

Social connectedness and indigenous approaches to care and support

A research brief for policy-makers and practitioners
working with children in southern Africa

Indigenous Knowledge Systems (IKS) are an important source for interventions that aim to support children living in difficult circumstances. By taking indigenous practices as a starting point, interventions can build on communal resources to sustain the well-being of children and adults alike.

These are conclusions from two studies on social connectedness and indigenous approaches to care and support in southern Africa. Partners of the Synergos Institute South Africa commissioned the studies, with backing from the Samuel Family Foundation.

One study, commissioned by the Foundation for Community Development (FDC), focussed on three districts in Mozambique.¹ The other, known as the *Imbeleko* study, was commissioned by the Nelson Mandela Children's Fund (NMCF). *Imbeleko* field work took place in four provinces of South Africa (Gauteng, Limpopo, North West and the Eastern Cape) and three neighbouring countries (Namibia, Swaziland, Lesotho).²

Although the studies differed in scope, methodology and geographic location, they had a common rationale, starting assumptions and aims. Both studies recognised that models of care and support imported from outside of Africa have not always been effective and may undermine local responses that have endured

over generations. At the outset, both assumed knowledge of heritage-true practices may contribute to locally-attuned interventions that make best use of scarce resources to provide a sustained pathway for social support.

The studies aimed to:

- identify indigenous knowledge practices in selected regions;
- chart the ways in which these practices help to deepen social connectedness and overcome isolation;
- examine how indigenous practices could serve as a resource for deriving alternative care and support strategies.

This research brief defines the concepts that oriented the research; synthesizes selected findings; and sketches some implications for policy and practice. Readers who are interested in the research design, or in theoretical issues, should consult the full research reports.

Key concepts

Three main concepts oriented the research, namely: Indigenous Knowledge Systems (IKS); social connectedness; and social isolation and vulnerability.³

The concept of community also pervades the research reports. For the purposes of the research, 'community' refers centrally to a particular cultural group with shared traditions, practices and values. It also refers to the grouping and interrelationships in a demarcated geographical space, such as a village or neighbourhood.

Indigenous Knowledge Systems (IKS)

Whereas the NMCF *Imbeleko* study used a rich conception of IKS⁴; the FDC Mozambican study focussed more narrowly on endogenous practices of care and support. Endogenous practices grow from within a community and so form part of IKS.

IKS involve unique webs of belief and practice within a specific ecological context, usually located within the same geographical region and associated with traditional ways of life of particular groups. Like all systems, IKS are adaptable. The skills and problem-solving techniques of an IKS change over time, in response to changes in the social and physical environments. Each IKS has unique terms, rules and relationships, with local content and meaning. Each also has established customs and responsibilities for acquiring, processing and sharing different kinds of knowledge. People apply their collective skills, experiences and insights to maintain or improve their livelihoods. This collective social capital can be used as a resource for survival and development.⁵

African IKS encompass distinct traditions, which share a communitarian worldview that cherishes wholeness, harmony and the interdependency of people (living and dead); deems life to be sacred; and regards spiritual well-being as a necessary complement to the cycle of human life. Adversity is seen to arise from broken relationships and other imbalances in the system. Rituals play a crucial role in

correcting such imbalances and in nurturing the spiritual well-being of communities and their members.

On this worldview, interdependence forms the basis for collective responsibility. Practices of shared care-taking help to bind the social system together and honour life's sacredness. Socialisation, entwined with education, fosters children's social connectedness to the family and community, and also to the universe.

Social connectedness

Socially connected people have meaningful relationships and bonds with those around them, including their peers, families and communities.⁶ Social connectedness is defined as a sense of interpersonal closeness with the social world. It includes social capital, networks and values, as well as trust in the networks that have been established over time and passed on from generation to generation. Social connectedness is crucial for social learning. Language, attitudes, values and knowledge are all acquired through interactions with others.⁷

Social isolation and vulnerability

Building on conceptual work at the Oxford Poverty and Human Development Initiative⁸, the Synergos Social Connectedness Programme defines social isolation as the inadequate quality and quantity of social relations with other people. Isolation can be objective or subjective. Objective isolation is when a person is physically isolated from others. Subjective isolation is when someone feels isolated or lonely even when they are living with others. A person may feel isolated or lonely even when surrounded by other people. A person may experience isolation as a sense of being unable to approach others to find comfort or to engage with them.

The *Imbeleko* study defines vulnerability as being in a state of need.⁹ In terms of local IKS, 'being in need' and 'being needed' are mutually constitutive and an inevitable part of the human condition. The neediness of some people creates an opportunity for others to serve out a life purpose as they respond by providing care and support.

