotel school	2	13.33
Number of roommates		
Five	2	13.33
Six	9	60.00
Nine	2	13.33
Ten	2	13.33
Roommates of the same age		
Yes	11	73.33%

Table 1 shows that 53.33% of homeless female adolescents were 13 to less than 14 years old. Concerning level of education, 66.67% had preparatory school education, and 20% had nursing school education. The same table illustrates that, 73.33% of homeless female adolescents had roommates of the same age.

Table 2: Percentage distribution of homeless female adolescents' knowledge regarding quality of life (n= 15).

Knowledge regarding QOL	No	%
*Components of good life as perceived by female adolescents		
Safety	4	26.66
Place to stay	1	6.67
Games	3	20.00

Studying	11	73.33
To be with loved ones	2	13.33
Acting	1	6.67
Happiness	1	6.67
Be alone	1	6.67
*knowledge regarding quality of life obtained through:		
Shelters' supervisor (alternative mother)	11	73.33
Roommates	3	20
Friends outside shelter	2	13.33
Internet	2	13.33
Television	5	33.33
Teachers in the school	1	6.67
Workers	1	6.67
Availability of personal equipment		
Yes	15	100
No	0	0
Types of equipment available		
All personal equipment (personal towel, toothbrush, eating tools and cloths)	15	100

*Responses are not mutually exclusive

Table (2) indicates that, 73.33% of homeless female adolescents considered education as the main component of QOL, 26.66% reported safety, while only 6.67% of them indicated that place to stay is essential for quality of life.

Regarding ways of acquiring knowledge pertinent to QOL, 73.33% of females in the study sample indicated it was through shelter supervisor (alternative mother) and 33.33% mentioned television. In relation to availability of personal equipment as an indicator of good QOL, 100% of homeless female adolescents mentioned that, they have all personal equipment including personal towels, toothbrushes, eating tools and personal clothes.

Qualitative results: main themes: The lived experience of homeless female adolescents' QOL in the current study is presented under seven major themes: overall QOL, physical health aspects of QOL, psychological aspects of QOL, social aspects of QOL, environmental aspects of QOL, personal independence as an aspect of QOL, and religious aspects pertinent to QOL.

Theme (1): Overall QOL meaning: This theme is subdivided into five sub-themes that emerged from data analysis including; safety/security, education/studying, belonging, independence in decision making, economic independency, skills development and planning for the future.

Meaning of QOL from all participants' view point was stationed around their education/studying, safety/security in the shelter and belonging to shelter life.

"Studying is the good life because studying made me not to be afraid from something like diseases that I hear about it and to live in safety not afraid from something". (Case 2)

"Good life is to live comfortably and complete my education, and when I grow up I can depend on myself and have my own home". (Case 13)

All participants indicated that they need another person to help them in decision making as the supervisor (alternate mother) or older sisters because they cannot make decisions on their own.

"Silence, I don't know what does it means to make a decision, supervisors here are the persons who help me if I have a problem and I want to solve it and take a decision for it".(Case 1)

All females in the study sample depend on a fixed amount of money per week paid by the shelter which differs according to their age group. Some of them stated that they depend on occasional handicrafts exhibitions as additional source of money.

"Like my sisters, there is nothing except the pocket money of 28 pounds, but before that I had money from an exhibition and the things we sold, but now when the money is gone, I wait for the next week payment or I may ask the sponsor (kafeel)". (Case 12)

Participants expressed that they did not know what is meant by "skills" and there is no expert or specialist in the shelter to teach them different skills and also there is no facilities or equipment to help develop skills.

"I teach myself, for example the new crochet stitches I asked the couch about it or the social worker, but no another person here teaches us these things". (Case 7)

All participants indicated that education/studying reflect the meaning of future for them, because they consider education as a corner stone that will help them in the future to achieve their dreams and desires.

"I want to work as a designer when I grow up, because I love decoration and embroidery, also I study in vocational school and I learn these things there". (Case 4)

Theme (2): Physical health aspects of QOL: Two major subthemes were extracted under this major theme; inadequate medical resources available in the shelter and incorrect health knowledge.

