



## Nelson Mandela Children's Fund

# *Imbeleko*

## *Report*

Cultivating resourcefulness, not dependency



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### EXECUTIVE SUMMARY

The purpose of the 'Imbeleko and social connectedness' project was to conduct a cross-sectional study in order to explore and describe indigenous ways of care and support to inform policy and intervention. Theoretically the study is grounded in frameworks of Indigenous Knowledge Systems (IKS), social connectedness, child and human development, as well as psychosocial well-being and support. Methodologically, a concurrent mixed method design was used. Participants were conveniently sampled ( $n=430$ ; elders=240; youth=190; men=150 and women=280) in collaboration with Nelson Mandela Children's Fund partners in seven purposively selected Southern African regions (reflective of bounded systems likely to portray indigenous belief systems on a regional basis, namely in Namibia, Swaziland, Lesotho, Gauteng, Limpopo, North West and the Eastern Cape). Transferability of findings is delimited to time and space as relates to a cross-sectional study. In addition the ecology of transferability need to mirror equal characteristics of high risk and high need related to poverty. Transferability of findings are also delimited in terms of age and gender, with older women comprising 41% of the sample, and the age group 18-30 constituting 34% of the sample.

Quantitative and qualitative measures and an informed consent form were developed in consultation with a Funder Reference Team and these documents were translated into regional languages. For data generation trained researchers and regional NMCF-partners co-



facilitated one day six-hour (7 days and 42 hours in total) interactive Participatory Reflection and Action (PRA) sessions per site in the regional language. During the same site visits, participants completed demographic questionnaires also in their mother tongue) that were analysed (non-parametric, descriptive statistics) for quantitative insight into participants' care and support patterns. Care and support themes that emerged as indigenous models include *IKS Care and Support Beliefs* (interwoven connections in life and death; cultural rules and values; entrenched involvement with one another; communal capital, and a mind-set of livelihood), and *IKS Foci and technologies of care and support* (IKS modes of support; psychosocial support; health support; educational support; material support, and employment support).

We theorise that IKS constitute not only social connectedness, but also relatedness as a continuity of connectedness – thus integrating life and after-life relatedness. In addition, we posit need as a positive driver to attain meaning in life, and as a driver that links relationships within such a continuity of connectedness. We argue that policy and intervention infused with IKS can result in resourceful responses that use communal capitals to direct mutual well-being and livelihoods, rather than frame assistance as individually targeted aid for victims who are disabled and isolated by vulnerability.

## KEY FINDINGS AND RECOMMENDATIONS ON INDIGENOUS KNOWLEDGE ON CARE AND SUPPORT

### Key findings to leverage Indigenous Knowledge Systems (IKS) on care and support in policy and intervention

*'We contribute adequate resources for productivity'*

We generated the following eight key findings around indigenous care and support beliefs, values, structures and practices:

- a) *Both NEED and being in need, add value to life and are scripted as positive and an inevitable part of life.* Being 'in need' is not at all to be pitied. Therefore a driver of



existence (whether biological or transcendental) is to be needed: i.e. because you are needed (by the living), you live, because you are needed (by the ancestors), you pass away. Your existential value lies in being indispensable and useful to others. It therefore follows that a status of being in need (being vulnerable) is not evaluated as negative. Rather, being in need is viewed as normative, and also as a potential opportunity for others to live out a life purpose and respond to need by being useful (providing care and support). In an existential sense, IKS hold that those in need actually create an opportunity for others to respond to a calling to supply support. The vulnerability of some (their being in need) and the ability of others to provide care and support, are flip-sides of the same coin – both groups are living their life purpose. By implication, one should expect that in settings where IKS-beliefs guide the values and customs of living, vulnerability will not be pitied.

- b) *Giving help (care and support) is obligatory where need is observed*—care and support is not viewed as optional. People naturally respond to need, because ‘being wanted and needed’ constitutes a core life role. Being able to assist someone in need is therefore a way of living and a life purpose. Participating in the care and support of vulnerable individuals is a source of pride. Helping is also reciprocal: if one never offers to help, one cannot expect to be helped when unavoidably you yourself are in need and require the help from others. Consequently, where IKS philosophies frame life, care and support strategies and structures can be expected to exist (irrespective of outsider or macro-level intervention).
- c) *Although social connectedness forms part of IKS care and support, this relational construct is extended to an IKS concept of continuity of connectedness.* Continuity of connectedness extends the realm of relational connectedness denoted in social connectedness. Whereas social connectedness pertains to relationships and social capital with regard to other people, continuity of connectedness transcends this relational domain by including the ancestral relational dimension together with the social relational domain. Besides social capital, continuity of connectedness also draws on cultural and spiritual capital. Care and



support is therefore bound to various realms of connectedness (social, cultural, spiritual, and natural) and will draw on all available capital to assist.

- d) *Need as a driver for existence in life and death is also a driver for connectedness* – this again flags the positive value of need and interconnectedness with a care imperative. Where we are born into ‘being needed’ in our social connectedness to others, we are equally called to transcendental connectedness by the need of our ancestors.
- e) In the same way that need gives meaning to existence, *need (response to need, i.e. giving care and support) gives meaning to being in a relationship with others (social and ancestral)*. It follows that those who provide care and support may experience quality in life as such actions are associated with living a life of value. Philosophically, IKS assume that it can be expected, at some time or other, that everyone will experience need, that everyone will respond to need, and that the meaning of life/death lies in our care response (helping).
- f) Because of the continuity of connectedness, *whatever people have is viewed as communal capital*. The belief is that communal capital will be used to maintain a sense of shared well-being and address identified hardship. It is not plausible to think of resources as exclusively ‘mine’. Pockets of resources all form part of a pool of potential resources that we may dip into and give from so as to assist where there is need. Resources are used in care and support, based on what is available and what is needed. The sum total of care and support is based on what everyone can give collectively – not on what can be derived from one source. Hence, care and support policy has to aim at supplementing the constantly available spectrum of resources.
- g) *Adequate resources are provided to stimulate agency, rather than a relentless dependency on hand-outs*. Thus – continuously handing out resources without a counterbalance of agency is not an acceptable IKS practice. Care and support policy requires commitment to and evidence of growth in resourcefulness to contribute to a collective wellness.
- h) Because care and support is always provided, and all contribute in accordance with what they have, *IKS technologies of care and support have developed over generations*. These structures follow IKS practices of care and support. They do not operate only when there



is intense, individual need. In fact, society and smart partnerships anticipate need, have systems in place to identify need, know where to draw on required resources, use various ways to contribute resources (giving, bartering, lending, offering time, labour or expertise), have systems to disburse resources, have strategies to link resource distribution with expectations of activity (not passive receiving), and are able to monitor accountable care and support practices.

## **Key recommendations to leverage IKS on care and support in policy and intervention**

*'Investing in existing local care and support responses, not in individual cases of need.'*

The basic tenet for care and support is *not to develop policy around unfamiliar notions of individual need that require charity*. Policy should not be based on the assumption that need must be pitied, that it is shameful, and that there is doubt about the agency to change circumstances. Rather, policy should be built around IKS notions of pride in long-standing and collective care, and it should support IKS technologies that actively respond to need (irrespective of outside assistance) by collectively investing in continued insider-driven growth. In our study, we generated the following key recommendations for policy, interventions and partnerships around indigenous care and support beliefs, values, structures and practices in terms of issues of (1) vulnerability, as well as (2) care and support:

### **1. Policy statements on vulnerability**

- Should *not portray 'being in need' as a negative or as a case that merits pity, shame or devaluation.*
- Should conceptualise *vulnerability as a positive, expected and accepted part of life and death.*
- Should recognise that *need/vulnerability (i) gives meaning to life, and (ii) connects people with one another and to the spiritual world: a continuity of connectedness where being*



needed (and conversely helping those in need) is a driver that connects people with each other in life and after-life.

- Should reflect vulnerability as a long-standing *opportunity for resourcefulness (agency, creativity), as well as mutual endeavour*, rather than as a permanent position requiring never-ending assistance due to a lack of belief in either individual or collective initiative to decrease need.

## 2. Policy statements on care and support strategies

- Presuppose that providing *assistance is an existential affirmation*: a source of pride and admiration.
- Assume that where vulnerability exists, *support and care will similarly be present* (outsiders are not depended on to provide care and support).
- Acknowledge that care and *support strategies draw on what is available collectively*, including the following resources: social, cultural, spiritual, natural, and financial.
- Accept that care and support comes with a caveat to use resources in a way to gradually *become less dependent on assistance*.
- Honour those who help by adding policy- and intervention-related *investment to already existing support initiatives and structures*.
- Should *identify localised pockets of existing care and support* to target for investment.
- Salute and reward (with additional investment) creative and sustained *IKS technologies of care and support*.
- Develop investment strategies that *target collective responses* to need, rather than give funds to identified individuals in need.
- Stipulate that *investment in a cooperative is dependent on demonstrated growth away from passive dependence*.
- Require documented *examples of creative and mutually beneficial use of investment*.
- Include *monitoring and evaluation strategies to assess progress towards mutual benefit and lack of dependence on outsider assistance*.



A key recommendation based on these tenets of IKS care and support is *not to develop care and support policy around episodic and individual need*. Accordingly, care and support policy has to target existing care and support networks: thus emphasising the continuity of connectedness.

Consequently – where IKS philosophies frame life, care and support strategies and structures can be expected to exist (irrespective of outsider or macro-level intervention).



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## 1. INTRODUCTION AND BACKGROUND

The study on Imbeleko and social connectedness was driven by the need to deepen our understanding of the indigenous ways of providing care and support in response to all vulnerability, but especially children's vulnerability. This study was conducted in the Southern African region and included four provinces of South Africa (Gauteng, North West, Limpopo and Eastern Cape), as well as neighbouring countries Lesotho, Namibia and Swaziland. Selection criteria included significant adversity in the form of high risk and high need due to chronic poverty.

Southern Africa, as an emerging economy and postcolonial region, is characterised by high need (therefore high vulnerability) and scarce resources. Responses to provide support for vulnerability mainly result from and are dominated by Western and Eurocentric discourses. In spaces where care and support is provided (such as education (van der Walt, 2010), health, social development and welfare), familiar ways of being and knowing often move towards globalisation, modernisation and urbanisation. Globalisation has infiltrated local practices and belief system of communities worldwide and created some confusion. Being neither fully African nor westernised, and not actually fully grasping what constitutes need or care or support, further confuses initiatives for relevant supportive service delivery. Indigenous Knowledge Systems (IKS) can form part of care and support to ensure that the culture, values, practices, needs and awareness of the circumstances of individuals are taken into consideration, thus providing relevant and context-appropriate support (Ebersöhn, 2012). At an extreme on this continuum of rethinking what we know about who we are and how we live, the very essence of underpinning philosophies may become lost in a soup of unfamiliar beliefs. Even the globally familiar notion of *Ubuntu*<sup>2</sup>, a notion of coexistence and co-dependency, may decrease in perceived value.

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<sup>2</sup> Ubuntu: I am because you are. 'the values of humanness, caring, sharing, respect, compassion and associated values, ensuring a happy and qualitative human community life in a spirit of family' (Letseka, 2013: 337)



This study is an attempt to mine IKS as a distinct resource that is available in abundance to serve as an alternative framework to direct care and support strategies. The assumption is that knowledge of heritage-true practices and beliefs may inform the development and implementation of care and support interventions that are relevant. Theoretically it is expected that such IKS-imbued policies and practices may make the best use of scarce resources and could potentially constitute a sustained pathway of delivering social and welfare support that honours well-being.

In its essence, IKS constitute an alternative to dominant Eurocentric, Western and Global North worldviews. IKS involve knowledge that is unique to a particular region, culture or society (such as Southern Africa). IKS are very often based on local-level decision making in agriculture, health care, psychosocial support, food preparation, education, natural resource management, and a host of other activities in communities (Warren, 1991). Thus IKS institute an information base that facilitates communication and decision making. IKS in their very nature are dynamic, being influenced by internal creativity and experimentation (Flavier *et al.*, 1995).

This report reflects the findings of indigenous experiences of care where vulnerability is evident in Southern Africa. In our contemplation of IKS we include notions of child care, child and human development, social connectedness, psychosocial well-being and support, as well as IKS models that are used to direct care and support strategies.

## 2. RESEARCH AIMS AND OBJECTIVES

### 2.1. The general aim

The general aim of the study was to document Southern African indigenous beliefs around care and support of vulnerable and marginalised groups (particularly with regard to children) with a view to enrich existing(mostly Western- and Eurocentric-dominated)discourse in an inclusive way. The question that directed our exploration was: *How can insight into IKS on care and support inform policy and interventions for social development and welfare in Southern Africa?*



## 2.2. Objectives of the study

- To explore and describe the IKS of elders and youth on care and support in seven predetermined Southern African regions
- To theorise an IKS framework for care and support
- To suggest policy and intervention articulations based on IKS care and support

## 3. LITERATURE REVIEW

### 3.1. Introduction

The African worldview is holistic and it imputes value to child bearing and child rearing. Within this view, the married couple constitutes part of an extended kin within an institution that sees children as a gift. At the very foundation of this view are sociogenic values and norms, nested within a network of support (Nsamenang, 1996; Zimba, 2002). New-borns are seen as precious treasures that are to be taken care of, nurtured and enjoyed. There is a sense of shared giving, ways of doing and being, as well as an integrated approach to care and support for the vulnerable. In the literature review to follow, a number of aspects related to childrearing and indigenous knowledge systems are discussed (Section 3.2). Several themes are elaborated on, namely the concept of life from an indigenous perspective; an indigenous perspective on gender roles; understanding indigenous psychology; and human development from an indigenous perspective. Social connectedness is discussed in Section 3.3, which includes the importance of relationship building and the nature of relationship connections. Section (3.5) unpacks how social capital could be used to encourage and sustain success in life as well as health. The last section (3.6) highlights models of IKS used in different countries.

### 3.2. Indigenous Knowledge Systems (IKS)

*"...education that had a utility value..." (Mapara, 2009: 144)*

The United Nations, during the 1999 World Conference on Science organised by UNESCO and the International Council for Science (ICSU), indicated that there was a need for the



understanding of Indigenous Knowledge Systems (IKS) and encouraged governments to promote this. The motivation for this call is not far-fetched. In recent decades there has been a focus on IKS, the importance in understanding traditional ways of life and embedded, heritage-related beliefs about human development and the support systems available and utilised in different contexts. Indigenous knowledge constantly changes in accordance with communal needs and environmental realities. Hence there is a need to move beyond Eurocentric definitions and ideals of IKS, which tend to view IKS as static and unsystematic (Battiste, 2005). Individuals and groups negotiate change to ensure their ultimate survival (Briggs, 2005). This is in line with IKS being defined as an adaptable, dynamic system based on skills, abilities and problem-solving techniques that change over time, depending on environmental conditions. IKS embody a web of relationships within a specific ecological context; it contains linguistic categories, rules and relationships unique to each knowledge system; it has localised content and meaning; it has established customs in respect of acquiring and sharing knowledge, and it implies responsibilities for processing various kinds of knowledge.

Indigenous Knowledge Systems (IKS) have also been described as a body of knowledge of a group of people inhabiting the same geographical area. It involves knowledge that is unique to a specific group. IKS are sometimes referred to as local knowledge, traditional knowledge, rural knowledge or even indigenous technical knowledge (Mapara, 2009; Makinde & Shorunke, 2013; Owusu-Ansah & Mji, 2013; Warren, 1991).

IKS have been given more recognition in recent years due to the realisation that individual and community challenges cannot be resolved unless the cultural context is understood and those concerned are involved. Communities need to be empowered and their traditional ways of healing themselves, supporting the vulnerable, providing child care, forecasting the weather and dealing with societal ills should be prized. Also, value should be attached to their livelihoods – from farming to clothing and fashion sense, art, dance, music and spirituality (Nel, 2006). The recognition of IKS has grown from Eurocentric epistemologies' inclusion of alternatives, not necessarily as replacement but as complementary. All cultures and the indigenous ways of knowing that arise from them are to be respected and valued due to their



uniqueness (Owusu-Ansah & Mji, 2013). Culture and indigenous knowledge are based on relationships and processes. These relationships and processes are largely historical, social, economic and political. In Africa, social, cultural, artistic and religious teachings are all part of indigenous education, which is communal in origin and nature (Letseka, 2013).

For development to attain the desired levels worldwide, indigenous knowledge has to be deployed in the conceptualisation, planning and implementation of strategies. Solutions to the challenges faced by communities cannot be generated without a full comprehension of the contexts, from the perspective of those affected. Indeed, for post-development writers, the possibilities that IKS hold as an alternative for economic and social progress among the poor in rural and remote areas are worth exploring. Involvement of communities and the consideration of their ways of life and cultural practices constitute a process of empowerment that gives them a voice in the decisions that affect them individually and as a group (Briggs, 2005). Furthermore, in the emerging global knowledge economy, it is essential that a country has the ability to build and mobilise knowledge capital so that development can be sustained within the confines of available physical and financial capital (World Bank, 1997). According to this view then, the basic component of any country's knowledge system is its indigenous knowledge, because the skills, experiences and insights of its people are applied within this system to maintain or improve their livelihood. It is also important to note that significant contributions to global knowledge have been made through the articulation of indigenous knowledge. It is essential to consider the depth of this knowledge, as well as how it is developed and adapted within changing environments and interwoven with cultural values. The fact is that IKS form part of the social capital that is available and can be used as a resource in the struggle for survival.

Progressive developments have taken place in modern science for decades now, but despite the growth in knowledge and development in some sectors, there has been no visible reduction in poverty. Western science is still generally seen as superior and based on the positivist paradigm, whereas indigenous knowledge is mostly viewed as primitive, unsubstantiated and un-intellectual. Despite the increasing appreciation for IKS, the intention is certainly not to promote IKS as the all-embracing solution to every challenge in



communities. Indeed, Briggs (2005:107) warns against the dangers inherent to “over-valourising and over-romanticising” indigenous knowledge and the need to be cautious about romanticising. The intention is to acknowledge and value the knowledge systems that have worked in communities, to learn from them and adapt them; and if the need arises, to have an alternative.

### 3.2.1 Concept of life, gender and child care from an indigenous perspective

Not helping a vulnerable child is unthinkable – ‘*Children always need us and we always help them*’.

This belief mirrors the value many African communities place on human (and especially children’s) lives. This value is not quantifiable. Human beings are viewed as being created in the image of a creator. Their core is their spirituality; their view of the world is communal (Motsi & Masango, 2012). Hence, for progress, harmony, peace and prosperity within the community, members of the community have to be *their brothers’ keepers*. Care and support is provided for the various stages of an individual’s life processes (growth and development) and involves not just the nuclear family but also the extended family and members of the community (Masango, 2005). The Yorubas of West Africa would say *Ajojel’odun*, meaning: it is when we share our food (eat together) that the food is delicious and we are truly nourished. A strong sense of the collective prevails. Living together and caring for one another within the village or group is seen to create a state of equilibrium that is sustained in *a vision of life as a web of reciprocal relationships*. To care for another person has a spiritual element since life is viewed as sacred and caring for others is taking care of that sacredness (Masango, 2005: 916). Adversity ranging from illness and family break-up to natural disasters is seen as the consequence of broken relationships that upsets the balance in the system. Even in death, there is a place for individual ancestors who mediate with the higher being or creator for their



relatives and community members who are still living (Masango, 2005). Spiritual well-being is seen as important as it complements the cycle of human life.

The overriding aim of child care is to prepare children for adulthood with the expectation of moral probity and competent parenthood. Thus, training is very pragmatic, likened to an apprenticeship, in which children systematically graduate from one role position to another until adult roles are taken on. From an early age, children are taught the premise of gifting, sharing and generosity (Nsamenang, 1992). There is reciprocity in process, which is called the sharing and exchange norm (Jahoda, 1982). Actions of parenting are directed to acquiring the correct affective and behavioural posture with respect to both gender roles and social competence. This is especially true in communicating with elders. Parenting strategies range from permissiveness and loving tenderness to neglect, as would be found in every society. Caretaking tends to be provided by the peer group, especially in more rural areas, as urban areas are considered to be unsafe. Thus caretaking is practised in groups where the ways of the world can be learned from one another as the peer culture initiates both conflict and compromise (Nsamenang, 1992). Parenting in the indigenous African context is seen as an obligation that facilitates the transmission of cultures, values, norms and practices in different contexts. It is an avenue for moulding the life of the child within the family and community. It is seen as collective but distinct in terms of gender roles. From an IKS perspective, men are seen in communities as the primary providers who are responsible for the upkeep of women and children. They are responsible for ensuring that the children are taught the ways of the forefathers, particularly in the case of male children as they carry on the name of the clan. Continuity of the lineage and the family name is valued highly.

Many communities have what is known as *the rites of passage*, which is a structured programme for the training and development of children based on their development stages in life. These rites socialise children into their roles and responsibilities in the community. Memela and Makhaba (2013) state that within many African societies the role of the typical African woman (perceived as being one of *servitude*) may not necessarily be a negative concept. Since the mother is seen as the custodian of life and the future, she has the very distinct role of caring for and supporting her male counterpart. Their roles are seen as



complementary and mutually understood by community members in many African cultures (Mazama, 2001). The maintenance and functionality of the home is the responsibility of women. The notion that women must seek employment outside the home and the easy exchange of male and female roles reflect western ideology. This does not mean that the African woman does not or should not have a trade or functions that take her away from the home, but these are deemed a secondary responsibility. The responsibility of caring for the children is directly that of the females. From a collective view, this is extended to the broader social realm, also captured in the adage: *it takes a village to raise a child*. So, not only are you responsible for your own children, but also for the other children in your immediate community, and a sense of pride and a *rich legacy of African womanhood* prevail in conducting these roles and responsibilities. The role of the African woman is essentially family-centred (Hudson-Weems, 2005) and utterly selfless.

### 3.2.2 An indigenous perspective on human development

The African IKS worldview comprises distinct traditions and ethnic variety, and embraces particular ways in which beliefs, skills, knowledge and values are to be transferred. Children play a very important role in their own development, and toddlers and young children tend to learn in participatory processes both within the home and in the community. These *work-play* activities, as Pence and Nsamenang (2008) put it, have little or no explicit didactic support. Children are, however, expected to demonstrate competence in life through a participatory pedagogy. Children are seen to be agents of their own development and they often have to learn among multi-age peers (Nsamenang, 2004). Hence children move towards adulthood by advancing from one role setting to another.

Peer culture is central in the growth and development of children and the learning of norms. Parents actively encourage children to seek out others who have competencies so that the child can become competent not only in respect of the sought-after skill, but also in navigating the broader world (Nsamenang, 2008). Indigenous knowledge and indigenous education are people-centred and expressed in community ceremonies and rituals (Owusu-Ansah & Mji, 2013). As can be deduced from the discussion above, there is a system of shared



caretaking and support that binds the entire social system together. Thus there is an intertwining of socialisation and education that fosters the social connectedness and forms what Callaghan (1998) terms relatedness – not only to family but to the universe as well. Since human development then is always tinged by a cultural context, it is important to note that African children are not shaped by individual characteristics but rather by socio-affective propositions (Pence & Nsamenang, 2008). Wholeness, community and harmony form part of the African worldview. These concepts are deeply embedded in African cultural values and there is a strong sense of the collective, where relationships and interdependence are the basis for collective responsibility (Owusu-Ansah & Mji, 2013).

### **3.2.3 Child development from an indigenous perspective**

Views on what is important with regard to human development may be very different (Serpell & Jere-Folotiya, 2008). Culture is seen as integral to human ontogenesis and not just as a variable of human development, especially as culture moulds many features of the developmental environment. This includes both emotional and cognitive development (Jahoda, 1986). Cultural pathways comprise everyday embedded routines in which children are active participants (Weisner, 2002). The activities that are incorporated in such daily routines include goals, values, motives and emotions – all of which are scripted for normative and appropriate conduct (Weisner, 1997). The social context is intrinsic to the developmental process associated with an Afro-centric worldview. From a contextual perspective, the developmental significance of the interdependence between individuals and communities is recognised (Nsamenang, 2008). This is especially the case from an indigenous perspective. Attachment figures exist within a larger network of developmentally significant relationships.