Findings

Both studies found connectedness to be a central feature of the practices, beliefs and values in the communities that participated in the research. As a result, objective isolation of children was found to be far less prevalent than subjective isolation.

'You are not alone and you are needed' emerged as a central life principle in the southern African communities selected for the *Imbeleko* study. Two main themes capture the reported findings on care and support in these communities, namely: Indigenous beliefs and indigenous practices. Figure 1 shows the relationship between the two themes, as well as the central categories of belief about and practices of care and support.

The Mozambican study presents its findings in two main categories: (i) community perceptions

and local meanings of isolation and vulnerability, and (ii) endogenous psychosocial support practices for orphans and vulnerable children.

This research brief synthesises selected findings under five topics. The first shows how indigenous knowledge contributes to an enriched conception of connectedness and helps to erase a negative understanding of vulnerability. Key findings about indigenous practices of care and support make up the second topic. The third focuses on ritual as a mode of care and support, and the fourth on community perceptions of poverty and isolation. Finally, there are tentative findings about the impact of external interventions on indigenous practices. Inevitably, the selection neglects the richness of the research.

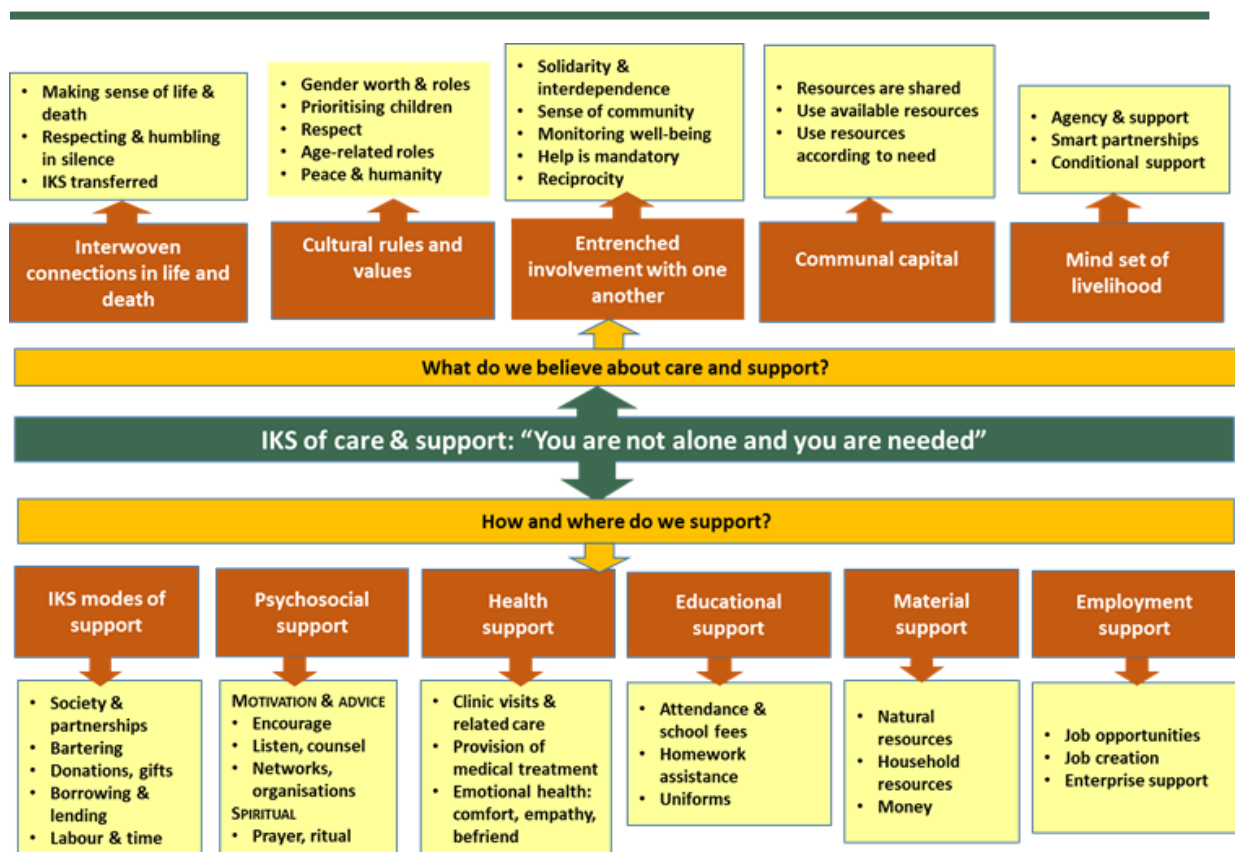


Figure 1: Southern African Indigenous care and support beliefs and practices

(Source: NMCF (2014), p. 27)

Continuity of connectedness¹⁰

Social connectedness lies at the heart of care and support in southern African IKS. Indigenous beliefs and practices expand the realm of relational connectedness to a 'continuity of connectedness', which transcends the realm of the living to include relationships to the ancestors, in addition to relationships among the living. In the continuity of connectedness, spiritual capital and cultural capital are as important as social capital.