"Here there is no doctor or nurse based in the shelter, but doctors came here occasionally; for example on Friday doctors of different specialties come here and if anyone of us suffers from something she tells them. I don't know what happens after that. There is a weighing scale here but no one here measures us". (Case 1)

"I don't know what does health means (silence) but when I am tired, they tell me to not go to school". (Case 5)

Theme (3): Psychological aspects of QOL: This major theme is subdivided into four subthemes; acceptance/belonging to shelter life, self-image satisfaction, deficit in decision making, and emotional attachment with other sisters.

"I like the home here and love my mother (alternate mother/supervisor) very much, and I have great love for all people and my sisters here, they are concerned about us and they give us all we need". (Case 3)

"I'm happy, I live here all my life, and I love my sisters and I like to play with them, and I love mama (alternate mother/supervisor), and I don't want to get out to another place". (Case 12)

Participants explained that they didn't think of their image before and were not interested to look in the mirror except when they intend to go out.

"Thank God, nothing annoys me in my appearance, even if people outside don't like my clothes I don't change it". (Case 13)

"I don't know, I never think when I look to myself in the mirror, I mean I look if the clothes appear good or need to change, and I have no problem with my body or my clothes". (Case 15)

Participants revealed that, they didn't know how to behave in some situations and they have to return to their supervisor and ask her what to do.

"No one here teaches us how to make decisions, and I have to return to the advisor if I have a problem". (Case 10)

The final theme reflects emotional attachments with other sisters in the shelter; as their happiness and sadness depend on their relationship with each other.

"Happiness means to see my sisters well, especially my sisters who I grew up with here, and the thing that makes me more happy is when we sit with each other and read Quran and I become sad if my sister or my supervisor gets upset with me". (Case 1)

Them (4): Social relationships: This theme is subdivided into three subthemes; meaning of social relation, close relationships with sisters and supervisors and fear from relationships outside the shelter.

Regarding meaning of social relationships, participants in the study indicated that social relationships restricted to colleagues/friends in schools and sponsors who support them financially and visit them in the shelter.

"Social relationships mean how to deal with people in the school and my friends and people who come to visit in the shelter". (Case 3)

"Social relationships mean to have friends in the school and also teachers who come here in the shelter to visit us and sit with us". (Case 5)

The internal relationship inside the shelter show strong close relationship with their sisters/roommates and supervisor (alternate mother) who they called "mama". However, their relationship with administration personnel was very weak.

"Mama (room supervisor) is the closest person to me, and also my sisters who live with me in the same room". (Case 8)

"My sisters who live with me in the same room are the closest persons to me, and I like our supervisor (mama), but I don't have a relation with any person in the administration, only the head of the department is close to me". (Case 11)

Fear from relationships outside the shelter. It symbolizes relations with the outside world. Participants reported that, they avoid contact with strangers or people they don't know.

"I don't have relationships with people outside the shelter, I don't like to mix with others, and there is only one sponsor who comes almost every month to visit me". (Case 2)

"I don't speak with any person outside the shelter or in the school, because no one of them treat me well or talk to me, and I tried more than once and I found them not good". (Case 4)

Theme (5): Environmental aspects of QOL: This major theme is subdivided into five subthemes; environmental description, safety meaning, limited freedom, recreational activities and availability of basic needs.

In describing shelter environment, participants mentioned that they are all the same inside the shelter and all rooms are similar in structure but differ in the number of residents which ranged from 5 to ten depending on the room size. Females in the study sample indicated that they learn in the shelter how to depend on themselves in relation to cleaning and organizing their rooms.

"We are six sisters in the same room, and it contains eight beds one for each female, and there was one large bathroom in the ward (amber) that includes five bathrooms for all of us (12 females), and also there was a hall for eating for all of us". (Case 1)

"We are here in the shelter like each other, as we in the upper floor are females who are in secondary schools or institutes, and we are six in one room and each one has a bed, cupboard and clothes, and we are responsible for cleaning our things like my bed and washing my clothes". (Case 3)

Concerning the meaning of safety, participants revealed that their life with each other and presence of place with gates and locked doors represent that meaning.