Consistent with an indigenous perspective, the process of learning to become a functional member of the community is of utmost importance, especially as the different networks that fill the world of the child are activated. This social-relational view is by its very nature pluralistic, since it has to identify which kinds of close relationships promote well-being (Weisner, 2005). Thus, as from inception the child is embedded in multiple and very complex social networks, each providing functionally and relationally different experiences for the



child (Lewis, 2005). Children form part of the cosmology or frame of reference of society. They are regarded as precious gifts, a divine blessing, released through the mediative approval of ancestral spirits. Children are also seen as a source of family strength and parental prestige, an avenue to secure a parental support system (Nsamenang, 1992). The social tapestry is core within an indigenous view of development. Nsamenang (2006) argues that social ontogenesis anchors development in the ecology and social system within which development occurs. The human development cycle centres on three dimensions of selfhood (Nsamenang, 1992):

- *Spiritual selfhood*—begins at conception in an ancestral spirit that reincarnates. This phase ends with the ceremony to confer a name on the new born baby (Nsamenang, 2006). Children are not thought to belong to this world until they are incorporated into the community (Nsamenang, 1992).
- *Social selfhood* (also referred to as experiential selfhood) —starts at the rite of incorporation or the introduction of the child into the community through naming and concludes at the time of death. The social selfhood is further differentiated into seven phases namely newly born, social primer, social apprentice, social entrée, social intern, adulthood, old age and death (Nsamenang, 1992; Marfo, 2011). Each involves distinct developmental tasks that are defined within a framework of cultural realities. This view holds that the development of the physical, cognitive, social and emotional competencies stems from the requirement to engage fully in the family and society (Nsamenang, 2006). Human beings need others, as well as social responsibility to individuate, so that full personhood can be attained. For this reason, the sense of self cannot be attained without reference to the community of others in terms of interconnectedness and the ability to enact social roles. Parents expect children to assume social responsibility from an early age. As the child gets older, different roles are assigned based on the evaluation of the child's social maturity and competence (Nsamenang, 1992).
- *Ancestral selfhood*—follows biological death. In general, ancestors are the spiritual presences in the affairs of the living (Nsamenang, 2006).



### 3.3 Social connectedness and IKS

#### 3.3.1 Group social capital

Social capital is defined as the set of resources that is inherent in the structure of relations between individual actors (Oh, Chung & Labianca, 2004). Formulated differently, social capital represents the goodwill that exists by virtue of the fabric of social relationships that can be mobilised to facilitate action (Adler & Kwon, 2002). These social ties inherent in social capital can often be used for different purposes, depending on the need. Within a group context, social capital refers to the features of social organisations illustrated by the networks, norms and trust that are used to facilitate action and cooperation for mutual benefit (Portes, 1998). Thus the core aspects are trust, mutual goals and/or actions, participation, norms, networks and reciprocity.

It is also important to note that the resources made available through social networks should not be confused with the resources themselves. While social capital may be a powerful force when thinking about group projects, it still consists of marshalling the resources and not necessarily the resources themselves (Portes & Landolt, 2000). Social capital can also represent the degree of cohesion within communities and it alludes to the processes between people that establish networks, norms and trust, as well as facilitate coordination and cooperation for mutual benefit. The elements of social capital within an African context in terms of scope, form and channel may include the following (Kuku, Omonona, Oluwatayo & Ogunleye, 2013):

- Social resources that are informal arrangements between neighbours or within the community.
- Collective resources that include the formulation of self-help groups, credit unions and community safety schemes.
- Economic resources that are based on the levels of employment and access to green, open spaces for cattle.
- Cultural resources such as libraries and schools.



Children are important catalysts for the creation and maintaining of communal social capital. Social capital by its very nature is situated within a larger set of social and cultural relations, especially when considering the role of the child (Marrow, 1999). The mere presence of children in communities dictates what adults do with their time and resources (Woods *et al.*, 2011). Since children are active social agents that influence the structures and processes with which they engage, they have agency.

Group social capital recognises that the group has a specific structure, which has to be considered both as a whole and from the perspective of the different parts. It is important from a group perspective to acknowledge that different social ties can create the opportunity for the members of a relationship to acquire all or most of the resources. Since the different ties can be quickly appropriated to serve a variety of purposes, they can be used to access a greater variety of social capital resources (Oh *et al.*, 2004). In this regard social ties may be formal or informal and they may be used to access single resources or multiple types of resources (Oh *et al.*, 2004).

### 3.4. An indigenous perspective on social connectedness

*At the heart of Ubuntu lies an understanding of identity as it emerges through relationship; that is, the principle of interconnectedness (Lewis, 2010)*

People are by their very nature social (Taylor, Dickerson & Klein, 2005). In an African world view there is no such thing as a lonesome individualist, but rather connection with social and emotional ties. These ties form part of the obligations that every community member has (Kagitcibasi, 2000). While connectedness plays a very important role in African culture, this concept transcends culture. In fact, social connectedness seems to be one of the most basic motivations that human beings have, an internal drive that stipulates that lasting and positive attachments need to be formed with other human beings (Baumeister & Leary, 1995; Deci & Ryan, 2000). Social connectedness is defined as a sense of interpersonal closeness with the



social world. It includes social capital and values, networks and trust in the networks that have been established over time and passed on from generation to generation. It is the *cultural template* for generations to come (Putnam, 1995). In social psychology, the need and striving for connectedness is one of the basic motivating principles that underlie social behaviour (Smith & Mackie, 2000).

As was seen in the discussion on human development, social learning is rooted in attitudes, language, values and norms, as well as in the acquisition of knowledge (Kilpatrick 1997). In literature, the construct of social connectedness has been likened to sense of belonging and social inclusion, and the health benefits of social support and social contact are well documented (Taylor *et al.*, 2005). Lack of connectedness often leads to detrimental psychological effects in addition to loneliness (Lee, Keough & Sexton, 2002). Furthermore, social support has been linked to less adverse care giving experiences and better adjustment to traumatic events (Pakenhamet, Bursnall, Chiu & Okochi, 2006; Pakenhamet, Chiu, Bursnall & Cannon, 2007) Research also indicates that individuals who are seen to be socially disconnected are often stigmatised and criticised (Rotenberg, 1998).

To begin the discussion on social connectedness, the child's early relationships are dealt with (Section 3.5.1). These relationships include the close and physical relationship with a caregiver(s). Section 3.5.2 follows with a discussion of the importance of the relationship connection that transcends family relationships. The link between social connectedness and well-being is also explored (Section 3.5.3).

### **3.5. IKS: Functional social connectedness for care and support intervention**

#### **3.5.1 The importance of relationship building from an indigenous perspective**

We learn how to relate to one another by watching significant others around us. Essentially, we acquire relationship skills and knowledge incidentally or vicariously from parents, caretakers, the media and others within our environment (Harvey & Omarzu, 1997). Attachment refers to the tendency to seek close relationships with particular others and to feel more secure in their environment. Research indicates that in the absence of primary



caregivers, high levels of emotional distress are experienced, normal development processes are interrupted and in severe cases, such as abandonment, death may occur (Taylor *et al.*, 2005). The centrality of attachment can be postulated from new methodologies that take the complexity of cultural meaning making into account. It is at the cultural interface that a conceptual framework for exploring the dialogical interchange between indigenous and non-indigenous systems becomes a reality. The view held is that indigenous ways of knowing are not antagonistic to western epistemologies but rather complementary, and when working with indigenous communities, both indigenous and non-indigenous epistemologies and worldviews have to be understood (Hwang, 2012; McGinty, 2012).

Attachment, which was originally defined by Bowlby (1969, 1973), is the universal need to form *affectional bonds* with other people. Rooted in a behavioural system based on hereditary, it was postulated that attachment styles are developed fairly early on in life, but that the impact of attachment styles has lifelong implications (Becker, Billings, Eveleth, & Gilbert, 1997). Furthermore, Bowlby reported that children who experience long separations from their caregivers are prone to a range of emotional and behavioural disturbances. The inability to form secure relationships with key individuals early on in life also interferes with relationships formed in adulthood.

While attachment theory has given rise to many theoretical and empirical studies, the manner in which attachment is experienced in different cultures cannot be underestimated. Differences have been found in Eastern Europe, Japan and Puerto Rico – to name but a few (Polek, 2008; Rothbaum, Weiz, Pott, Miyake, & Morelli, 2001). Although attachment theorists acknowledge that there are differences in the manner in which attachment concepts manifest, this variation is not always described. They agree that there is a need for attachment from the perspective that it provides the basis for relationship building in the future, and argue that culture will consequently play a role in this process (Rothbaum & Morelli, 2005). This belief can be traced back to the work of Ainsworth (1967), a key figure in the development of attachment theory. Based on her work in Uganda, she found that there is a dynamic interplay between context and biology. From her work in Uganda, the idea of



multiple caregivers began to crystallise and led to her assertion that infant care practices have to be evaluated in their context.

Furthermore, two main hypotheses rooted in western attachment theory can be questioned from a cultural perspective. These are the competence hypothesis (competence is a result of the infant's successful attachment to caregivers) and the secure base hypothesis (a secure base with attachment figures are necessary for adaptation to the outside world). If the competence hypothesis is considered, then key concept such as autonomy, independence and self-efficacy are highlighted. However, these behavioural tendencies are not always valued equally highly in all cultures (Yamaguchi & Ariizumi, 2006). In their work among indigenous young Australians, Gale and Bolzan (2013) found that civic connectedness and belonging to a community that is responsive formed part of their framing of social resilience. According to Tait and Whiteman (2011), health and well-being among the Canadian indigenous youth are linked to tradition, community and culture.

### 3.5.2 The nature of the relationship connection

*Close relationship is “one of strong, frequent, and diverse interdependence that lasts over a considerable period of time (Kelley et al., 1983: 38)*

Social connectedness manifests in relationships. The development of relationship skills is not restricted to a particular phase, but occurs progressively across different phases of the child's development. Certain skills are a prerequisite to move to the next phase in the relationship (Burleson, 1995). Relationships often reflect an emotional closeness in which there is mutual satisfaction and behaviours that contribute to the achievement of goals and hopes in life. When the lives of individuals are closely intertwined, a relationship develops over a period of time. Individuals are mindful of one another when there is a reciprocal process of interrelated thoughts, feelings and behaviours (Harvey, Pauwels & Zickmund, 2005). Being mindful has several components (Harvey & Omarzu, 1997) that are listed and discussed below:

- Knowing and being known: This includes getting to know individuals by asking about their feelings, thoughts and behaviours and disclosing your own accordingly. When individuals



are aware and mindful of one another, then there is an understanding that they may change over time. Nonetheless, they have invested in knowing about one another's background, hopes, fears and uncertainties. Relationships are nurtured and there is constant communication.

- Attribution: This aspect or component refers to the interpretations or explanations that people give for events in their lives. This activity is usually broad and occurs whenever individuals interact with or encounter events in their environment. A common attribution type is when we explain behaviour in terms of the perceived situation or personalities.
- Acceptance and respect: These are essential in terms of the prototype of love. The more we know about those with whom we are in a relationship, the more we need to accept them and respect them on the basis of the knowledge we have gathered. Acceptance is also an essential ingredient for the development of a climate of disclosure and implies trustworthiness.
- Reciprocity: There has to be a sense of equality in relationships, a feeling that the relationship is beneficial for everyone involved. However, in some kinds of relationships, for example in a family context, individuals are willing to give and contribute freely without getting anything in return.
- Continuity: Each individual represents a set of experiences, personal qualities, hopes, plans and reactions to environmental changes. Being and staying close to someone means that individuals are willing to continually acquire and update knowledge. This requires personal planning and action, and people develop plans to become close to others.

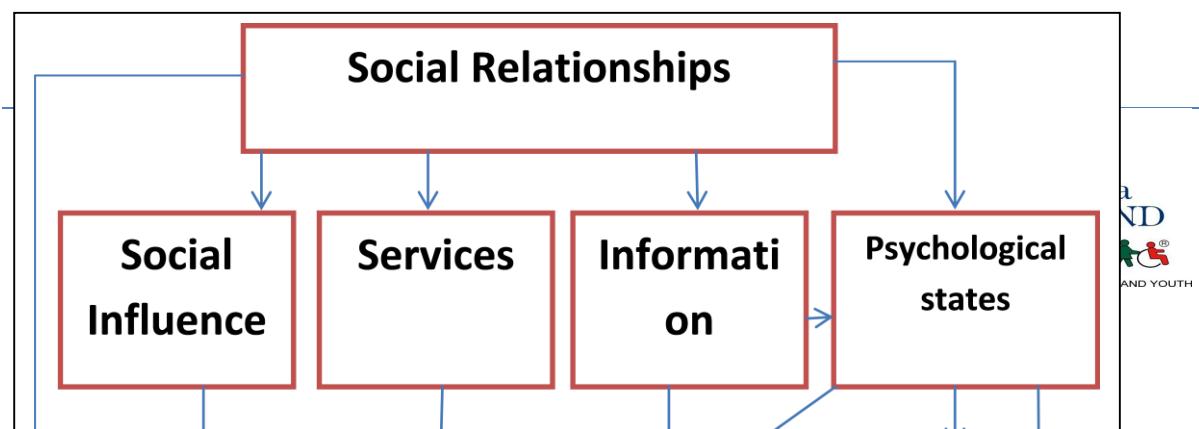
### 3.5.3 Social capital and psychological well-being

The concept of social interest can be defined as an individual's attitude to and relationship with society. This determines both success in life and mental health (Adler & Brett, 1998). When considering what constitutes success in life, the concept of what is a good life is often reflected on. Therefore, when thinking about a good life, the idea of well-being is at the forefront as this embodies a person's cognitive and affective evaluation of his/her own life



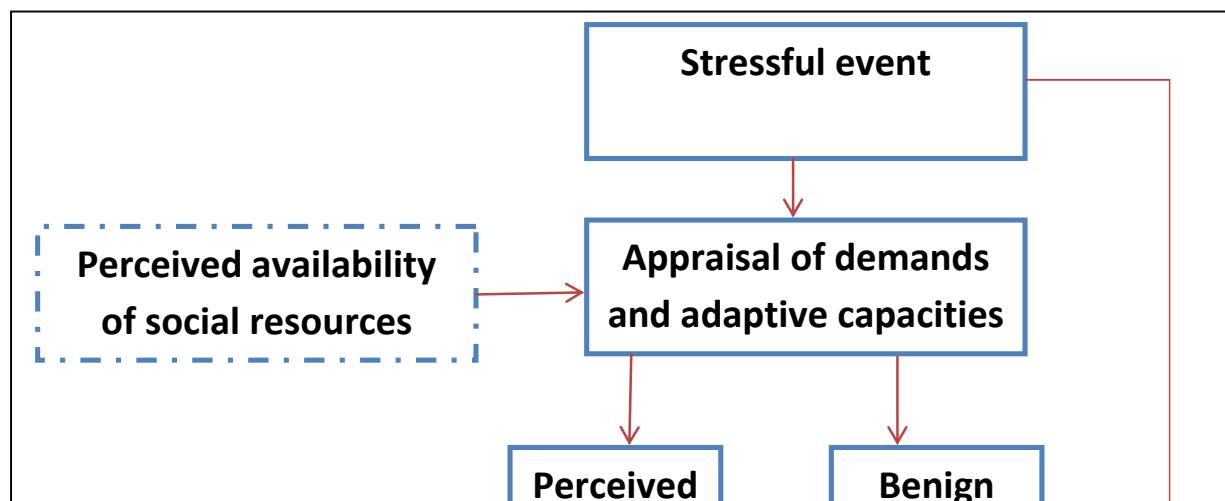
(Diener, Lucas & Oishi, 2005). Part of this evaluation is the relationships that have been developed. Research indicates that social relationships are important in the treatment of disease as well as for the psychological well-being of individuals – facts that have drawn interest from a variety of disciplines. Furthermore, research has shown that social connectedness have direct negative effects on psychological distress (Lee, Draper & Lee, 2001). While interest in this area has been reawakened in the past couple of decades, a sociologist by the name of Durrheim already initiated research in this area more than 100 years ago. He postulated that there was a breakdown in family and community ties as a result of migration – all of which were detrimental to the well-being of the individuals involved. The breakdown of social ties meant that there was a loss of social resources as well as social constraints, due to an absence of norms and roles (Brownwell & Schumaker, 1984). It should therefore not be surprising that people who participate in their community and in society as a whole tended to be better off than their isolated counterparts. In addition, differences between mainstream society and ethnic communities are also prevalent in research that explores well-being.

In the case of mainstream society, social connectedness partially mediated the relationship between acculturation and well-being, while in ethnic communities' social connectedness fully mediated the relationship (Yoon, Lee & Goh, 2008). Furthermore, social support apparently acted as a buffer against negative consequences resulting from life stress, largely due to the social resources that were available to individuals. According to Cohen, Goolieb and Underwood (2000), social support influences the emotions, cognitions and behaviours of individuals and as a result influences the mental and physical health of individuals. They also postulate that social relationships have a main effect on physical and psychological well-being (Cohen *et al.*, 2000). In their model they assert that individuals who participate in a social network, abide by social controls and pressures that would contribute to normative health behaviours. In the model depicted in Figure 1 many of the potential feedback loops have not been included so that a clean model may be presented.



**Figure 1: Main effects of social relationships on physical and psychological well-being** (adapted from Cohen *et al.*, 2000).

In addition to main effects that social relationships may have in terms of well-being, social relationships also play an important role in coping with stress. Figure 2 depicts the manner in which this occurs. Thus, social support prevents certain responses to stressful events, which may be harmful to the individual's well-being.



**Figure 2: Buffering effects of social relationships on physical and psychological well-being** (adapted from Cohen *et al.*, 2000).

The social capital that is inherent in social ties constitutes trust, networks of cooperation and reciprocity, and perhaps the most important, a strong community identity (Gillies, 1998). These social networks as illustrated above have powerful effects on well-being. Social capital is very strongly linked to subjective well-being through many independent channels and it may take on different forms. When considering the evidence, marriage and family, ties to friends and neighbours, workplace ties, civic engagement (both individually and collectively)



are independently related to well-being, both directly and through their impact on health (Helliwell & Putnam, 2004).

### 3.5.4 Psychosocial support and IKS

Caring for others in the African sense involves being present and being there, even when you have no financial or material resources to contribute. *Eniyanl’asois* a Yoruba expression that literally means that the people (family, relatives, friends, community) around you function as the clothes on your back: the clothes protect you, cover your nakedness (your secret is our secret), shield you from the weather, and beautify you.

Care and support for one another forms the core of relationships within indigenous communities. Individuals have a sense of not being alone in times of hardship. There is a sense duty and commitment to the well-being of members of the same clan/community. In many African communities, there is a whole process involved in caring for the sick, including both physical and spiritual domains, and this is more often than not at odds with westernised concepts of care and support (Memela & Makhaba, 2013). In African communities, those who have very little financial resources give from their *lack*; community members come together to sing and perform rituals to appease the ancestors or even ask the affected individual to reflect on and recall any broken relationships. The aboriginal communities of Australia believe that there is a link between the spiritual realm and the well-being of individuals and the community. Health practices, care and support are culturally bound (Shahid, Finn, Bessarab & Thompson, 2009) and findings in a study related to cancer treatment indicated the need for proper awareness and understanding of the cultural beliefs regarding health, illness and well-being.

In most instances there are specific rituals and ceremonies that have to be performed to rid the individual and or communities of the presence of *evil*. Any negativity has to be removed and care must be taken to ensure that the dead has a smooth transition to the afterlife and to a higher realm of the ancestors. The grieving process must be kept intact. There are cultural guidelines for dealing with these issues and the custodians of these cultures



believe they should be respected to avoid negative repercussions (Memela & Makhaba, 2013).

Community relational domains constitute the essence of support and a whole support system. Ebersöhn (2013: 100) theorised one IKS support and care model, namely the Relationship Resourced Resilience model. She found that indigenous knowledge is “manifested in external supports (relationships as resilience-promoting networks giving realisation to embedded knowledge/philosophies of solidarity)”. Relationships were used as a mechanism to access, mobilise and sustain the use of available resources to care and support one another in high-risk situations.

### **3.6. Models of IKS applications for care and support or for community development**

#### **3.6.1 Mexico's National Solidarity Programme**

The aim of Mexico's National Solidarity Programme was to give a better life to those who lived in poverty by developing health, education, employment, housing and infrastructure (Dresser, 1991). Though not everyone agreed on the prospects of the programme, the advocates saw it as an avenue for linking democracy with social justice. Three programmes were introduced aimed at increasing the potential earnings of the poor:

- Solidarity Funds Production – assistance aimed at farmers
- Solidarity Funds for Indigenous Communities – local development projects in different regions
- Women in Solidarity – incorporating women into productive activities and providing training and funds for projects

Other programmes were directed specifically at infrastructure development, building schools and providing health care services through channels like the following:

- Municipality Solidarity Funds
- Solidarity Health Programme
- Solidarity School Programme



The National Solidarity Programme was a bottom-up system that built representative local organisations or structures in rural and urban areas. It identified natural representatives at community level and then coordinated municipal state and federal stakeholders to make community projects a reality. The emphasis was on community participation. The beneficiaries of the programme were encouraged to participate in defining the priorities of the programme and to co-finance some of the projects from their own resources. This promoted a sense of taking co-responsibility and ownership (Dresser, 1991).

### 3.6.2 Generative Curriculum Model – Canada

The Generative Curriculum Model was developed and used among indigenous communities in eight rural locations in western Canada. The aim of the model was to build capacity for Early Childhood Care and Development. The four inter-related objectives that drove the Generative Curriculum Model were the following:

- To improve conditions for development of the youngest generation through organised Early Childhood Care and Development initiatives
- To build the community's capacity for filling paid jobs as providers of care and other development services for young children and families
- To support the pursuit of income-generating employment and training among adults by providing accessible, safe and culturally consistent child care
- To sustain indigenous culture and traditional language by ensuring that training for community members includes an enhancement of their knowledge of, and facility with, their own cultural practices and language (Boven & Morohashi, 2002: 199).

Using a community-based approach, an innovative two-year post-secondary training course was developed for members of the community. The content and outcome of the programme were derived by means of a collaborative process described as *socially inclusive dialogue*. Community members considered indigenous knowledge, cultural practices, western research, theory and practice as a model with a view to arriving at a *best practice* for each rural location. The curriculum and outcomes were collaboratively *generated or co-*



constructed in an attempt to move away from previous approaches that were exclusively either western oriented or indigenous in nature.

The trainees/students receive a university diploma in Child and Youth Care making them eligible for provincial certification in the Early Childhood Education. This system obviously benefits the trainees, but their students also profit from their experiences.

### 3.6.3 Social entrepreneurship (Zimbabwe, Bangladesh and Egypt)

The concept of social entrepreneurship became more popular in recent years with individuals and groups seeking lasting solutions to the developmental challenges faced by their communities. Although there is no consensus on an exact definition, social entrepreneurship refers to the collective development of innovative strategies to address and resolve social problems. The aim is to mobilise resources, using cooperative relationships to empower communities to find positive solutions and impact the lives of members (Katungu, 2013).

Lombard and Strydom (2011) suggest that social entrepreneurship involves creating value through the innovative use of resources, through social entrepreneurs offering services and products, and through the creation of new organisations. They (2011: 334) highlight the role of social entrepreneurs as agents of change by:

- adopting a mission to create and sustain social value;
- recognising and relentlessly pursuing new opportunities to serve that mission;
- engaging in a process of continuous innovation, adaptation and learning;
- acting boldly without being limited by resources currently in hand, and
- exhibiting a heightened sense of accountability to the constituencies served and for the outcomes created.

Social entrepreneurial activities are seen as opportunities to create employment and generate income so as to alleviate poverty. Some of the initiatives include the establishment of a bank to offer microfinance opportunities and promote small businesses (Bangladesh); farms, religious schools and community-catering initiatives to cater for the needy (Egypt), and drought relief efforts and feeding schemes for the vulnerable (Zimbabwe).



