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The psychosocial well-being of a “forgotten” South African community: the case of Ndumo, KwaZulu-Natal

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This study investigated the psychosocial well-being of an indigenous cultural community in South Africa, using a sequential explanatory mixed-methods design. Data on life satisfaction and emotional, social and psychological well-being were collected from 521 local residents (48% female) of Ndumo in KwaZulu-Natal, South Africa using the Satisfaction-with-Life Scale and Mental Health Continuum. In addition, interviews were conducted with 20 Ndumo residents (35% female). Findings revealed that community members had above-average levels of psychosocial well-being and exhibited significant resilience towards countering socio-economic under-resourcing, including poverty and unemployment. The community resources found to aid resilient living included being able to live off the land, a pleasant climate, personal safety, hope for a better future, and instrumental, material, and social support from philanthropic organisations.

Keywords: KwaZulu-Natal, life satisfaction, Ndumo, Phongolo River floodplain, positive psychology, psychosocial well-being, subjective well-being

Introduction

In addition to evaluating objective aspects of quality of life, such as housing, basic services, and the socio-economic condition of communities, it is increasingly recognised that it is also necessary to examine a community's subjective and psycho-social well-being (Cummins, Mpofu, & Machina, 2015; Littman-Ovadia & Lavy, 2012; McCrea, Walton, & Leonard, 2014; Moller, 2012), as this has been found to significantly affect and predict individual well-being (Diener, 2000; Holden & Bourke, 2014; Learmonth & Hanna, 2012). As conceptualised in the Mental Health Continuum model, the psychosocial well-being of communities is an inclusive concept spanning subjective (or emotional) well-being (EWB), as well as social (SWB) and psychological well-being (PWB) (Cummins et al., 2015; Keyes, 2008; Khan, Hopkins, Tewari, Srinivasan, Reicher, & Ozakinici, 2014; Ryff & Keyes, 1995; Yetim & Yetim, 2014). Evaluations of community well-being are particularly important in ensuring the success and sustainability of community development initiatives (Coetzee, 2001; Cummins et al., 2015; Idemudia, 2014). In fact, Coetzee (2001) holds that “development must be firmly based on human well-being, and [that] any development program will have to focus on ways to uncover people's own definitions of human well-being” (p. 86). If social justice is to be attained, those challenges relating to exclusion will have to be addressed, which necessitates reaching out to marginalised or previously excluded groups (Boyer, 1996; Lau & Seedat, 2014) to promote social change and structural transformation, especially in rural communities (Seedat, Duncan, & Lazarus, 2001).

Community well-being is relatively understudied. In particular, very little research has seemingly been conducted on the so-called emotional and social well-being

of remote, rurally marginalised communities in sub-Saharan Africa (Ogilvie, 2012). This is especially so in the case of Ndumo: A prime example of a rural, isolated community where no research has been conducted to provide a community-based perspective on those factors that either support or detract from residents' psychosocial well-being.

The Ndumo community of northern KwaZulu-Natal

Ndumo, a geographically isolated rural community in northern KwaZulu-Natal, South Africa, is a highly traditional, predominantly isiZulu speaking community with a population of 6 779 people (1 505 households), the majority of which are under the age of 19. Politically, the Ndumo region, which is mostly governed by traditional authority, falls within the Jozini local municipality in the Umkhanyakude district which is situated approximately 650 km east of Pretoria and 400 km north of Durban (Jozini Local Municipality, 2013–2014; B. Khumalo, personal communication, 12 January 2014; Statistics South Africa, 2011). (See Figure 1.) Given their isolated position, residents refer to themselves as the “forgotten community” (C. Ogilvie, personal communication, 22 July 2014).

Challenges faced by the Ndumo community and responses to these challenges

The Ndumo area is resource-underdeveloped, with people living on less than an estimated 1USD per day (Friends of Ndumo, 2014). By way of example, over the past couple of years the poverty rate in the Jozini municipal area (inclusive of Ndumo) stood at an estimated 75.66% (PRESPA, 2009; Jozini Local Municipality, 2013–2014), resulting in a financially dependent community that greatly relies on social grants. According to the South African Department of Agriculture (2009–2010), the broader Jozini local municipal