The notion of continuity of connectedness implies that whatever resources people have, is viewed as communal capital to be used to address identified hardships and support a sense of shared well-being. Within a continuity

of connectedness, need is a positive human attribute. Being needed and being in need are an inevitable and valuable feature of life. You live because you are needed by the living, you pass away because you are needed by the ancestors. Your existential value lies in being indispensable and useful to others. Being in need creates an opportunity for others to respond to the calling to provide support (material, emotional or spiritual). Where need is observed, giving help is obligatory. Being able to assist someone in need is a source of pride and a life purpose. Reciprocity is an important feature of connectedness — if one never offers help, one cannot expect to be helped when the need arises.

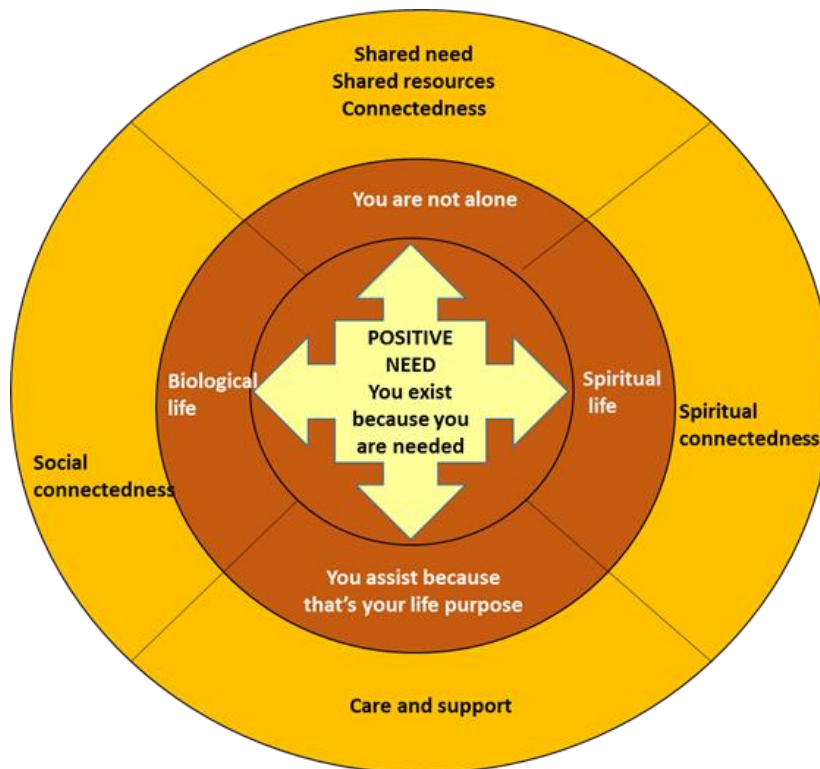


Figure 2: Continuity of connectedness circle

Source: NMCF (2014), p. 59.

Indigenous practices of care and support

Indigenous practices of care and support in southern Africa have developed over generations. They anticipate need and have

systems in place to identify need. Communities know where to draw on required resources and use various ways to contribute resources, for

example, through giving, bartering or lending expertise, labour and time. They have strategies for monitoring support practices, as well as strategies for linking resource distribution with patterns of activity that avoid passive receiving.¹¹

The *Imbeleko* study found that clubs, societies and smart partnerships play a crucial role in indigenous models of support, and are widespread across villages and neighbourhoods in southern Africa.¹² Marked by gender and age, these are not formally registered Community Based Organisations (CBOs), but locally active organisations that form part of the fabric of social life. Older women manage societies that identify and respond to need, while older men run smart partnerships aimed to make the best use of time and resources for productivity. The following excerpt from the *Imbeleko* research report points out the significance of informal societies as a 'data bank of resources'.

"In their very essence, societies are distilled hubs of insider knowledge on available strengths and resources embedded in connectedness. Such knowledge constitutes an authentic data bank 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 after school care of children; who have succeeded in generating money with needlework or vegetable gardens; names of supportive clinic nurses..."