## 4. RESEARCH DESIGN AND METHODOLOGY

### 4.1. Paradigmatic lenses and research design

To create opportunities for elders and the youth to share retrospective narratives dealing with indigenous ways of responding to children's vulnerability, we utilised as methodological paradigm Participatory Reflection and Action (PRA) (Chambers, 2008; Ebersöhn *et al.*, 2011, 2012), through a meta-theoretical lens of emancipatory research. The research design that was used involved comparative, narrative case studies and followed a concurrent mixed method design (QUALquan).

#### 4.1.1 Sampling

##### 4.1.1.1 Selection of sites

Seven (n=7) research sites were sampled according to the following selection criteria:

- A bounded system living within a context of high risk and high need pertinent to poverty-related *adversity*, i.e. these systems function with constraints related to poverty: limited services and barriers to accessing services, scarce resources, unemployment, health impediments and limited health services, barriers to access limited education opportunities, crime and psychosocial stressors (anxiety, aggression, depression, bereavement, substance and physical abuse).
- A bounded system which held promise of *authentic descriptions* of maintained *heritage* practices
- Presence of a NMCF-partner within the bounded system
- Accessibility within the Terms of Reference timeframe (indicated by team members' combined existing social networks and place-based knowledge)

The South African provinces that were included in the sample were Gauteng, Limpopo, Eastern Cape and North West, while sites within neighbouring countries Swaziland, Lesotho and Namibia were also selected as research sites. (see Appendix B for further details)



#### **4.1.1.2 Selection of participants**

Regional coordinators, together with regional partners and elders, played a vital role in the sampling of participants. Regional coordinators themselves accessed their own existing social networks to sample local participants known to the NMCF-partners as vulnerable because of poverty-challenges. These relationships served as leverage to identify other acquaintances who would fit the selection criteria. By accessing existing regional relationship webs, we made use of combined convenience and snowball sampling to invite groups of older women and older men, as well as younger women and younger men, to participate in the study. Seeing that minor participants constituted a vulnerable group, we only accepted participants over the age of 18 to participate in the study. Table 1 provides an outline of the final number of research participants according to age and region.



Older Men	Older Women	Younger Men	Younger Women	Regional Men	Regional Women	Regional Elders	Regional Youngsters	Total
<b>GAUTENG</b>								
16 A=18 B=19	37	16	26	32	63	53	42	<b>95</b>
<b>SWAZILAND</b>								
21	29	19	11	40	40	50	30	<b>80</b>
<b>LIMPOPO</b>								
16	27	9	31	25	58	43	40	<b>83</b>
<b>NORTH WEST</b>								
5	20	3	8	8	28	25	11	<b>36</b>
<b>LESOTHO</b>								
8	6	10	10	18	16	14	20	<b>34</b>
<b>EASTERN CAPE</b>								
5	14	8	12	13	26	19	20	<b>39</b>
<b>NAMIBIA</b>								
7 A=18 B=11	29	7	20	14	49	36	27	<b>63</b>
<b>78</b>	<b>162</b>	<b>72</b>	<b>118</b>	<b>150</b>	<b>280</b>	<b>240</b>	<b>190</b>	<b>430</b>

**Table 1: Overview of the final participant sample**

#### 4.1.1.3 Delimitation based on sampling

Transferability of findings is delimited to time and space as relates to a cross-sectional study. In addition the ecology of transferability need to mirror equal characteristics of high risk and high need related to poverty. Transferability of findings are also delimited in terms of age and



gender, with older women comprising 41% of the sample, and the age group 18-30 constituting 34% of the sample.

#### 4.1.2 Data collection

Data collection occurred over a period of one day per site in NMCF-venues (Appendix B) and was structured according to a predetermined PRA data generation schedule (Appendix A) indicated as appropriate by regional partners/elders. At each site, participants were divided into four groups, namely older men (OM), older women (OW), younger men (YM) and younger women (YW), so that PRA focus groups were conducted separately. Once the various groups were established, each PRA activity was presented to the whole group as a poster and explained to the entire group. Researchers and regional partners explained the question and accompanying activity in both English and the dominant language used in that region (see Photograph 1). The request (with each question) was to discuss the question as a group and elect a scribe to write down their responses on a poster provided. Written prompts of the question were also distributed to each group for further guidance

Each group was allocated to a researcher who was tasked with providing further clarity and answering any questions that the members of that group had on the task. Each group

- was then given a poster and marker to write down their ideas as a group;
- discussed the question as a group;
- documented their responses on the poster within a specified time frame, and
- elected a presenter to present their ideas to the rest of the groups.

The presentations were audio recorded and the data on the posters was captured through still photographs as seen below. The same process was repeated for every PRA activity.





**Photograph 1:** Researcher explaining question to Gauteng older men



**Photograph 2:** Limpopo older women sharing ideas



**Photograph 3:** North West young women deliberating



**Photograph 4:** Swazi young men penning down their thoughts

#### 4.1.2.1 Quantitative data collection

Numeric data was obtained from the concurrent quantitative (quan) phase, which included a quantitative (frequency) content analysis during the literature review and analysis (non-parametric, descriptive statistics) of the demographic questionnaires for stratified (region, age, gender, caregiver role) insights and patterns. Demographic questionnaires were developed based on consultation with the Funder Reference Team and Content Expert, ERA Unit partners, regional partners and elders. (Please refer to Appendix D for an example of the

Demographic Questionnaire.) The Demographic Questionnaire was translated and back-translated for use in each region, and expert panels were used to review the final translations. The Demographic Questionnaire was implemented during the data collection site visits where researchers assisted those participants who were not literate to complete the questionnaire.



**Photograph 5:** Swazi young men filling in Demographic Questionnaire



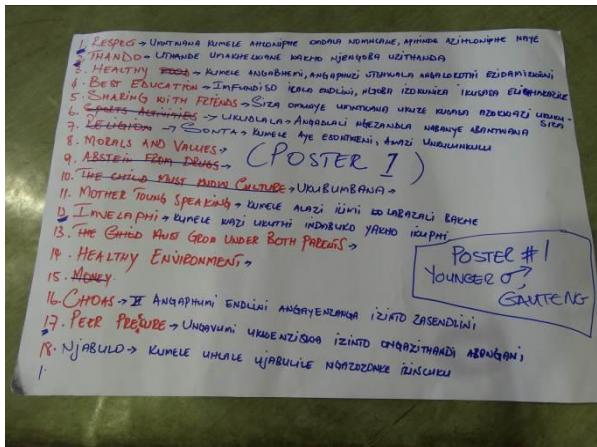
**Photograph 6:** Swazi young men filling in Demographic Questionnaire

#### 4.1.2.2 Qualitative data collection

The concurrent qualitative (QUAL) phases comprised PRA activities to generate narratives of indigenous care (Refer to Appendix A) (Ebersöhn, 2010; Ebersöhn & Elof, 2006; Ferreira & Ebersöhn, 2012). These qualitative data generation processes were documented by means of audio-visual recordings (for verbatim transcriptions), photographs of products of PRA activities, and field notes by multiple team members.

As stated earlier, the PRA questions for activities (Appendix A) were developed in consultation with the Funder Reference Team and Content Expert, ERA Unit partners, regional partners and elders to stimulate focus group discussions and generate narratives.





**Photograph 7: Gauteng younger women PRA poster**



**Photograph 8:** North West older women PRA poster

#### 4.1.3 Concurrent (QUANqual) data analysis

The concurrent **QUALquan** data generation and analysis formed part of an iterative process in PRA, meaning that first phase analytic induction occurred on-site (together with participants) for trustworthiness reasons. Qualitative data sources (transcribed and translated narratives, visual data and field notes) were thematically analysed. For the demographic questionnaires (quantitative-social sciences data), descriptive statistics were generated. Correlation analyses were conducted to explore relationships, while hypotheses were tested by using the T-test (if assumptions were met) or alternatively the Mann-Whitney (if the assumption for normality was not met).

#### 4.1.4 Concurrent mixed method (QUANqual) rigour

Credibility and authenticity were addressed by prolonged engagement in the field, using peer debriefing and triangulation across data sources, researchers and sites. To enhance the transferability of findings to other comparable rural settings, thick descriptions of regions were provided. Dependability was augmented by creating an audit trail of data and using a code-recode strategy during thematic analysis. By practising reflexivity during consultation, confirmability of the findings was strengthened. In addition, knowledge was equitably disseminated in a variety of modes to the various groups of partners. For quantitative data,

construct-related validity and reliability were explored by means of Rasch analysis. The aim of the analysis was to explore the unidimensionality of constructs used for further analyses. This ensured that the intended constructs were measured as had been originally proposed. Content-related validity was ascertained by means of expert review.

## 4.2. Ethical considerations

The research team consisted of members with both scholarly and place-based expertise, which signified them as uniquely placed to build rapport with participants and co-generate trustworthy data (a central tenet of PRA, as well as IKS knowledge generation). PRA principles thus incorporated our view of *community* (Chambers, 2008) in an IKS community-based inquiry. What constitutes *community* became multi-layered. The project itself became a community, with certain expectations to share knowledge, acknowledge contributions, lead processes, commit to goals, and deliver on agendas. Community *per se* is place, space and time specific – and was defined within the ambit of the particular community engagement endeavour.

For each study, community partnership meant acknowledging equality of power – to make decisions, implement solutions, and change processes. In this project *community* referred to overlapping communities, namely the ERA Unit research team community, the Funder community, and the regional site-specific communities with whom we partnered. It has been our experience, as our community engagement project extended over time, that roles have become fluid (Ebersöhn, Ferreira & Beukes, 2012; Ebersöhn, Ferreira & Mbongwe, 2011). At the core of the roles lay mutuality: all partners felt free to voice their expectations, felt safe to differ, and felt confident to change an agenda (either for research or intervention).

As co-constructors of knowledge, research participants in other community-based and participatory ERA Unit projects requested not to be anonymous in terms of their knowledge production processes. Although anonymity formed part of our initial partnership consultation (as is common in social sciences research), we asked participants whether or not they wanted to be identifiable in terms of their names and faces for data and dissemination purposes. Since



a section of the informed consent discussions focused on aspects of visual data, researchers and participants were made aware of the sensitive nature of selecting and capturing suitable images during the study. In addition, participants had the opportunity to specifically consent to visual methodologies representing them in an identifiable manner. In line with standard procedure at the University of Pretoria, a rigorous ethical approval process was completed before any engagement with participants. (Note that the approved Ethics Reference number is UP13/06/03.)

An informed consent letter (see Appendix C for an example) was translated according to the same back-translation procedure as followed for the Demographic Questionnaire. The Informed Consent form was handed out per site on the day of data collection and discussed with participants in a one-on-one manner. Participants were informed about the purpose of the study and the nature of their participation, and they were provided with the contact details of research team members (National Health Act and the Health Professions Act). Where members of the research team were not conversant in a regional language, translators co-facilitated processes of informed consent. During the process of informed consent, researchers and/or translators conveyed the nature of participant engagement (i.e. to draw, to tell stories about their everyday life).

Participants' participation was voluntary and they were able to withdraw from the study whenever they wished. Many of the researchers were educational psychologists who were able to identify possible distress early and would refer participants for counselling in their immediate environments if this was deemed necessary. In line with policy at the University of Pretoria, all data would be digitally archived and stored for 15 years in a secure place located on campus at the Unit for Education Research in AIDS. In this way data can be retrieved for other retrospective studies relating to similar community engagement questions. Findings would be disseminated in both oral (conference and seminar presentations) and written format (publications). Dissemination would focus on democratising research by including a range of project members and enabling knowledge that would lead to social change.



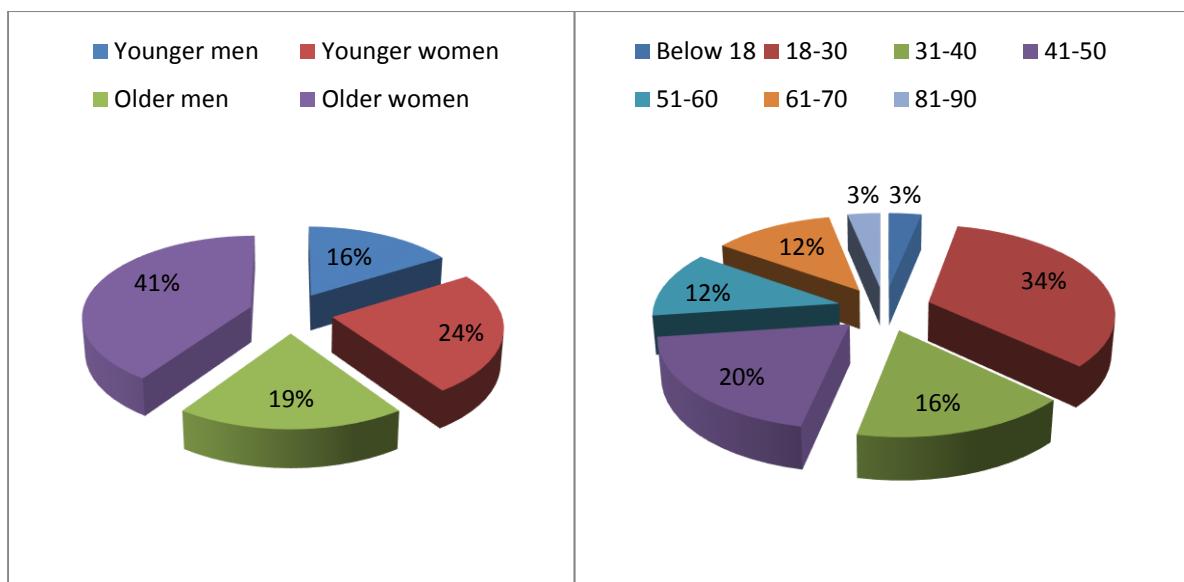
## 5. FINDINGS OF THE STUDY

In this section a detailed description of the participants is provided. Two themes (a philosophy of care and support and Indigenous Knowledge Systems care practice) and several sub themes that emerged during the data analysis activities (interwoven connections in life and death; cultural values and rules; entrenched involvement with one another; communal capital; a mind-set of livelihood; IKS modes of support; psychosocial support; health support; educational support; material resources, and employment support) are further discussed in Section 5.2.

### 5.1. Description of participants

Of the 430 participants who elected to participate in the study, 91% completed the questionnaires. The discrepancy in number can be attributed to natural attrition (participants needing to leave early) and some participants electing not to complete the entire questionnaire. The majority of the participants (73%) indicated that they were currently living in the province/region in which they were born. The overwhelming majority of participants were older women (40%). Just over half of the participants indicated that they were older than 41 years of age, while 23% fell within the category 61 to 90 years of age.





**Figure 3: Distribution of age groups of participants**

Twenty percent of the participants indicated that they managed to complete primary school or a part of primary school. A further 20% of participants indicated that they managed to complete Grade 8 and 9. 23% of the participants indicated that they had completed a post-school qualification in the form of either a degree or diploma (see Table 2 for further details).

Qualification	Percentage
Grade 7 and lower	20
Grade 8-9	21
Grade 10-11	20
Grade 12	16
Post-school qualification – diploma	17
Post-school qualification – degree	6
Data missing	1

**Table 2: Highest level of qualification**

With regard to language, participants were asked to indicate which languages they speak. This detail is provided in Table 3 and indicates the number of participants who indicated that they



speak a specific language. 40% of the participants indicated that they speak English, 28% indicated that they speak siSwati, while a further 20% indicated that they speak isiXhosa.

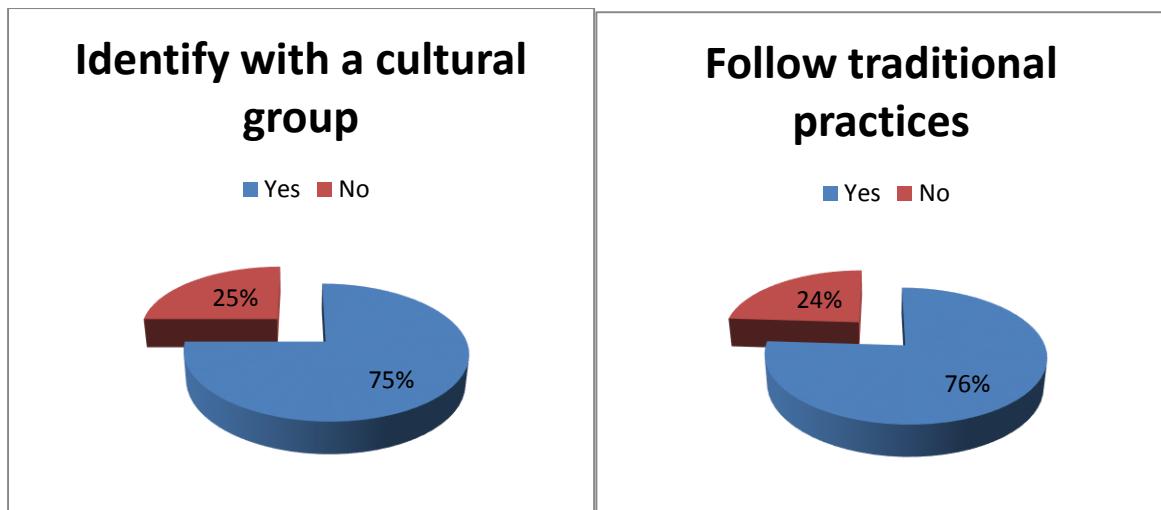
Province/ Country	Afrikaans	English	IsiNdebele	isiXhosa	isiZulu	Setswana	siSwati	Tshivenda	Sepedi	Sesotho	Xitsonga
Gauteng	16	40	6	46	40	16	5	4	16	40	19
Swaziland	1	43	0	2	3	0	101	0	0	0	1
Limpopo	5	16	21	0	3	1	0	0	39	4	1
Lesotho	0	10	1	2	3	1	0	0	2	15	0
North West	2	4	0	2	1	19	1	0	2	2	0
Eastern	2	7	1	27	1	1	2	1	1	0	1
Cape											
Namibia	33	36	1	0	0	0	0	0	0	0	0
Total participants	59	156	30	79	51	38	109	5	60	61	22
% of participants	15	40	8	20	13	10	28	1	15	16	6

Table 3: Language spoken by participants

## 5.2. Emerging themes

An analysis of the biographical data showed that 75% of the participants indicated that they identify with a particular cultural group (see Figure 4) and thus follow its traditional practices (76%). Most participants felt connected to their community (70%) with only 10% indicating that they do not feel close to their community at all.

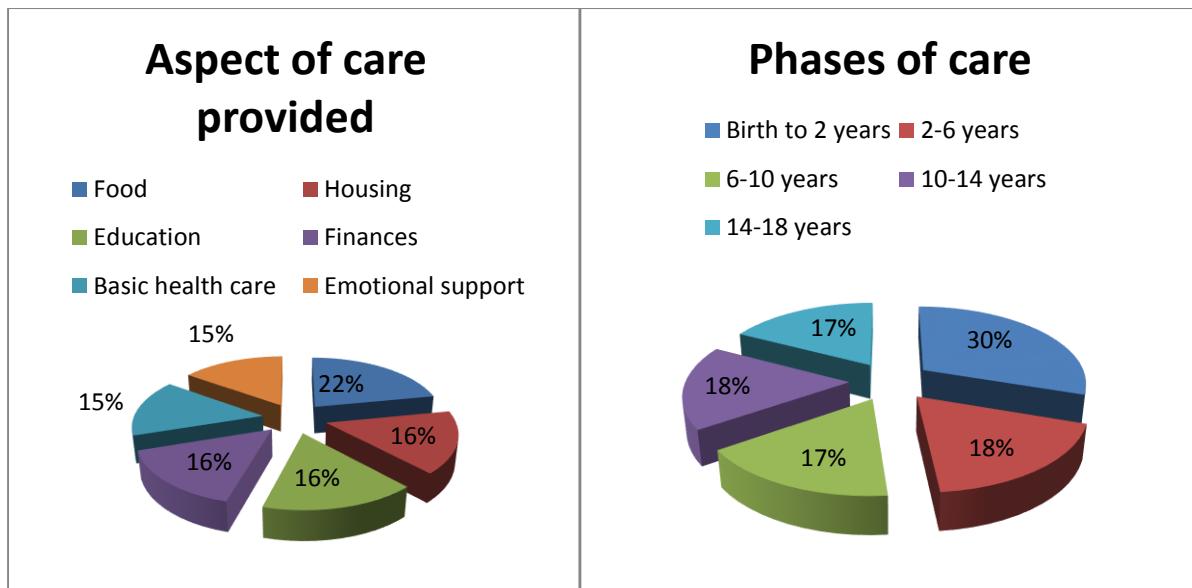




**Figure 4: Identification with cultural groups and following of traditional practices**

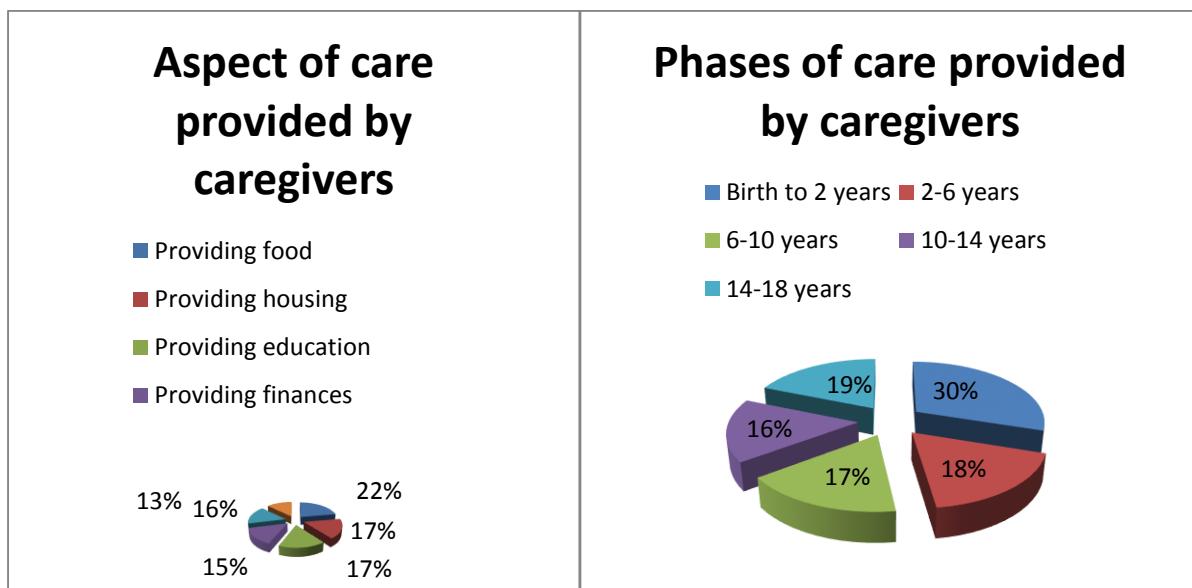
Altogether 61% of the participants indicated that they had children, the number of which ranged from 1 to 17. Of this 61%, the majority (77%) indicated that they had between 1 and 5 children. Regarding the manner in which participants rear their children, 79% indicated that they are aware of traditional childcare practices and 75% indicated that they actively followed such practices. In terms of care (providing food, housing, education, finances, health care and emotional support), all seemed important but providing food seemed to be the top priority (see Figure 5). Furthermore, participants gave the most attention (30%) to their children when the latter were in the phase birth to 2 years.