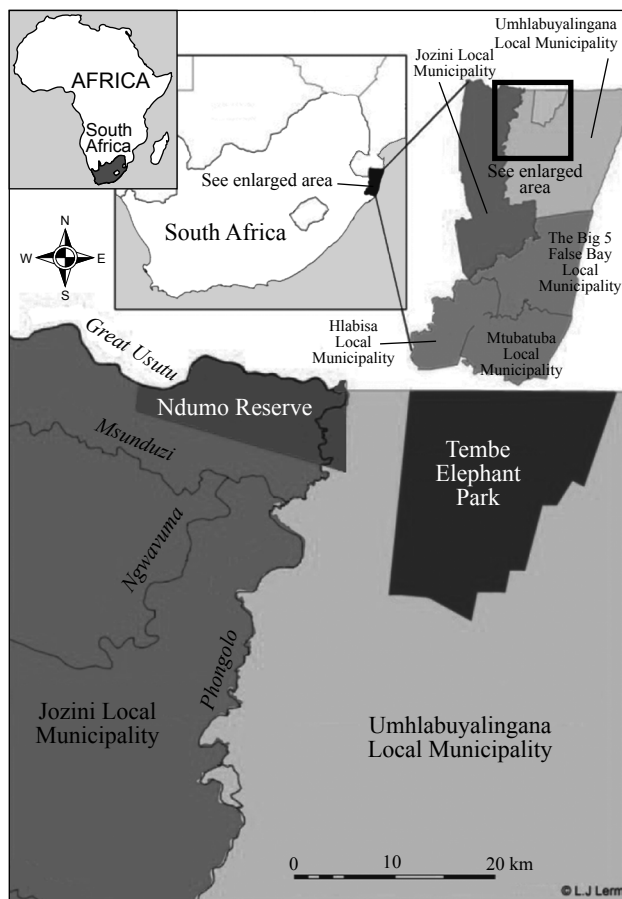


Figure 1. Location of the Ndumo community, KwaZulu-Natal (adapted from Mavundza, Maharaj, Finnie, Kabera, & Van Staden, 2011)

area utilised more than 44% of its annual budget by 2013 to cover social grants (mostly in the form of pensions and childcare allowances) payable to the community. This translates to a dependency ratio of 82.4% amongst people residing in the broader Umkhanyakude district (Statistics South Africa, 2011). For their survival, most households, in addition to their reliance on government grants, depend on subsistence agriculture and the sale of locally harvested natural resources (Jones, 2006).

The high incidence of material deprivation that characterises the Ndumo region is also reflected in the lack of infrastructure and municipal services in the area. At the time of the study, access to electricity was either absent or severely limited, and sources of safe drinking water were in short supply seeing that these were mostly restricted to a handful of inadequate communal taps installed by the municipality (C. Ogilvie, personal communication, 22 July 2014; South African Cooperative Governance & Traditional Affairs, 2010). To compound the challenges already faced by this community, the prevalence of HIV/AIDS throughout the region was estimated by 2003 to be among the highest in the country (Hlongwe, 2003) and was still found to be endemic by 2014 (Jozini Local Municipality, 2013–2014).

Despite the bleak picture created above, the Ndumo community has benefitted from some significant developments with regards to schools, sports and medical facilities over the past two or three years. Currently, nine

primary schools and six secondary schools are functional within Ndumo's boundaries. Additionally, a number of support mechanisms exist, mainly in the form of medical care provided by several fixed and mobile clinics (C. Ogilvie, personal communication, 9 January 2014; B. Khumalo, personal communication, 7 January 2014; Jozini Local Municipality, 2007–2008). Furthermore, Ndumo has been earmarked by the provincial government of KwaZulu-Natal for significant development over the next couple of years, with one billion ZAR having been allocated for the construction of a new clinic, a public library, a sports field, a sizeable community centre and new roads in the region (South African Cooperative Governance & Traditional Affairs, 2014). Evidence on community-based perspectives of factors that support or detract from psychosocial well-being of a rural, lower resource community would be particularly relevant in relation to the design and implementation of contextually sensitive community support interventions.

Goals of the study

This study sought to explore the psychosocial well-being of an indigenous rural community in a remote area in South Africa. The following questions guided the study:

1. What is the psychosocial well-being of the residents of Ndumo – a remote, rural and marginalised community in South Africa?
2. How, if at all, does community well-being differ according to demographic factors such as age, gender, marital status, religiosity and self-reported health status?
3. What are the influences that most significantly support and/or detract from residents' levels of psychosocial well-being in this marginalised community?

Findings from this study could inform future community development initiatives within remote communities in South Africa as well as in similar developing country settings.

Method

Research design

An explanatory mixed-methods design (Creswell & Plano Clark, 2007) was followed for this study. As a multi-method strategy, this involves combining quantitative and qualitative research in order to add depth and detail to findings (Swanson & Holton, 1997). More specifically, in an explanatory mixed-methods design, an initial quantitative phase of data collection and analysis is followed by a qualitative data gathering phase, with the aim of explaining and elucidating the findings that were made during the initial phase (Creswell & Plano Clark, 2007). This approach was deemed appropriate as it would enable a contextually sensitive interpretation and explanation of the findings derived via the initial quantitative phase of the project.

Participants and setting

A total of 521 participants took part in the first phase of the study (48% female, 100% African). The characteristics of the participant group are set out in Table 1.

These participants all reside within the Ndumo area, which forms part of the lower Phongolo River and

floodplain. The average age of the participants was 37.28 years ($SD = 13.12$), with ages ranging from 18 to 98. On average, participants had been living in the area for 28.18 years ($SD = 16.244$). In relation to marital status, only 10.9% of the participants were married, whereas 81.8% were single, 5.1% widowed and 2.2% divorced. As far as religiosity is concerned, 13.1% of the participants indicated that they were not religious at all, 10.2% considered themselves to be 'slightly' religious, 29.7% were moderately religious, 38.2% described themselves as 'very' religious, and 8.8% indicated that they are extremely religious. In terms of self-reported health, the majority of participants perceived themselves to be in average to above-average levels of health. Specifically, 2.2% of participants regarded their health as 'poor', 3.5% as 'below average', 48.1% as 'average' and 10.6% as 'above average', while 35.6% regarded their health as 'good'.

Data collection

Data on emotional, social and psychological well-being, as well as life satisfaction and biographical characteristics, were collected during the initial quantitative phase of the study and assessed by means of the Satisfaction-With-Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985) as well as the short form of the Mental Health Continuum (MHC-SF) (Keyes, 2008). Participants also provided biographical data encompassing age, gender, marital status and duration of residence in Ndumo, as well as self-reported health and religiosity.