"Safety is to live with my sisters in the home (shelter) and to be with each other, and the supervisors sit with us and the home is closed and doors are locked at night and also there is a guard at the gate". (Case 2)

Regarding freedom allowed to residents in the shelter, females in the sample indicated that they were allowed limited freedom. They were allowed to choose their clothes when they go to buy it with their sponsors. However, the food they eat depend on weekly schedule. Also, their after-school study is limited to certain choices.

"We go with the supervisor and each one choose clothes she want and sometimes I ask the sponsor (donor) what I want, but the food they offer every day is based on the schedule and sometimes we have food from outside the shelter". (Case 7)

Participants were satisfied with their recreational activities in the shelter. The shelter offers trips, summer resort and sometimes cinema, but all these activities were stopped because of COVID 19 which made them feel that they are imprisoned.

"The shelter here offers trips on vacations like dream park, resorts and cinema, and it is good and we are happy, but now there is nothing because of corona, we don't go out". (Case 1)

"We go on trips on vacations, and I come back from it happy, now there is nothing we do except watching television and never go out". (Case 6)

In relation to availability of basic needs, participants were satisfied by basic services provided for them in the shelter.

"I have my own clothes; everyone has her clothes, towels, tooth brush, spoon and tray. But other things like shampoo, shower jell and oil we receive for the hall room, and when it is finished, we tell the supervisor but sometimes we have to wait to the next month because it may be not available in the shelter". (Case 2)

Theme (6): Personal independence as an aspect of QOL: This part consists of one subtheme which is self-reliance, in which homeless female adolescents reported that, their supervisor who taught them how to care for themselves when they were young and after that they depended on themselves and sometimes they get help from their older sisters/roommates. They also expressed that they all follow the same daily routine inside the shelter starting from waking up, going to school until bed time.

"Here every supervisor teaches the girls with her when they were young, and mama (alternate mother/supervisor) who taught me how to take shower,

wash and comb my hair and we can comb hair for each other, and if I need something I can ask my older sisters and also the religion teacher taught us the meaning of self-care and how to wash after period (menstruation)". (Case 8)

"My older sisters taught me how to take a shower and change my internal wears every day, and taught me how to clean myself (remove excess hair), and sometimes we ask the religion teacher when she comes to the shelter". (Case 7)

Theme (7): Religious aspects of the QOL: This theme consists of one major theme which is "religious development". Participants emphasized that the shelter offers them continuous religion lessons twice per week to enhance their religious development. However, these lessons stopped like most of other activities during to COVID 19 epidemic.

"Here in the shelter there are teacher x and y who come one day per week each. They teach us praying and help us memorize Quran. Teacher x taught us from the school religion book, and we have here a special mat for praying but I don't praying regularly". (Case 1)

"I always attend religious lessons which we take, and I like it because the teacher taught me to stay away from gossip and don't speak on another person, and taught me praying and fasting". (Case 4)

DISCUSSION

Regarding the meaning of QOL, homeless female adolescents in the current study indicated that, to them QOL means getting good education to ensure better future, feeling safe in the shelter and being with their sisters and mothers (supervisors) who they grew up with. These finding was in agreement with Fernandes and Monteiro (2016), who conducted a qualitative study on 61 adolescents, aged 11 to 18 residing in 10 residential care services in four municipalities of Baixada Santista in Brazil. They concluded that, the most common answers to the questions about hopes and dreams for their lives were: to study, work, have their own home, and raise a family (majority girls). This finding is also similar to the themes extracted by Hassanin (2018) who conducted a study to assess the resilience level of youth who reside in orphanages between the ages of 16 and 21 at Cairo, Egypt, and reported that, participants saw education as a key resource that would enable them to have a better future and to gain independence. This agreement could be due to the fact that those homeless adolescents didn't have anything in their life to protect and support them, so they search for the thing that will protect them in the future and they can depend on it which is getting good education to be able to secure a good job.