**Figure 5: Care provided by participants to their children during specific phases**

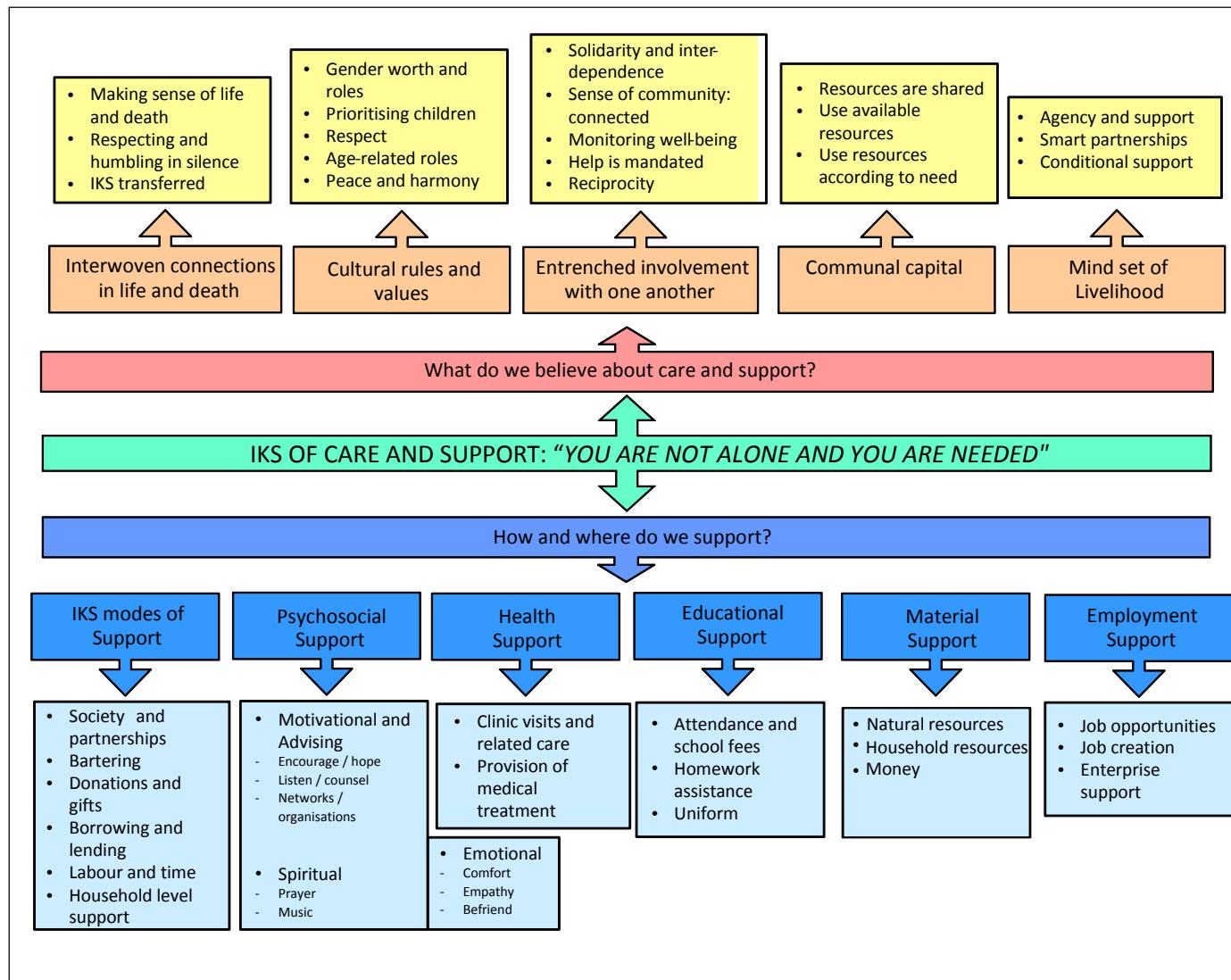
Eighty-six percent of the participants indicated that they themselves had been raised by a mother while 50% indicated that their father had also been involved. 24% acknowledged that a grandparent raised them while it would appear that aunts/uncles (10%), brothers or sisters (7%) or foster parents (2%) were seldom involved. With regard to the aspects of care provided for by the caregivers, food seemed to be the priority followed by housing, education and finances (see Figure 6). The majority of care was focused on the phase birth to 2 years.



**Figure 6: Care provided to participants by specific caretakers during specific phases**

The traditional care practices were further elaborated on during the PRA activities. Several themes emerged from the analysis of these activities and an overview of them is provided in Figure 7. The themes are also elaborated on in detail in the sections below and the unedited (verbatim) responses of participants are quoted in both single quotes and italics.





**Figure 7: Outline of themes and subthemes**



## **5.2.1 Theme 1: Indigenous Knowledge beliefs on care and support**

The theme *philosophy of care and support* pertains to issues of world view and epistemology. Inclusion criteria for this theme comprise the following: data on what is considered normative for behaviour; what constitutes admirable ways of living and being in the world; good practice for socialising and making a living. Subthemes in this theme include interwoven connections in life and death; cultural values and rules; entrenched involvement with one another; communal capital and a mind-set of livelihood.

### **5.2.1.1 Interwoven connections in life and death**

The subtheme *interwoven connections in life and death* concerns existential issues. Life is seen as a developmental and continuous process defined by birth and death. Birth is the beginning of life and death the end of life, and this is followed by a continued existence as an ancestor. The cyclical process of life and death is emphasised and death is perceived as the elevation of life into the spiritual realm. The dead are perceived as ancestors with higher powers to guide and protect the living. The categories included in this subtheme are making sense of life and death; respecting and humbling in silence; and cultural variation in IKS.

- Making sense of life and death**

This category refers to continuity and the developmental process of life, which purports that life, involves an understanding that you are needed by others and you are meaningful when you provide support. Life is a journey starting with birth and continuing after death, where the dead person is symbolically provided with resources and gifts to accompany him/her on the journey of afterlife. Masango (2005) also found this trend. When a child is born, he/she is needed by the living and when a person dies, he/she is needed by those who are no longer alive. Being needed is defined by the Setswana word *tlhokofala* that indicates that every individual is valued and needed, protected and accounted for by the ancestors. The theme of life as continuity was mentioned predominantly in three of the seven regions –in North West by older men, in Lesotho by all groups and in Gauteng by younger women. *'It is when a person is needed. It is our view in Setswana that a person that is born, in the end he will have to go*



(die). This is why we had the definition that a person is needed when they are born.....That is how we defined it. There is a need for this person to go that is why we say in Setswana that before they can go, and get in to the second journey we say they are identified by gods. Those signs that the person is about to go are there. They are identified, we need them on earth, and they are needed by the dead.' (NW-OM, 7-20).

The view of life as a journey and death as continuity (and not the end of life) gives meaning and hope to the living and signifies belief in an afterlife as indicated by the following insert from older women from Lesotho: '*Our belief as Basotho is that when one has died, he does not end there, where he is going he will do something. We would lay him and give him a seed so that when he gets there he will do the job of seeding and remember us*' (LS-OW, 107-111).

Thus, the living is comforted by the knowledge that the dead are equally valued and needed by the ancestors. This assumption enables them to make meaning of adversity by believing that their loss is an equal gain by the ancestors. The deceased person is elevated to a different life form and will thus continue living a *new life*. To ensure that the deceased is prepared for this new life and to bless the living, adequate resources are provided to enable productivity: '*...he is given this seed as a belief of us Basotho that wherever the deceased is going, he will do the job of planting/ seeding, and that great harvest will come to us as Basotho who are left behind by the deceased!*' (LS-YW, 185-189).

- **Respecting and humbling in silence**

This category is central to the subtheme of interwoven connections in life and death, where respect for the dead is shown by silence (noise is discouraged) as a sign of solidarity, support for the bereaved and shared grief. The category can be defined as a respectful demonstration of sadness and loss symbolised by more pronounced non-verbal communication indicated by sad facial expression with a courteous bow of the head as a sign of respect for the dead and the living. The sharing of grief is more pronounced as the loss is not only designated to the grieved family, but the community also shows support by ensuring that silence is preserved. This category was predominantly mentioned by older men in Limpopo, North West, the



Eastern Cape and Swaziland; older women in the Eastern Cape; young men in the Eastern Cape, Swaziland and Lesotho, and by young women in North West, the Eastern Cape and Lesotho.

Children are expected to learn how to show respect for the bereaved by deviating from expected behaviour and joining in the mourning process by displaying restraint, observing silence and learning to abstain: '*The children are informed that because there's a funeral they no longer play the radio, no whistling; no noise*' (LM-OM, 3-5). Silence and bowing of the head is seen as an outward sign and observance of respect '*...there should be silence in the village. You will meet a person walking and when you try to greet them then they would bow their head. They do not speak in our culture*' (LP-OM, 27-30); '*... switch off all the radios and TV. There is silence in the household and we mourn*' (NW-YW, 154-155).

Furthermore, gender-specific roles in observance of respect are pronounced: '*The women wear dresses and scarves on their heads and speeches become low out of respect*' (NW-YW, 154-155). '*...wearing skirt ... it depends how you dress, even at your home because now shorts are worn now in funerals, ... you can you wear anything in your upper body, ... yes you can wear anything depending on what your mother approves of when you left home*' (EC-YW, 157-161).

Bereavement is demonstrated by behaviour and self-restraint is essential: '*....when people have lost a member of family people must humble secondly when humbling themselves there this thing, they must not go around entering all this places*' (EC-OM, line 30-33). Humility is encouraged and the community expects the bereaved to alter their behaviour; thus grief is not only announced but also demonstrated. The sharing of grief is not situational and it demonstrates respect for the dead and the effect that the spirit of the dead has on the community: '*...he is given respect, we give respect to the soul of the deceased even if we were cultivating in the fields the spans are released and be brought back home...*' (EC-OW, 58-64).

Silence as a sign of social support is endorsed and mandated by the community: '*...There should be silence in the graveyard and friends and the community come to pay their respects and offer support*' (NW-YW, 167-169). '*The deceased is not buried without the slaughtering of a cow*' (LS-YW, 184-185).



- **Cultural variation in Indigenous Knowledge Systems**

This category is defined by multigenerational cultural practices that emphasise the link between the living and the dead as carried out by participants in each region according to their culture. The theme discusses how rituals of death are followed according to one's culture.

Cultural deviation introduces the significance of one's cultural practices as defined by the tribal origin that forms one's identity even when residing across regions. Here the North West older men make a connection between the grave as a symbol of continuity and identification and the knowledge that one's gravesite carries identification signs for when the living needs to identify the deceased. This signifies that, even when dead, one is needed by the living. The theme of being needed even after death is continued here. '*We know in Setswana, when I am in KZN I am a different tribe and I am buried, because I could be wanted, there is a heap, so that I can be identified when needed*' (NW-OM, 72-75). The older women from North West acknowledged that cultural practices are not uniform and that people conform to their culture (as they succinctly put it): '*Our cultures might not be the same but this is how it is done*' (NW-OW, 81-82). However, the young men from Lesotho indicated that cultural practices will differ according to one's clan, thus there is variation within cultures according to one's clan. This is what they said: '*We shall talk of...the Basotho culture, when it comes to the funeral, it differs because different people bury the dead differently*' (LS-YM, 122-124). '*...one thing that makes us do things differently is our different clans. Basotho do things differently because of their different clans*' (LS-YM, 135-136).

In contrast, the North West young men admitted to inadequate transfer of knowledge from the older generation as they indicated that they had no knowledge of any cultural practices or rituals to be followed when one has passed on: '*The rest of the procedure, in terms of what happens we really do not know. We just know about the after tears. That is why we expect you as parents to teach and give us advice on such matters*' (NW-YM, 145-148). The same sentiments were shared by young men in Limpopo when they indicated that there are gaps in their knowledge of what is supposed to be done: '*This is the way we understand things,*



*although most things we do not know. This is what we know, we do not know much' (LP-YM, 93-95).* However, young women in Limpopo showed initiative in finding solutions and searching for knowledge as they inferred that they will seek advice from an elder if they do not know: '*As young women if we do not know what to do we call the neighbour to assist*' (LP-YW, 118-119).

Data from Namibian respondents showed that both older men and older women acknowledged the need for the transference of knowledge: '*Boys need to learn from the fathers, what the fathers are doing and from the elders*' (NM-OM, 21-23). '*...girls need to learn from their mothers*' (NW-OW, 66). The category highlights that young men and women from North West and Limpopo seemed to lack knowledge of some of the cultural practices that the older generation were familiar with and thus inferred that knowledge transfer was needed.

#### **5.2.1.2 Cultural values and rules**

This is the second subtheme of the *philosophy of care and support* theme and it can be defined as generally accepted connotative norms and standards that guide behaviour that is viewed as acceptable and admirable (standards of behaviour to aspire to). Categories in this subtheme include gender worth and roles; prioritising children; respect; age-related roles; peace and harmony.

- **Gender worth and roles**

This category was central to cultural values and rules, and was only absent from the North West data. Both men and women reported on the significance of gender roles to regulate acceptable behaviour. Older men from four of the seven regions (Eastern Cape, Swaziland, Gauteng and Namibia) and younger men from two regions (Swaziland and Lesotho) mentioned the importance of rules as prescribed by gender. As with older men, older women in the Eastern Cape, Namibia and Swaziland also reported on the importance of gender roles, together with older women from Limpopo, Namibia and Lesotho. Younger women in Lesotho



and Gauteng equally expressed the prominence of gender roles. In another study by Kilpatrick *et al.* (1998), gender roles were also prominent.

The dynamic balance between gender roles is evident in the following descriptive vignette from older women in Limpopo: '*In the olden days when the men were preparing to plough, the women would go in large numbers and assist them so that the work is done quicker. Women would go in large numbers, they would sing and by the end of the day the fields will be clean and ready for ploughing*' (LP-OW, 34-39).'

Women are viewed as strong: '*You strike a woman you strike a rock*' (EC-OM,1; GP-YW 186-187). Women are active nurturers, important to support nutrition and daily subsistence: '*we do have women in our community that are active*' (EC-OW, 48-49); '*They must prepare food, they must wash the dishes, they must wash the clothes and they must go to the fields*' (NM-OM, 31-32). In rural Swaziland '*Women fetch water*' (SD-YM, 117), '*Some women lend a helping hand by fetching water*' (SD-OM, 27-28). Women are linked with nutrition and emotional comfort: '*The woman help out with the pots, they console*' (GP-OM, 4). In their nurturance, women show innovation to make the best use of resources by structuring themselves in workable units (societies): '*Normally in communities women club themselves and this is commonly known as "societies"*' (LP-OW, 55-56); '*Normally in communities women club themselves*' (LP-YW 55-56).

Men are viewed as functional providers: '*Then I come to talk about the men. The men slaughter, ... the men they help the women with the pots*' (GP-OM, 5-7); '*The men go out to get wood*'(SD-OW, 62-63); '*The young men from the community will dig up the grave*' (SD-OW, 80-81); '*Young men would carry the deceased on the stretcher on their shoulders*' (SD-OW, 95-96).

- **Prioritising children**

*Prioritising children* was significant to all. Older men in Limpopo, Swaziland and Lesotho, foregrounded the importance of children's well-being. Older women in all but two regions (Lesotho and Namibia), together with younger women in North West, indicated the



importance of focusing on children. The philosophy of prioritising support to children at risk is portrayed beautifully in this explanation by an older woman from North West: '*...whatever I have, I give first to a child, because it is not enough....because if it were enough, I would have divided it into two portions. Because it is a bit, and only enough for one hand, I opted for giving to a child*' (NW-OW, 47-51).

Children are central to discussions about care and support: '*Our biggest problem is our children, right?*' (GP-OW, 29-30). The needs of both children who are vulnerable and their families are provided for. Clothes, shelter, food and financial aid are provided to ensure children's well-being: '*We can give them clothes that no longer fit us so that they can wear themselves and their children*' (LP-OM, 83-85); '*Let us help one another, and give them, give them to children that need them so that they can have something to wear*' (NW-YW, 140-142); '*...build them a room which she/he can share with her children*' (LP-OW, 32-33); '*Whenever they are in need of something regarding/involving their children, you then help them out*' (SD-OM, 5-6). The financial and nutritional needs of children are provided for: '*We assist by paying children's school fees and give him/her food so that he can feed the children*' (EC-OW, 30-32); '*...you can share with them so that they and their kids can have something to eat*' (NW-YW, 136-137). Children's development is a shared responsibility. Communal activity is undertaken to see to it that the capacity of vulnerable children is developed: '*It is up to the neighbours to come together and see to it that the children are taken back to school*' (SD-OW, 73-75); '*And somebody like that we help even their kids to know how to work with their own hands*' (LS-OM, 13-15); '*I remember in my case when my father died the family members would adopt the children, so as neighbours we also assist in that entire process*' (NM-YM, 43-245).

Cultural values and rules such as respect and age-related roles were valued by the elders, but not by the youth. While older women valued humility and equality, older men found peace, unity and harmony meaningful.

- **Respect**

Both older men and women greatly valued *respect*. Specifically older men and women from Gauteng and Swaziland, as well as older women from North West mentioned this value. In



contrast, younger men and women did not voice respect as a value. Respect needs to be age-, role-, authority- and episode-appropriate. Regarding age and authority, children are socialised into respecting their parents: '*We sit these children down and tell them the rules that they need to respect their parents*' (GP-OM, 16-17); '*To teach a child to abide by rules and to be respectful*' (NW-OW, 52); '*We also mention that according to our culture we grow up both kids or boys and girls to respect adult people*' (NM-OW, 150-152). Children who demonstrate respect to elders are admired: '*You normally see children do that. It is because they are well mannered. They even greet in plural when you are alone*' (NW-OW 65-67). All elders are viewed collectively as fulfilling the authoritative role of parent (commanding respect), as is evident in the following description: '*A parent is not only your parent but a parent for the nation. Every parent when you look into their eyes and see that this person could be my mother's age or my father's age, you must respect them. Never mind the children of these times because they are not given that teaching of respecting elders but it's something that we were thought growing up, we all know that*' (GP-OW, 68-75).

Respect is understood to include the roles of husbands and children: '*You must respect your husband and your children*' (GP-OW, 116-117). In terms of authority, governance requires respect: '*It is expected of us to report it to the chief because we respect him as our leader*' (SD-OM, 19-20). Episodic respect is demonstrated in respectful practices in instances of grief and bereavement: '*...there should be no noise to show respect*' (SD-OW, 50-52); '*If the widow came across people along the road she would cautiously step on the side of the road or the way and wait for them to pass. She would wait for them to pass with all due respect*' (SD-OW, 90-93).

- **Age-related roles**

Whereas youngsters were silent on the significance of *age-related roles*, older men from Limpopo mentioned the importance of age roles in burial rituals: '*All the men will go and cover the grave after the funeral rituals are done, all the men assist irrespective of age*' (LP-OM, 98-100). Older men in Namibia mentioned age-related roles in functional everyday activities: '*Traditionally what we used to do was between the ages of ten to fifteen years, I went to the fields to look after the cattle, look after the goats and after that I go to the dam to collect*



*'water'* (NM-OM, 25-27). Older women from Swaziland and Lesotho valued the structure imposed on tasks in terms of age: '*The youth or young women do the daily chores*' (SD-OW, 47-480), '*...while the elderly keep an eye on them to see if they are doing a proper job*' (SD-OW, 81-82) and '*...then we make a small group as older women and form a society of R5.00s*' (LS-OW 72-73).

- **Peace and harmony**

Older men in Swaziland lauded the value of *peace and harmony*, while younger men and women at large were silent on this value. The significance of peace and harmony is emphasised by older men in Swaziland stating: '*Another thing would be greeting one another to show your good spirit amongst each other as neighbours and of course as a way of showing that you have nothing against each other*' (SD-OM, 11-14). '*It is a common way of life to prove and enhance your well-being in the community and of course a way of life to show peace and unity amongst each other*' (SD-OM, 14-16), as well as '*It is their duty to talk to the people involved in order to maintain peace and harmony*' (SD-OM, 33-34).

#### **5.2.1.3 Entrenched involvement with one another**

This is the third *philosophy of care and support* subtheme and it can be defined as the relational principle underpinning human engagement where interdependence is assumed and helping in cases of need is an expected norm, not an individual choice. Owusu-Ansah and Mji (2013) also mention the relevance of interdependence. Categories in this subtheme include solidarity and interdependence, a sense of community, consistent monitoring of well-being status, mandated help and reciprocity. This subtheme is depicted in the remark by a young, Eastern Cape woman explaining the essence of flocking together to be useful to one another: '*Firstly, we as a community, we share, we know one another, in all circumstances, we chat, we see each other, we visit each other, we love one another, we share what we have because we know him, we stay together*' (EC-YM, 63-66).

- **Solidarity and interdependence**



This category is at the heart of the category on deep-rooted engagement in each other's lives with representivity across age, gender and region. It depicts shared use of available resources to address a pertinent need. The essence of solidarity and interdependence is evident in the following voices: '*I am because we are*' (GP-YM, 187), and '*a family is a family by another family*' (GP OW-77). Privileging solidarity is evident in older men in Lesotho who proclaim '*We are encouraged by our adage that unity is strength*' (LS-OM, 12-13), and older Eastern Cape women who state '*We go collectively as neighbours*' (EC-OW, 48). Solidarity efforts are aimed at those you care for, whether in your immediate vicinity or not: '*a neighbour is the person you are next to. Whether it is your next door or not*' (NW-YW, 117-118); '*It is again a person that you get along very well with. That is being neighbours*' (NW-YW, 120-121). Solidarity is specifically amplified in times of need (Gale & Bolzan, 2013): '*Even if you and your neighbour had quarrels and fights when death is there it is forgotten, it is cleared. You go to your neighbour's house and you make that death your problem*' (NM-OW, 126-128).

Solidarity and interdependence imply that the sum total of collective care is always more than that of individual strategies: '*If we are united, we have more than one set of hands*' (NW-OW, 38-39). '*Because we would help each other out and we would call that process 'letsema'*<sup>3</sup> (NW-OM, 12-13). Tait and Whiteman (2011) also found this to be true. Solidarity and interdependence are evident in sharing whatever capacity is available to support a common goal in time of need: '*...when he host traditional events we also work together when it's difficult*' (EC-OM, 8-9); '*We come to assist, make tea, we come to console our neighbour during this period. When she has problems in these times that we are living in... you assist in the way that you can assist*' (GP-OW 26-31). At its very core, solidarity and interdependence mean that the effect of shortfall on the individual scale is decreased, because of social value: '*She doesn't even feel that pain of losing her job. She is still a friend and neighbour*' (LS-OW, 83-84).

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<sup>3</sup>Letsema: Communally working together on a project to achieve a mutual goal. It originated in Lesotho to plough together, harvest together and share in the proceeds. In this way tasks, can be accomplished quicker. Instead of each person working individually in his/her own field, the community comes together and works field by field until everyone's tasks are completed.



- **Sense of community**

The anomaly of solitariness, of being isolated when in need, links the category of solidarity and interdependence with that of *sense of community* –voiced as meaningful by women, but not by men. In this category the significance of solidarity for the purpose of not being isolated by or from others is core. Older and younger women in Swaziland reported on a sense of community, as well as older women in the Eastern Cape and younger women in North West. The sense of community category concerns the principle of never being alone, being safe and supported: '*...so that the neighbour may feel the warmth of having both men and women as neighbours*' (SD-OM, 28-29); '*...how we assist as community so that the person concern won't go alone*' (EC-OW, 37-38); '*...and hold a short service and pray for them so that they know they are not alone*' (SD-YW, 130-131). For those encountering obstacles, others will be present to assist collectively: '*We do not leave them to sort themselves out but we give them the utmost support we could offer*' (SD-OW, 75-77). There is unison in support, rather than isolating someone in need to struggle by themselves to find a solution (Kagitcibasi, 2000; Letseka, 2013). Such unison seems dependent on reciprocity of also adhering to embedded standards of behaviour (as discussed in the previous subtheme *cultural values and rules*): '*...so that your neighbour can realise they are not alone, after all they have good neighbours*' (NW-YW, 180-181) '*So when you're there you also feel that your neighbour cares for you*' (NM-YM, 257-258).

- **Monitoring of well-being status**

In order to provide unified assistance as part of a constant web of combined support, the well-being of others is monitored in a vigilant manner to identify need and prevent feelings of having to cope in isolation: '*When he is sick , we see mos that the family .... it's our duty to look out*' (EC-YM, 70-71). The aligned category, *consistent monitoring of well-being status*, was mentioned by all groups bar younger women, and was absent in North West and Lesotho data. In daily life, people would be on the lookout to observe where they may assist one another: '*If a man/neighbour sees her he immediately drops everything to go and help her out*' (SD-OW, 86-87) and '*This is where we come from, we reach out to the neighbour, we identify the need with the neighbour*' (NM-OM, 9-11). Health status is monitored with a view



to give assistance: '*If my neighbour is sickly as a neighbour I must check on him daily so that if he needs my help I must assist him*' (LP-OM, 106-108).