Surveys

Well-being measures

Two scales were utilised for well-being: Satisfaction-With-Life Scale (SWLS) (Diener et al., 1985) and the short form of the Mental Health Continuum (MHC-SF) (Keyes, 2008). The SWLS consists of five items, each measured on a seven-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Responses are summed to obtain an overall score that can range from 5 to 35, with higher scores being indicative of higher levels of life satisfaction. Previous studies reported internal consistency reliability indices of 0.87 and test-retest reliability correlations as high as 0.82 over a two-month period (Diener et al., 1985). This scale has been used extensively in a South African context and has been found to exhibit robust psychometric properties (Wissing, Thekiso, Stapelberg, Van Quickelberge, Choabi, Moroeng, & Nienaber, 1999). The reliability of the scores obtained from the SWLS with the present study sample was 0.88.

The short form of the MHC-SF consists of 14 items that are measured on a six-point frequency scale ranging

from 0 (never) to 5 (every day). In turn, these items fall into three subscales which measure emotional, social and psychological well-being. An algorithm has been devised by Keyes, Wissing, Potgieter, Temane, Kruger, & Van Rooy (2008) which enables respondents to be classified as falling into one of three categories ranging from languishing to moderately mentally healthy to flourishing, with each successive category reflecting higher levels of mental health and well-being. This questionnaire has been validated within the context of a large group of Setswana speaking adults in the North West Province of South Africa. Scale reliability was acceptable for EWB (0.73), but was significantly lower for SWB (0.59) and PWB (0.67). (Keyes et al., 2008). However, in the present study, Cronbach alpha coefficients of 0.83 (EWB subscale), 0.82 (SWB subscale), and 0.86 (PWB subscale) were obtained, suggesting that the underlying constructs were measured with an acceptable degree of reliability.

Self-reported health and religiosity

Self-reported health was measured by a single item ('how would you rate your own health?') that was assessed on a five-point scale ranging from 'poor' to 'good'. Likewise, religiosity was measured with a single item ('how religious do you consider yourself to be?') that was also rated on a five-point scale ranging from 'not at all' to 'very much'. This type of question is commonly utilised to assess religiosity and has been found to be highly reliable as a single-item measure (Chang, Kahle, Yu, Lee, Kupermann, & Hirsch, 2013).

Interviews

Focus-group interviews

First, a focus-group interview was conducted with a group of ten fieldworkers from the quantitative phase of the research. This method seemed appropriate for verifying quantitative findings as the socially oriented research environment of focus groups is helpful for participants to discuss perceptions, ideas, opinions and thoughts (Krueger & Casey, 2000). Furthermore, the interactions that occur among the participants can yield important data (Morgan, 1988). Given that these fieldworkers could all speak English fairly fluently, spent several days interviewing around 50 local residents each about the research topic and that the researchers had built up a relationship of trust with these individuals, they were regarded as informed participants and suitable for inclusion in this phase of the study.

Individual interviews

Following the focus-group interviews, a series of semi-structured individual interviews were conducted with ten additional purposively selected participants (as discussed in the previous section). All interviews were conducted in English, which all participants could speak fluently.

Both the focus-group interview and the individual interviews consisted of the following questions, which were based on the main aims of the study, as well as on the findings of the quantitative phase of the study:

1. What makes people/you happy in this community?
2. What makes people/you unhappy/dissatisfied in this community?

Table 1. Characteristics of the Participants ($N = 521$)

Item		Frequency	%
Gender	Male	247	47.8
	Female	270	52.2
Marital status	Married	55	10.9
	Single (never married)	413	81.8
	Divorced	11	2.2
	Widowed	26	5.1
Race	African (Zulu and Tsonga)	521	100

3. Why do people want to stay here?
4. What is it that residents like/dislike about this area? Why?
5. How important is religion to you/the people? In what ways is it important?

Residents who left Ndumo for educational or other reasons, but who chose to return, were also asked: "Why do you come back to this area after being exposed to city life/other opportunities?" All interviews were digitally recorded with the permission of the participants.

Procedure

The study formed part of a broader multi-disciplinary project that was commissioned by the Water Research Commission (WRC) of South Africa. The present study constituted the social phase of the study. Permission to conduct the research was obtained from the Ndumo ward councillors, who also assisted the researchers in sourcing a pool of candidates from which 16 fieldworkers were selected and subsequently trained in administering the survey. As the survey was in English (which some members of the community do not speak but which all fieldworkers did), an academic assistant who is experienced in fieldwork and fluent in isiZulu accompanied the researchers during the fieldwork phase. The questionnaires were discussed on an item-by-item basis with the fieldworkers and explained both in English and in isiZulu. As part of their training, fieldworkers were required to read all the questions to the academic assistant in isiZulu to verify that they had an accurate understanding of the items. Fieldworkers were then taken to various locations within the five sub-wards of the Ndumo area, each equipped with multiple copies of the questionnaire which they administered to local community members during the course of the day.

In order to ensure that the sample was reasonably (though admittedly not completely) randomised, fieldworkers were deployed in all major wards of the Ndumo community and instructed to complete the surveys at every third household. The researchers collected the completed questionnaires the following morning and assessed these for completeness. This process was repeated in the course of the next three days until data collection was completed. The fieldworkers did not report any significant challenges related to data collection.