(NMCF, 2014, p. 61)

Local communities have endogenous practices that seem to support the healthy growth, development and psychosocial well-being of all children, and not only those facing adversity.¹³ While each of the Mozambican communities studied had distinctive practices of care and

support, all three provide comprehensive support for children during each growth stage. Within each community, a holistic focus puts psychosocial support at the centre of nurturing children and their well-being.

For example, in northern Mozambique, local communities use a practice known as *Ukaveheria*, *Utunia* or *Ufentia* for the provision of care to children from birth to adulthood.¹⁴ This encompasses material, spiritual, emotional and psychological assistance for a child's overall development, including corrective measures for apparent mental, spiritual or physiological disturbances. Children's emotional anxieties, as shown for example through nightmares, are regarded as spiritual problems to be addressed through prayer. Clan leaders, as well as religious leaders, play an important role in assisting caregivers to address children's emotional disturbances.

Rites of passage illustrate one aspect of a holistic approach to child care. Endogenous systems of care and support encompass rites of passage to solemnise and assist the transition from one stage of life to another. Such rites strengthen the bonds between participating peers and equip them to establish healthy interactions with other community members.

Another aspect of holism is evident, for example, in southern Mozambique in the concern with comforting and cleansing bereaved children and families so they can be re-integrated into community life and helped spiritually to cope with bereavement. Rituals are important components of holistic systems of care and support, as discussed in the next section.

Storytelling used to be a common practice throughout Mozambique and remains so in some remote parts of the country. Sitting around a fire together, the adults tell the children stories about acts of heroism, tenacity, resilience and moral education. Real people, fictitious characters and animals can all be story heroes. Traditionally, these stories helped children develop references and role models to guide them through life. With the advent of television, global TV 'heroes' have replaced local heroes. According to focus groups in the FDC

study, this has caused value conflicts between children and adults, and may result in children's cultural isolation from their local communities.¹⁵

Ritual as a mode of care and support

Across both studies, spirituality and ritual emerge strongly as psychosocial support practices, not only for the well-being of children but also for families and the community as a whole.¹⁶ Children are an important part of the cosmology of African IKS, as the authors of the NMCF report point out in the excerpt below:

"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."

(NMCF, 2014, p. 22)

Purification, protection and integration ceremonies at community level serve to consolidate communal bonds and connect the living to those who have passed on.

For example, in northern Mozambique, the ritual called *Nimualho* is performed after the death of a loved one.¹⁷ This purification ritual aims to help children to 'forget' the difficulties they face when there is a death in the household. *Nimualho* can be performed in the house of loss or under a nearby tree. A traditional healer makes a small fire and scatters a special substance inside and around the house. Household members jump over the fire and run in any direction away from the fire, without looking back and so, at a symbolic level, leave their loss behind.

In central Mozambique, to cite a second example, the ceremony of *Pitakufa* purifies a family after the death of the father.¹⁸ Formerly *Pitakufa* had two functions: to purify the bereaved family and to celebrate the inheritance of the widow by the late father's youngest brother. Nowadays, the ritual focuses more specifically on purification. The FDC research team found several variations of

Pitakufa including, in the case of the death of both parents, one in which the traditional leader and his wife perform the ceremony on behalf of the bereaved family and, at the same, inherit the family assets and the children.

Pitakufa enables social connectedness. Until the ritual is performed, children in bereaved households are shunned as filthy. This situation intensifies the isolation that the children already experience through the death of a parent. Timely performance purifies the children and they are again welcomed into community life. In this way *Pitakufa* contributes to children's social connectedness, even although they do not participate in decisions about where and with whom they will live.

Poverty, vulnerability and isolation

Individual economic well-being is less important to indigenous notions of poverty than are the number and quality of social connections. A person with plenty of material assets can be considered poor and vulnerable if s/he does not know how to approach, or live with, others. Also, there is a strong sense of communal capital as opposed to individual wealth or poverty. Resources are not exclusively 'mine' or 'yours'. Rather they form part of a pool that people may dip into, or give from, in cases of need. The total sum of care and support is calculated from what everyone can give collectively.

Children and adults differed in their views about the sources and process of social isolation. In the Mozambican study, children believed that the main cause of a child's isolation within a household was adults' allowance of discriminatory practices.

"...by speaking directly to children, we learned that they hold a different view on the causes of isolation to the views of adults."

(FDC, 2014, p. 37.)

From the children's perspective, being an orphan was an isolating experience in part because it was a cause of humiliation. One child

participant said: “People use to humiliate me telling me I have no parents, most of the time I feel isolated without any support, my friends run away from me.”¹⁹

Adults in the Mozambican study blamed external global factors that have transformed local practices and culture. They cited the proclamation of children’s rights and globalized communication technologies as broadcasting norms that conflict with those of the local context and, in so doing, tear the social fabric of connectedness. However, they also acknowledged that children brought into a household after the death of a parent may be isolated through discriminatory practices or may be isolate themselves as a response to loss.