Similarly, safety and security during shared gatherings is privileged as a function to monitor well-being or need: '*Community police who are chosen by the chief have a duty to go around checking if everything is in order during the proceedings*' (SD-OM, 30-31). In the same way mutual responsibility is expected to uphold accepted codes of conduct, especially of children: '*So here your neighbour's child is your child, when you see the child doing something that is not in order on the streets you must not just pass them and do nothing and say they are not your child so why should you help them*' (GP-OW, 48-52). '*They would meet a problematic child in the neighbourhood they would treat that child as their own child beat that child as they own child and that's how they helped each other to discipline children in their communities*' (NM-OW, 170-172).

- **Help as mandated**

The notion of providing *help as mandated* is heralded by elders in five of the regions (North West, Lesotho, Swaziland, Namibia and Gauteng), and young women in North West: '*You help your neighbour when they are in need*' (SD-OM, 3-4); '*We identify the need with the neighbour, we will respond to the need*' (NM-OM, 10-11); '*When you see a neighbour struggling, even if they did not call you, lifting something heavy you go to them and help*' (NW-OW, 35-37). The implication is that once observed that support is required, providing help is not optional but expected – individual choice is moot: '*Your problem is my problem*' (NW-OW, 40); '*According to our culture and the way we were brought up our parents assisted each other, they were neighbourly*' (LP-OW, 16-18); '*We give them our support if they are faced with such a situation as soon as we hear the sad news*' (SD-YW, 128-129); '*We are known for sharing and lending*' (LS-OM, 18-19); '*We are known for supporting each other*' (LS-OM, 45-46); '*People should help each other*' (NW-OW, 35); '*...when a neighbour had lost their loved one. In that particular home, the community comes and gives their support*' (SD-OW, 42-44); '*When there is a funeral we go as neighbours to help our neighbours*' (GP-OW, 24-26). A



younger woman from North West also mentions: '*You can help them when they are in trouble*' (NW-YW, 128-129). Memela and Makhaba (2013) also found this to be true.

- **Reciprocity**

The last category of the subtheme on entrenched involvement with one another is that of *reciprocity*, and emerged from Swaziland, North West, Namibia and Gauteng data. Younger women were silent on reciprocity. Although help is mandated, it is dependent on conforming to what is admired. So, although reciprocity refers to the inevitability of being at the receiving end of support, it also carries the caveat of living a life portraying accepted standards: '*You can also keep your ear on the ground for them, so that they can return the favour next time*' (NW-YM, 92-94). The rationale of reciprocity is that being vulnerable at some stage in one's life is ultimately unavoidable. During this vulnerable state you will require support by others. They will sanction communal support if your behaviour conforms to accepted standards (Harvey & Omarzu, 1997).

The universality of need is evident in the following extracts: '*Do not laugh at me when I have problems rather help me, because tomorrow it will be you with the very same problem. As my neighbour when I have a problem and you laugh don't expect me to help when you have problems*' (NW-OW, 40-44); '*In African tradition whatever happens to your neighbour; death, marriage, sickness even if its problems with children behaviour it's also your problem because tomorrow it can also happen to your house*' (NM-OW 119-122). Older women in Gauteng also voiced the belief that'*...in the future it will be your own child doing the same wrong thing*' (GP-OW, 49-54). Poverty and unemployment seemed especially unavoidable: '*When we get to the issue of unemployment, we realised that it affects every one of us not just our neighbour but the entire nation*' (NW-YM, 86-88). '*Poverty is curbed by you offering your neighbour support and returns the favour when the time comes*' (NW-YM, 95-96).

Restrictions of when it is acceptable not to act on principles of reciprocity (and consequently mandated help) apply in instances of non-compliance with cultural values and rules (as evidenced in practices): '*That is IF you are a good neighbour. You always make it a point to help them out in such situations*' (SD-OM, 6-8); '*When the neighbour has nothing,*



*their neighbours come and give their support provided the neighbour is a good person who has no problem or issues with his or her neighbours because it is not easy to help someone who is difficult. The neighbour has to be a good person' (SD-OW, 55-60) Baumeister and Leary (1995) as well as Deci and Ryan (2000) also found this to be true.*

#### **5.2.1.4 Communal capital**

*Communal capital* is the fourth subtheme under *philosophy of care and support* and implies a philosophy of viewing whatever is available individually to constitute a shared pool of resources to be used in accordance with identified need. Categories in this subtheme include sharing, contributing and investing collective capital – in terms of both available resources and identified needs (Woods et al., 2011).

Irrespective of age, gender and region, there was consensus among participants about the fact that resources (in abundance or scarcity) are shared, contributed and invested to care for one another and provide support, and that problems are equally experienced in unison: '*...and share with them whatever little we have*' (SD-YW, 143-144); '*A neighbour would not go without food while you had food. They support each other*' (LP-OW, 18-20); '*What we do is we get together and collect whatever we have*' (LP-YM, 73-74). This principle is expressed in an older Gauteng woman's saying: '*A family is a family by another family. You could go to your neighbour and say: neighbour my children do not have this, or isn't there tea here? That is something that we grew up knowing. We knew that very well. So we would support each other*' (GP-OW, 77- 81).

A younger Namibian man shared the following anecdotal account of the sharing of resources in his community: '*This happened when I was a young child and we did not have enough food in my house and it was on that Sunday afternoon when they are preparing this nice beautiful lunch and you could smell the nice food coming from the neighbour's kitchen so I would go over and pretend to be playing with my friend because I know it's almost lunch time, so basically I had been waiting until the family starts serving food and of course because I'm there no one would chase me to go home, and that's the spirit and the love that we had been receiving from our neighbours*'(NM-YM, 272-283).



Property and capacity is viewed as collectively owned: '*...when I have them, we also call them his*' (LS-OM, 17-18); '*We share everything*' (EC-OW, 26); '*We pay them a visit and assist them in whatever way we can*' (SD-OM, 25-26). Just as resources are viewed as shared, problems are also experienced as shared: '*Sharing a problem. Your problem is my problem*' (NW-OW, 40); '*When the affected people are poor we contribute as neighbours*' (EC-YW, 124-125). Using what you have available to support another is as strong an imperative as that of help being mandated.

The decreed use of resources to help (care and support) is directed by whatever resources are available: '*...he will give me something if he's got something*' (EC-OM 11); '*What we do is we get together and collect whatever we have*' (LP-YW, 73-74); '*Everyone will put in something, everyone will look where she or he can help even if you don't have money you will look around how to clean*' (NM-OW, 129-131). In other words, the expectation is not to provide beyond your means, but to be innovative in how you use what is available to be useful (Oh *et al.*, 2004).

- **Using available resources in care and support**

*Using available resources in care and support* was absent from the data collected from younger men, as well as regionally in Lesotho and Gauteng data. Contributing available resources was relevant to provide shelter: '*We use whatever material we have to build a proper structure*' (SD-YW, 146-147), and prioritise help to children: '*...whatever I have, I give first to a child*' (NW-OW, 47). More often than not, sharing what you have available was related to providing food to households at risk: '*If a person is having problems and cannot feed their family we assist them with whatever is available*' (LP-OW, 22-24); '*...you take what you have and give it to a person or house that is affected by hunger*' (EC-OW, 26-27); '*What we do is people will bring whatever they have and we give to the family. One would bring tinned fish, another one tinned corned beef*' (LP-YW, 67-69); '*In hunger you can share with them the little that you have. Whether it being food, or if you have a bit more, you can share with them*' (NW-YW, 134-135).



- **Communal capital is used according to observed need**

The directive to use shared capital to support depends on the identified risk. The available *communal capital is used according to observed need*—irrespective of age and gender, but this attitude did not emerge from Limpopo and Lesotho data: ‘*It depends what kind of help our neighbour needs*’(GP-YW, 140-141); ‘*We lend a helping hand in doing what is required of us*’ (SD-YM, 111); ‘*If your neighbour is kicked out of their house because of rent you can take them in until they can get back on their feet*’ (NM-YM, 246-248). An example from a Swazi respondent was: ‘*If the neighbour has no ploughing means, the neighbours come together and make contributions to make it possible for him to plough, plant and have something to eat for his family*’ (SD-OW, 64-67). Communal belongings are also shared for health needs: ‘*When my neighbour is sick I empathise with him. See he doesn't have soap, get soap for him*’ (EC-YW, 106-107); and for clothing ‘*In cases where our neighbour is poor or needy, we give them clothing items*’ (SD-YW 142-143)and make a financial contribution: ‘*We give them money if that is what they need, or buy food if it's not enough*’ (SD-YM, 114).

#### **5.2.1.5 A mind-set of livelihood**

The last *philosophy of care and support* subtheme alludes to support reflective of *having a mind-set of livelihood*. This subtheme is defined as approaching life with innovation in order to maintain a means of support and quality of life. Categories in this subtheme include agency and support, smart partnerships, as well as conditional support (Nel, 2006).

- **Agency and support**

Although support may always be assumed in times of need, remaining passively and dependently on the receiving end of socially-directed support is frowned upon. *Agency and support*, as a category of having a mind-set of maintaining livelihood, relates to disapproval of inertia and being a social burden, and pleasure with actions directed at being a worthy contributor to mutual well-being: ‘*As a form of you showing them the way, in order to be self-sufficient*’ (NW-YM, 102-103). In this regard, providing support presupposes action by the person who is assisted, and inactivity, laziness and procrastination are not tolerated. *Agency*



*and support* was indicated across age and gender groups in all but two regions (Gauteng and Swaziland). Demonstrating agency also correlates with using available resources so as not to remain dependent on outside support: '*And somebody like that, we help even their kids to know how to work with their own hands. So that they work in the gardens and take part in the rearing of animals and so that we help each other*' (LS-OM, 13-16); '*I do the same. I assist her to have a small vegetable plot with that money we took. This helps my friend not to always beg*' (LS-OW, 77-79); '*You can always ask your neighbour, can I buy you food? Can I assist you? Can I buy this 5kg or maybe I'll buy you a seed, at the end of your yard you can plant the small things, carrots and vegetables and all those things so you can be on your two feet again*' (NM-OW, 213-217).

The drive to shape support around an outcome where people are enterprising and productive contributors to shared well-being (rather than a burden and dependent on the welfare of others), shows in the following excerpts: '*The government can't give all of you jobs. Give yourself one by washing, cleaning our yards, plant some beautiful flowers and the money we give you, live on it*' (LS-OW, 85-88); '*This person, my friend, can now sustain herself because she now has a job*' (LS-OW, 91-92); '*...especially person of my age who still have his two legs and can walk, who doesn't depend on his parents. Like me. I don't depend to my parents. I'm responsible for my well-being*' (EC-YW, 101-104); '*Do not give a pill be helpful and encourage them to go to the clinic so that you can both find out what is causing them to be sick*' (NW-YW, 157-159); '*...maybe we would even give her some money to start her own business*' (LS-YW, 258-259); '*In this case the family will be encouraged to plough vegetables*' (LP-YM, 6-8).

- **Smart partnerships**

*Smart partnerships* were voiced by all except younger women in Lesotho, North West and Limpopo as a category of having a mind-set of maintaining a livelihood. An older Lesotho man explains what an agricultural smart partnership is: '*We now form a smart partnership with such a person. Smart partnership with such a person is to share agriculture. This is crop production. It is known that crops, especially vegetables, we grow in our gardens. Many times when a person is unemployed, he has got time. He has time at his disposal. No matter how*



*poor he might be, there is time on his behalf. That's where we will propose to have that smart partnership of crops, vegetables and animals' (LS-OM, 5-13).*

Other examples of agricultural smart partnerships include the following: '*If someone is struggling we will help them to plough. Others do not have livestock. If I have donkeys my donkeys will assist my neighbour when he is ploughing. If I have a tractor, it will also assist'* (LP-OM, 99-102); '*...when you and your neighbour can make your own garden and plant tomatoes, onion'* (NW-YM, 100-101).

Women explained their interpretation of shared resources used in smart social partnerships as follows: '*The society will also buy food for the family during the bereavement and food for the actual funeral. The money will be used to buy vegetables, meat'* (LS-OW, 56-59). Young men also described a functional smart social partnership: '*As neighbours you can get together and buy some of the equipment like tables by clubbing a certain amount every month so that next time you can be prepared as neighbours'* (NW-YM, 108-111); '*They can join that society which collects some contributions and keeps it so that when the year ends they can get some dividends'* (LS-YM, 202-203). Nsamenang (1996) and Zimba (2002) also mention the sharing of resources.

Smart partnerships also include employment innovations: '*I would give them a job so that they can help me where I need help. When I say they can help me, I mean that there are lots of works just like I see that they need also. I can give them job of digging, washing, anything. They can wash my car, and wash me anything and get the benefits of having money to sustain themselves as I am too sustaining myself'* (LS-YM, 170-176).

- **Conditional support**

In the responses of Lesotho participants, the notion of *conditional support* was evident – although it was not voiced by older men. Conditional enablement implies that support to enable those in need is provided but that specific conditions are attached. It follows that although it is expected of one to share what you have to help those in need, this support may be qualified: '*As we have given her some money, we would direct her on how to use it'* (LS-YW, 259-260). An older woman explains: '*Then we make a small group as older women and*



*form a society of R5.00s. She gets it by washing for me and then I pay her. If I have to pay her R10.00 when she finishes the laundry, I pay her R5.00 and keep the other R5.00 for the society. Like I said it's a society. I then take another R5.00 and say: "go and buy mealie-meal" (LS-OW, 73-76).*

Another woman remarks: '*It means that when you have got, don't go away with it. Make sure you buy something, like mealie-meal, and bring the change here*' (LS-OW, 86-88). A young man clarifies the rationale for providing qualified support in the following way: '*Giving him money doesn't mean saying "take this money and go and get drunk". Money is some form of assistance I will help with, with some instructions attached. Because I see that he or she is in need, I will say: "take this money and see what sustainable project you can start with it*' (LS-YM, 186-190).

## 5.2.2 Theme 2: Indigenous knowledge on care and support practices

### 5.2.2.1 IKS modes of support

This subtheme refers to the strategy or the way in which resources are provided to support and care for people in need. It includes the following sub-categories: societies and partnerships; bartering; donations and gifts; borrowing and lending; labour and time, and house-based support.

- **Societies and partnerships**

This category refers to an innovative technology to structure resource use. Participants from five regions (Lesotho, Eastern Cape, North West, Limpopo and Swaziland) referred to *societies and partnerships* as a mode of support. Participants from the Gauteng region were silent on this sub-category. Although both men and women remarked on the significance of societies and partnerships, older men were silent on this subtheme.

Older women in two regions (Eastern Cape and Lesotho) referred to their active participation in their community by forming societies of support for people in need: '*We go collectively as neighbours and convene, we do have women in our community that are active*



*in their organisations, it's like this and that in that particular household what do we do?' (EC-OW, 48-50); 'Then we make a small group as older women and form a society of R5s' (LS-OW, 72-73). The older female participants from Namibia referred to informal partnerships, when family members and neighbours come together to solve particular problems such as arrangements for a funeral: '*Meetings were held and amongst family there are people but neighbours are also sitting in those meetings where it was discussed of ok we have this problem what are we going to do we don't have the money to buy the coffin what are we going to do with the children of the deceased and every one participated in solving that problem, funeral arrangements*' (NM-OW, 131-136). Younger women in Limpopo also referred to societies as a mode of support: '*Normally in communities women club themselves and is commonly known as "society"*' (LP-OW, 55-56).*

Younger men in three regions (Lesotho, Swaziland, North West) also referred to the importance of forming partnerships and societies in a community as a way of supporting people in need of care and support: '*Again, another basic thing is that, when one is unemployed, my friend or neighbour is unemployed, truly here where we live with him/her, there are many societies, those that many people can find livelihood from. He/she can join that society which collects some contributions and keeps it so that when the year ends he/she can get some dividends to feed the kids and also the mother and the father in the family*' (LS-YM, 200-206); '*The hiring of things like vans, tents, cars and other equipment. As neighbours you can get together and buy some of the equipment like tables by clubbing a certain amount every month so that next time you can be prepared as neighbours*' (NW-YM, 108-111). Younger men in Swaziland identify partnerships and societies as a mode of providing care with being a good neighbour: '*The kind of help we give to our neighbour... you can only tell if one is a good neighbour through their actions*' (SD-YW, 108-109).

- **Bartering**

The category *bartering* refers to a mode of providing support to someone in need through a system of exchange by which goods or services are directly exchanged for other goods or services without using money as a medium of exchange. Only the older men in the North



West region referred to bartering as a mode of resource provision: '*Instead, we had what we call a bartering system. Me offering you my sheep and you giving me the goat or someone would have a chicken and the other one would have a cock*' (NW-OM, 23-25).

- **Donations and gifts**

This category refers to the provision of a resource to a person in need without expecting anything in return. For the purpose of this category, donations took the form of money and goods. Both men and women from Limpopo, Eastern Cape, North West and Namibia referred to this category. Older men in two regions (Limpopo and Eastern Cape) referred to donations in the form of goods and money: '*We can give them clothes that no longer fit us so that they can wear themselves and their children* (LP-OM, line 83-85); '*We donate R20 ... and state my case that I'm not okay financially he will give me something if he's got something*' (EC-OM, 7-12).

Older women in the North West region reported on contributing to assist families to plough: '*If the neighbour has no ploughing means, the neighbours come together and make contributions to make it possible for him to plough, plant and have something to eat for his family*' (NW-OW, 64-67). Older women in the Eastern Cape also referred to sharing their material goods as a mode of providing resources: '*We share everything –you take what you have and give it to a person/house that is affected by hunger*' (EC-OW, 26-27). Older women in Namibia reported on financial contributions and donations of other materials: '*You will look at the financial problems everyone will put in something everyone will look where she or he can help*' (NM-OW, 128-130); '*In case of poverty also neighbours will also help out with food and clothes it is not uncommon that when you have something that you don't use anymore you don't think about throwing it away at first. First think who can I give it to that may use it again, who can I give it to, my neighbours might use this food or this old clothes to wear and so on*' (NM-OW, 151-155).

Similarly, younger men in North West referred to providing resources in the form of food donations: '*When you have enough food, you should not waste when you are full, you offer them leftovers'. Invite them for supper or offer food and invite yourself*' (NW-YM, 96-98).



Younger men in Namibia referred to providing financial assistance: '*We also give financial contribution; we also assist with the funeral arrangement*' (NM-YM, 242-243).

Younger women in three regions (Limpopo, Eastern Cape, North West) referred to the following donations as providing resources for people in need: '*... buy food for the family*' (LP-YW, line 57); '*We also donate some of our old clothes if they do not have clothes*' (LP-YW, 65-66); '*When my neighbour is sick... I see he doesn't have soap, I get soap for him*' (EC-YW, 106-107); '*In hunger you can share with them the little that you have. Whether it being food or you have a bit more, you can share with them so that they and their kids can have something to eat*' (NW-YW, 135-137). Younger women in Namibia reported on resource provision as a means of supporting the vulnerable members of their communities: '*We have financial contribution where if let's say for example the mother passed away, what do we do as the neighbours, we usually go to the neighbour's house and we contribute money just for them to buy either food for the funeral or either to buy clothes for the kids just some money to help the family out*' (NM-YW, 289-293); '*Also give her financial support by donating some money for food*' (NM-YW 375-376).

- **Borrowing and lending**

This category refers to the provision of resources on a temporarily basis on condition that the specific resource that has been borrowed must be returned. Both men and women from three provinces (Lesotho, Limpopo, Gauteng) referred to this category. Older men in Lesotho referred to *smart partnerships* as a form of lending resources to a person in need, as is clear from the following abstract: '*We now form a smart partnership with such a person. Smart partnership with such a person is to share agriculture. This is crop production. It is known that crops especially vegetables we grow in our gardens. Many times when a person is unemployed, he has got time. He has time at his disposal. No matter how poor he might be, there is time on his behalf. That's where we will propose to have that smart partnership of crops, vegetables and animals. Here we are encouraged by our adage that "unity is strength". And somebody like that we help even their kids to know how to work with their own hands. So that they work in the gardens and take part in the rearing of animals and so that we help each*



*other. Such animals, when the friend or neighbour doesn't have them, when I have them, we also call them his. That's because we encourage such a person as Basotho. We are known for sharing and lending so that he would have his to be a fortune to him in this way* '(LS-OM, 5-20).

Older men in Limpopo mentioned lending equipment to people in need: '*... if I have donkeys my donkeys will assist my neighbour when he is ploughing, if I have a tractor it will also assist*' (LP-OM, 102-104). Similarly, older women in two regions (Limpopo and Lesotho) and younger women in Lesotho reported that they would lend resources to people in need: '*During the planting season we help the families to plant and plough using our donkeys to plough so that they can also harvest at the same time with us*' (LP-OW, line 27-30); '*We lend our thing*' (LS-OW, 136); '*When there is a funeral we could contribute by ... lend her some equipment*' (LS-YW, 269-270). Younger women in Gauteng and younger men in Limpopo referred to lending money to people in need: '*Nowadays if a person is ill he/she borrows money in order to consult a doctor*' (LP-YM, 13-14); '*Loan the family money*' (GP-YW, 145-146).

- **Labour and time**

This category refers to people providing resources in terms of *time and labour* to care and support people in need. Both men and women in five regions (North West, Lesotho, Swaziland, Limpopo and Eastern Cape) reported on the importance of offering their time and labour to support and care people in need. The following extracts indicate how the older men (Swaziland and Lesotho) reported ways in which labour and time would be used to assist neighbours in need: '*Another way of helping your neighbour would be lending them a helping hand if they find themselves in such a situation as death and natural disasters, you help them in whatever way you can if you are a good neighbour*' (SD-OM, 8-11); '*When he is sick, or one of his family members is sick, here we assist by taking the person or people who are sick to see the doctors, where they will get medical assistance. It might be at the clinics or the hospitals, wherever they will get appropriate help, that important assistance* '(LS-OM, 25-28); '*We assist such person or people by bathing them. And also finding things like bath soap, for them to be*



*able to bath and see to it that we wash their clothes' (LS-OM, 34-36); 'We do menial works, like to do chopping and collection of firewood' (LS-OM, 42-43).*

Older women in six regions (Limpopo, Eastern Cape, North West, Swaziland, Lesotho, Namibia) reported on the following ways in which they used their time and labour to assist neighbours in need: '*During the planting season we help the families to plant and plough using our donkeys to plough so that they can also harvest at the same time with us*' (LP-OW, 27-30); '*... build them a room which she/he can share with her children, the room will be kept warm by firewood*' (LP-OW, 32-34); '*One woman who volunteers to accompany patient to clinic, that's how we assist as community so that the person concern won't go alone*' (EC-OW, 36-38); '*People should help each other. When you see a struggling, even if they did not call you, lifting something heavy you go to them and help. Illness that is in the family, you come and offer support. That is why we say people should help each other. If we are united, we have more than one set of hands*' (NW-OW, 35-39); '*In that particular home, the community come and give their support ... this family does not cook any food but the neighbours cook various meals and offer whatever food they can offer as a way to show their love, support and sympathy. The youth or young women do the daily chores like cleaning*' (SD-OW, 43-48); '*We start by visiting her, when we visit her; we check her living environment to see if it's clean. Then we clean by making sure that her blankets are clean, and that truly we see that she's short of some items, we now see that she has no food*' (LS-OW, 106-110); '*The main issue is that in the morning we will go with some washing powders and do the laundry*' (LS-OW, 137-139); '*In death we support each other morally, financially and physically. So you go and then give something, you give in kind*' (NM-OW, 58-60); '*We give food, we look after the person by washing the person because people are having different diseases, some can't even help themselves; maybe that person is alone, is a single mother with her kids and her kids is so young they cannot even [...] so we help that person and we cook for that patient*' (NM-OW, 92-96). Pence and Nsamenang (2008) also found the same to be true.