In light of the economically disadvantaged reality that characterises the study area, i.e. Ndumo, utmost care was taken to ensure that the highest standards of ethical conduct were upheld during all phases of the study. Furthermore, fieldworkers were specifically trained in explaining the purpose of the research project and to explain to potential participants that their participation would be entirely voluntary and could be terminated at any time without penalty. All participants who agreed to take part in the study were asked to sign a written consent form once these matters had been explained to them.

During a second visit to the area four months later, twenty participants, all purposively selected on the basis of their experience with and knowledge of the Ndumo community, were interviewed in an attempt to gain an in-depth understanding of their lived community health and well-being. These participants included a focus group

consisting of ten local residents who served as fieldworkers during the first phase of the study (six being male), aged between 20 and 30 years. Individual semi-structured interviews were then conducted with an additional ten participants. These participants included four local female residents aged 21, 22, 25 and 31 years respectively who, although enrolled with the Tswane University of Technology (TUT), still resided in the Ndumo area. The remainder of the sample included a tourism officer (also a local resident) working at the Ndumo Game Reserve, the Ndumo Project Manager who has been actively working in Ndumo and adjacent communities for more than a decade, the Ndumo Game Reserve Manager (an individual who has been doing community-based work in the Ndumo community for the past 13 years) and three local residents (two being female) working as staff members at the Ndumo Game Reserve. In all instances, interviews were preceded by a process of obtaining voluntary consent with the concomitant reassurance of confidentiality and the right to withdraw from the research project at any time without penalty.

Data analysis

Data from the MHC-SF, SWLS and the biographical section of the questionnaire were analysed using SPSS version 21 by means of descriptive statistics in order to determine the life satisfaction and emotional, social and psychological well-being extant in the community. To identify demographic and community-level factors that might account for variations in levels of psychosocial well-being, and to contextualise the findings from the well-being scales, bivariate correlations and independent t-tests were employed to examine differences in these variables among various demographic subgroups based on participants' marital status, gender, religiosity, self-reported health, age, and the number of years they had been a resident in the Ndumo area.

The qualitative data were thematically analysed following the procedure outlined by Corbin and Strauss (2008). During the initial phase of open coding, data were segmented into units of meaning, which the researchers subsequently assigned a code label. During the subsequent axial coding phase, codes were examined for similarities and differences via a process of constant comparison, and related codes were grouped together into categories. Categories were then examined for inter-relationships and integrated into overarching themes. Within the context of an explanatory mixed-methods design, these findings were then used to explain, refine, and expand upon the findings derived from the initial quantitative phase (Creswell & Plano Clark, 2007).

Results

Descriptive statistics

Table 2 provides descriptive statistics, Cronbach alpha coefficients and Pearson correlations for the items, scales and subscales that were assessed via this survey.

As indicated in Table 2, all scales and subscales had Cronbach alpha coefficients that are well above the cut-off point of 0.7 that is customarily proposed for social science research (Field, 2005), indicating that the inter-item

reliabilities of these scales are acceptably high within the context of this study population.

Well-being status

Results of the analysis of the SWLS data reveal that participants' level of life satisfaction was slightly above average (Mean = 23.47, SD = 6.85). Similar findings are reflected in the MHC-SF subscale scores. In particular, psychological well-being scores were the highest, followed by emotional well-being and social well-being scores trailing in second and third place respectively. With the aid of a customised algorithm (Keyes et al., 2008), the MHC-SF allows researchers to classify participants according to a threefold scheme of increasing levels of psychological well-being respectively referred to as languishing, moderately mentally healthy and flourishing. As reflected in Figure 2, 42.2% of the participants were flourishing, 54.7% were moderately mentally healthy and 3.1% were languishing.

Socio-demographic correlates of psychosocial well-being

In relation to marital status, life satisfaction was found to be significantly lower ($t = 2.19$, $df = 77$, $p < 0.01$, two-tailed, mean difference = 3.19, 95% CI: 0.29 to 6.09) for those who were widowed (Mean = 21.88, SD = 6.95) than for those who were married (Mean = 25.08, SD = 5.62). No statistically significant differences were found between male and female participants on any of the well-being-related scales, suggesting that gender does not significantly account for variations in psychosocial well-being. Likewise, the age of the participants had no substantive bearing on their psychological well-being.

Self-reported religiosity had virtually no bearing on any aspect of well-being measured in this study, the exception being that those who reported being more religious were more likely to report lower levels of physical health ($r = -0.16$, $p < 0.001$).

Whereas a small to moderate correlation was found between self-reported health and life satisfaction ($r = 0.20$, $p < 0.01$), the three MHC subscales exhibited no significant correlation with self-reported health.

Finally, no significant correlation existed between psychosocial well-being and the length of time participants had been living in the Ndumo area (duration of stay).

Findings derived from the qualitative phase of the study largely confirmed those made during the initial phase, with the majority of participants reporting that they considered themselves and their fellow community

members to be fairly happy. Based on the qualitative data, six main themes (as summarised in Table 3) were identified that appear to account for Ndumo residents' comparatively high levels of psychosocial well-being. Despite reporting slightly above average levels of well-being, though, most participants also pointed to a number of factors prevalent in their communities that detracted from their sense of well-being. Table 3 provides an outline of these themes as a prelude to the discussion that follows.