Impact of external interventions

The *Imbeleko* study argues that where indigenous values frame life, we can expect care and support strategies to exist, regardless of external interventions.

By contrast, the Mozambican study found that indigenous practices had been eroded in those communities located close to government offices and within the radius of intensive NGO activity. In these areas, community members stated that they expected external groups to look after the needs of vulnerable children in their community. This suggests that well-meaning organizations may undermine the efforts of communities to care for their children.

Recommendations

Findings from the two studies have similar implications for policy development. Both recognise that communal capital and a focus on mutual well-being livelihoods can provide a strong foundation for policy and interventions. Both also caution against romanticising indigenous knowledge and are sensitive to the adverse consequences of some practices.

Only the *Imbeleko* study makes explicit policy recommendations.²⁰ In summary, the key recommendations on care and support are:

- Build policy and interventions around pride in longstanding practices of collective care.
- Support indigenous technologies that respond to need by collectively investing in insider-driven growth.
- Acknowledge and respect agency for change within communities and provide adequate resources to stimulate agency.
- Cultivate resourcefulness, not dependency.
- Avoid treating indigenous systems of care and support as a panacea. Begin by understanding the features that work; then offer alternatives or adaptations, where necessary.
- Target existing care and support networks.
- Partner with time-honoured structures (societies and smart partnerships) to manage and monitor care and support investment.

The language of policy is important. According to the *Imbeleko* study, policy statements about vulnerability should:

- Avoid portraying ‘being in need’ negatively or as a situation that merits shame.
- Conceptualise vulnerability as an expected, meaningful and accepted part of life and death.
- Reflect vulnerability as a long-standing opportunity for resourcefulness and 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”.²¹

Children’s participation in the Mozambican study yielded valuable insights about their views on the sources of social isolation. This suggests that policy development and interventions concerning children should allow for, and enable, children’s participation in the policy process.

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Synergos, in partnership with Kim Samuel, and in collaboration with Oxford University's Poverty and Human Development Initiative (OPHI), Nelson Mandela Children's Fund (NMCF) and the Foundation for Community Development (FDC) in Mozambique, is working to overcome isolation and deepen social connectedness for children and youth in southern Africa.

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- ¹ The FDC, in partnership with the Synergos Institute and the Samuel Family Foundation, commissioned the Regional Psychosocial Support Initiative (REPSI) to conduct the research. See FDC (2014).
- ² A research team from the University of Pretoria conducted the Imbeleko study, under the leadership of the Nelson Mandela Children's Fund in partnership with the Synergos Institute and the Samuel Family Foundation. See NMCF (2014)
- ³ The concepts of social connectedness and isolation are central to the Synergos Social Connectedness Programme and were derived from work by the Oxford Poverty and Human Development Initiative (OPHI). For a conceptual analysis and proposed indicators, see Zavaleta et al. (2014). See also Samuel et al. (2014).
- ⁴ The *Imbeleko Report* contains an extensive theoretical discussion of IKS. See especially NMCF (2014), pp. 2-14.
- ⁵ See NMCF (2014), pp 2-14.
- ⁶ See Zavaleta et al. (2014) for a comparative analysis of social connectedness, social capital and social inclusion.
- ⁷ See NMCF (2014), p. 23.
- ⁸ See Zavaleta et al. (2014).
- ⁹ See NMCF (2014), pp. iii-iv; pp. 58-61.
- ¹⁰ See NMCF (2014) for a discussion of the notion of a continuity of connectedness.
- ¹¹ For details, see NMCF (2014), pp. 38-58; FDC (2014), pp. 21-23.
- ¹² NMCF (2014), pp. 102-104.
- ¹³ For a discussion of different endogenous approaches to psychosocial development, see FDC (2014), pp. 19-29.
- ¹⁴ FDC (2014), p. 21.
- ¹⁵ On the role and demise of storytelling, see FDC (2014), p. 30.
- ¹⁶ For findings on spirituality and ritual, see FDC (2014), pp. 24-31; NMCF (2014), pp. 13-16, 35-38, 51-54, 65-66.
- ¹⁷ FDC (2014), p. 25.
- ¹⁸ FDC (2014), p. 29.
- ¹⁹ FDC (2014), p. 33.
- ²⁰ See NMCF (2014), pp. 62-63, for detailed recommendations.
- ²¹ NMCF (2014), p.vi.