Similarly, younger men in Swaziland, Lesotho and Namibia reported how they provided care and support in terms of time and labour: '*We give them our support, collect firewood, ... we help with the cooking as well*' (SD-YM, 116-118); '*In those words I mean I would be able to*



*assist him/her to take his/her daily medication in a proper way. I would bath...wash for him/her there and there. I would take part in helping his/her kids or family' (LS-YM, 218-221); '... we go to the neighbour's house, we sing we go help them out with all they need' (NM-YM, 240-242); 'What we normally do is go over to the family, to wash them or do their house duties that they will not be able to do because they are sick' (NM-YM, 249-251); '...you also give that and you also give regular visits because it's not only materialistic things that our neighbours need they also need that love and care' (NM-YM, 255-257).*

Younger women in five regions (Eastern Cape, North West, Swaziland, Lesotho and Namibia) also reported ways of providing care and support in the form of their time and labour: '*When my neighbour is sick... I take him to clinic, I check his clinic book and check when last he visited the clinic, maybe he is sick. He last visited the clinic last year. When we visit there they will check and give her a right date, check if he take proper medication and haven't defaulted his medication before sickness overpowers him*' (EC-YW, 106-113); '*We visit that household and observe that the person is facing some difficulties; we take our cleaning material, soaps and quickly clean the house so that when other people come at least the house will be in order because when there is a sick person, people lose hope and they are demotivated to do anything; then you can see that house needs to be swept*' (EC-YW, 114-120); '*Then we get into illness, when your neighbour is sick and maybe there is no one to look after them. They are very sick, you can assist by being there to help, offering support and going with them to the clinic*' (NW-YW, 142-145); '*Some of us are handy, we can go help with the peeling, and that would be comforting. As a person, they can see that they have supportive neighbours and good people around them. Not just sitting knowing help is needed and you do not offer to help or offer pots and so forth. You can offer pots if there is a lot, dishes, spoons and go be supportive*' (NW-YW, 173-178); '*We help feed them if they are unable to do so themselves, give them a bath when the time comes. Keep their place clean*' (SD-YW, 140-142); '*At her home we would clean in order to give her some comfort and that the person who lives there may live in a clean environment*' (LS-YW, 264-266); '*...so what we do as neighbours we just take in the kids and give them emotional support, the love and the care to that certain child. And then we do traditional adoption as the previous group said what we do is that if somebody*



*passed away from a family and have a lot of children so and that family is already poor the neighbour takes the kids just to support through the period when the funeral is going on so that the kids stay in your neighbour's house and they take care, given love and support and treat the kids as their own' (NM-YW, 300-307). Community members are expected not to stand by and watch if a neighbour is in need. It is customary that everybody assists in whatever manner possible.*

- **Household level support**

This category is perceived as very important: '*the community come and give their support; this family does not cook any food but the neighbours cook various meals and offer whatever food they can as a way to show their love, support and sympathy. The youth or young women do the daily chores like cleaning'* (SD-OW, 43-48). Household level support also encompasses repairs to the house or improving living conditions, building a house or repairing a room (Letseka, 2013).

Physical care includes bathing the sick as part of house-based care (Memela & Makhaba, 2013); however, given the prevalence of HIV infection, such care may have become less common. Older men from Lesotho indicated that: '*We assist such person or people by bathing them. And also finding things like bath soap, for them to be able to bathe and see to it that we wash their clothes'* (LS-OM, 34-36). Younger men from Lesotho also said: '*I would bathe...wash for him/her there and there. I would take part in helping his/her kids or family'* (LS-YM, 119-221). Gauteng younger women declared that: '*We support our neighbour, we also support our neighbour with bathing, help them drink their pills and also help them to eat'* (GP-YM, 152-154)

Regarding house visits, Lesotho younger women reported as follows: '*At her home we would clean in order to give her some comfort and that the person who lives there may live in a clean environment'* (LS-YW, 264-266). Older men, older women and younger women emphasised the importance of household level support. The older women in Limpopo reported that they usually do housekeeping as they '*...clean the home, prepare food for them, do their washing'* (LP-OW, 26-27). The younger women in Gauteng also reported that they



provide house-based support'... *if the neighbour needs help with cleaning their house or the garden*' (GP-YW, 146-147). Younger men did not seem to report doing much in this regard.

Home-based support may be preferable as many disadvantaged people do not have medical aid benefits to utilise hospital services. The following vignette illustrates a sense of support prevalent among the communities as reported by Swazi older women: '*In that particular home, the community come and give their support ... this family does not cook any food but the neighbours cook various meals and offer whatever food they can offer as a way to show their love, support and sympathy. The youth or young women do the daily chores like cleaning*' (SD-OW, 43-48) (Cohen *et al.*, 2000).

Sometimes, as reported by Limpopo and Namibian older women, '*if the sick do not have a decent place to sleep in we sometimes make our own bricks and build them a room which she/he can share with her children, the room will be kept warm by firewood*' (NM-OW, 30-34). '*You give something to your neighbour or you go there and then you go and give your neighbour moral support, you talk to your neighbour, and you go an overnight there also*' (NM-OW, 59-62); '*...they have this traditional behaviour of going to the neighbour's house and dip their hand into the problem – it is also their problem*' (NM-OW, 122-124).

A similar type of support was reported by the Swazi and Namibian young women who stated that '*we build them proper house if their houses are not in good condition anymore, it doesn't necessarily have to be a house made of bricks. We use whatever material we have to build a proper structure*' (SD-YW, 144-147); '*And then we also have the helping caring hand where as a neighbour I am responsible for coming into my neighbour's house, give her a helping hand, wash the baby because the mom is sick*' (NM-YW, 370-373).

#### **5.2.2.2 *Psychosocial support***

The subtheme *psychosocial support* relates to offering encouragement, comfort and condolences. It is about showing love and sympathy for those who are struggling within communities. The inclusion criteria encompass types of support provided by the community to those who are in need of care. In Lesotho, emphasis was placed on counselling the neighbour in need as a measure of psychosocial support. It appeared that Lesotho and



Namibia were the only sites that actually used counselling as a support strategy among community members. This is perhaps due to the fact that counselling has become familiar in Lesotho as it is used extensively in HIV and AIDS programmes. The vignettes below demonstrate the aspect of counselling provided: '*That's where we assist and support; psychological support*'(LS-OM, 41-42) '*...and with counselling, I would console him/her not to think that it is the end of the world that he/she is not working or there's nothing he/she is currently doing*' (LS-YM,198-200). '*...we identify the need with the neighbour, we will respond to the need if we are able to or we will seek further advice and reference to the counsellors'* (NM-OM, 10-12). '*...we talk to our kids, by talking also to give moral support and you encourage the kid to go to the hospital, to the clinic for blood tests and for counselling*' (NM-OW, 72-74).

Providing psychosocial support through conducting house visits is seen as a physical presence, being there with those in need and taking care of their physical as well as emotional needs. Sometimes the women use their household utensils such as pots to help with cooking. Older women in Gauteng emphasised that '*...we go as neighbours to help our neighbours, right? We come to assist, make tea; we come to console our neighbour during this period*' (GP-OW, 26-28). The categories underpinning this subtheme include motivation and advice, spiritual support and emotional support (Masango, 2005).

- **Motivation and giving advice**

*Motivational support* is used to encourage and urge those in distress not to lose hope. This type of support was meant to discourage dependency and to build on hope for improved communities. The emphasis was on encouragement and giving hope to those in distress. The younger women in North West and Gauteng linked motivational support with encouraging the jobless during job hunting. Young men in Lesotho encouraged self-help projects such as vegetable production where a person has lost a job. '*In this case the family will be encouraged to plough vegetables and in some instances they will be given mealie-meal and beans*' (LS-YM, 6-9). Motivational support involves a more pragmatic approach in that people are encouraged to solve their problems in practical ways (as seen above).



*Giving advice* defines providing counsel and identifying existing organisation(s) and forging networks to ensure collaborative problem solving and finding solutions to existing problems. The theme defines the belief that I care in for you, and I need to contribute to your well-being by helping you find solutions to your problems, being there for you and using what I know to benefit you. The principle presented indicates that the success and knowledge of a neighbour can be used to benefit another (shared knowledge). The two themes included in the *motivation and giving advice* category involve *Listening and giving counsel* and *Networks and organisations*.

### ***Listening and giving counsel***

By *listening and giving counsel*, people impart values and strengthen relationships, working towards the preservation of family bonds and links. Counsellors are generally preferred based on their standing in the community, their seniority and experience of life and the respect they impart in their own environment. The theme refers to the communal connections, neighbourliness and trust that families have built with their neighbours. Professional qualifications are not essential in this process, but collaborative problems solving is acknowledged. Lived experiences are counted essential in the provision of counsel, as is captured in the following insert: '*And then we give each other advise, for example the father in the house is fighting. When you intervene as a neighbour you listen and establish who started the fight and where the problem started. This is where you sit down the parents of that household and assist them in the way that you can help them*' (GP-OW, 39-45).

The care and support provided by the neighbours in the above case involved building the family, helping the couple to find meaning in their adverse experiences and communicating their differences. The connectedness between neighbours alludes to finding support and preserving strong bonds with the community in which they live. The collaborative problem solving reflects a connectedness between neighbours and trust in the counsel provided, which is supported by the following remark of an older woman from Gauteng: '*My neighbour and I explained what happen and my neighbour helped me to resolve this problem*' (GP-OW, 105-106).



The older female respondents in Namibia referred to the advice that they would offer to their adolescent girls: '*...the late minister always tell people let your boyfriend be your book and if your boyfriend is your book you will never fall pregnant until you finish what you want to achieve. That's how I grew up*' (NM-OW, 219-221); '*...my parents used to tell me that in order for you to become success in life there is only one road to that and that is without education you are nothing*' (NM-OW, 222-224). The younger women also reported on the advice given regarding underage marriages: '*Way back when young people or girls were forced into getting into marriage, as a neighbour I can advise my neighbour and say look your kid is still young, she's just six you do not want her to get married to a twenty five or thirty year old man, at least I can advise you to wait until she's twenty or twenty one years old and becomes a young adult*' (NM-YW, 259-264).

The emotional support also involves advice in areas where the relationship is presumed abusive and intervention is encouraged by suggesting relevant protection from the law. For instance, a younger woman from Gauteng made the following remark: '*So if my neighbour is being abused, we support them emotionally and tell them that neighbour lets go to the police station and tell the police that this person is abusing you*' (GP-YW, 183-186). The older women in Namibia gave similar advice: '*We give moral support by talking to our friend to see the social worker, to see the psychologists*' (NM-OW, 80-81).

The care and support provided by neighbours and the community extends to motivating and assisting one another in finding solutions to problems. The aim of such support is also to impart counsel on values, the belief system and maintaining spiritual connectedness –there is an end to every adversity. The sharing of beliefs and making meaning of adversity form part of the bigger picture in presenting that life is a process where adversity and success are interwoven and should be expected. Furthermore, the success of helping others lies in knowing that one day they will return the favour. Trust and investment strengthens the relationship and unites parties (as succinctly remarked by young men from North West): '*....a way to help them not give up on life, is to assist them in their job hunting and advising them that even if they do not get a job now, it can come at any time. You can also keep your ear on the ground for them, so that they can return the favour next time*' (NW-YM, 90-94).



The idea of collaborative problem solving encourages communal support and thus promotes caring and contributing to one another's success – as indicated by the younger men from the Eastern Cape who said, '*when see my neighbour has lost employment we search for work, it's like that mos when one of us is unemployed we laugh at each other, so it's better that I encourage her to join me and look for a job*' (EC-YW, 93-96). The above inserts indicate that younger people seem to help each other in finding employment prospects and in seeking solutions of how to secure employment. Those who are employed also assist by keeping an ear on the ground regarding available posts and positions at their individual work places, as is indicated by the following insert: '*...we could look out for employment with him or her. When we say we will seek employment for him/her, it just shows that our neighbour or friend doesn't know everywhere there is a vacancy*' (LS-YM, 164-167). They also take the initiative of putting in a good word for the unemployed through their employer or organisation: '*You can even speak to people or employers on his behalf so that he can get a job. You can help them when they are in trouble. When they are unemployed, that is when you offer your help the most*' (NW-YW, 127-130). Furthermore, if they are able to assist in securing a job for an unemployed neighbour, they do so: '*To those who are looking for work –try means to secure a job for this person from our places of work and they look at their workplaces for job*' (EC-YM, 67-69). The above inserts indicate the active involvement of younger men and women in supporting each other to find employment and thus gaining financial independence.

Joining existing entrepreneurial projects is encouraged to ensure that one becomes financially independent, especially when the prospects of finding employment are bleak. The young men from Lesotho agree that '*We would advise them on the point of projects, maybe if there is any in the village, like we have seen that there are projects like chicken rearing, and maybe we could help her to go there to wash some chickens like that, maybe we would even give her some money to start her own business or to help her at that point*' (LS-YM, 256-261).

### ***Networks and organisations***

*Organisations* are defined as *networks* for providing self-employment (entrepreneurship) and providing knowledge, skills and education on how to sustain the identified projects within an



organisation –thus contributing to the economy of the country (Portes & Landolt, 2000; Weisner, 2005). This subtheme shares the skills gained in identifying, joining and sustaining projects, thus leading to financial independence. In Lesotho, the older men referred to existing organisations (smart partnerships) that have proved sustainable in communities as indicated in the following insert: '*We now form a smart partnership with such a person. Smart partnership with such a person is to share agriculture*' (LS-OM, 5-7). Again the skills of networking and collaboration are applied to form organisations or networks that serve the purpose of helping each other by amassing resources (financial and physical) for sustenance and preservation of the community's resources. A group of older women from Lesotho remarked in this regard: '*Then we make a small group as older women and form a society of R5s*' (LS-OW, 72-73).

The process of forming communal organisations that aim to sustain and amass resources for the benefit of all by using the principle of a *stokvel*, results in a society. A society is an organisation formed by a community of people to serve a particular purpose of support. It mostly includes physical (providing services) and financial support, membership is drawn and rules are enforced where representatives are selected to serve in particular roles. The formation of a society is sometimes informed by the needs of the community, family or specific members and mostly defined by gender and other roles, e.g. men, women, family members only, divorced women, etc. The main purpose of the society is to collate resources (mostly money) and save it for future adversities like death or celebrations like weddings. Being part of a society offers a form of security (like insurance) because you are sure they will cover some of the cost when you are most vulnerable (e.g. when there is a death). Furthermore, the society offers social and physical support and sharing of resources. This is well illustrated in the following inserts: '*Again, another basic thing is that, when one is unemployed, my friend or neighbour is unemployed, truly here where we live with him/her, there are many societies, those that many people can find livelihood from. He/she can join that society which collects some contributions and keeps it so that when the year ends he/she can get some dividends to feed the kids and also the mother and the father in the family*' (LS-YM, 200-206). Nsamenang (1996) and Zimba (2002) also report on the sharing of resources.



The gender roles in organisations are emphasised by the older women of the Eastern Cape: '*We go collectively as neighbours and convene, we do have women in our community that are active in their organisations, it's like this and that in that particular household what do we do? no lets go out and meet with others and collect /gather whatever we can get, we approach undertakers (vantyi), we even go to local businesses, we have this shop in our neighbourhood, we usually involve him and share the problem, he will give us contribution to meet us halfway, that is what we do as neighbours'*' (EC-OW, 48-55).

Government organisations are also identified as sources of support to the community and families in need. The role of government in the provision of support is well illustrated by the following insert: '*I must accompany her to social worker, he/she will get assistance, food, I'll say come at least you will get something, a ration of food enough to feed for the month, because sometimes a person doesn't know what to do or were to go to get help maybe for example the person stays alone, and as his neighbour I'll say, I thought about visiting him and accompany him to social services were he can get assistance every month with food parcels, it's not going to be the same like not having food*' (EC-YW, 84-92).

- **Spiritual support**

This category of support played a significant role as most communities reported praying at the house of those in need or bereaved. Older men in Lesotho and Eastern Cape reported conducting prayer sessions: '*When sickness befalls our neighbour we bring them a word of prayer and hope...and hold a short service and pray for them so that they know they are not alone*' (LS-OM, 130-131; EC-OM, 137-138). Emphasis is repeatedly placed on giving people the assurance that they are not alone. The community serves as a strong support system for its members. Prayer is considered a strong form of spiritual support within communities, especially when tragedy has befallen a particular person or family. The young men in Namibia also reported that prayer plays an important role in their lives and gave instances: '*If a couple breaks up or they have a fight? So we looking into a prayer guidance where the neighbour prays with the kids and have a spiritual moment with the kids that even if your mom and dad*



*'are not together this is how life is and this is how you prosper'* (NM-YM, 241-245). Masango (2005) also acknowledges the importance of spiritual support.

The young women in North West indicated that: '*We can also encourage them by prayer. When we go as neighbours and conduct a praying session that is how we can help encourage them*' (NW-YW, 170-172). In Namibia the younger women reported: '*...most of us we are Christians and we have different religion but what we do is that we try to pray, you know, give that emotional and spiritual strength to that family so that they can be uplifted and its easier for them to go through that pain*' (NM-YW, 294-298).

Contrary to expectation, the older women seemed silent about prayer. The expectation would have been that this group would be more vocal on prayer and would be expected to pray more. The younger generation in all regions, including Lesotho and Swaziland, did not seem to emphasise prayer either. The older women in Namibia were the only group from this site who reported on prayer: '*...we also go to the churches to speak to the elders of the church or to the pastor just to give moral support to the person*' (NM-OW, 82-83); '*...if you know your neighbour very well and the death occurs you go to your neighbour and give them your spiritual support, luckily from our church we got a wonderful, we used to have a wonderful pastor*' (NM-OW, 193-195).

- **Emotional support**

*Emotional support* is offered in many different ways that may generally be described as sharing a problem: '*Your problem is my problem, meaning do not laugh at me when I have problems, rather help me*' (NW-OW, 40-41). Support was reported mainly among older generations in Gauteng, Lesotho, Swaziland, North West and Namibia. The following vignette demonstrates the spirit of emotional support among community members: '*You should offer a shoulder to cry on when your neighbour comes to let you know what has happened. Listen to them, sometimes you help by just being there to listen*' (NW-YM, 104-106). '*...so when you talk to the person you encourage the person by telling the person that this is not the end of their life, just to take life easy to see where he can start a new life*' (NM-OW, 111-113).



The younger female respondents from Swaziland and Namibia indicated that: '*We give them our support if they are faced with such a situation as soon as we hear the sad news and hold a short service and pray for them so that they know they are not alone*' (SD-YW, 128-132). '*And then we have emotional and spiritual support*' (NM-YW, 293-294); '*...so what we do as neighbours we just take in the kids and give the emotional support, the love and the care to that certain child*' (NM-YW, 300-302); '*And then we have the emotional support and the marriage force*' (NM-YW, 258). In North West, the younger women agreed that: '*Yes... a neighbour is a person that you can cry to, meaning when you have problems and you can go to this person*' (NW-YW, 118-121). Lesotho older men emphasised that: '*We are known for supporting each other*' (LS-OM, 45-46).

Although men are generally regarded not to show emotional support, they may actually offer support through other members of the family. The Swazi younger men made a similar observation, namely that '*we give our neighbour comfort if they have lost their loved ones, we do that by giving them support while they are in mourning. We lend a helping hand*' (SD-YM, 109-112). This is a customary practice among communities to offer emotional support. The Swazi young men further stated: '*We stay with them during the sad time*' (SD-YM, 114-115). Emotional support can also extend to relational support, like where young women in Gauteng indicated that: '*So if my neighbour is being abused, we support them emotionally and tell them that neighbour lets go to the police station and tell the police that this person is abusing you*' (GP-YW, 183-186). In the past, relational issues such as abuse were dealt with in the family. Currently there seems to be change, as law enforcement agencies are becoming more and more involved (Taylor *et al.*, 2005).

#### **5.2.2.3    *Health support***

This subtheme relates to *health support* structures within the context of care and support to children and people in need. The inclusion criteria include any health support in the form of caring and supporting people in need, such as accompanying others to clinics, visiting sick people, collecting information for sick people, assisting with medical aid or providing medical



treatment. Categories include clinic visits and related care, and the provision of medical treatment (Memela & Makhaba, 2013).

- **Clinic visits and related care**

The category *clinic visits and related care* relates to health support to sick people and collecting information on behalf of people in need of medical support. Both men and women reported on the significance of caring and supporting practices such as accompanying others to clinics, visiting the sick and collecting information for sick people. Younger women from three provinces (Limpopo, Eastern Cape, North West) reported that '*... in the case of illness, we collect medication from hospitals/clinics on behalf of the sick*' (LP-YW, 60-61); '*When my neighbour is sick... I take him to clinic, I check his clinic book and check when last he visited the clinic, maybe he is sick and he last visited the clinic last year. When we visit, they will check and give him a right date, check if he takes proper medication and hasn't defaulted his medication before sickness overpowers him*' (EC-YW, 106-113); '*...they are very sick, you can assist by being there to help, offering support and going with them to the clinic. You can also help by checking the time for how their medication is taken. When I say how the medication is taken, you would have gone with them to the clinic and heard the times that the medication should be taken. With this medication, you as a neighbour can check if they have eaten before taking it because they need to have eaten first*' (NW-YW, 144-152).

Younger men from the Eastern Cape reported assistance in the form of looking out for the person and providing medical aid assistance: '*When he is sick, we see mos that the family ... it's our duty to look out. If he needs a doctor –we sign (using our medical aids) for him, we avail our medical aid scheme*' (EC-YM, 70-73). Younger men in Namibia also reported on their personal involvement: '*You assist them take them to the nearest health care centre*' (NM-YM, 251-252).

Older men in Lesotho and Limpopo reported on their assistance in this category: '*When he is sick, or one of his family members is sick, here we assist by taking the person or people who are sick to see the doctors, where they will get medical assistance. It might be at the clinics or the hospitals, wherever they will get appropriate help, that important assistance*' (LS-OM, 25-28); '*...if he is very sick and needs an ambulance I will get an ambulance to take him to the*



*hospital' (LP-OM, 109-111). Only the older women in the Eastern Cape and Namibia reported help in this category: '*... accompany sick person to hospital /clinic ,we select /elect one woman who volunteers to accompany patient to clinic, that's how we assist as community so that the person concern won't go alone*' (EC-OW, 35-38); '*In case of illness we give also give the moral support to encourage the person to see the doctor*' (NM-OW, 91-92); '*Ok but why don't you try this medication why don't we go to a traditional healer somewhere or come let's go to the hospital'*(NM-OW, 146-148).*

- **Provision of medical treatment**

This category includes caring and support practices through the provision of any form of medical treatment to children and people in need of medical support. Only participants from four regions (Lesotho, Gauteng, Swaziland and Namibia) referred to assistance in this category. Although both men and women reported on the significance of providing medical treatment, older men were silent on this subtheme. Only younger men from Lesotho reported on assisting sick people to take their medication: '*In those words I mean I would be able to assist him/her to take his/her daily medication in a proper way*' (LS-OM, 218-219). Younger men in Namibia reported providing traditional medication and formulas for curing illnesses: '*You provide them with traditional medicines especially in the villages, our old people have a lot of recipes for example if I have a flu my grandmother has a beautiful recipe how to cure this flu so you also give that*' (NM-YM, 252-255).

Younger women from two sites (Gauteng and Swaziland) shared information on this subtheme: '*We want to be sure that the neighbour drinks their medications properly*' (GP-YW, 150-152); '*...take their medication in cases where they are lying down and can barely do anything for themselves*'(GP-YW, 138-140); '*... help them drink their pills and also help them to eat*' (SD-YW, 153-154). The younger women from Namibia reported on providing traditional medical care and support for women in labour as a form of initial management during child birth: '*The period when hospitals were far especially in rural areas. So what we do as a neighbour you have an elder at home and you know that my mom is about to give*



*birth either you run to your neighbour or call an old person come help your mom give birth this is what to do and what not to do' (NM-YW, 334-339).*

Within the older women group, only women from Lesotho and Namibia reported on the provision of medical treatment by highlighting the importance of providing healthy *ancient* food in the form of medical treatment: '*I believe that these kinds of food, the food we eat these days have several names, in fact as Basotho, the reason we now suffer many illnesses is because we don't eat those ancient wild vegetables, you are now looking unto these things like apples, cheese, you name them. If you could give a sick person those ancient wild vegetables, I know them and you don't, it is said that my group...this one of my age... You truly don't know them. Yes! These wild vegetables have very good medicinal fluids. Yeah! It is said they are found there at Ha Tlali, so those wild vegetables, when your friend gets ill, and you start giving them those, you help build her immune system, truly she becomes better'* (LS-OW, 112-122). The older women from Namibia indicated that they were also aware of the point at which the illness required professional care: '*We help to give medication to that person and then we also help to take that patient to the hospital to see the nurses and maybe if the situation is worsening we take ... the person to the hospital'* (NM-OW, 96-99).