Factors that support and enhance psychosocial well-being

In response to a major objective set for the qualitative phase of the study, i.e. to identify factors that supported community well-being, six significant themes were derived from the data in relation to this topic, which are discussed below.

Finding happiness in the ability to live off the land and in a good climate

Participants firstly indicated that they are happy because they were able to live off the land, as the area provided good grazing for livestock and fertile soil to cultivate crops such as maize, pumpkin, sugar cane, potato and sweet potato. Furthermore, their immediate surrounds provided the natural resources to build, find, grow or catch whatever they required for their survival, as illustrated in the following comments from participants: "We are happy here... the soil is good for planting and animals have good grazing" (participant 4, 26 years, male, unemployed) and "We plant maize, lots of maize...and pumpkin and potato... the soil is good for potato" (participant 8, 21 years, female, unemployed). Secondly, several participants cited the warm, temperate climate as a reason for being happy in this area, as is reflected in the following excerpt from an interview with a local resident: "We like the warmth... the weather is good" (participant 7, 21 years, female, unemployed).

Finding safety in the security afforded by traditional cultural authority

Following on their satisfaction to live off the land in a good climate, participants in this study indicated that the next factor contributing to their psychosocial well-being in this otherwise impoverished community was a sense of security they experienced in relation to their persons and their material possessions. Participants, some of them being young women, widely reported that they felt totally safe when walking alone in remote areas. In addition to

Table 2. Descriptive statistics, reliabilities and correlations between religiosity, life satisfaction, emotional, social and psychological well-being, and self-reported health

Scale	N	Mean	SD	α	Religiosity	Satisfaction with life	Emotional well-being	Social well-being	Psychological well-being
Religiosity	511	2.19	1.15	–					
Satisfaction with life	499	23.47	6.85	0.88	0.06				
Emotional well-being	490	3.30	1.27	0.83	0.05	0.68**			
Social well-being	463	3.18	1.09	0.82	0.04	0.66**	0.65**		
Psychological well-being	456	3.50	0.96	0.86	0.06	0.60**	0.58**	0.69**	
Self-reported health	511	3.74	1.05	–	–0.16**	0.20**	0.01	0.08	0.03

* $p < 0.05$, ** $p < 0.01$

Religiosity scale ranged from 0 to 4; social well-being scale ranged from 5 to 35; emotional well-being, social well-being and psychological well-being scales ranged from 0 to 5; Self-reported health scale ranged from 1 to 5

experiencing a sense of personal safety, most participants reported that they trusted other residents and had very little fear that their possessions would be stolen by others. For example, many residents left personal belongings such as firewood and water cans in public areas without concerns that these would be taken. As one participant stated, “*We can leave our water cans at the tap. When we get back there tomorrow, it will still be there. We don’t take other people’s cans. Also like firewood...you can leave it next to the road*” (participant 15, 22 years, female, final-year student). When asked why the crime levels were perceived to be so low, the dominant theme that emerged was that this was as a result of the respect residents had for the *Induna*

system (the traditional cultural tribal authority system of the Zulu) (compare Haddad & Maluccio, 2003). Others reported consequences of respect for the *Induna* system as being order and discipline, which also significantly contributed to the satisfaction of many participants in these communities.

Finding support from external sources

Next, the psychosocial well-being of residents of the Ndumo community also appeared to be supported by the fact that a variety of institutions and individual benefactors provide financial, medical, educational and nutritional support. This type of support is inclusive of government

Table 3. Themes emerging from the qualitative phase of the study

Theme	Subtheme	Verbatim quote
Themes related to factors that support and enhance psychosocial well-being		
Finding happiness in the land	Being able to live off the land	<i>We are happy here... the soil is good for planting and animals have good grazing</i> (Participant 4, 26 years, male, unemployed)
	A good climate	<i>We like the warmth...the weather is good</i> (Participant 7, 21 years, female, unemployed)
Safety and security related to respect for traditional cultural authority	Safe environment	<i>We don’t mind walking alone...we feel safe</i> (Participant 14, 21 years, female, final-year student)
	Trusting others	<i>People don’t take each other’s things...water cans...firewood...we know it belongs to someone who will come and get it</i> (Participant 15, 22 years, female, final-year student)
Support from external sources	Educational	<i>The children and the teachers benefit from educational workshops and additional programmes developed for the specific area...</i> (Participant 11, 48 years, female, project manager)
	Financial	<i>The grants help me to buy food for the children...</i> (Participant 10, 30 years, female, unemployed)
	Medical	<i>The mobile clinics help...otherwise there would not be anything</i> (Participant 16, 25 years, female, environmental assistant)
	Nutritional	<i>The ePap makes a huge difference in the children’s lives...only meal they have in a day</i> (Participant 11, 48 years, female, project manager)
Hope for a better future		<i>We will never live elsewhere...we love this place...we won’t give up; we hope and believe that one day it will be better here for everyone... better services, better living</i> (Participant 15, 22 years, female, final-year student)
Religion and the church	Church and faith	<i>We go to church to read the Bible and strengthen our faith...the people in the church support each other; especially when someone dies or suffers</i> (Participant 13, 45 years, male, tourism officer; Participant 9, 27 years, female, unemployed)
	Traditional beliefs	<i>The sangoma will speak to the ancestors and ask for direction... some of us believe in the sangoma...</i> (Participant 16, 25 years, female, environmental assistant)
Themes related to factors that detract from psychosocial well-being		
Economic challenges	Poverty	<i>The people here don’t have much...they don’t have money to buy things...they are poor</i> (Participant 13, 45 years, male, tourism officer)
	Unemployment	<i>We don’t have jobs...government does not provide for jobs or much development in this area</i> (Participant 1, 30 years, male, unemployed; Participant 4, 26 years, male, unemployed; Participant 6, 20 years, male, unemployed)
Lack of basic municipal services	No electricity	<i>We have no electricity, only lamps or candles or fire...for heat and cooking and light...the children study with lamps</i> (Participant 10, 30 years, female, unemployed)
	Insufficient access to water	<i>We walk to the river...in winter... no water at the taps...we wait a long time in queues for the water</i> (Participant 7, 21 years, female, unemployed)
Problems with education		<i>I don’t think the teachers are good...they sometimes don’t even come to school</i> (Participant 15, 22 years, female, final-year student)
Limited and inadequate health care		<i>The mobile clinic is only here for a few hours...we wait a long time and did not get any help. The clinic is very far...</i> (Participant 10, 30 years, female, unemployed)
Always being ‘last in the row’		<i>We are always last in the row when they give services</i> (Participant 16, 25 years, female, environmental assistant)

