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INDIGENOUS APPROACHES TO INTEGRATE UNACCOMPANIED MINORS: AN EVALUATION OF PSYCHOSOCIAL SERVICES AT DZALEKA REFUGEE CAMP, MALAWI

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ABSTRACT

Malawi has many refugees that have fled their home countries due to different reasons. The majority of these refugees are based at Dzaleka refugee camp in Dowa district. A challenge associated with the problem of refugees is unaccompanied minors. These children are traumatised because of situation that separated them with their parents or guardians. This study aimed at investigating how these children are assisted through psychosocial counselling especially through the kinship system. Qualitative approach was used to collect and analyse data and results have shown that there are several techniques mostly from central and eastern Africa that are used. Through these indigenous approaches the children are integrated into the refugee community effectively.

KEY TERMS: Dzaleka, unaccompanied minors, psychosocial support, kinship, Malawi

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This article appeared in a special issue of the African Journal of Social Work (AJSW) titled Ubuntu Social Work. The special issue focused on short articles that advanced the theory and practice of ubuntu in social work. In the special issue, these definitions were used:

- Ubuntu refers to a collection of values and practices that black people of Africa or of African origin view as making people authentic human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing – an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world.
- Ubuntu social work refers to social work that is theoretically, pedagogically and practically grounded in ubuntu.
- The term ubuntu is expressed differently in several African communities and languages but all referring to the same thing. In Angola, it is known as gimuntu, Botswana (muthu), Burkina Faso (maaya), Burundi (ubuntu), Cameroon (bato), Congo (bantu), Congo Democratic Republic (bomoto/bantu), Cote d'Ivoire (maaya), Equatorial Guinea (maaya), Guinea (maaya), Gambia (maaya), Ghana (biako ye), Kenya (utu/munto/mondo), Liberia (maaya), Malawi (umunthu), Mali (maaya/hadama de ya), Mozambique (vumuntu), Namibia (omundu), Nigeria (mutunchi/iwa/agwa), Rwanda (bantu), Sierra Leone (maaya), South Africa (ubuntu/botho), Tanzania (utu/obuntu/bumuntu), Uganda (obuntu), Zambia (umunthu/ubuntu) and Zimbabwe (hunhu/unhu/botho/ubuntu). It is also found in other Bantu countries not mentioned here.

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BACKGROUND

Dzaleka is Malawi's largest refugee camp located in Dowa district in the central region of Malawi. UNHCR (2018) reported that the camp had 34000 persons of concern (refugees and asylum seekers) in 2018. Most of these refugees come from Burundi, DRC, Somalia, Rwanda and Mozambique. A refugee has been defined as "a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or unwilling to avail himself of the protection of that country" (Government of Malawi, 1989), while an Asylum Seeker is "a person who has sought protection as a refugee but whose claim for refugee has not been assessed by either the government or UNHCR" (www.unhcr.org).

Owing to how the refugees leave their home countries, the camp has many unaccompanied minors. In 2016 the camp had registered 756 (309 females, 447 males) unaccompanied minors (UAM). UAMs are refugees under the age of 18 who flee their country of origin without a parent or a close relative who is willing or able to care for them" (UNICEF Malawi, 2012).

PROBLEM STATEMENT

UAM are children who experienced some serious disruption of life and normal social networks in their countries of origin. They are characterized by flash backs of cruel past experiences. Consequently, they are filled with fear and stress that leads to trauma. Unfortunately, there are no organisations that specialise on provision of psychosocial services to these children. To safeguard their wellbeing therefore, the refugee community members use kinship care system where children are supported psychologically with the aim of facilitating a positive reintegration process. Kinship is a network of relatives within which individuals possess certain mutual rights and obligations (Havilland, 2011). This study therefore aimed at investigating the effectiveness of kinship care system with focus on the provision of psychosocial support services to UAM in the process of their reintegration into new environment after an encounter of a painful life experience. The aim was to investigate the effectiveness of kinship care system on the provision of PSS to unaccompanied minors. Specific objectives were

- To explore methods and techniques used in provision of PSS to UAM in the process of facilitating positive adjustments.
- To assess the impact of the methods on the positive adjustment of UAM.
- To investigate the problems, needs and expectations of UAM in the process of adjustment.
- To assess strengths and weakness of the methods used in provision of PSS.

METHODOLOGY

The study adopted a qualitative approach and data were collected at Dzaleka Refugee Camp situated in Dowa district of Central Malawi. Administratively the camp is divided into six zones, each with one leader (Government of Malawi, 2014). The targeted zone by the researchers had a holistic and in depth representation of the phenomenon and population had an ability to provide an insight into the events and situation prevalent to all UAMs in the camp.