#### **5.2.2.4 Educational support**

The subtheme *educational support* refers to any of the resources related to the provision of education-related support to families and children in need. This subtheme includes the following categories: school attendance and fees; homework assistance; school uniforms (Letseka, 2013; Owusu-Ansah & Mji, 2013).

- School attendance and school fees**

This category includes reference to any support to families in need to assist their children in attending school. It was mentioned in two regions (Eastern Cape, Swaziland) and reported by older women only. Older men and all youngsters were silent on both school attendance and school fees. Women in the Eastern Cape referred to assisting neighbours with school fees: '*we as community members, neighbours, we assist by paying children's school fees'* (EC-OW,



30-31). Older women in Swaziland emphasised the role of the neighbours in supporting children to attend school: '*That even goes to an extent where even her children do not go to school and it is up to the neighbours to come together and see to it that the children are taken back to school and provide his or her family with food*' (SD-OW, 72-75).

- **Homework assistance**

This category includes any support to children with academic-related activities. It was mentioned only by the younger women from Limpopo: '*We also assist them with their homework*' (LP-YW, 79-80).

- **School uniforms**

This category refers to the provision of support in the form of school clothes. It was evident in two regions (Gauteng and Limpopo) and reported by only older men and younger women, as evident in the following extracts: '*If the neighbour does not have anything we help them out with food, we help out with clothes, and the neighbours children so that they can go to school and be like other children*' (GP-OM 9-12); '*We buy them school uniform, others do not have school uniform. What we do is we get together and collect whatever we have and buy them whatever they need; it can be uniform or school shoes*' (LP-YW, 72-75).

#### **5.2.2.5 Material resources**

This subtheme refers to the specific *material resources* that are provided by the community to support and care for people in need. The inclusion criteria comprise any form of material support. Specific categories of material resources are natural resources (agriculture, livestock, water and wood), household resources (food, clothes and home-ware) and money.

- **Natural resources: Agriculture, livestock, water and wood**

The natural resources category involves data related to the use of natural resources in care and support, and includes subcategories of agriculture, livestock, water and wood. The first subcategory refers to the provision of agriculture as a form of material support, irrespective



of the mode or strategy of resource provision. It was evident in four regions (Limpopo, Lesotho, North West, and Gauteng) among participants in all age and gender groups. Older men from two regions (Limpopo and Lesotho) mentioned agriculture as a form of material support in the following ways: '*If someone is struggling we will help them to plough, others do not have livestock, if I have donkeys my donkeys will assist my neighbour when he is ploughing, if I have a tractor it will also assist*' (LP-OM, 100-104); '*... to share agriculture. This is crop production. It is known that crops especially vegetables we grow in our gardens*' (LS-OM, 7-9). Similarly, older women from Lesotho, North West and Namibia reported on different agricultural practices as a form of material support to people in need: '*During the planting season we help the families to plant and plough using our donkeys to plough so that they can also harvest at the same time with us*' (LS-OW, 27-30); '*I assist her to have a small vegetable plot*' (LS-OW, 177); '*If the neighbour has no ploughing means, the neighbours come together and make contributions to make it possible for him to plough, plant and have something to eat for his family*' (NW-OW, 64-67); '*I'll buy you a seed, at the end of your yard you can plant the small things, carrots and vegetables and all those things so you can be on your two feet again*' (NM-OW, 215-217).

Younger men from Limpopo and North West reported on buying seeds and ploughing the land for planting vegetables, as a way of providing agricultural material support: '*In this case the family will be encouraged to plough vegetables*' (LP-YM, 6-8); '*Another thing that we do not take note of, is we buy expensive vegetables, when you and your neighbour can make your own garden and plant tomatoes, onions. Not because you can afford but as a form of you showing them the way, in order to be self-sufficient*' (NW-YM, 99-103). Similarly, younger women in Gauteng and Limpopo reported on assisting people in need through assisting them in their gardens: '*If the neighbour needs help with ... the garden*' (GP-YW, 146-147); '*Others we make vegetable gardens in their homes so that they can eat*' (LP-YW, 63-65) (Makinde & Shorunke, 2013; Warren, 1991).

The livestock subcategory involves the provision of material resources in the form of livestock, irrespective of the mode or strategy of resources provision. Only older men and women reported on this category and none of the younger participants voiced animals as a



form of material support. Older men in Lesotho reported on the sharing of animals with people in need: '*So that they work in the gardens and take part in the rearing of animals and so that we help each other.*' '*Such animals, when the friend or neighbour doesn't have them, when I have them, we also call them his. That's because we encourage such a person as Basotho. We are known for sharing and lending so that he would have his to be a fortune to him in this way. His kids will attend school; they would also be clothed through the help of the above products, those of crops, vegetables and animals*' (LS-OM, 15-22). Older women in Limpopo equally expressed the use of animals to provide support: '*During the planting season we help the families to plant and plough using our donkeys to plough so that they can also harvest at the same time with us*' (LP-OW, 27-30).

The water subcategory refers to the provision of water as material support, irrespective of the mode or strategy of resource provision. This sub-category was only evident in Swaziland and Limpopo, and reported by older men, younger men and younger women, as is shown in the following extracts: '*Some women lend a helping hand by fetching water and firewood so that the neighbour may feel the warmth of having both men and women as neighbours*' (SD-OM, 27-19); '*... we give them our support, the women fetch water*' (SD-YM, 117-118); '*...and get water for them. Others are unable to go and get their own water*' (LP-YW, 70-71); '*fetch water for them*' (SD-YW, 127-128).

The next subcategory refers to the provision of wood as material support, irrespective of the mode or strategy of resource provision. It was mentioned by all groups of participants in five regions (Lesotho, Limpopo, Swaziland, North West, Gauteng). The Eastern Cape was silent in this category. Older men from three regions (Lesotho, Limpopo, Swaziland) referred to the provision of wood in the following ways: '*We do menial works, like to do chopping and collection of firewood*' (LS-OM, 42-43); '*Sometimes it is cold the neighbour is unable to go to the forest to get wood. We assist by getting the wood for fire especially during winter so that the family is kept warm*' (LP-OM, 104-107); '*Some women lend a helping hand by fetching water and firewood so that the neighbour may feel the warmth of having both men and women as neighbour*' (SD-OM, 27-19). In a similar way, older women from Swaziland, Limpopo and North West referred to the provision of wood in the following ways: '*When the*



*neighbour is bereaved, the community goes out to collect firewood for them because they are in mourning* (SD-OW, 67-69); ‘...build them a room which she/he can share with her children, the room will be kept warm by firewood’ (LP-OW, 32-34); ‘When the neighbour is bereaved, the community goes out to collect firewood for them’ (NW-OW, 67-68).

Younger men from four regions (Gauteng, Limpopo, Swaziland, Lesotho) reported on collecting and chopping wood as a way of providing support to people in need: ‘... or go into the bush and get them wood which will be used for cooking’ (GP-YM, 204); ‘... go into the bush and get them wood’ (LP-YM, 3); ‘... we give them our support, collect firewood’ (SD-YM, 116-117); ‘We assist by chopping some firewood... as the young men of the whole village to chop some wood’ (LS-YM, 229-232). Younger women from two regions (Limpopo and Swaziland) reported on collecting of firewood as a form of material support for people in need: ‘We also get wood from the bush and assist’ (LP-YW, 52-53); ‘We also assist them with firewood’ (LP-YW, 69-70); ‘We collect firewood for them’ (SD-YW, 126-127).

- **Household resources: food, clothes and home-ware**

The household resources category consists of all non-natural resources used on a household level for care and support. The category includes the following subcategories, food, clothes and home-ware. The first subcategory refers to the provision of food as material support, irrespective of the mode or strategy of resource provision. It was evident in all seven regions (Swaziland, Limpopo, Lesotho, Gauteng, North West, the Eastern Cape and Namibia) among participants in all age and gender groups. Older men in four regions (Swaziland, Limpopo, Lesotho, Gauteng) referred to the provision of food as a means of material support to people in need: ‘You help your neighbour when they are in need, when they are hungry, whenever they are in need of something’ (SD-OM, 3-5); ‘We also assist with the slaughtering of the cow if they are going to slaughter a cow. In most cases a cow is slaughtered so that there’s enough food’ (LP-OM, 93-96); ‘That is where we will provide help in this way; and food that they eat healthy and fresh food. Not the rotten food, we give him appropriate food for that time, so that he eats and never leave some leftovers’ (LS-OM, 30-33); ‘If the neighbour does not have anything we help them out with food’ (GP-OM, 8-10).



Older women in six regions (Limpopo, Eastern Cape, North West, Swaziland, Lesotho, Namibia) also offered food as material support, with specific reference to supporting children in need: '*The money will be used to buy vegetables, meat*' (LP-OW, 58-59); '*We as community members... give him/her food so that he can feed the children*' (EC-OW, 30-32); '*To buy food or clothes for a child, more so winter clothing*' (NW-OW, 46); '*That even goes to an extent where even her children do not go to school and it is up to the neighbours to come together and see to it that the children are taken back to school and provide his or her family with food*' (SD-OW, 72-75); '*And also by seeing to it that the food for that work is readily available*' (LS-OM, 43-44); '*We give the food to the people who are in need; I can also be in need. If you are a single mother but you cannot afford to give food to your house we take your name and give your name to these people and at the end of every month they give you something so that you cannot go in an empty stomach or you cannot go and steal*' (NM-OW, 202-207); '*If you've got no food at home, you can always ask your neighbour can buy you food; can I assist you, can I buy this 5kg?*' (NM-OW, 214-215).

Younger men in Limpopo referred to the problem of hunger and providing food as material support: '*The second problem we have in rural communities is poverty and hunger...and in some instances they will be given mealie meal and beans*' (LP-YM, 8-9). Younger men in North West and Lesotho also elaborated on providing food as a means of material support, as is evident in the following extracts: '*When you have enough food, you should not waste when you are full, offer them leftovers. Invite them for supper or offer food and invite yourself*' (NW-YM, 96-98); '*Again I would assist him/her with giving him/her some food. Food I mean apples, bananas, or any food*' (LS-YM, 222-223); '*We would give out some food... We would slaughter the animals and help the family with livelihood*' (LS-YM, 235-237).

Younger women in the Eastern Cape, Limpopo, Lesotho and Namibia also referred to the provision of food as material support: '*He/she will get assistance – food, I'll say come at least you will get something, a ration of food enough to feed for the month, because sometime a person doesn't know what to do or were to go to get help maybe for example the person stays alone, and as his neighbour I'll say, I thought about visiting him and accompany him to social services were he be get assistance every month with food parcels ,it's not going to be the same*



*like not having food*' (EC-YW, 85-92); '*The other one is food parcels. What we do is people will bring whatever they have and we give to the family, one would bring tinned fish, another one tinned corned beef*' (LP-YW, 66-69); '*When one of her family members is sick, we would give her some food*' (LS-YW, 263-264). Similar to older women, the younger women in North West also referred to the provision of food to children: '*In hunger you can share with them the little that you have. Whether it being food or you have a bit more, you can share with them so that they and their kids can have something to eat*' (NW-YW, 135-137); '*We contribute money just for them to buy either food for the funeral*' (NM-YW, 291-292); '*So what we do as neighbours is we come over with food, soup just to give strength to the mother. We come with a bottle of milk or just give fresh milk to the baby if the mother is not able to breastfeed or make soft porridge for the baby*' (NM-YW, 330-333).

The next subcategory refers to the provision of clothes as a form of material support, irrespective of the mode or strategy of resource provision. This category emerged in six regions (Gauteng, Limpopo, Lesotho, North West, Swaziland and Namibia) and among older men, older women and younger women. This means that younger men and all participants in the Eastern Cape were silent on this category. Older men in Gauteng and Limpopo reported on the provision of clothes as material support: '*If the neighbour does not have anything we help them out ... with clothes*' (GP-OM, 8-10); '*We can give them clothes that no longer fit us so that they can wear themselves and their children*' (LP-OM, 83-85). In Lesotho, the older men also reported on the washing of clothes as a way of providing support: '*... and see to it that we wash their clothes*' (LS-OM, 36).

Older women in Limpopo also referred to clothes as a means of material support: '*We sometimes give them the clothing that no longer fit us*' (LP-OW, 24-25), while older women in North West specifically referred to the provision of clothes for children: '*To buy food or clothes for a child, more so winter clothing*' (NW-OW, 46). Older women in Namibia also mentioned the giving of clothes: '*In case of poverty also neighbours will also help out with food and clothes it is not uncommon that when you have something that you don't use anymore you don't think about throwing it away at first. First think who can I give it to that*



*may use it again who can I give it to, my neighbours might use this food or this old clothes to wear and so on (NM-OW, 151-155).*

Similarly, younger women in Gauteng, North West and Namibia also made specific reference to clothes as material support to children: '*... help them pack clothes for the baby... when your baby comes out of the hospital they must leave with clothes on and not with the hospital gown because the hospital does not give out gowns*' (GP-YW, 169-176); '*We can also help with clothes. When you have clothes that don't fit your child anymore, you cannot just stay with them. Let us help one another, and give them, give them to children that need them so that they can have something to wear*' (NW-YW, 138-142). Younger women in Limpopo, Swaziland and Lesotho referred to clothes in general as a way of supporting people in need: '*We also donate some of our old clothes if they do not have clothes*' (LP-YW, 65-66); '*In cases where our neighbour is poor or needy, we give them clothing items and share with them whatever little we have*' (SD-YW, 143-144); '*When one of her family members is sick, we would give her some... clothes*' (LS-YW, 263-264); '*Your neighbour brings those little gifts, the baby clothing, nappies, the mother doesn't worry that much about having to go and buy nappies, baby clothes and everything because my neighbours and my friend already given me something*' (NM-YW, 313-317).

The last household resources subcategory refers to the provision of any equipment, home-ware or goods used in a household as material support, irrespective of the mode or strategy of resource provision. It was evident in two regions (Lesotho and Gauteng) and only prevalent among the younger men and women. Younger men in Lesotho referred to specific home articles as a form of material support: '*I am saying I can give him/her salt when he/she needs salt, matches when he/she needs matches. I would give him/her candles when he/she need candles*' (LS-YM, 184-186). Younger women in Gauteng and Lesotho referred to '*the nappies,... and the baby's blanket*' (GP-YW, 171-172), and added that '*When there is a funeral we could contribute by helping her to cook, to lend her some equipment*' (LS-YW, 268-270).

- Money



This category refers to the provision of money as material support, irrespective of the mode or strategy of resource provision. It was evident in five regions (Eastern Cape, Lesotho, Swaziland, Limpopo and North West) among participants in all age and gender groups; and in Namibia among the older women, as well as younger men and women. In the older men group, only the participants from the Eastern Cape referred to money as material support: '*When person passed away we ... donate R20 ... and state my case that I'm not okay financially; he will give me something if he's got something*' (EC-OM, 7-12). Older women in Lesotho reported on money being earned as a result of executing tasks or work, and the importance of using money wisely: '*This helps my friend not to always beg. She has started here where she knows that washing another woman's windows is to make money*' (LS-OW, 78-80); '*The government can't give all of you jobs, give yourself one by washing, cleaning our yards, plant some beautiful flowers and the money we give you, live on it. What does it mean to live on it? It means that when you have got the least you got, don't go away with it, make sure you buy something like mealie-meal and bring the change here, it's said that we help each other in Sesotho*' (LS-OW, 85-91); '*In death we support each other morally, financially and physically. So you go and then give something, you give in kind*' (NM-OW, 58-59).

Younger men in four regions (Swaziland, Limpopo, Lesotho, Namibia) reported money to be an important source of material support, as is evident from the following extracts: '*We lend a helping hand in doing what is required of us such as ... make donations and give them money*' (SD-YM, 111-113); '*...we help them with money*' (LP-YM, 2). Younger men in Limpopo refer to money as a means to an end: '*Nowadays if a person is ill he/she borrows money in order to consult a doctor*' (LP-YM, 13-14). In a similar way, younger men and women in Lesotho referred to the importance of not only providing money, but of using it wisely: '*And we had this thing that we can give him/her money. Giving him/her money... Giving him money doesn't mean saying "take this money and go and get drunk". Money is some form of assistance I will help with, with some instructions attached, because I see that he/she is in need, I will say "take this money and see what sustainable project you can start with it"*' (LS-YM, 186-192); '*...we go help them out with all they need, we also give financial contribution, we also assist with the funeral arrangement*' (NM-YM, 241-243); '*In job loss we give financial*



*assistance to your neighbour, if your neighbour is kicked out of their house because of rent you can take them in until they can get back on their feet' (NM-YM, 245-248); '...maybe we would even give her some money to start her own business or to help her at that point. As we have given her some money, we would direct her on how to use it' (LS-YW, 260-262).*

Younger women in the Eastern Cape, North West and Swaziland only reported on the provision of money as a means of support, but did not make mention of specific prescriptions regarding the use of the money: '*We make donations of R2 and buy food for people*' (EC-YW, 121); '*Collect donations of R10*' (EC-YW, 125); '*We can offer money*' (NW-YW, 179); '*Make donations and give them money if that is what they need*' (SD-YM, 113-114); '*We contribute money just for them to buy either food for the funeral*' (NM-YW, 291-292).

#### **5.2.2.6 Employment support**

*Employment support* was reported strongly in Lesotho by younger men who referred to specific strategies of engagement in income-generating projects such as chicken rearing. '*We would advise them on the point of projects, maybe if there is any in the village, like we have seen that there are projects like chicken rearing, and maybe we could help her to go there to wash some chickens like that, maybe we would even give her some money to start her own business or to help her at that point. As we have given her some money, we would direct her on how to use it*' (LS-YM, 257-262).

Younger men in Namibia spoke of supporting individuals until they were able to find employment and get back on their feet: '*In job loss we give financial assistance to your neighbour, if your neighbour is kicked out of their house because of rent you can take them in until they can get back on their feet. You provide them with guidance and motivation*' (NM-YM, 245-248).

- Job opportunities**

The younger women in the Eastern Cape reported on the custom to accompany the neighbour to go in search of any *job opportunities*. '*Secondly, when I see my neighbour has lost employment we search for job/work, it's like that mostly when one of us is unemployed we*



*laugh at each other, so it's better that I encourage her to join me and look for a job' (EC-YW, 93-96).* Younger men in the Eastern Cape reported that they often tried to persuade their places of employment to consider their unemployed friends. The older generations were generally silent on the matter of employment. This apparent lack of concern is curious, as the older generation might well have to get back to work through informal employment, given the hardships faced by many in the communities.

Lesotho participants were also exemplary in the ways they encouraged employment within the realm of conditional financial support. Emphasis was placed not only on formal employment, but also on proper use of financial support as explained in the following manner by the young men: '*Giving him/her money... Giving him money doesn't mean saying "take this money and go and get drunk". Money is some form of assistance I will help with, with some instructions attached, because I see that he/she is in need, I will say "take this money and see what sustainable project you can start with it". This means, I try to say, I would give him/her money after he/she starts a small business, because he/she can't afford to start a big business'* (LS-YM, 188-194).

- **Enterprise support**

Informal employment appears to be another area in respect of which many people in the community need support. Sometimes this is known as *enterprise support*, and the Lesotho older women caution as follows: '*The government can't give all of you jobs, give yourself one by washing, cleaning our yards, plant some beautiful flowers and the money we give you, live on it*' (LS-OW, 85-88). Support seems to be both at the intellectual level and at the practical level by assisting with money to enable job creation. Lesotho younger women reiterate support indicating that'*...maybe we would even give her some money to start her own business or to help her at that point*' (LS-YW, 256-261). The conditional financial support is intended to help the individuals to create their own enterprises and in this way they may be able to create jobs for others too!



## 5.3. Discussion of findings

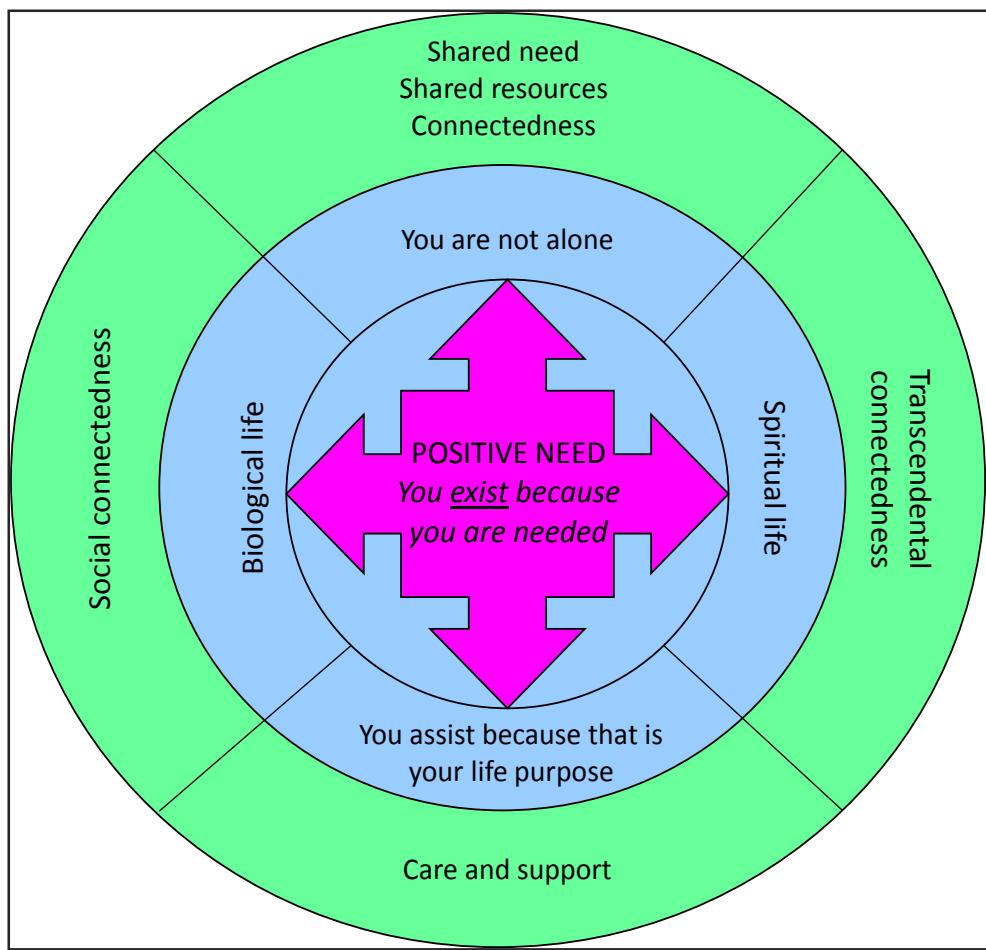
### 5.3.1 IKS care and support beliefs

#### 5.3.1.1 'You have value because you are needed'

In a philosophic sense, *positive need* together with *continuity of connectedness* lies at the core of indigenous knowledge on care and support. *Positive need is a driver for life* (whether biological or spiritual) *and meaning in life*. Positive need is central to man's life purpose, a veritable IKS *raison d'être*. Positive need is also central to being born or dying. When ancestors need you, you die to return to them to assist with a particular cause. You are born because the living needs you to contribute to quality in life. Need carries positive connotations and is not negatively scripted. Need implies that your existence and participation in life (or death) is essential. Positive need indicates that your particular presence and activity are not peripheral but a necessity for others' well-being. In fact, when others need you and you can provide care and support, you are able to validate your existence: you are then living your life purpose. In essence, your life has meaning when you are able to respond to the need of others. Consequently, providing help (giving care and support) is an IKS pathway to experience life as meaningful, have life satisfaction and feel pride.