grants distributed by the local municipality, the provision of mobile health clinics, and the educational and nutritional initiatives that TUT has been implementing at most schools in Ndumo since 2002. The latter initiative also involves the establishment of vegetable gardens at eight schools in the region, whilst food parcels under the auspices of a programme termed 'ePap' are being distributed to orphans at certain schools (Ogilvie, 2012).

Speaking on behalf of the teachers who are privy to the programme and the beneficiaries of the ePap programme, one participant remarked "*The grants help me to buy food for the children...*" (Participant 10, 30 years, female, unemployed). Another participant said: "*The ePap... it makes us very happy. It keeps us healthy and alive. It keeps us going...*" (Participant 16, 25 years, female, environmental assistant).

Hoping for a better future

Participants were asked why they still liked and wanted to stay in the Ndumo area despite challenges such as the perceived educational drawbacks and limited job opportunities in this rural community that relies mainly on subsistence agriculture for survival. A central theme that emerged from their responses was that of hope. Specifically, participants stated that they firmly believed and hoped that the poverty that characterises the area would eventually be eradicated and that living conditions would improve.

In the words of one resident: "*We will never live elsewhere...we love this place...we won't give up, we hope and believe that one day it will be better here for everyone...better services, better living. We want to give back to our community...*" (Participant 15, 22 years, female, final-year student).

Religion

Finally, community well-being appeared to be supported in a variety of direct and indirect ways by religion and religious institutions. Although participants referred to a wide array of religious dominations, Christianity is seemingly the dominant religion in the area. Nevertheless, elements of traditional African belief systems, involving *sangomas* (traditional healers) and ancestral spirits amongst others, reportedly co-exist with Christian beliefs.

With reference to psychosocial well-being, participants explained that religion (both in terms of Christianity and indigenous religious belief systems) enabled them to cope with the vicissitudes of life, provided moral support, and represented a source of guidance and direction. On a more practical level, the church and church members were also regarded as a source of social and everyday practical support, providing for community members in need. As one participant said: "*The people at the church support each other when we suffer...when someone dies or is sick...we talk to each other and take food to the sick because we are from the church*" (participant 13, 45 years, male, tourism officer).

Although the findings of the quantitative phase of the study revealed no significant relationship between religiosity and psychosocial well-being, the themes emerging from the qualitative phase suggest that such

a relationship probably indeed exists, but that this relationship is probably mediated by factors such as social support and generativity (e.g. Compton, 2005).

Factors that detract from psychosocial well-being

As outlined in this section, the analysis of the qualitative data also revealed a number of factors that detract from the psycho-social well-being of Ndumo's residents.

Poverty and unemployment

The first and most dominant theme that emerged on examining those factors that could detract from the Ndumo community's psychosocial well-being was the widely reported view that the community is economically underdeveloped and plagued by high rates of unemployment, resulting in pervasive and widespread poverty in the region.

Lack of basic municipal services

Second, participants frequently cited inadequate basic municipal services such as a total lack of electricity and limited access to water in most areas as being a primary concern that significantly detracted from their well-being. Residents reported that municipal taps are often very far from homesteads, requiring people to walk great distances carrying heavy water cans in order to simply procure water for domestic purposes. Reportedly, too, these taps often run dry (especially in winter) or produce virtually no water due to insufficient water pressure, forcing residents to collect water from local rivers.

Inadequate education

Third, participants also expressed their concern about what they perceived to be the inadequate standard of education residents are able to acquire in this area. They indicated that teachers appear to be ill-equipped for their tasks and generally deliver poor services. Participants also complained that students receive inadequate instruction in English, which they felt hampered their chances of obtaining work outside of the community. To quote some of the participants directly, "*We don't learn English at all...I learned English when I came to university*" (participant 15, 22 years, female, final-year student) and "*Children cannot speak English...but then also the teachers themselves cannot speak English well*" (participant 14, 21 years, female, final-year student).