In relation to physical health and health services, the current study revealed inadequate medical resources with sub-theme lack of medical staff as reported by the studied participants. There were no physician or nurse stationed in the shelter. However, physicians and nurses make periodical visits to the shelter and when emergency occurs when the medical staff were not available, female adolescents were transferred to nearby hospitals. This

result was not compatible with the result of El-sherbeny, Ali, Elsharkawy, Elsayed & Elezaby (2015), who conducted a study on 100 children aged 6-18years & 100 care givers and 5 nurses in five shelters at Belkas, Dakahlia, Egypt. They reported that, the majority of participants indicated the availability of physicians, nurses and social workers in the shelters. The inconsistency between the two studies may be due to lack of standardization in this type of institutional care. Despite the fact that these institutions are affiliated to the Ministry of Social Solidarity, there is no standard care or routine applied in all affiliated institutions since the majority of these institutions depend largely on donations and charity.

Considering psychological aspects related to QOL, the current study extracted acceptance/belonging as one of the subthemes under this category. Participants indicated that they got used to life in the shelter as they never knew another place to live in. This finding was in agreement with Tabi (2014) who conducted a study on psychosocial experiences of homeless adolescents in a shelter in Manzini, Swaziland aged from 14 to 18 years old. He extracted seven main themes, one of them was experiencing mixed feelings of safety and security versus missing family. He explained it as participants reported that, although the shelter was not their regular home instead, they got used to it in time. They said that their physical needs such as food, clothing and schooling were being met which made them happy. From my point of view, this belonging sensation is normal; as those homeless females didn't know what family life is about and never experienced it. They have been in the shelter all their lives.

Another extracted theme was availability of basic needs. All participants agreed on the availability of basic needs in the shelter for all of them including food, clothes, education and place to sleep with separate bed. This finding was in congruence with Hassanin (2018) who stated that the main thing that adolescents valued in the orphanage was their access to education and also asserted that the orphanage provided them with adequate food and clothes and regular allowance. The consistency between the two studies may be related to the fact that, these shelters receive more donations, so they can afford to offer homeless adolescents with all their need.

The current study findings showed religious development as one main theme extracted from participants. The shelter provided lessons in religion to help female adolescents develop their knowledge and practices regarding their religion. However, they indicated that they miss continuous follow up from their supervisors. This result was in contradiction with a study done by Abela, Abdilla, Abela, Camilleri, Mercieca, & Mercieca (2012) who conducted a study on 10 adults between the ages of 22 and 27, who were previously in residential care facilities in MALTA, Italy for a number of years. Results extracted a theme called "anger of religious system". Participants mentioned that, it was one of their negative experiences in the residential care, and they did not perceive it as helpful and they felt angry toward religious congregation that were not living up to their ideals. This disagreement may be due to the different religions and cultures between Italy and Egypt.

CONCLUSION

Based on the findings of the current study, it can be concluded that, the main concept extracted from the collected qualitative data was the lived experience of homeless female adolescents residing in shelter institution. It reflects how the shelter can affect all aspects of QOL including overall QOL, physical health, psychological health, social health, environmental health, personal independence and religious aspects of homeless female adolescents. It can also be concluded that life in the shelter is greatly affected by all personnel engaged in providing care to homeless female adolescents in the shelter including administrative personnel and policy makers.

RECOMMENDATIONS

Based on the findings of the current study, the following recommendations can be suggested:

1. Female adolescents residing in shelter institutions should be encouraged to actively participate in community based activities to ensure smooth transition to the community.
2. Policy makers should ensure unified minimum health care services for female adolescents residing in shelter institutions regardless of their affiliation.
3. More in depth studies need to be conducted on larger samples and different shelter institutions to compile relevant data for decision makers in order to improve the QOL of female adolescents.

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