From this perspective it also follows that the person experiencing need is not pitied – the view is that need is an essential part of adding value to life. Everyone will experience need (need is normative). Everyone will require support. Everyone provides support. Accordingly, providing help (giving care and support) is an IKS-mandated action. Vigilance to be aware of need (monitoring well-being and need) thus seems natural: if you detect need, this is positive as it provides you with an opportunity to act, to contribute, to be the person you were called (needed) to be. For care and support, the implication is that vulnerability provides a spectrum in which people may respond to be 'good neighbours' – as was often voiced across age, gender and regional groups in our study. IKS reciprocity maintains that it is acceptable to withhold care and support to a person who does not conform and does not care for and support others in need.





**Figure 8: Continuity of connectedness circle**

### 5.3.1.2 ‘You are never alone because you are needed’

*Positive need is also a driver for relational connectedness*, in other words I exist because I am needed, and this need links me to others so that I am always in relation to others. In biological life this reflects social connectedness and in spiritual life this relational domain is transcendental connectedness. IKS thus add to social connectedness theory by positing continuity of connectedness, where social connectedness and transcendental connectedness pivot around the centrality of positive need. The continuity of connectedness implies that, whether in life or afterlife, one exists in relation to others and you are never alone.



This stream of connectedness has implications for proprietorship. Needs, resources and care and support are jointly shared – not individually owned. Any problem is ‘our’ problem and we donate a spectrum of capacity and resources (of which we are custodians) for one another to all take care of the challenge. Because you exist in relation to others, are linked by the inevitability and value of need and assistance, resources are seen as shared; to be used jointly as the need arises. Capital is communal. Scarcity of capital (of one) is absorbed in a consortium of small and large-scale parcels of capital, hence constituting abundance. The many mini-bundles of resources serve as stockpile from which to contribute as required by a particular need.

#### **5.3.1.3 ‘We contribute adequate resources for productivity’**

Philosophically, the positive outcome of IKS care and support is productivity, and a maladaptive outcome involves remaining passive and a care burden. The implication is to provide, from the collective supply, adequate resources to engender activity by the receiver who can use donations for enterprise, productivity, and a sense of accomplishment. The objective of IKS care and support is not to cause scenarios of continued need, where someone expects contributions and remains passive without agency and responsibility to contribute to a collective investment in their providence. Coincidentally, in terms of the continuity of connectedness, this philosophy holds true for both life and death. Burial practices traditionally include donations, which may be used in the spiritual life to be a productive contributor to the transcendental relations.

#### **5.3.1.4 ‘Children always need us and we always help them’**

IKS philosophy prioritises children for care and support. Unsurprisingly, where vulnerability in a child is observed, all and sundry will respond. The full cache of combined resources will be used to innovate support to children. Irrespective of scarcity in capacity and resources, aid will be provided. Existing care structures will be used to disburse the donations. Care societies will be leveraged to monitor how contributions are used to support children. Support to children includes the broad spectrum of care. Psychosocially, children’s well-being is



supported by for example elders providing advice, motivating and comforting children, and giving spiritual guidance. Children's health is supported by adults taking them to clinics and overseeing their medical treatment. Educationally, children's access to schools is possible by donations of school uniforms and performance is improved with homework assistance. Materially, children are cared for by the provision of meals, firewood and clothes. To inculcate the philosophy of agency and productivity, children are included in support initiatives by contributing their time and effort – for example in caring for siblings, collecting firewood, and assisting with harvesting.

### 5.3.2 IKS care and support practices

#### 5.3.2.1 '*We look to see who needs help*'

Part of daily life is to be aware of others' needs (possibly as a way to live meaningfully). The continual monitoring and evaluation of need and well-being therefore constitute a key life task. In their connectedness with one another, need is not ignored. Identified need is honoured and acted upon.

#### 5.3.2.2 '*We give what we have according to the need*'

Identified need assumes reaction. The scope of the identified need further determines the care and support response. One's expected care response is based on both the particular need and the available resources. You are not required to contribute more than you have or more than you are able to afford. In this way, philosophically at least, care and support demands do not exceed the supply of resources. Because of the collective response, the assumption is that every small donation of time, effort, idea, or item is sufficient. The entirety of donations will address the identified need. In addition, resources are provided in a way to assist someone to get on his/her own feet again and not to idly expect others to continue to provide.

#### 5.3.2.3 '*We have a heritage of innovations to help others*'



A variety of IKS care and support technologies have been innovated and refined to identify need, disburse resources and monitor progress towards well-being. Care and support structures appear to be gendered and aged, with older women managing societies. Societies not only identify and respond to need, but also serve as smart partnerships that provide development opportunities, cache finances or items for future investment and growth, and monitor accountable use of donated resources to ensure productivity and mutual benefit. Older men equally run smart partnerships aimed at making the best use of time and resources for productivity, be it for agricultural purposes, managing new enterprises or contributing to social gatherings.

Societies capitalise on existing networks. At their very essence, societies are distilled hubs of insider knowledge on available strengths and resources embedded in the connectedness. Such knowledge constitutes an authentic databank of resources that have been used to care and support where vulnerability is evident. The care and support knowledge bank could include information on who may be trusted to comfort children or grieving adults; who could assist with afterschool care of children; who have succeeded in generating money with needlework or vegetable gardens; names of supportive clinic nurses; connections to businessmen who may contribute to feeding schemes.

Besides such resources, knowledge societies also have sophisticated strategies to implement care and support responses. Because of the efforts of generations of members and case studies of many seasonal adversities, societies have adapted strategies by trial and error. Societies use solid practices to identify vulnerability. They know how to lobby for and leverage shared resources (of which government grants or donor funds may potentially form part?) in accountable ways – in fact, monitoring and evaluating resource use is built into the fibre of societies. They are well-practised in the skill of using resources in ways that create wealth for the benefit of many. (Here wealth is measured in terms of quality of life: i.e. health; safe and secure living; access to education and development; sustaining a livelihood; enjoying a sense of belonging; sense of pride; purpose in life. Wealth here is not equal to individual financial profit and advancement).



The IKS mode in which resources can be contributed for care and support includes bartering (exchanging resources rather than selling, exchanging money for services/products); donating or giving a gift (not expecting that the resource has to be returned); borrowing or lending a resource (for it to be returned later to the owner for own use, or to also assist another); and sponsoring time or labour. More often than not, the home is at the heart of such care decisions. Societies, neighbours, friends and families assume that need is felt most intensely in the household. Care and support innovations are therefore focused on the scale of the household.

## 5.4. Recommendations to leverage IKS care and support

Recommendations are built around addressing the following questions:

How can policies on government grants or donor funds (formalised social development)

- become part of shared capital on local level?
- create productivity and not prolong and encourage social burden?

Which embedded care and support innovations can be accessed to

- monitor and evaluate well-being and need?
- determine indicators for well-being and need?
- implement resources for collective well-being?
- monitor accountable use of resources?

Care and support strategies can be *built on a number of IKS assumptions* as listed below.

- Need exists and need is positive (being in need, and being needed is viewed as positive inevitabilities in life as well as an opportunity to contribute meaningfully):
  - Everybody gives help<sup>4</sup>
  - Everybody will require help

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<sup>4</sup> Help = care and support



- Self-worth is aligned with being needed and being able to help (contribute to care and support); hence contributing to care and support throughout life is central to experiencing quality in life (subjective well-being)
- Help is provided irrespective of resource scarcity or abundance.
- Help is provided – whether or not outsider assistance is given.
- Help is structured around existing care and support institutions<sup>5</sup> (with local knowledge of where need is, which resources are required to assist, who and how to assist, how to assist in a way that does not cultivate dependency but expects resourcefulness).
- It is unthinkable not to respond to children's vulnerability by using whatever resources are jointly available.

*Resource provision* as part of care and support strategies should

- *not* target individuals' needs;
- target *communal capital* (grants and/or donor funds or time/labour/expertise is given/bartered/borrowed to societies or partnerships);
- aim at *encouraging agency*, resourcefulness and enterprise (not inertia and dependency);
- *not only constitute giving or donating funds*, but also leverage the range of IKS modes to allocate resources where agency, reciprocity and participation direct resource use (i.e. bartering, borrowing and lending, donating time and effort);
- appreciate funds/grants as one category of donation within a broad pool of valued contributions (not the only prized resource contribution for care and support).

*Resource management* should be aligned with existing IKS care and support technologies and

- build on existing mapped assets (human, social, cultural, financial, infrastructural, ecological capital);

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<sup>5</sup> Every village and neighbourhood has societies and/or smart partnerships managed by older men and women. These are not formally registered NGOs, but locally active organisations and social institutions - part of the embedded social fabric of life.



- partner with time-honoured structures (societies, partnerships) to manage care and support investment;
- invest resources in long-established societies and smart partnerships as accessible structures of communal care and support capital;
- mandate such customary societies/partnerships to
  - be custodians of resources;
  - develop a vision of how donations (as part of broader pools of assets) can generate momentum for collective wealth, health and well-being;
  - implement plans for the collective to participate in using resources for communal development;
  - use their structures to identify and respond to needs based on their shared capital base;
  - monitor and evaluate accountable use of resources provided;
  - control instances where resource provision lead to inactivity, or personal financial enrichment;
  - report on the use of resources for care and support.



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## APPENDICES

### Appendix A PRA Data Generation Schedule of Activities

	<b>Activity</b>	<b>Description</b>	<b>Requirements</b>	<b>Time estimate</b>
8:00 – 9:30	1. Welcome, introductions & background <b>Informed consent</b>	<ul style="list-style-type: none"> <li>Introductions all around.</li> <li>Explain voluntary participation in the project, the purpose of the research and the rationale behind informed consent.</li> <li>Complete informed consent.</li> </ul>	<ul style="list-style-type: none"> <li>120 x Informed consent forms</li> <li>Pens to complete</li> <li>Labels</li> </ul>	<ul style="list-style-type: none"> <li>Approx. 90 min</li> </ul>
9:30 – 10:30	2. Care and support of neighbours / friends in need  <i>(Poster 1)</i>  <i>What would you do traditionally when a neighbour is in need?</i>	<p><b>(Poster 1)</b></p> <ul style="list-style-type: none"> <li>What would you do traditionally when a <u>neighbour/ friend is in need (poverty, job loss, illness, bereavement)?</u></li> <li>You can <u>refer to songs / folk tales / poems / images that illustrate caring for those in need traditionally.</u></li> <li><i>(each group presents its two posters to the other groups).</i></li> </ul>	<ul style="list-style-type: none"> <li>8 x large posters</li> <li>4 x pack of <i>kokies</i></li> <li>Dictaphone</li> <li>Video camera</li> <li>Field notes per group</li> <li>Camera per venue</li> </ul>	<ul style="list-style-type: none"> <li>Approx. 60 min –</li> <li>30 minutes poster 1</li> <li>30 minutes presentation</li> </ul>
<b>10:30 – 10:45 TEA &amp; COMFORT BREAK</b>				<ul style="list-style-type: none"> <li>Tea and refreshments for 100 participants and research team</li> </ul>
10:45 – 11:30	3. Care needs of children and different caregivers involved	 <b>(Poster 2)</b>	<ul style="list-style-type: none"> <li>8 x large posters</li> <li>4 x pack of <i>kokies</i></li> </ul>	<ul style="list-style-type: none"> <li>Approx. 45 min –</li> </ul>



	<b>Activity</b>	<b>Description</b>	<b>Requirements</b>	<b>Time estimate</b>
	<p>(Poster 2)</p> <p><i>What do children need to grow up happy? What do boy and girl children need?</i></p> <p><i>Which needs do children have when? (in which phases, times, at which ages?)</i></p> <p>(Poster 3)</p> <p><u>Who is responsible to provide for all the different care needs of children?</u></p> <p><u>Why does this carer/person/group play this specific caring role (have this specific caring task?)</u></p>	<ul style="list-style-type: none"> <li>• Write down what <u>children need at which times</u> in their lives to grow up happy.</li> <li>• Use <u>green</u> to draw circles around the things <u>girls need</u> on the same poster.</li> <li>• Use <u>blue</u> to draw circles around the things <u>boys need</u> on the same poster.</li> <li>• You can make use of a <u>timeline</u> (0-18 years) to show when children have certain needs, i.e. phases/times/ages of children's needs.</li> </ul> <p>(Poster 3)</p> <ul style="list-style-type: none"> <li>• <u>Who is responsible to provide</u> for all the different care needs of children and <u>why</u> does this carer/person/group play <u>this specific caring role</u> (have this specific caring task)?</li> <li>• Make three columns on poster 5.</li> <li>• List all the <u>carers</u> in a child's life in the <u>left</u> column. The previous poster can help you with this list.</li> <li>• Write the <u>tasks the carers are responsible</u> for in the <u>middle column</u>. The previous poster can help you with this list.</li> <li>• Write the <u>reason why each carer is responsible</u> for this caring role/task in the <u>right column</u>. <i>(each group presents the two posters to the other groups).</i></li> </ul>	<ul style="list-style-type: none"> <li>• Dictaphone</li> <li>• Video camera</li> <li>• Field notes per group</li> <li>• Camera per venue</li> <li>• </li> </ul>	<ul style="list-style-type: none"> <li>• 25 minutes poster 2</li> <li>• 20 minutes presentation</li> </ul>
11:30-12:45	<b>4. Maladaptive traditional practices</b>	<p>(Poster 4)</p> <ul style="list-style-type: none"> <li>• Share examples of traditional care that are bad / not good for people?</li> </ul>	<ul style="list-style-type: none"> <li>• 12 x large posters</li> <li>• 4 x pack of kokies</li> <li>• Dictaphone</li> </ul>	<ul style="list-style-type: none"> <li>• Approx. 75 min –</li> <li>• 20 minutes poster 3</li> </ul>



	<b>Activity</b>	<b>Description</b>	<b>Requirements</b>	<b>Time estimate</b>
	(In which cases do traditional practices of care and support not work?)  <b>(Poster 4)</b>	<ul style="list-style-type: none"> <li>Discuss examples where traditional care and support is not good for people's happiness/well-being. <i>(each group presents its poster to the other groups).</i></li> </ul>	<ul style="list-style-type: none"> <li>Video camera</li> <li>Field notes per group</li> <li>Camera per venue</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes poster 4</li> <li>35 minutes presentation</li> </ul>
<b>12:45–14:00</b>	<b>5. Demographic questionnaire</b>	<ul style="list-style-type: none"> <li>Explain the meaning, and assist with implementation of the demographic questionnaire.</li> </ul>	<ul style="list-style-type: none"> <li>120 x demographic questionnaires</li> <li>Pens to complete</li> </ul>	<ul style="list-style-type: none"> <li>Approx. 60 min</li> </ul>
<b>14:00 LUNCH &amp; COMFORT BREAK</b>				<ul style="list-style-type: none"> <li>Lunch &amp; beverages</li> <li>lunch</li> </ul>



## Appendix B

### Imbeleko Data Collection Schedule

REGION/NATION	DATA COLLECTION DATES	DAY	CITY, LOCATION AND NAME OF VENUE	RESEARCH TEAM
Gauteng	1 August 2013	Thursday	Soweto– Walter Sisulu Community Hall	Liesel, Maximus, Tilda, Vanessa, Tebogo, Liesel, Ruth &Maitumeleng
Swaziland	16 August 2013	Thursday	Siphofaneni Community Hall	Tebuhleni, Tebogo, Maitumeleng &Monaheng
Limpopo	27 August 2013	Tuesday	Bergzight / Sepanapudi Natile Primary School	Ruth, Tebogo, Maximus &Sibusisiwe
North West	2 September 2013	Monday	Rustenburg stadium	Tebogo, Tebuhleni, Maitumeleng& Ruth
Lesotho	7 September 2013	Saturday	Ts'osane Primary Maseru	Maitumeleng, Maximus, Tebogo& Ruth
Eastern Cape	11 September 2013	Wednesday	Diaz Primary School	Tilda,Khole, Tebogo&Tebuhleni
Namibia	8 February 2014	Saturday	Church Alliance for Orphans Hall (CAFO)	Tebuhleni,Tebogo, Liesel &Tilda



## Appendix C

### Informed Consent

#### Informed consent for participation in a study<sup>6</sup>

**Project Title: Imbeleko Traditional approaches to care for children<sup>7</sup>**

**A research project of the Unit for Education Research in AIDS, University of Pretoria  
funded by the Nelson Mandela Children's Fund**

#### Invitation to participate<sup>8</sup>

We would like to invite you to partner with us to understand how you and your community have traditionally cared for children. In this letter we want to tell you about what may happen if you partner with us. You can then decide if you want to partner with us or not. If you agree, you will be asked to sign this consent form accepting our invitation to be a partner in the Imbeleko project. You may refuse to take part in the project or stop at any time without giving any reason.

**Together with you we want to understand traditional ways of caring for children.** The project will take place in four provinces in South Africa (Gauteng, Limpopo, North West & Eastern Cape), in Swaziland and Lesotho. If you agree to be a partner, we will spend some time together talking, drawing and sharing our ideas of caring for children. We will meet twice:

- two days for research activities

<sup>6</sup>To be read to participants who are unable to read it themselves

<sup>7</sup>This project has been submitted for approval to the Faculty of Education Ethics Committee of the University of Pretoria.

<sup>8</sup>If you have a question about your rights as a participant, you can contact the University of Pretoria, Faculty of Education, Ethics Committee at +27 (0) 12 4203751.



- one day for member checking

We do not think anything bad or risky will happen if you partner with us. If problems do arise, you can speak with us and we will consult on the issue, and/or refer you to someone who is best able to help. If there is a serious problem about your safety or that of any other person in the project, we are required to inform the appropriate agency.

We hope that this project will make you feel good about yourself, appreciate the richness of your culture and knowledge about others' cultures, and learn more about the impact of traditional ways of care on children's happiness; however, we cannot guarantee this. There are no financial benefits to this project.

We will keep your name and contribution to the project private – except if it is your wish to be named. If you agree, we would like to take photographs and audio visual footage of you during some of the project activities to use when we share with others what we have learned in Imbeleko.

### **Questions**

Please feel free to ask about anything you don't understand and take as long as you feel necessary before you make a decision about whether or not you want to take part in the project. If you have questions later that you don't think of now, you can phone Prof Liesel Ebersöhn at +27 (0) 12 420 2337 or you can ask us next time we come to visit the region.

### **Informed consent**

(a) After hearing this project information, I would like to participate in the Imbeleko study.

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date \_\_\_\_\_



(b) After hearing this project information, I give permission that you take photographs and/or audio-visual recordings of me.

Name: \_\_\_\_\_ (Please print)

Signature\_\_\_\_\_ Date\_\_\_\_\_

(c) After hearing this project information, I want to be named / not be named.

Name: \_\_\_\_\_ (Please print)

Signature\_\_\_\_\_ Date\_\_\_\_\_

If you have any further questions about this project, you can phone the principal investigator, Prof Liesel Ebersöhn at +27 (0) 12 420 2337.



## Appendix D

### Demographic Questionnaire: English

A	PARTICULARS				
	Questionnaire number				
	Province/Region and site				
	Interviewer's surname and number				

GENERAL INSTRUCTION	
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SECTION 1	BIOGRAPHICAL DATA
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1.1	How old were you on your last birthday?	
	Below 18 years	1
	18- 30 years	2
	31- 40 years	3
	41- 50 years	4
	51-60 years	5
	61-70 years	6
	71-80 years	7
	81- 90 years	8
	91-100 years or older	9



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		Male	Female
1.2	What gender are you?	1	2

1.3	Which age group do you belong to?	
Young man		1
Young woman		2
Older man		3
Older woman		4
Other (please specify in the space below)		5

1.4	What is your highest level of education? (Choose ONE)	
Grade 7 and lower		1
Grade 8-9		2
Grade 10-11		3
Grade 12		4
Post-school qualification: certificate, diploma		5
Post-school qualification: degree		6

1.5	What is your current relationship or marital status? (Choose ONE)	
Married		1



Living together, not married (living with partner)	2
Single (not in a relationship)	3
Divorced /separated /partner died	4
Other (please specify in the space below)	5

## SECTION 2 DEMOGRAPHIC INFORMATION

### 2.1 What language(s) do you speak?

Afrikaans	1
English	2
isiNdebele	3
isiXhosa	4
isiZulu	5
Northern Sesotho (Sepedi)	6
Sesotho	7
Southern Sotho (Setswana)	8
siSwati	9
Tshivenda	10



Xitsonga	11	
Other (please specify in the space below)	12	
<b>2.2 What is your nationality?</b>		
<b>2.3 In which region/province were you born?</b>		
<b>2.4 Do you currently live in the same region/province where you were born?</b>	<b>Yes</b>	<b>No</b>
	1	2

<b>2.5 How long have you been living in the region/province that you are currently living in?</b>	
All my life (I grew up here)	1
1-5 years	2
6-10 years	3



11-20 years		4
More than 20 years		5
<b>2.6</b>	<b>Do you identify with any cultural group/groups?</b>	<b>Yes</b> <b>No</b>
		1      2

If you answered “Yes” to Question 2.6, please answer the questions below:

<b>2.6.1</b>	<b>Which cultural group/ groups do you identify with?</b>		
<b>2.7</b>	<b>Do you follow any traditional practices?</b>	<b>Yes</b>	<b>No</b>
		1	2
<b>2.8</b>	<b>What are the traditional practices that you follow?</b>		



**SECTION 3****SOCIAL SUPPORT AND CHILD-REARING PRACTICES**

3.1	<b>In some communities, people know and talk to each other while in other communities there is no sense of closeness. How close do you feel to other people in your community? (Choose ONE)</b>	
	Very close	1
	Somewhat close	2
	Not too close	3
	Not close at all	4

3.2	<b>Do you have children?</b>	<b>Yes</b>	<b>No</b>
		1	2

If you answered “Yes” to Question 3.2, please answer the questions below:

3.3	<b>How many children do you have?</b>		
		1	2
3.4	<b>Do you know any traditional ways of child rearing / child care?</b>	<b>Yes</b>	<b>No</b>
		1	2



		Yes	No
3.5	<b>Do you practise traditional ways of child rearing/ child care?</b>	1	2
3.5.1	<b>What are the traditional ways of child rearing/child care that you practise?</b>		

If you answered “Yes” to Question 3.5, please answer the questions below:

3.5.2	<b>How many children have you raised / cared for using traditional ways of care?</b>
1-3	1
4-6	2
7-9	3
10 or More	4

**3.5.3 How long have you been rearing /providing care for the children?**



Please indicate in months or years

3.5.4	<b>What is your relationship with the children that you are providing care for?</b>	
	<i>(You may choose more than one option)</i>	
Mother		1
Father		2
Grandparent		3
Other family: Aunt/Uncle		4
Other family: Sister /brother		5
Non-related guardian / foster parent		6
Other non-relatives: Neighbour/friend		7

3.5.5	<b>What are the aspects of care that you are responsible for providing to children?</b>	
	<i>(You may choose more than one option)</i>	
Providing food		1
Providing housing		2



Providing education	3
Providing finances	4
Providing for basic health care	5
Providing emotional support	6
Other (please specify in the space below)	7

<b>3.5.6 During which phase/phases of a child's development do you provide care?</b>	
<i>(You may choose more than one option)</i>	
Infancy birth- 2 years	1
Early childhood 2- 6 years	2
Middle childhood 6- 10years	3
Early adolescence 10- 14 years	4
Late adolescence 14 -18 years	5
Other (please specify in the space below)	6



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<b>3.6</b>	<b>Who raised you?</b> <i>(You may choose more than one option)</i>	
Mother		1
Father		2
Grandparent		3
Other family: Aunt/Uncle		4
Other family: Sister /brother		5
Non-related guardian / foster parents		6
Other (please specify in the space below)		7



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**3.7** **What aspect of care did the person/people who raised you provide?**  
*(You may choose more than one option)*

Providing food	1
Providing housing	2
Providing education	3
Providing finances	4
Providing for basic health care	5
Providing emotional support	6
Other (please specify in the space below)	7



**3.8**

**During which phase/phases of your childhood development did they provide care for you?**

*(You may choose more than one option)*

Infancy birth- 2 years	1
Early childhood 2- 6 years	2
Middle childhood 6– 10years	3
Early adolescence 10- 14 years	4
Late adolescence 14 -18 years	5
Other (please specify in the space below)	6



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## Appendix E

### Concurrent Mixed Methods Process