Some participants also felt that it was not only a lack of skills that hampered effective teaching but also teacher absence at schools: "*I don't think the teachers are good...they sometimes don't even come to school*" (participant 15, 22 years, female, final-year student). In an interview, a participant who had been doing community-based work in the Ndumo community for 13 years reported that most of the teachers in the area are either unqualified or still in training. Many teachers are reported to be placed in the Ndumo area against their will, have to make do with inadequate accommodation facilities, are poorly paid and, consequently, lack motivation. Several teachers, and especially principals, are also reported to own and operate their own private businesses, which are said to take up much of these individuals' time and often cause them to

not come to work, resulting in pupils frequently being left without adequate instruction and supervision.

Limited and inadequate healthcare

Fourth, problems are being compounded by what the participants perceived as limited healthcare assistance. Specifically, participants indicated that whilst facilities such as mobile clinics were available, the services provided there are often limited, and residents frequently have to return home after a long waiting period without having received the necessary medication or assistance.

Always being 'last in the row'

Fifth, although the Ndumo area benefits from sponsors, grants, food parcels, and other initiatives from institutions and individuals, participants in the community still regard themselves as 'forgotten' because they are, as one participant stated, "*always last in the row*" (participant 16, 25 years, female, environmental assistant). Most who were interviewed felt that whatever was being done in the province by government or local government, and whenever benefits concerning water supply, education or housing are considered, Ndumo would be last to receive anything.

Discussion

Findings indicated that Ndumo community residents generally had above-average levels of psychosocial well-being. The relatively high psychological and emotional well-being scores which were found suggest that participants were functioning reasonably well psychologically and that they were moderately happy. In contrast, in a study which investigated the psychosocial well-being of a Setswana speaking community ($n = 459$) in the North West province by using the same scale, far lower levels of especially emotional and social well-being were found. Specifically, whilst PWB was found to be relatively high (3.69 compared to 3.50 in the present study), SWB and EWB scores were low (1.98 and 1.58 respectively, compared to 3.18 and 3.30 in the present study) (Khumalo, Temane, & Wissing, 2012).

In another study by Keyes et al. (2008) involving a sample of 1 050 Setswana speaking adults in the North West province, EWB was found to be 2.6, SWB 2.4 and PWB was 3.3. Additionally, Keyes et al. (2008) found that 12.2% of participants in their study were languishing, 67.8% were moderately mentally healthy, and 20.0% were flourishing, compared to the present study in which 42.2% of the participants were flourishing, 54.7% were moderately mentally healthy, and 3.1% were languishing.

These findings suggest that the social and emotional well-being of participants in the Ndumo area significantly exceed those of members of at least some comparable communities elsewhere and point to the possible existence of a variety of factors that enhance well-being in the Ndumo community. These factors were explored during the qualitative phase of the study. Six main themes pertaining to aspects of community life that support and sustain well-being were identified.

The main theme that emerged was that the natural environment enabled participants to make a living in a self-sustaining way (due to the presence of rich soil to plant

crops, firewood to cook food, good grazing for livestock and building materials to construct houses) and therefore to survive despite the abject poverty that otherwise characterises the region. It appears likely that these options would not exist to the same degree for members of poor urban communities, where lack of access to land, water and wildlife would in all probability prohibit the likelihood of living off the land in a self-sustaining way.

A second environment-related theme that emerged was that the good climate of the area was also viewed as a factor that positively impacted residents' well-being. It would appear that mild winters, abundant rain and warm temperatures increased the habitability of the region, which might not be the case for communities residing in less temperate climates.

A third theme was that crime levels were reported to be low and that residents in the Ndumo community consequently felt safe and secure, which enhanced their psychosocial well-being. This situation appeared to exist as a result of respect for the *Induna* system and its associated administration of social justice and the discipline the people display with regards to traditional customs.

Fourth, financial, educational, nutritional and medical support from external sources, institutions and individuals in the form of grants, food parcels and community upliftment projects, educational initiatives and mobile clinics were found to enhance community well-being. However, the fact that the Jozini local government uses over 44% of its budget for social grants (South African Department of Agriculture, 2009–2010) raises concerns as to the sustainability of at least some of these support mechanisms.

Hope for a better future was identified as the fifth theme. Such hope helped to sustain a degree of well-being and resilience among participants despite challenging conditions such as poverty coupled with high rates of unemployment. The connection between hope and higher levels of subjective well-being has been well documented in previous research (Snyder, Sigmon, & Feldman, 2002). Additionally, participants were buoyed up by hopeful expectations of continued agricultural self-sustainable opportunities for maintaining their livelihoods.

Sixth, participants also reported that religion and support from churches contributed significantly to their well-being. It was found that participants' religious beliefs represented an amalgam of Christianity and indigenous African religious belief systems. Previous studies confirm the continued existence and relevance of traditional religious belief systems, in particular in relation to the healing powers of the *sangomas* (Hall, 2009; Peltzer, Preez, Ramlagan, & Fomundam, 2008). When considered in relation to the finding that high levels of discipline and order exist in these communities as a result of respect for the *Induna* system, these findings point to the important role cultural and religious factors fulfil in sustaining the well-being of members of these communities. It appears that a strong, intact and homogenous cultural identity and a pervasive Christian religious orientation serve to unify community members around a central set of beliefs and cultural systems (such as the *Induna* system), and that this regulates the behaviour of community members in

functional ways (such as reducing the incidence of crime) which, in turn, supports residents' well-being in these communities. However, during the quantitative phase of the study, despite the fact that 76.7% of participants regarded religion as being of moderate to above moderate levels of importance, religiosity did *not* exhibit significant correlations with any of the subscales of the MHC or with the SWLS.