Quota sampling was used in identifying the respondents of the study and the respondents were categorised according to age, gender, religion, education and ethnicity. The UAM respondents were grouped into two categories based on age and need and focus group interviews were administered to the two groups. The zone leader, four community leaders (two from each ethnicity), one pastor and two service providers were subjected to in-depth key interviews. These respondents were purposefully sampled and finally, convenience sampling was used to identify five families that foster unaccompanied minors through kinship. Home visit was also made to these families. In total 20 participants from four nationalities of Burundi, Rwanda, Somalia and DRC were sampled. Content and thematic analyses were used to analyse the data.

RESULTS AND DISCUSSION

Two FGD were conducted. The first FGD was made up of 10 UAMs (4 males and 6 females) in the age range of 12 to 14 years and were drawn from Katudza zone. The second FGD consisted of 7 participants (3 males and 4 females) in the age range of 15-18 years and were drawn from Zomba, Kawale and Karonga zones. Participants in both FDGs had lived in the camp for a period not less than 6 months and not more two years. Medium of communication was Swahili and English, and sometimes Chichewa was used by participants who had lived there for close to two years. For key informants, a total of 8 respondents as proposed were interviewed. The participants

had different capacities and were interviewed separately. During home visits a total of 5 families were interviewed and these were registered foster families with Plan Malawi. Most guardians in these families were in the age range of 32 to 55 with men having a higher education levels than their spouses. They were drawn from Karonga, Zomba, Likuni, Kawale and Katudza zones. Minors in these families were of the age range of 1-16 year with biological children exceeding UAMs and separated children in most respondents' households.

Methods and techniques employed when providing PSS to UAM and separated children

PSS is the support that goes beyond provision of the physical needs of a child with emphasis on the emotional, social and spiritual wellbeing of the child which have a bearing on one's psychological wellbeing. Having recognized the diversity of the people at the camp, the community with the help of service providers devised a comprehensive package of PSS kit that caters for all children regardless of their ethnicity and nationality. Below are the blended methods used by community members when providing PSS to UAMs and other traumatized Minors:

Practices related to bereavement counselling

Bereavement in an African perspective can be defined as the patterned ways invented in traditional communities for the successful healing of the psychological wounds and pain of bereaved persons with the aim of preventing the persons' sorrow from degenerating into chronic negativity (Nwoye, 2005). According to family KA/63, when UAMs arrive at the camp, "*Kinsmen, friends, relatives and community leaders take the UAMs to their respective new homes and orient them on the camp environment. If there is tension and disorientation between the new and old family members, withdrawal and isolation can result. We therefore let the child to cry and release her/his painful feelings*". After the whole process of bereavement, the concerned UAMs are offered an opportunity to ask questions, express themselves and share their personal realities.

Tumbo moja concept

Tumbo moja is a Swahili word that means "children of the same mother." The concept is used to help children to adjust to new living conditions, understand one's own past experience and current challenges that will enable to learn positive ways of coping with the situation. This can be done through the discussion of painful personal experiences, emotional reactions and responding to the urgent needs. When providing PSS, through *tumbo moja* concept, the following strategies are used: Family/clan conferencing; some activities related to initiation and cultural ceremonies; and mentoring or scaffolding or role modelling.

Watoto Wazuri concept

Another strategy is *Watoto wazuri* concept (Good children) which aims at making a child regardless of the circumstance to live a positive life despite trauma they have undergone. It involves gathering children (as long as you belong to that clan) and start advising them on how to live a better life.

Counselling and guidance

In counselling and guidance, caregivers do the following to help UAMs and other children to tell their situation: Help children to tell their story and become aware of and overcome the problem. Children are also helped to develop new perspectives about themselves and their problem. Caregivers also help them to search leverage by identifying and work on the problem and be able to develop a range of future possibilities. Group, individual, school and spiritual counselling types are utilised.

Needs and expectations of UAMs

From the two FGDs, the common expectations and needs that were highlighted included protective environment, which is a common concern for almost all the UAMs. It was reported that most of them had fresh memories on the previous events that led them to leave their countries. Secondly, health related problems associated with the sanitary conditions at the transit centre or general life problems at the camp. They base their health experience on their homeland health systems and feel a drastic deterioration when receiving general services in the camp (GoM, 2014). The other problem is associated with acculturation and has an impact on the individual's behavior, attitude, values and identity. Problems associated with grief such as stress, depression, anxiety, feeling of marginality and alienation and constant feelings of irritation, withdrawal and distress were associated with UAMs as adjustment problems.

Impact of the methods on the positive adjustment of UAM

It was reported that most UAMs who are well adjusted through the provision of PSS tend to have fewer developmental or behaviour problems. Another impact highlighted was that it ensures placement stability and that there is permanent contact and safety of minors and blood relations. Children also share their experiences with other family and community members.