This finding contradicts the qualitative findings, as well as those reported in the literature. Whilst general associations between religiosity and SWB tended to be weak or non-existent in most developed countries (Diener, 2009), previous research has found that associations between these constructs tended to be stronger in communities facing adverse social circumstances (Lavric & Flere, 2008), as well as in countries such as South Africa where high levels of religiosity occur (Diener, Tay, & Myers, 2011). Based on the qualitative findings, it would appear that religion does indeed play a significant role in the well-being of Ndumo residents, but that its relationship to well-being might be an indirect one which is mediated by social support. This particular mediation effect has been found to be one of the primary mechanisms through which religiosity enhances subjective well-being (Compton, 2005).

As far as demographic correlates of psychosocial well-being are concerned, psychosocial well-being was found to be unrelated to age, gender and the duration of participants' residence in Ndumo. In their study, Khumalo et al. (2012) similarly found age and gender to be unrelated to well-being. In an extensive review of existing research across a variety of cultural contexts, Diener (2009) likewise reported that both age and gender tended to show either no relation or at best a marginal relation with subjective well-being.

With reference to the present study, it is possible that the existence of shared, unchanging life conditions that characterise communities such as these (Horley & Lavery, 1995) may have in part accounted for the lack of association between age and well-being. Given that the division of labour is often unequal in traditional rural societies and that social circumstances in such societies typically favour the promotion of the well-being of men over that of women (Sokoya, Muthukrishna, & Collings, 2005), the reasons for the absence of gender-based differences in well-being that emerged in this study are unclear. The findings suggest that women in this community likely either fully accepted their roles or did not regard such roles as being oppressive.

Self-perceived health status was weakly correlated with life satisfaction among participants. This association could likely be explained by the notions that lower levels of physical health would conceivably detract from the ability to function well and to fulfil required roles adequately, and also that the discomfort frequently associated with health problems might diminish a person's subjective sense of well-being.

Marital status was found to be associated with psychosocial well-being in that those who were married had higher levels of life satisfaction than those who were single or widowed. Khumalo et al. (2012) similarly found that married participants reported higher levels of well-being

than never-married, divorced and widowed participants. An extensive review of the relationship between these variables likewise revealed a consistent positive correlation between marriage and SWB. Specifically, those who were married tended to report higher levels of SWB than any category of unmarried persons (Diener, 2009). The reason for this association in the context of Ndumo might be that marriage provided increased social integration and support, which are strongly linked to various facets of psychological well-being as conceptualised within the Mental Health Continuum model (Keyes & Waterman, 2003; Ryff & Keyes, 1995). However, in the present study, only about one in ten participants reported being formally married, suggesting that the beneficial effects of marriage would likely be limited to a proportionally small section of the community.

Despite the higher than average levels of psychosocial well-being that were found in Ndumo, the results of the present study also revealed that participants in this community faced significant challenges that detract from their well-being. In particular, poverty, unemployment and a lack of basic municipal services such as electricity and access to water in many areas seemed to reduce the psychosocial well-being of at least some community members. These findings echo those reported in previous studies (PRESPA, 2009; South African Cooperative Governance & Traditional Affairs, 2010). Limited and poor quality healthcare further compounded the challenging living conditions faced by most participants residing in the area. Finally, concerns about inadequate primary education, teacher competence and motivation and the absence of any higher education institutions in the region appeared to detract significantly from community well-being. As such, it would appear that despite educational initiatives that have recently been undertaken (Jozini Local Municipality, 2007–2008), serious shortcomings still exist which require additional investigation and remediation.

Implications of the study for the understanding and development of impoverished rural communities

Low levels of subjective well-being have frequently been found to be associated with poverty and unemployment (Diener, 2009). However, the results of this study point to the importance of various forms of social and other capital, such as a sense of safety, religious communal support, access to social grants and abundant natural resources as health and wellbeing assets in rural communities with limited financial resources. Harnessing and building on these resources to optimise resilient living would therefore likely represent viable approaches for enhancing psychosocial well-being in these contexts.

Limitations of the study

As the study was based on a cross-sectional design, no causal inferences can be made about the relationship between variables that have been investigated quantitatively. Sampling biases included the fact that many of the participants interviewed were employed and relatively young. This could to some extent have resulted in a marginalisation of the views of older and unemployed residents. Future qualitative studies should seek to include the views of such

participants and especially those of *Indunas* (or elders) in the community. Furthermore, unknown effects from interview translations into English might have impacted the reliability of the data adversely. A need therefore exists for well-being (and other) scales to be translated and validated in isiZulu and other African languages in order to minimise threats to data reliability and validity.

Conclusion

Overall, the findings revealed that rural, financially impoverished communities may have above-average levels of psychosocial well-being. These findings challenge commonly held notions that unemployment and poverty are associated with low levels of psychosocial well-being, and suggest that some low resource setting communities could be characterised as resilient, despite contexts of risk such as widespread poverty and unemployment. The findings of the study suggest that psychosocial well-being in such community settings might be enhanced by strategies aimed at promoting communal safety, educational support, effective utilisation of horticultural and agricultural opportunities and resources, and by optimising the functioning of religious organisations in terms of providing social support to community members.

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