Strengths and weaknesses of the methods used

Strengths

When children share their experiences, studies suggest that one of its greatest strengths is reduced stigma the trauma associated with separation from parents and the broad sense of ancestral relationships (O’Kane a& Newth, 2018). Uses of traditional methods in providing PSS promote resilience in children that reduces the impacts of stressors, in turn the use of existing coping mechanism for the child are strengthened. Finally traditional methods provide age-appropriate interventions that have a bearing on the outcome of their personal development (Malawi Government, 2014).

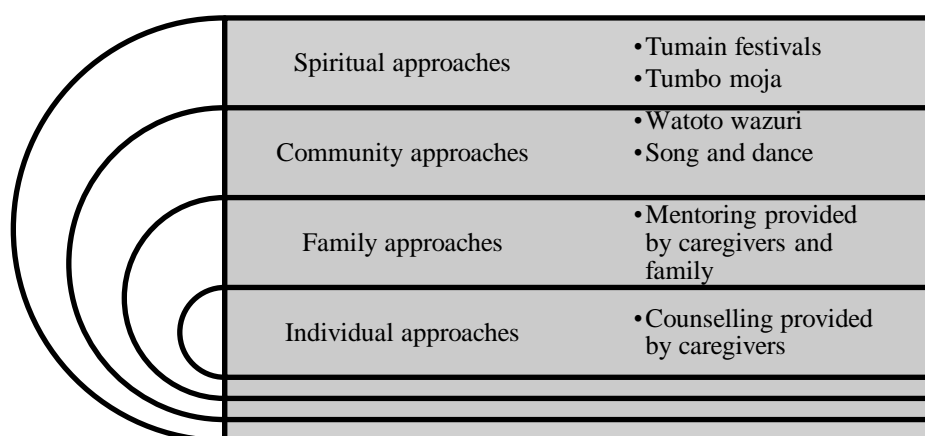
Weaknesses

Some studies found that children placed in kinship care are younger, a higher proportion of minors are subjected to abuse and exposure to neglect and exploitation. Another problem associated with kinship care is the occurrences of conflict with birth family and caring families is common when tracing of biological parents is successful. Also other are arguments against kinship care are based on beliefs about intergenerational abuse, dysfunctional. Families and parenting capacity – the concern is that members of the extended family might be as dysfunctional and as incapable of caring for the child as the parents were (Berk, 2013). Finally, poor parenting behaviours of caregivers and the social-emotional maladjustment of the family may lead the child not fully utilize the PSS package.

CONCLUSIONS

This research has concluded that there are various forms of methods that families and communities used to provide PSS to traumatized children at Dzaleka Refugee camp. These methods helped the families and communities fostering UAMs to provide a homelike environment similar to the former home environment before the encounter of a harsh experience. The goal was to help traumatized children to adjust positively to the new environment. The study found that families and communities at Dzaleka Refugee camp used bereavement counseling, *tumbo moja* which involved initiation ceremonies and cultural practices, mentoring, *watoto wazuri*, *tumain* festivals and traditional songs to provide PSS to the traumatized children. In addition to that counselling and guidance in form of individual, group, school and spiritual counselling was also used to complement the above main techniques. This model is presented graphically in Figure 1.

Figure 1: Watoto Wazuri model



Regarding to the impacts of methods on the positive adjustments process, the study found that UAMs developed permanent contact and safety with blood relations. Placement and stability benefits provided to children under foster care were also guaranteed. Kinship also prompted children to share their personal experiences with family members. Above all their well-being was enhanced.

Using the theoretical lens of psychosocial life span development, children as young as 10 years experienced traumatic events instead of development and mastering knowledge and intellectual skills as opined by Eric Erikson. These stressors range from health related, acculturation and behavior problems and pose a threat to positive adjustment process. However these life threatening problems were dealt with the family like environment created by the foster families and communities. Through observation and imitation minors were able to learn new adaptive measures as argued by Bandura in his social learning theory that allowed them to cope with the situation (Santrock, 2011).

The strength of the kinship care system lied in the favourable family like environment that enabled children to adapt positively. The use of PSS promoted resilience and reduced stress, as children were able to use existing coping mechanism to adapt. The fact that foster families and communities created a family like environment similar to the previous family set up, was strength in itself, because it allowed children to become interested in family activities. Therefore open to accepting new values, beliefs and norms of the new family and community.

The weakness of the system was that owing to the diversities of the camp community, some families entrusted with the responsibility lacked parenting capacity. The concern was that members of the extended family in refugee camp might be as dysfunctional and incapable of caring for the children as the deceased / separated parents (Berk, 2013). In addition to that, poor parenting behaviours of caregivers and the social-emotional maladjustment of the family may lead the children not fully utilize the PSS package.

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